

Response of the Royal College of Nursing (RCN) to the World Health Organisation in Europe's technical briefing, 'Strengthening Nursing and Midwifery'

Introduction

With a membership of over 420,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Background and General Comments

The RCN is pleased to be able to respond to this briefing and welcomes WHO Europe's recognition of nurses and midwives as serving "key and increasingly important roles in society's efforts to tackle public health challenges". Each of the four action areas is directly relevant to the RCN's work and to its members.

Our response focuses on the four Priority Areas of Action and Enabling Mechanisms set out in the technical briefing. Input has been secured from several RCN experts on relevant nursing issues, including education, regulation, integration and midwifery.

RCN response to the four Priority Areas of Action

SCALING UP AND TRANSFORMING EDUCATION

WHO Europe's briefing document describes this priority area as consisting of three principal objectives:

1. Standardising the education of nurses and midwives at degree level
2. The development of education and regulation that enables and ensures that nurses and midwives core competencies are in line with the European Union's (EU) Health 2020 strategy, and

3. A commitment to strengthen continuing professional development (CPD) and career structures

On points one and two, the RCN supports the exchange of best practice between nursing associations and regulators on improvements to the pre- and post-registration education of health practitioners. Additionally, as set out in our formal response to the adoption of the Mutual Recognition of Professional Qualifications Directive, the RCN warmly welcomes progress made across the EU in terms of the adoption of degree-level education for nurses.¹ The RCN is a strong advocate for common competencies for the role of generalist nurse and any extension of this to non-EU members is to be supported. The EU Professional Qualifications Directive which was adopted in late 2013 includes a set of eight competences for generalist nurses in the main part of the directive. These are legally binding and Member States will need to ensure they are implemented.

However, the RCN remains concerned that the EU does not yet require that nursing education be set to degree level. Currently, the EU's Dialogue Agreement which updates the Professional Qualifications Directive (June 2013) gives member states the option of 10 years general education combined with access to vocational training, or 12 years general education with access to further university education.² By contrast, the WHO has led the way in recommending that countries mandate that nursing education be set at degree level, with a minimum of 12 years of general education beforehand.

This position is reinforced by research published in 2014 which found that every 10 per cent increase in bachelor's degree nurses was associated with a decrease in the likelihood of a patient dying by seven per cent. These associations imply that patients in hospitals in which 60 per cent of nurses had bachelor's degrees and nurses cared for an average of six patients would have almost 30 per cent lower mortality than patients in hospitals in which only 30 per cent of nurses had bachelor's degrees and nurses cared for an average of eight patients.³

Regarding point three, the RCN is strongly supportive of efforts to expand access to CPD and welcomes WHO Europe's connection of CPD access with career

¹ RCN Response to the European Commission on Mutual Recognition of Professional Qualifications Directive, http://www.rcn.org.uk/_data/assets/pdf_file/0020/368111/Public_Consultation_on_the_Recognition_of_Professional_Qualifications_Directive.pdf (March 2011)

² RCN Triologue Agreement on the Professional Qualifications Directive, http://www.rcn.org.uk/_data/assets/pdf_file/0017/531008/21.13_Trialogue_Agreement_of_Professional_Qualifications_Directive.pdf (June 2013)

³ The Lancet, Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62631-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62631-8/abstract) (February 2014)

progression opportunities.^{4, 5} However, while the focus on closer alignment of continuing education with career progression, as well as the adoption of a greater variety of learning methods (such as virtual learning) is a positive development, the RCN would urge WHO Europe to also focus more on the need for employers and national governments to provide protected time and financial support for nurses and midwives when undertaking CPD. The RCN believes that this should be recognised as a key element in realising WHO Europe's stated objective regarding scaled up education.

A recent example of RCN activity in this area is the Shape of Caring review in the UK. This work is being jointly led by NHS England and the regulator for nurses and midwives – the Nursing & Midwifery Council (NMC) – and looks at widening career progression opportunities both for nurses and healthcare assistants. The RCN's submission makes clear that there is a pressing need to widen opportunities for career progression within a national nursing career framework for both nurses and healthcare assistants. However, realisation of this aim can only be achieved if investment in training and education, including CPD, is bolstered. The RCN would argue that this message is relevant to both the UK and international setting.⁶

WORKFORCE PLANNING AND OPTIMISING SKILLS MIX

WHO Europe's briefing document describes this priority area as consisting of two principal objectives:

1. Developing workforce planning strategies and policies to ensure a sufficient and sustainable nursing and midwifery workforce
2. Ensuring that workforce redesign and skill mix provides safe and effective care

In the UK, sustainable nursing levels and an adequate skill-mix have been key long-term priorities and their respective importance has grown since the UK Government announced its austerity programme in 2009. In district nursing for example, a combination of factors including an ageing workforce, reduced education budgets and a targeted reduction in the numbers of nurse leaders has had a severe impact on the long-term continuation of the profession.⁷

⁴ RCN Joint Statement on CPD, <https://www.bda.uk.com/careers/cpd/cpdjointstatement> (February 2007)

⁵ RCN Briefing on Proposed Changes to EU Legislation, http://www.rcn.org.uk/_data/assets/pdf_file/0003/434928/RCN_response_to_December_2011_Mutual_Recognition_of_Professional_Qualifications_legislative_proposals.pdf (February 2012)

⁶ RCN, Shape of Caring evidence submission (2014)

⁷ District Nursing – Harnessing the Potential, http://www.rcn.org.uk/_data/assets/pdf_file/0008/521198/004366_District_nursing_harnessing_the_potential.pdf (April 2013)

In the context of well-planned workforce strategies, the RCN has noted that the UK Government's requirement that the NHS identify some £20 billion of efficiency savings, has meant a return to the 'boom and bust' recruitment policies of the 1980s and 1990s with hospitals recruiting increasing numbers of nurses from overseas to plug staff shortages. This approach is neither sustainable nor morally sound as countries with already weak health infrastructures often suffer from a brain-drain from which recovery can take years.^{8, 9} To this end, we welcome WHO Europe's emphasis on the need for member states to use "accurate and complete data, appropriate methods and relevant tools to make evidence based decisions for the monitoring and planning of the nursing and midwifery workforce."

The RCN strongly believes that effective workforce planning is fundamental to anticipate and address the impact of changing demographics and patterns of disease, as well as technological and policy trends on future service requirements. However, we feel that workforce planning is too often seen as a separate and distinct exercise from service and financial planning; and is generally introduced as an afterthought in service and policy development. Workforce planning should be influencing funding allocation, service reconfiguration and staffing decisions to assist organisations or system's planners to make better use of their internal labour market, as well as to map their positions within the wider labour market.

With the increasing push to coordinate and integrate health and care services, it is also imperative that planning takes account of the whole workforce rather than treating each profession or group as a separate silo; it's crucial therefore that any redesign and reorganisation of health and care structures fully take into account whole workforce implications, and ensure that staff are suitably supported and developed to deliver safe, effective and high-quality care that fully meets patients' needs.

A key component of effective workforce planning is having safe staffing levels across care settings. The RCN, along with other key partners within the UK Safe Staffing Alliance (which includes the RCN, UNISON, the Patients Association and a number of directors of nursing at English hospitals) states that a ratio of more than eight patients per registered nurse in acute settings is unsafe (though there is clearly a need for different ratios for different settings). It is important therefore that care settings conduct regular reviews of their staffing capacity.

⁸ Here to Stay? International Nurses in the UK,
http://www.rcn.org.uk/_data/assets/pdf_file/0011/78563/001982.pdf (June 2004)

⁹ Frontline First: Running the Red Light,
http://royalnursing.3cdn.net/e678a38646d8d670b1_rdm6bgu19.pdf (November 2013)

The RCN believes that the solution to promoting good patient care in the context of staffing levels is ensuring that the daily level of nurse staffing is adequate to meet the needs of patients – both in terms of the actual number of staff as well as their skills-mix. The RCN does not support a one-size-fits-all mandatory staffing ratio, as this would risk missing significant variables in patient needs across different care settings.¹⁰

This view has been informed by the results of the RN4CAST survey published in 2012. The study aims to develop innovative forecasting methods of future nursing requirements. England is one of the 15 countries making up the RN4CAST consortium and the study found that, of the nurses surveyed, 76 per cent believed that there were not enough staff to complete tasks. Of the same sample, only 18 per cent believed that the quality care provided to patients was ‘excellent’, raising significant concerns.¹¹

In addition to this, a currently unpublished response by the RCN to the Migration Advisory Committee (MAC) – an independent, non-statutory body that advises the government on migration issues – concluded that there are serious concerns about the current shortage of nurses in the UK and that health care providers are struggling to recruit nurses from the UK and the European Economic Area (EEA) to mitigate this. The RCN believes that not only is there a current shortage of available nurses to employers, but it is likely to get worse in the next few years before measures that may be put in place to help the situation (such as increasing student commissions) have an impact on the workforce.

Since April 2014, wards in England have been legally required to publish their staffing levels for public scrutiny, but the UK Government has thus far rejected the 1:8 recommended minimum staffing ratio.

ENSURING POSITIVE WORK ENVIRONMENTS

WHO Europe’s briefing document describes this priority area as consisting of one principal objective:

1. Promote positive work environments

The RCN is supportive of efforts to promote more positive workplace environments. To this end, the RCN trains and supports its own team of learning representatives across care settings in the UK. These individuals help keep members up to date

¹⁰ RCN, Labour Market Review, 2013,
http://www.rcn.org.uk/_data/assets/pdf_file/0018/541224/004504.pdf

¹¹ National Nursing Research Unit, RN4CAST results for England,
[file:///rcn.local/lhq/users/beaumontc/Downloads/FVXXPK-Ref-1-Ball-et-al-\(2012\).pdf](file:///rcn.local/lhq/users/beaumontc/Downloads/FVXXPK-Ref-1-Ball-et-al-(2012).pdf) (June 2012)

with the latest developments in nursing and in the various fields of practice, meet NMC post-registration education and practice (PREP) requirements, and help plan career development.

As the largest nursing trade union in the world, the RCN is also a leading advocate for fair pay. In June 2014, following the UK Government's decision to deny most nurses, midwives and health care assistants a cost of living increase, despite the fact that this was recommended by an independent pay review body, the RCN launched its *What if...?* campaign for fair pay.¹² While this technical briefing does include a reference to "appropriate salaries and flexible contracts" as a basic requirement for the retention of nurses and midwives, the RCN would urge WHO Europe to upgrade its description of pay from "adequate" to "fair" – recognising the fact that cost of living, inflation and other factors need be factored into remunerative agreements.

The RCN welcomes the briefing's focus on absenteeism / presenteeism as a key challenge for employers and governments to tackle. The RCN has already highlighted the challenges of presenteeism in the UK context, arguing that it should be given full recognition as a health and wellbeing issue. Guidance produced by the RCN¹³ urges that staff surveys and other tools should be used to identify 'hot spots' of presenteeism and explore trends and drivers. We also urge organisations to follow the Acas guidance on absence and attendance management at work which states that 'it is important to create a culture where people are able to inform their employer that they are unwell and take the necessary time off to recover.'

The importance of promoting good workplace environments was underscored in the RN4CAST survey results for England. Of the nurses surveyed, 15 per cent said that their work environment was 'poor', 41 per cent said it was 'fair', 36 per cent 'good' and 8 per cent 'excellent'.¹⁴ The prevalence of low morale among nursing staff is a key risk to patient safety and undermines efforts at the recruitment of new staff and the retention of existing, experienced nurses.

A key part of making workplace environments more conducive to staff wellbeing and good patient outcomes is extending supernumerary status to nurse leaders across care settings. To be clear, 'supernumerary' in the UK context is defined as ensuring that nurse leaders – particularly in acute/ward settings – are able to focus on providing operational oversight, rather than direct patient management. In the

¹² RCN What if Campaign..', http://www.rcn.org.uk/newsevents/news/article/uk/fair_pay_campaign_launches (June 2014)

¹³ Beyond Breaking Point, http://www.rcn.org.uk/_data/assets/pdf_file/0005/541778/004448.pdf (September 2013)

¹⁴ National Nursing Research Unit, RN4CAST results for England, [file://rcn.local/lhq/users/beaumontc/Downloads/FVXXPK-Ref-1-Ball-et-al-\(2012\).pdf](file://rcn.local/lhq/users/beaumontc/Downloads/FVXXPK-Ref-1-Ball-et-al-(2012).pdf) (June 2012)

UK, one of the key recommendations included in the Francis Inquiry Report (2013), which investigated a series of patient death at one English hospital, was that the nurse ward leader should be a supervisory role – allowing these individuals to focus on effective team management and resource utilisation.¹⁵

On another key area, equality and diversity, the RCN Employment Relations Department develops publications to support representatives and members on equality and diversity issues in the workplace. Guidance is available in employment relations publications on how to deal with workplace bullying and harassment, work-life balance, promoting diversity in the workplace, supporting and recruiting international nurses, and building positive team relationships in the health care setting.

The RCN also has network of safety representatives working in a variety of sectors. RCN safety representatives play a valuable role in improving health and safety standards in health care.

PROMOTING EVIDENCE-BASED PRACTICE AND INNOVATION

WHO Europe's briefing document describes this priority area as consisting of two principal objectives:

1. Facilitate the culture of evidence based practice in nursing and midwifery
2. Develop, transform and adapt the roles of nurses and midwives in line with the goals of Health 2020

The RCN supports the emphasis in point one on facilitating and ingraining a culture of innovative practice in nursing and midwifery. Research and innovation is an absolutely crucial element in the delivery of good patient care and for ensuring that health systems are financially sustainable. The RCN is well aware that nurses and midwives are often pioneers in developing and implementing better work practices which save resources and improve the experiences of patients. The RCN's Knowledge and Innovation action plan (available here: http://www.rcn.org.uk/_data/assets/pdf_file/0004/562531/Knowledge_and_Innovation_Action_Plan_2014-2018.pdf) provides a structure designed to facilitate exchange of knowledge and the advancement of best practice in order to deliver better patient care. The plan sets out how the RCN works with members and other stakeholders to achieve these aims through four overriding goals:

¹⁵ Francis Report, <http://www.midstaffpublicinquiry.com/sites/default/files/report/Volume%203.pdf> (February 2013)

- Use knowledge in practice and policy
- Build a dynamic knowledge base of sufficient coverage and depth
- Assure a knowledge base of breadth and vigour
- Share the knowledge we have and enhance ways to access and contribute to it.¹⁶

While employers, political authorities and regulators all have a key part to play in facilitating, funding and supporting research and innovation, the RCN as a professional body also does much to encourage its members to create and adopt innovative practices. The RCN Standards Knowledge and Information Services for example works in partnership with the RCN Research Society and other key stakeholders to promote excellence in care through research and development in the UK and internationally.

In addition, the RCN's Frontline First campaign which began in 2012 amidst growing concern over budget cuts and staff shortages, includes online avenues for nurses and midwives to register instances of wasteful practice in the National Health Service and ideas for innovative solutions to pressing challenges.¹⁷

On point two, the RCN is supportive of the overall message and aims of Health 2020 in terms of improving population health, reducing inequalities in care provision and the promotion of patient-centred care systems.

Leadership

While the area of leadership is not widely explored in this consultation paper, the RCN is a passionate advocate for visible nursing leadership – both at the ward and executive level, and we would argue that strengthening the nursing workforce cannot be realistically discussed without including strong nursing leadership.

As with education, successive reports and reviews of nursing in the UK (including Francis, Willis and Shape of Caring) have assessed that nursing leadership, marked by strong investment and clear routes for career progression, is a key fundamental to delivering a sustainable health system that is responsive to patient needs. For its part, the RCN's Executive Nurse Network (ENN) is a key forum in the UK where existing nurse leaders can meet and share best practice on ensuring good care outcomes for patients, effectively utilising staff and resources and for promoting a sustainable future nursing workforce through mentoring opportunities for prospective future leaders.

¹⁶ RCN, Knowledge and Innovation Action Plan 2014-2018, http://www.rcn.org.uk/_data/assets/pdf_file/0004/562531/Knowledge_and_Innovation_Action_Plan_2014-2018.pdf (2014)

¹⁷ RCN Frontline First, <http://frontlinefirst.rcn.org.uk/> (2012)

Unfortunately, within the UK, nurse leaders have been largely ignored as the Government has pursued short term financial savings by not replenishing this critical section of the nursing workforce. The RCN's Frontline First report '*More than Just a Number*'¹⁸ found that leadership positions (bands 7 and 8 of the Agenda for Change pay system) representing leading roles such as ward managers, modern matrons and community matrons, who serve as the key interface between health care management and clinical care delivery, had declined by as much as 11 per cent in the period 2010 to 2013. This is in spite of the fact that the importance of having the right leadership in place was highlighted in the Francis Inquiry, with Robert Francis noting that the role of ward sisters and ward managers was "universally recognised as absolutely critical".¹⁹ As such, the RCN has, and continues to advocate that nurse leaders should be actively represented at senior levels across the health system including hospitals and policy-making bodies.

This view is also supported by unpublished research conducted by the RCN into leadership structures in other countries. The case study of New Zealand for example showed the severe impact which cuts to the leadership end of the workforce (undertaken in the 1990s) can have in compromising the entire chain of care delivery. In this instance, experienced nurse leaders were sacked in place of cheaper business managers and graduates, control over ward budgets was abolished and established career progression structures were dismantled. A consequence of this approach was that patient care outcomes dramatically deteriorated and reversing this has taken decades of investment.

Regulation

Effective and measured regulation of the nursing profession is essential in delivering good patient care, promoting excellence in practice and in strengthening the reputation of the profession to the public. The growth of public expectation in the UK (and other countries) of the nursing workforce is reflected in the growing focus on revalidation as a means of ensuring that nurses' skills-sets are kept up-to-date and that they are given the opportunity to reflect and improve on their practice.

A recent RCN international study on the revalidation of nurses and how this function sits within the context of existing regulatory frameworks could help inform what the strengths and limits of different regulatory approaches are in meeting patient expectations and patient needs.²⁰ In addition, the RCN is also monitoring the development of a revalidation system for nurses working in the UK. The RCN

¹⁸ RCN Frontline First, *More than just a number*,
http://www.rcn.org.uk/_data/assets/pdf_file/0007/564739/004598.pdf (March 2014)

¹⁹ Francis Report, <http://www.midstaffpublicinquiry.com/sites/default/files/report/Volume%203.pdf>
(February 2013)

²⁰ RCN, *A comparison of international systems for nurse revalidation – lessons for the UK*,
http://www.rcn.org.uk/_data/assets/pdf_file/0004/594598/10.14_A_comparison_of_international_systems_for_nurse_revalidation_lessons_for_the_UK.pdf (September 2014)

recognises the challenges involved in designing a system which will be both effective and proportionate, given the size of the UK nursing register. We are committed to supporting the NMC to develop a system which meets these requirements.²¹

In addition to this, the role of regulators in promoting access and financing to Continuing Professional Development (CPD), also known as ‘Lifelong Learning’ as a means of advancing patient care is an important function which WHO Europe should consider more strongly. Unpublished research by the RCN looking at a selection of international CPD systems suggests that patient care is enhanced when nurses have protected time and sufficient financing to undertake skills improvement and learning. Other studies have also supported the view that CPD needs to be appropriately financed and accessible if good patient outcomes are to be sustained throughout a nurse’s career.²²

This work has complemented the findings of successive high-profile reviews into nursing following the Mid-Staffordshire crisis (2007 to 2009) which saw the unnecessary deaths of patients due in large part to poor care. The successive Francis report (2013)²³ which investigated the fallings at Mid-Staffordshire, as well as the Willis Commission (2012)²⁴ and the Shape of Caring review (2013)²⁵ have all championed continuing education as a key component in ensuring that the UK nursing workforce is kept fit for purpose.

Again in the UK, the nursing regulator – the NMC – is expanding its focus on CPD by increasing the amount of learning hours that nurses in the UK will need to undertake from 35 hours to 40 hours every three years. In addition, at least half of the increased requirement will need to be dedicated to ‘participatory learning’ – such as seminars, workshops and shadowing. This new system will be piloted by the NMC throughout 2015, with full implementation for registrants by December 2015. While the RCN supports CPD, the RCN is conscious that systems

²¹ RCN, Response to NMC consultation on revalidation, https://www.rcn.org.uk/_data/assets/pdf_file/0004/568336/7.14_RCN_response_Revalidation.pdf (March 2014)

²² NMC Nursing, Mandatory continuing professional development requirements: what does this mean for Australian nurses’, <http://www.biomedcentral.com/1472-6955/12/9> (2013)

²³ Francis Report (2013), <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>

²⁴ Willis Commission recommendations (2012), <http://www.williscommission.org.uk/recommendations>

²⁵ Shape of Caring review (2014), <http://www.nmc-uk.org/media/Latest-news/Shape-of-Caring-review-to-improve-nurse-and-healthcare-assistant-training/>

surrounding adequate financing for nurses and protected time must be prioritised if it is to be effective.²⁶

Research

Over the last few decades, nursing has changed rapidly in terms of its composition, competence and breadth. There is now significant evidence that empowering nurses - both as academic researchers and as practical innovators - advances good care outcomes. The following are just three areas where research has demonstrated the capability of nurses in delivering system improvements, utilising resources effectively and advancing a more holistic approach to care delivery:

Nurses as frontline providers of care: Nurses play an absolutely critical role in the delivery of good care as generalists and specialists in areas as diverse as chronic conditions and cancer care. This versatility is particularly evidenced in the shift from acute to community care. As well as improving system efficiency and reducing costs, nurses across care settings have a significant leadership and management role, and are well placed to lead service and practice development in order to meet the needs of their particular populations. These findings were also evidenced by RCN international research into community nursing systems in Australia, Canada and Denmark.²⁷

However, there are concerns, as demonstrated by the findings of the RCN 2011 survey on district nursing.²⁸ These reveal that the current workforce profiles of district nursing services, in terms of their preparation for the role and skill mix in teams, are clearly insufficient to meet political imperatives. The RCN believes that, through a well-planned and concerted programme of development in district, community, advanced and other specialist nursing types, as well as better integrated care, the UK can achieve its stated intentions to ensure a reduction in acute care.

Nurses as co-ordinators: In the UK and elsewhere, nurses are at the forefront of efforts to connect different strands of practice. In the arena of public health for example, nurses have successfully connected different health professions and teams to move national health systems away from a state of managing disease to preventing it in the first instance through the promotion of healthier lifestyles.

²⁶ RCN, CPD in the UK factsheet, http://www.rcn.org.uk/_data/assets/pdf_file/0006/583260/16.14_RCN_Factsheet_Continuing_Professional_Development_for_nurses_working_in_the_UK.pdf (July 2014)

²⁷ RCN, Moving care into the community: An international perspective', http://www.rcn.org.uk/_data/assets/pdf_file/0006/523068/12.13_Moving_care_to_the_community_a_n_international_perspective.pdf (2013)

²⁸ RCN, District Nursing – harnessing the potential, http://www.rcn.org.uk/_data/assets/pdf_file/0008/521198/004366_District_nursing_harnessing_the_potential.pdf (2013)

Nursing staff are also vital to delivering integrated care. As care coordinators they often work at the interface of health and social care systems and services.²⁹

Nurses as innovators: In the UK, recognition for nurse prescribing was attained in 1998. This role, which allows nurses to prescribe medications within their area of practise, has been proven to increase nurses' autonomy, job satisfaction and independence. The expansion of this position has seen prescribing become a mainstream qualification in the UK while initial objections from medical health professionals have been abated as evidence of improvements in access, patient safety and patient-centred care continue to strengthen the foundations underpinning nurse prescribing.

This is especially pertinent for those nurses and health visitors who work in isolation in low resource settings where General Practitioner (GP) surgeries are located some distance away. Evidence shows that nurse prescribing improves patient care by ensuring timely access to medicines and treatment, and increasing flexibility for patients who would otherwise need to wait to see a doctor. Nurse prescribing also increases service efficiency by freeing up doctors' time to care for patients with more complex health care needs.³⁰

Partnerships

The RCN agrees with the consultation's assertion that future health challenges require new approaches and relationships and recognises the benefits of providing patient centred care by multi agency and multidisciplinary teams to ensure patients receive the right care, from the right person, in the right place, at the right time. The RCN is particularly pleased to note the acknowledgment that nurses and midwives are important enablers of such approaches. Indeed, we concur with the observations made by WHO Europe in this consultation regarding successful interdisciplinary collaboration requiring team members to understand and respect each others' credentials and that leadership should be assigned to the most appropriate professional.

Integration of health and social care is a key priority – both in the UK and across the world. However, the critical role of nursing in delivering this ambition is all too frequently undermined or misunderstood. Nursing staff are vital to delivering integrated care, as care co-ordinators they often work at the interface of health and

²⁹ RCN, Integration in England – the story thus far, http://www.rcn.org.uk/_data/assets/pdf_file/0005/581351/08.14_Integrated_health_and_social_care_in_England_the_story_so_far.pdf (May 2014)

³⁰ RCN, RCN Factsheet: Nurse Prescribing in the UK, http://www.rcn.org.uk/_data/assets/pdf_file/0008/443627/Nurse_Prescribing_in_the_UK_-_RCN_Factsheet.pdf (April 2012)

social care systems and services, and in addition to their clinical expertise, they can have a unique insight into a patient's holistic needs.

In the community, district nurses and community matrons are notable examples of where nurses take the lead in co-ordinating care and case management. They can and frequently do work across boundaries, and often collaborate with social services and secondary health care staff in the planning, managing and co-ordinating of care for people with complex long-term conditions and need. Nurse-led teams in the community can act as single entry points. For example, an adult integrated community mental health and social care team led by a senior community mental health nurse enables individuals to access health or social care services through one person or team, this can be facilitated by a single electronic record system.

As health systems in the developed world come under increasing financial and demographic pressures, the UK and other countries have seen progress on integration stall. To take an example, the latest RCN Frontline First report shows that mental health care has continued to suffer as a result of deep funding cuts in recent years. The report found that since 2010, thousands of beds on mental health wards have been closed down, while vital community services are struggling to survive because of funding cuts. At the same time, the number of people admitted to mental health services has risen, resulting in a huge gulf between the demand for care and the support that is actually available. Although the Government in England has promised to put mental health on a par with physical health in the NHS, the report has found that this has not happened.³¹

The RCN has also supplemented this work with analysis of overseas developments and best practice examples, to help identify where the UK can overcome some of the barriers to integration. A 2013 study into Sweden's integration approach for example noted the development of "chains of care" which have helped reduce unnecessary variations in practice and focus on local health care needs. The RCN believes that best practice examples such as these can help inform policy ideas in the UK.³²

A comprehensive list of RCN publications regarding integration can be found on pages 20 and 21 of this response.

³¹ RCN, Frontline First: Turning back the clock?
http://www.rcn.org.uk/_data/assets/pdf_file/0004/600628/004772.pdf (November 2014)

³² RCN, Sweden's experience with shifting care out of hospitals,
http://www.rcn.org.uk/_data/assets/pdf_file/0005/537926/26.13_RCN_briefing_Swedens_experience_with_shifting_care_out_of_hospitals.pdf (2013)

In addition, findings from a recent RCN member survey looking at the initial impact of England's 14 integrated care pioneer programmes show that as well as the aforementioned cultural and leadership issues other factors to consider include having effective data and information sharing, good communication with clear clarification of role boundaries and objectives, and the co-location of the multidisciplinary teams whenever possible.³³

Management & Leadership

Good leadership is vital at every level of nursing, from hands-on patient care at ward level right through to Directors of Nursing at board level. Recognising this is vitally important because effective leaders pioneer and integrate new, innovative practices and this in turn is picked up and followed by those who observe them. The RCN's Executive Nurse Network is further proof that innovation and leadership go hand-in-hand. The first stated objective of the ENN is "to offer support and a safe environment for sharing and developing ideas or solutions". RCN research, on top of a large number of recent reports in the UK – including Francis and Keogh among others – have recognised the vital role of ward leaders especially in ensuring that good patient care is delivered and resources are managed effectively.

The RCN's international research has also uncovered similar findings in other countries with findings showing that patient care is improved when leaders are empowered to develop new solutions to team management and resource utilisation – such as the Nurse Unit Manager role in Australia. The RCN has a history of investing in clinical leadership programmes to support nurses in these key positions.

Recommendation for additional focus: The role of Professional Associations as 'enabling mechanisms'

The RCN welcomes WHO Europe's focus on the above enabling mechanisms for delivering its programme. However, it is noticeable and regrettable that no focus or consideration has been given to the role which professional associations play in delivering the four listed priority areas of action. This risks overlooking the very significant contribution which professional associations make towards facilitating improved education, equipping nurses to maximise the utilisation of available resources, promoting positive workplace environments and encouraging evidence-based innovation.

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http://www.rcn.org.uk/_data/assets/pdf_file/0009/603891/24.14_Update_on_Englands_14_integrated_health_and_social_care_pioneer_programmes_viewpoints_of_RCN_members.pdf

This section looks at the role of professional associations, using the RCN as a case study, in advancing these key areas through its three central work streams: promoting excellence in practice, shaping health policies and representing nurses and nursing:

Promoting excellence in practice

The RCN promotes good nursing practice and disseminates new and better ways of working. This helps facilitate nurses in their delivery of effective patient care, which in turn secures better patient outcomes. Below are a few examples of the work which the RCN does in this area:

- The RCN supports nurses in promoting better health for individuals, families and communities through various strategic initiatives. One example of this - the RCN's eHealth Strategic Plan - focuses on new Information and Communication Technology. This has helped nurses embrace eHealth as an integral part of managing information in a way that supports the delivery of evidence-based practice.
- The RCN supports and facilitates nurse leaders – enabling experienced practitioners across specialties and backgrounds to share new ideas and best practice. The RCN's Executive Nurse Network (ENN) provides a forum to share ideas for improved resource and team management. The first stated objective of the ENN is “to offer support and a safe environment for sharing and developing ideas or solutions”.³⁴
- The RCN champions the importance of skills development and lifelong learning in delivering better patient outcomes. The organisation recognises that delivering this requires strong engagement by educators, employers and staff and so the RCN provides support and resources to all three sides on this issue.
 - For educators: The RCN runs a voluntary accreditation scheme for post-registration learning materials and courses. This service assesses the relevance of learning content, delivery and structure so that the learning outcomes are the best they can be.³⁵
 - For employers: The RCN advocates strongly that nurses should have protected time for continuing professional development/learning and that employers should have the resources and staff available to realise this need.³⁶

³⁴ RCN, Executive Nurse Network, http://www.rcn.org.uk/development/rcn_executive_nurse_network

³⁵ RCN, Accreditation Service, <http://www.rcn.org.uk/development/learning/accreditation>

³⁶ RCN, Joint Statement on CPD, <https://www.bda.uk.com/careers/cpd/cpdjointstatement> (2008)

- For staff: The RCN is also closely involved in supporting nurses and healthcare workers in keeping their skills up-to-date and in line with regulatory requirements. The RCN does this by training and supporting its own team of learning representatives across care settings in the UK. These individuals help to keep members up to date with the latest developments in nursing and in the various fields of practice, meet post-registration education and practice (PREP) requirements, and help staff to plan career development.

Shaping health policies

The RCN designs and lobbies for health policies that advances a productive, efficient health system, that prioritises patient needs, and which ensures that the staff who work in the health system have the resources and support they need to deliver good care outcomes. This work occurs at several levels: country/local level (within the four UK countries), UK level and the European (EU) level. Below are a few examples of the work which the RCN does in this area:

- Following the recommendations of the Francis Inquiry into care failings at a Mid-Staffordshire hospital between 2007 and 2010, the RCN hosted a UK-wide commission (the Willis Commission) which looked at what the form and content of education and preparation should be in order to produce a nursing workforce that is fit for future health and social care services.³⁷ This proactive, constructive approach to addressing legitimate public concern over the provision of quality care has given policy-makers access to objective, independent evidence which, if used correctly, can advance patient care, improve the long-term sustainability of health services and bolster productivity among nurses and other health workers.
- The RCN develops and champions health policies which acknowledge the rapidly changing needs of patients. In the UK as well as many other developed countries, this has focused particularly on the reorientation of care towards the community level. In order to better inform its policy positions, the RCN has undertaken and published international comparative research which analyses a number of national models where this shift has happened. This research found that in order to effectively shift care out of hospitals and re-provide these

³⁷ Willis Commission, Key recommendations, available at: http://www.williscommission.org.uk/_data/assets/pdf_file/0008/485009/Willis_Commission_executive_summary.pdf (2012)

services in the community - a whole-system approach is needed, alongside bolstered investment.³⁸

- The RCN recognises that the UK has much to learn from developments across the world. As a result, its evidence base for recommendations on policy takes into account research from overseas and the links that we have with partner nursing associations in other countries.
- The RCN is active in compiling objective data and analysing this to identify short, medium and long term challenges and opportunities for improving care outcomes in the nursing profession. RCN policy positions also recognise the joined-up nature of the challenges facing the sustainability of the nursing profession, as well as the wider health workforce. Key challenges such as: poor skills mix, an ageing workforce, safe staffing levels and sufficient staff numbers for example all impact on one another. District/community nursing is a recent example, where the RCN has flagged that the need for sustainable incentives packages and sense-led workforce planning as being key necessities for the delivery of good patient services.³⁹ The RCN has also championed this approach through its Frontline First report series, the most recent of which analysed the impacts of staffing cuts – particularly at more senior levels.⁴⁰
- The RCN develops policies which reflect and respond to the fiscal challenges facing the UK health system. As an example, our advocacy for increased investment on the integration of health and social care recognises the potential that a well-planned approach could have in providing better and more cost-effective services, while also highlighting that significant challenges to this ambition also exist.⁴¹
- Finally, the RCN recognises that in the UK, health policy is shaped at a number of different levels. As a result, we are a proactive partner with policy-makers both at the UK and EU level. To take one example of this, the 2014 EU Directive on the marketing of tobacco products was one in which the RCN prioritised public health concerns, working with the European Parliament, Council, and UK

³⁸ RCN, Moving Care to the Community: An International Perspective, http://www.rcn.org.uk/_data/assets/pdf_file/0006/523068/12.13_Moving_care_to_the_community_a_n_international_perspective.pdf (May 2013)

³⁹ RCN, District Nursing – Harnessing the Potential, http://www.rcn.org.uk/_data/assets/pdf_file/0008/521198/004366_District_nursing_harnessing_the_potential.pdf (April 2013)

⁴⁰ RCN, Frontline First, http://www.rcn.org.uk/_data/assets/pdf_file/0007/564739/004598.pdf (March 2014)

⁴¹ RCN, Integration in England – the story thus far, http://www.rcn.org.uk/_data/assets/pdf_file/0005/581351/08.14_Integrated_health_and_social_care_in_England_the_story_so_far.pdf (May 2014)

ministers in relation to the content of the directive. The RCN also worked closely with the European Public Health Alliance (which it is a member of) to support lobbying in Brussels.⁴² Similar EU initiatives which we have worked on include: legislation on needle-stick injuries, the development of common competencies for nurses and effective regulation and education for healthcare support workers.

Representing nurses and nursing

As well as being a professional association, the RCN is also a trade union for nurses, midwives and healthcare support staff. There is a significant and direct link between these two competencies. The RCN recognises that advocating best practice and effective health policies (as outlined above) is also dependent on having safe and positive working conditions in place. These enable senior health staff to focus on implementing better ways of working, for junior staff to deliver better patient care - and it assists employers in ensuring that their staff are productive, skilled and are likely to remain with them for longer. Below are a few examples of the work which the RCN does in this area:

- The RCN promotes employer-friendly practices which improve staff morale and output. The 'Working Well' initiative for example supports RCN representatives and healthcare managers to develop a workplace culture in which colleagues are treated with dignity and respect, and where all steps are taken to minimise the occurrence of bullying and harassment for example.⁴³
- Another key area where the RCN promotes best practice is on equality and diversity – enabling staff and employers to maximise the provision of care and meet national legislative requirements surrounding discrimination. The RCN Employment Relations Department develops publications to support representatives and members on equality and diversity issues, supporting and recruiting international nurses, and building positive team relationships in across health care settings.⁴⁴
- The RCN has a network of over 900 safety representatives working in a variety of sectors. These individuals play a valuable role in improving health and safety

⁴² RCN, Tobacco Products Directive, http://www.rcn.org.uk/_data/assets/pdf_file/0006/578040/09.14_Tobacco_Products_Directive_2014_40_EU.pdf (May 2014)

⁴³ RCN, Working Well: A Call to Employers, http://www.rcn.org.uk/_data/assets/pdf_file/0011/78527/001595.pdf (March 2002)

⁴⁴ RCN, 'Diversity appraisal resource guide', http://www.rcn.org.uk/_data/assets/pdf_file/0005/78548/001825.pdf (2002)

standards in health care by helping staff and employers tackle work-related stress, unsafe staffing levels and bullying and harassment.⁴⁵

- In terms of remuneration, it is well-established that fair pay is a key driver in the sustainable recruitment and retention of staff. The RCN has advocated that while efficiencies to health spending are necessary, there should be a longer term delivery mechanism which does not focus excessively on reducing salary levels. As a result, in 2014, the RCN launched the ‘What If...?’ pay campaign after the UK government refused to implement a one percent pay rise for nursing staff.⁴⁶ This rise had been suggested by an independent pay review body and had been deemed as affordable. The RCN recognises that the refusal to award this pay rise risks undermining staff morale and productivity, which can ultimately impact on patient care.
- The RCN recognises the importance of maintaining a robust, evidenced-led focus on key trends, opportunities and challenges within the nursing workforce. To do this, the RCN publishes an annual Labour Market Review which analyses key events within nursing that could have deep and far-reaching implications for patient care. The latest available edition for example (2013) highlighted the urgent need to address both the national security of the supply of nurses, and the local ability to determine evidence-based nurse staffing levels.⁴⁷
- The RCN works with key organisations, particularly the nursing regulator (the NMC) to ensure that regulation of nursing staff is effective in protecting the public but also manageable for the profession. This is another important factor in affecting recruitment and retention of staff, but also for addressing challenges around continuing professional development for example.

To take a recent example, in 2013, the NMC launched a public consultation to review how nurses maintain their registration and re-register. Having consulted with the NMC, the RCN’s own members and having looked at international best practice on this issue, the RCN publically stated its support for the underlying intentions of revalidation, while recognising the challenges involved in designing a system which will be both effective and proportionate, given the size of the NMC register. To this end, the RCN is committed to supporting the NMC to develop a system which meets these requirements.⁴⁸

⁴⁵ RCN, Workplace representatives,

http://www.rcn.org.uk/support/the_working_environment/health_and_safety/safety_representatives

⁴⁶ RCN, What If...?, http://www.rcn.org.uk/aboutus/england/northwest/rcn_pay_campaign

⁴⁷ RCN, Annual Labour Market Review,

http://www.rcn.org.uk/_data/assets/pdf_file/0018/541224/004504.pdf (2013)

⁴⁸ RCN, Response to revalidation,

http://www.rcn.org.uk/_data/assets/pdf_file/0004/568336/7.14_RCN_response_Revalidation.pdf
(July 2014)

Conclusion and recommendations

- Professional associations play a key role in promoting excellence in practice, including the formulation of robust guidance, standards and better ways of working. This role should be clearly understood and recognised in this paper.
- Health policies are enhanced by the insights provided by professional associations, since health professionals have deep and relevant insights regarding the interconnectedness of health challenges and the need for joined-up approaches to care.
- Ensuring that the right working conditions are in place and that staff feel respected and supported is a critical interest for employers, patients and regulators alike. Professional associations such as the RCN play a key role in advancing these priorities.
- The most important elements of the RCN's work are: the integration of evidence, a holistic understanding of health challenges and the building and utilisation of external partnerships. Professional nursing associations in many countries adopt this approach also and this should be recognised and advocated for in this paper.

GOING FORWARD

While the RCN broadly welcomes the messages and objectives contained in this briefing, there are questions as to how these recommendations will be turned into tangible, measurable outcomes for member states to aspire towards. As the WHO does not hold any legislative authority to mandate common quality standards in education, skill mix and positive working environments, it is important that the contents of this briefing be clearly articulated as attainable outcomes for a membership which is at very different stages of development with regards to nursing and midwifery.

Further RCN materials on integration of care

Integration of Health & Social Care in Scotland:

http://www.rcn.org.uk/aboutus/scotland/professionalissues/scotland_integration

Integration of Health & Social Care in England:

http://www.rcn.org.uk/data/assets/pdf_file/0009/584217/18.14_Integrated_Health

[and Social Care in England The 14 Pioneer Programmes A guide for nursing staff.pdf](#)

Integrated Health & Social Care in England: The story so far:

http://www.rcn.org.uk/_data/assets/pdf_file/0005/581351/08.14_Integrated_health_and_social_care_in_England_the_story_so_far.pdf

Integration of Adult & Social Care:

http://www.rcn.org.uk/_data/assets/pdf_file/0009/509058/Integration_debate_07.03.13.pdf

Sweden's Experience of Shifting Care out of hospitals:

http://www.rcn.org.uk/_data/assets/pdf_file/0005/537926/26.13_RCN_briefing_Sweden's_experience_with_shifting_care_out_of_hospitals.pdf

Moving Care into the Community: An international perspective:

http://www.rcn.org.uk/_data/assets/pdf_file/0006/523068/12.13_Moving_care_to_the_community_an_international_perspective.pdf

The Community Nursing Workforce in England:

<http://www.nursingtimes.net/Journals/2012/05/11/u/q/b/The-Community-Nursing-Workforce-in-England.pdf>

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