

RCN response to HEE Workforce Planning and Strategic Framework (Framework 15) - 2015/16 Call for Evidence

Introduction

With a membership of over 425,000 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.

Executive Summary

The Health Education England call for evidence comes at a time when all of the evidence points to an NHS struggling with a serious nursing workforce shortage, a shortage that was acknowledged by Lord Carter of Coles when he stated in his interim report on productivity that there may not be enough nurses to meet the challenges identified by the Francis enquiry report¹.

Policy initiatives such as the shift from acute to community, integration of health and social care and parity of esteem for mental health are significant priorities for the NHS, but change cannot be delivered under the current workforce shortages and configurations. The historic failure to effectively plan and secure a long term workforce provision has been illustrated by the increased use of agencies and the drive to recruit staff from overseas as a solution to fill gaps in the nursing workforce. At this critical time for the NHS it is vital that we have enough nurses with the right skills, in the right places, and at the right time in order to deliver the right care.

In this response we highlight the urgent need to train more nurses to meet demand, and for commissions to be raised to around 24,000 a year to compensate for the overall decline in numbers from 2009. The RCN would urge caution with the current projected forecast supply figures, as these are based on assumptions that could change, and the forecast supply does not necessarily translate into new posts.

¹ Lord Carter of Coles (2015) Review of Operational Productivity in NHS Providers Interim Report June 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/434202/carter-interim-report.pdf

There is a need for continued monitoring of the skill mix of the nursing workforce to ensure it leads to most effective patient outcomes. This should form part of a comprehensive workforce planning system and strategy which covers all NHS providers. There is much evidence to link patient outcomes and nurse staffing levels² but this relates to registered nurses only. Instead of reconfigurations simply involving more unregistered staff, the RCN would urge HEE to work with providers to ensure a sustainable and long term supply of registered nurses including increased re-investment in senior posts, which have been disproportionately lost since 2010.

Timely intervention from primary care and community staff at the right time prevents more costly care being required in the acute sector. Many medical treatments that were once provided in hospital can now be administered in the community. However there is little evidence of progress being made at the scale needed to meet the forecasted demand. Building the primary care nursing workforce will play a critical role in meeting the growing demands of an ageing population, many of whom need care at home and support to manage long term conditions.

In the long run, we should be training enough people within England to meet the nation's demand for nursing and the solution lies in our own hands. Without a sustained investment in the nursing workforce, patients will bear the brunt.

General Comments

The RCN recognises that the HEE consultation structure is primarily designed for provider organisations. The College has used this format wherever possible but has also provided a much wider narrative that allows us to set out our macro level observations on a range of issues including the current state of the nursing workforce, current and future workforce demand and supply, drivers of service demand change, models of care, and future workforce characteristics. As part of this commentary we will also comment on the *Health Education England Strategic Framework 2014-2029 (Framework 15)* and the future workforce.

Our response is separated into two main sections:

Section 1 Current and future workforce demand and supply (2015/16 workforce planning cycle). In this section we illustrate that there is currently a critical shortage of registered nurses in England. In relation to the 2015/6 workforce planning cycle our submission focuses on evidencing the causes and symptoms of the shortage. We call on Health Education England (HEE) to urgently increase nurse training places as the RCN believes that this is the most cost effective, efficient and sustainable solution.

² HSJ 24 June 2015 Exclusive: Leaked NHS England study links nursing numbers and care quality <http://www.hsj.co.uk/news/exclusive-leaked-nhs-england-study-links-nursing-numbers-and-care-quality/5087118.article#.VZT-aRtOWdl>

Sections 2-6. In this section we highlight certain implications for the strategy as set out in *Framework 15* and identify where nursing may provide solutions to some of the future challenges. The RCN sets out clearly in part 2 that we intend to continue working with HEE during workforce planning cycles, workforce task groups and to feed in to the continuous process of updating of *Framework 15*.

Section 1 Current and future workforce demand and supply (2015/15 workforce planning cycle)

In this section we will outline our evidence in relation to the headline themes presented in the HEE call for evidence document, question 1.

Introduction

There is currently a severe shortage of registered nurses in England and it is important to state clearly at the start of our response the RCN's call for this situation to be addressed as a matter of urgency. In our most recent report, *Fragile Frontline*, we provided evidence that there is now a serious nursing shortage, and that demand for nursing care is projected to outgrow workforce supply³. The data published by the RCN showed that many trusts are struggling to recruit sufficient numbers of staff to provide safe staffing levels, leading to many trusts seeking to recruit from abroad or employing agency nurses. Monitor⁴ and NHS England⁵ have both recently commented on the NHS's over reliance on agency staff that is putting trusts under sustained and exceptional financial pressure. The effects of this shortage are being felt right across the health and social care sector.

One of the main causes of the current shortage is that the domestic supply has been depleted with 20,829 students commissioned in 2009/10 and this number falling each year, to 17,405 in 2012/13 (a reduction of approximately 16%). Some progress has been made to recover the situation through increasing student commissions over the last two years. However, there is still some considerable way to go in reversing the earlier reductions as the new student cohorts will not enter the workforce for another 3 years. The NHS is therefore likely to experience a lower supply of domestic nurses for several years to come, as demand for nursing care continues to rise year-on-year.

The RCN continues to highlight the critical shortage of nurses, and we call for HEE to increase student nurse commissions to pre-2010 levels to around 24,000 for England make up for the shortfall. The RCN believes that this increase needs to be

³ RCN, (2014) *Frontline First: The Fragile Frontline* <http://www.rcn.org.uk/newsevents/news/article/uk/the-fragile-frontline>

⁴ Monitor (2015) *Performance of the Foundation Trust Sector* <https://www.gov.uk/government/publications/nhs-foundation-trusts-quarterly-performance-report-quarter-4-201415>

⁵ HSJ 2 June 2015 *Simon Stevens: Dealing with Agency Staff is NHS's 'Biggest Operational Risk'* <http://m.hsj.co.uk/5085499.article>

accompanied by a comprehensive workforce planning system and strategy, which covers all providers delivering NHS funded services. The reality is that without this investment in all parts of the nursing workforce, healthcare organisations will continue to struggle with staff shortages, poor skill mix, bed pressures, preventable morbidity and mortality, and poor provision of community health services.

The newly elected Government have made a commitment to find at least £8 billion extra investment in the NHS in England by 2019/20 and this has been welcomed by the RCN. However, the reality is that the NHS in England is currently under severe strain, with financial pressures continuing to increase as more trusts report being in deficit. Recent figures show that trusts in England had an overall total deficit of £822m for 2014/15⁶. The nursing workforce, as the largest single element of the NHS salary budget, has in past years been an attractive source of financial savings. The RCN are concerned that some providers are once again forecasting reductions in future demand based on affordability challenges and not on the basis of need. Furthermore, these predictions seem at odds with what we know about the population that future health care services will serve and current policy ambitions.

Ahead of the 2015 general election, the RCN called on all political parties to protect patient care by defending the nursing profession from cutbacks and short sighted decision making and called for workforce planning around patient need. In addition, twenty one organisations representing health and care charities, local government, NHS staff and leaders published the *2015 Challenge Manifesto* in the autumn of 2014. The RCN was one of the signatories of this manifesto. In this document the alliance of organisations highlighted the need to develop and support our workforce to meet current and future needs. The document noted that “the new models of care people need cannot work without the right numbers and mix of staff, in the right places, supported and equipped to work in new ways”. It also highlighted that a number of stakeholders had continued to express a high level of concern about how shortages of some professionals in some places would be addressed.

We will discuss the workforce that is needed to deliver the care of the future and address many of the themes raised in *Framework 15* in section 2-6.

Vacancies

How nurses are distributed varies across different settings and sectors in England. In general, there has been investment in acute, elderly and general medicine sectors (seen as a response to the Francis report and other associated reports which have

⁶ NHS trusts' deficit rises to £822m, BBC News, 22nd May 2015, <http://www.bbc.co.uk/news/health-32846545>

highlighted problems with NHS care and staffing levels) yet this is at the expense of community nursing and mental health nursing as we show later in this response.

Regrettably since 2011 data is no longer routinely collected on vacancies in England to enable a comprehensive analysis. In England there is also a lack of data to support the monitoring of nursing vacancies within the independent sector, which means we are unable to form an accurate picture of the nursing labour market. The RCN has consistently highlighted the lack of centrally-collected information on nursing vacancies in England, and these concerns have also been expressed by the NHS Pay Review Body.⁷ Care Quality Commission reports have regularly highlighted the challenge of high vacancy rates and high turnovers in care homes. Vacancy data is an important element of effective workforce planning and the RCN believes that HEE should request that this data source is re-introduced.

We know anecdotally that vacancy rates vary considerably within different departments in trusts, between trusts and between regions. Through freedom of information requests, our November 2013 report *Running the Red Light* found that there was substantial variation in vacancy rates across the NHS. We estimated that the NHS was running on an average vacancy rate of around six per cent which would account for around 20,000 full time equivalent (FTE) vacancies across England.⁸ HEE and NHS Employers found that there was an average vacancy rate of 10% showing that the number of vacancies is increasing.⁹

One area that high vacancy rates have been felt is in A&E departments. In light of the heavily reported 2014-2015 'winter pressures' and failures to meet A&E waiting time targets, the RCN commissioned work to review staffing levels in a sample of 33 A&E departments. Based on the staffing levels and acuity patient data we can determine that these A&E departments are operating on variable nursing vacancy rates: with some A&E vacancy rates between 10 and 20 per cent.¹⁰ Furthermore, Monitor recently reported that some ambulance Foundation trusts are facing vacancy rates as high as 24%.¹¹

The RCN believes that there needs to be a strategic level focus on vacancy rates within each NHS England area team, with an analysis of the areas of nursing practice experiencing shortages together with a clear plan of actions for addressing the shortages identified.

⁷ NHS Pay Review Body (2014) NHS Pay Review Body Twenty-Eighth Report https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/288690/NHS_Pay_Review_28th_repot.pdf

⁸ *Running the red light* http://www.rcn.org.uk/_data/assets/pdf_file/0008/548522/004529.pdf

⁹ NHS Employers (2014) *NHS Qualified Nurse Supply and Demand Survey – Findings Report* <http://www.nhsemployers.org/case-studies-and-resources/2014/05/nhs-qualified-nurse-supply-and-demand-survey>

¹⁰ Hurst K (2014) *Royal College of Nursing commissioned study on A&E staffing levels*

¹¹ Monitor (2015) *NHS foundation trusts tackle rising patient demand* <https://www.gov.uk/government/news/nhs-foundation-trusts-tackle-rising-patient-demand>

Shortage

As mentioned at the beginning of this response, the RCN highlighted the impact the shortage was having on the NHS in England in our report *Fragile Frontline*.¹² The RCN's report exposed that while the total number of posts had increased by 6,434 since 2010, the true picture was less positive. The increase in the total nursing workforce (excluding midwives, health visitors and school nurses), was actually only 1,470. While the number of FTE posts had increased, the number of people filling those posts has fallen by 1,845, meaning that fewer nurses were providing more care. The RCN are concerned that the FTE number has increased and the headcount number has decreased, and question whether this indicates a change in working patterns.

The RCN notes that the latest data (February 2015) published by the Health and Social Care Information Centre (HSCIC) still shows a reduction in the headcount of registered nurses of 810 nurses from May 2010.

The RCN was deeply disappointed that the Migration Advisory Committee took the decision on 25th February 2015 not to put nursing roles on the shortage list for recruitment overseas. We provided detailed evidence of the shortage of nurses in the UK and the effect this was having on patients. We have consistently called for both a long term solution to the lack of staff, and for nursing roles to be on the shortage list. In our evidence¹³ to the Migration Advisory Committee, we also highlighted the ageing UK nursing workforce and the lack of systematic workforce planning for nursing across the UK that has (in part) contributed to the current problems. The current nursing shortage was a key theme raised by our members at the RCN's annual Congress at the end of June 2015.

In the long term, there is potential for England to 'home-grow' a larger nursing workforce to meet future demands. RCN evidence in the *Fragile Frontline* report challenged the assumption that people in England do not want a career as a nurse, instead, there is an increasing appetite to join the nursing profession. The report also showed that from 2009 to 2014 there has been a 33% increase in the number of people applying to study nursing. Furthermore, in 2014, only 40% of those applying to train as a nurse were accepted onto a course. Over the same period 50,000 people applied for just 21,205 places. The figures that the RCN obtained from UCAS

¹² RCN, (2014) *Frontline First: The Fragile Frontline* <http://www.rcn.org.uk/newsevents/news/article/uk/the-fragile-frontline>

¹³ RCN (2014) Royal College of Nursing response to Migration Advisory Committee call for evidence: Partial review of the shortage occupation lists for the UK and Scotland
http://www.rcn.org.uk/__data/assets/pdf_file/0011/603101/96.14_Call_for_Evidence._Partial_review_of_the_Shortage_Occupation_Lists_for_the_UK_and_for_Scotland..pdf

show that there is no shortage of potential nurses to increase the workforce, with 30,000 potential nursing students being turned away.

In June 2014 Lord Carter of Coles was appointed as Chair of the NHS Procurement and Efficiency Board. As part of the review, Lord Carter's team looked at cost data from 22 selected hospitals across five broad categories of expenditure. Their interim report, *Review of Operational Productivity in NHS providers* was published on 11th June 2015. The report states that all the information they looked at as part of the review "leads us to assume there may not be enough nurses to meet the post Francis demands of the NHS, and there are inequalities in how nurses are utilised with many nurses working longer hours than they are contracted for"¹⁴. In response, the RCN welcomed the statements made in the report that investing in nursing staff within the NHS can build a more productive, cost effective workforce overall.

The RCN draws HEE's attention to the CfWI's previous workforce modelling which compared supply and demand between 2010 and 2016. While there is a small margin where the supply and demand ranges overlap, there is a large difference between the upper estimate for demand and the upper estimate for supply. Therefore, the report states that "it is possible for supply to meet demand, but more likely that it will not". The difference between the current baseline projections suggests that by 2016 there will be shortfall of 47,545 nurses, but in a worst case scenario this could be as high as 194,162.¹⁵ The RCN believes that the CfWI's projections are still a valuable and accurate indication of the supply and demand challenges that need to be addressed. The RCN believes that there is a need to move to a more evidence-based and robust, long-term workforce planning process that more accurately assesses future demand and supply.

The RCN supports the current initiatives driven by Health Education England and other stakeholders to deliver an increased number of nurses returning to practice. We have highlighted the value of nurses returning to practice who require support but bring with them highly valuable skills into the workplace. Despite the welcome success of the current Return to Practice programme the RCN believes that this is not delivering sufficient numbers to fill the current shortfall in the nursing supply.¹⁶

The public perception of a nursing shortage is also clear. A poll undertaken by Ipsos MORI on behalf of the Royal College of Nursing showed that 88 per cent of the

¹⁴ Lord Carter of Coles (2015) *Review of Operational Productivity in NHS Providers Interim Report 2015*

<https://www.gov.uk/government/publications/productivity-in-nhs-hospitals>

¹⁵ CfWI (2013) *Future nursing workforce projections: starting the discussion*

<http://www.cfw.org.uk/publications/future-nursing-workforce-projections-starting%20the%20discussion/attachment.pdf>>

¹⁶ Nursing Times 21 November, 2014, *Support for Nurses Returning to Practice* <http://www.nursingtimes.net/home/your-nursing-career/support-for-nurses-returning-to-practice/5076988.article>

British adults (18+) surveyed agreed that we need many more nurses in hospitals to deliver safe care.¹⁷

Skill mix

The RCN believes that HEE should continue to monitor the situation to ensure that the skill mix between registered and unregistered nursing staff does not become diluted. The RCN has made a number of recommendations around skill mix, such as a ratio of 65: 35 per cent registered: unregistered staff on general medical wards¹⁸, and HEE should work closely with providers to secure a supply of nursing that is sufficient to meet a safe balance of skill mix levels.

The RCN has recently highlighted the critical need for continuing and increased investment in nursing leadership for many years, recognising the importance of building the capability of nurses to improve patient care as well as to champion nursing and patient quality at board level.

At our recent Congress we warned that senior nurse posts have been disproportionately lost in recent years. Despite recent recruitment to fill nursing posts, the RCN showed that the NHS had 2295 fewer nurses working in expert or leadership roles than in 2010¹⁹. These senior posts at bands 7 and 8 of Agenda for Change include matrons, consultant nurses, advanced nurse specialists and ward sisters, when compared to more junior roles at bands 5 and 6, where most of the recent recruitment has been targeted.²⁰ The result has been a steady dilution of skill mix, representing a significant loss of skills and experience developed through NHS investment over many years that cannot be easily reversed. In times of financial pressure these roles are often the first to experience cut backs, but the RCN believes that these positions play an extremely important role in improving patient experience and improving the cost effectiveness of patient care.²¹

The RCN has regularly highlighted the need for investment in the nursing workforce, particularly at the upper levels of the profession. As demography of the population changes and we see a growing number of people living for longer, the associated demands for healthcare also change. These demands will be better met as nurses take on leadership roles that enable change and are supported by employers who

¹⁷ RCN 29 April, 2015 *We need more nurses, say public* <http://elections.rcn.org.uk/news-entry/we-need-more-nurses-say-public>

¹⁸ RCN (2006) *Setting appropriate ward nurse staffing levels in NHS acute trusts. Policy guidance 15/2006* http://www.rcn.org.uk/_data/assets/pdf_file/0007/287710/setting_appropriate_ward_nurse_staffing_levels_in_nhs_acut.pdf.

¹⁹ RCN 21 June 2015 *Invest in Expert Nurses to make Seven Day Care a Reality*

<http://www.rcn.org.uk/newsevents/news/article/uk/invest-in-expert-nurses-to-make-seven-day-care-a-reality>

²⁰ RCN (2014) *Frontline First – More than just a number* http://www.rcn.org.uk/_data/assets/pdf_file/0007/564739/004598.pdf>

²¹ RCN (2010) *Specialist Nurses: Changing Lives, Saving Money* http://www.rcn.org.uk/_data/assets/pdf_file/0008/302489/003581.pdf

develop programmes to enable nurses to move into management roles in a culture that nurtures leaders.

We recognise that changes in the way services are and will be delivered in the future require nurse leaders who are skilled at working across organisational boundaries and creating alliances with a range of stakeholders. This learning and development should take place within multidisciplinary management and leadership programmes that aim to enable nurse leaders/managers to gain a wider perspective of the NHS and care sector. The RCN believes that investment in nurse leadership should also include nurses in similar roles in community settings, who are faced with similar management and leadership challenges.

Another significant challenge is meeting the growing demands for urgent and emergency care in England. Recent research conducted for the RCN uncovered inadequate staffing in emergency departments across England, with an average 18 per cent of full time registered nursing posts not being permanently filled. Around half of those vacancies were being filled by temporary nursing staff, leaving a gap of 8.5 per cent between the number of funded nurse posts and the actual number of nurses in place – an indication of short staffing in emergency care. In addition, temporary staff may lack many of the specialist skills required.²²

The National Institute of Health and Care Excellence (NICE) has been in the process of rolling-out a programme of safe staffing guidance in England, which was intended to set standards in staffing to ensure patient safety. This work was in response to one of the key recommendations in the Francis report. In early June 2015, NHS England asked NICE to halt its programme for producing nurse safe staffing guidance. Instead, it was announced that the Chief Nursing Officer for England and her team would take over work on safe staffing guidance. In response the RCN has raised significant concerns that if staffing levels are not based on clinically based independent evidence, then there is a danger they will be based on cost. We have stated clearly that we must not repeat the mistakes of the past, where staffing levels were cut to save money, and patients suffered as a result. There is a pressing need for more detail on the work plan and who will be leading and accountable for ensuring the right mix of skills and experience.

Settings

The RCN is also concerned that the ambitions for an acute to community shift has been undermined by underinvestment in the nursing workforce outside the acute

²² RCN (2014) *The sorry state of emergency care nursing* – RCN calls for better A&E workforce planning and education, 16 June 2014 http://www.rcn.org.uk/newsevents/press_releases/uk/better_a_and_e_workforce_planning_and_education_needed_says_rcn

sector. The RCN welcomed the Government's recent commitment to increase the community workforce under the 'new deal for general practice'.²³

There is an urgent need to build up comprehensive primary and community care based services. The current financial context emphasises the need to use resources in the most effective and efficient way possible. We already know that timely intervention from primary care and community staff at the right time prevents more costly care being required in the acute sector. Medical treatments that were once provided in hospital are now being increasingly administered in the community. Within health systems there is a renewed focus on delivering health care in the community, freeing up hospitals to provide more complex and specialised and emergency care. Despite statements by the newly elected Government in England (and previous Governments) on the need to shift from acute to primary and community services, there is no evidence of progress being made at the scale needed to deliver to the forecasted demand. For example, between May 2010 and May 2014, the community workforce in England contracted by 3%²⁴.

According to the most recent Health Information Centre data (for England) since May 2010 we have seen a loss of:

- 2,400 district nurses
- 3,000 community nurses

We have highlighted that these roles are critical to meet the growing demands of an ageing population, many of whom need care at home and support to manage long term conditions. Building the primary care nursing workforce is not just a simple matter of recruiting direct from the acute sector or direct from training. The primary and community sectors need to be seen as an attractive setting to work in and a place where the value of clinical skills are recognised and rewarded.

It is also important that students have the opportunity to experience a range of community placements, including district nursing, general practice and school nursing. HEE will have to work closely with community employers to improve access to student community placements, emphasising the eventual benefits for employers of achieving a future workforce with right skills for future community-based service models. This was an important theme within the Shape of Caring report.

²³ RCN (2015) *RCN responds to Hunt's 'new plan for GPs'* Friday 19 June 2015

²⁴ RCN (2015) *Frontline First: The Fragile Frontline* http://elections.rcn.org.uk/page/-/frontline/documents/The_Fragile_Frontline.pdf

In the last year the RCN has focused on two individual settings to illustrate the lack of investment outside the acute sector:

a) Mental health nursing

In our 23rd November 2014 Frontline First report' *Turning back the clock?*²⁵ we showed that since May 2010 there has been a loss of 3,300 nurses in mental health settings. We highlighted that our nursing workforce was increasingly ill-equipped to give people with mental illness the specialist, recovery-driven care they need. Nurses are being forced to take a risk-averse approach to care which prioritises keeping people safe, over helping them get better. In this report we recommended the following:

- Governments and NHS providers must ensure that the commitment to parity of esteem is directly reflected in the funding, commissioning of services, workforce planning, and patient outcomes.
- Urgent action must be taken to address the workforce shortages. Resources must be committed to training and recruiting enough mental health nurses who are able to deliver specialist care in the changing health and social care landscape.
- NHS providers must invest in the current mental health nursing workforce. Band 6, 7 and 8 mental health nurses should be developed to become advanced practitioners to deliver effective recovery-led care in mental health services.
- There must be a sustainable and long-term workforce planning strategy which acknowledges the current challenges facing the mental health nursing workforce.

b) Learning disability nursing

On 25th June the RCN highlighted that according to Health Information Centre statistics, learning disability services in the NHS across the UK had lost 21% (1634) of nursing posts since 2010.

The RCN also published the results of a survey that highlighted that learning disability nurses had serious concerns about the impact that cuts are having on the 1.5 million people living with a learning disability in the UK. The RCN survey found that:

- 71% had witnessed cuts to learning disability services

²⁵ RCN (2014) *Turning Back the Clock* https://www.rcn.org.uk/_data/assets/pdf_file/0004/.../004772.pdf

- 50% were now concerned for the safety of patients
- 95% said there simply aren't enough services in the community to provide sufficient care and support to those who need it
- Almost a quarter (23%) had witnessed cuts to pay
- 35% had seen down-banding in their workplace
- 45% reported that conditions and services have worsened over recent years.

Overall there has been a greater reduction in this branch of nursing than in any other area of the workforce.

Agency

This failure to effectively plan and secure a long term workforce provision is further illustrated by the increased use of agencies as a solution to fill gaps in the nursing workforce. NHS spending on temporary staff has been increasing in recent years in response to increasing levels of activity. Monitor²⁶ and NHS England²⁷ have both recently commented on the NHS's over reliance on agency staff that is putting trusts under sustained and exceptional financial pressure.

Within the Foundation trust sector in particular Monitor reported that operating expenses were 3.6% above plan for 2014/15 and 6.6% higher than the year before. The organisation noted this was driven by overspend on a number of areas, especially on contract and agency staff²⁸. Data showed that £1.8bn had been spend in foundation trusts in 2014-15 on temporary staff that included both nursing and medical temporary staff.

The RCN's *Runaway Agency Spending* report²⁹ showed that unless rapid action is taken, the NHS was projected to spend at least £980 million on agency nursing staff by the end of this financial year. We know that agency nurse rates cost the NHS significantly more than employing nurses on the Agenda for Change (AfC) pay scale. In our report we estimated how many permanently employed qualified nurses the agency budget would buy. For the £980 million the NHS is expected to spend on agency in 2014-15 we estimated that the NHS could employ 33,350 band 5 nurses in England per year. Also we considered how the £980 million could be spent if we were to look at employing a range of nurses with a skill mix from bands 5 to 8. Table 12 in the reported showed that the NHS could employ 28,000 registered nurses.

²⁶ Monitor (2015) *Performance of the Foundation Trust Sector* <https://www.gov.uk/government/publications/nhs-foundation-trusts-quarterly-performance-report-quarter-4-201415>

²⁷ HSJ 2 June 2015 Simon Stevens: Dealing with Agency Staff is NHS's 'Biggest Operational Risk' <http://m.hsj.co.uk/5085499.article>

²⁸ Monitor (2015) *Performance of the foundation trust sector: year ended 31 March 2015* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429947/Q4_2014-15_Sector_Performance_for_Board_-_Updated_Final_map_.pdf

²⁹ RCN (2015) *Frontline First, Runaway Agency Spend* [www.rcn.org.uk/ data/.../FF-report-Agency-spending_final_2.pdf](http://www.rcn.org.uk/data/.../FF-report-Agency-spending_final_2.pdf)

The RCN is concerned that with rising activity levels and a domestic shortage of nursing, it will be extremely difficult to achieve reductions in the use of temporary staff. It is clear that use of rising use of agency staff is not sustainable as a long-term solution to nursing staff shortages.

On 2nd June 2015 it was it was announced that the health service would take 'collective action' to address the high cost of agency spending. On the BBC's Andrew Marr Programme, the Chief Executive of NHS England Simon Stevens said that "for the last several years, rightly, there has been a big focus on increasing nurse staffing across the NHS, particularly in light of the report Sir Robert Francis did into Mid Staffordshire. But it takes three years to train a nurse so if you do this very quickly you end up relying on temporary staff."³⁰

The Department of Health in England has announced plans to introduce a suite of measures to limit agency spending such as capping rates and total agency nursing spend for trusts in deficit. As a result, trusts in England will feel pushed to recruit permanent staff. Inevitably, faced with the current difficulties in finding permanent nursing staff, trusts are likely to increase the search for registered nurses overseas.

Overseas

The RCN has long advocated for better workforce planning to move towards a more self-sufficient approach to training and retaining its nursing workforce and a move away from cyclical nursing shortages which have required large scale recruitment from outside the UK. There will always be some movement of nurses in and out of the UK, with individuals seeking new professional opportunities, whilst at the same time enriching the health system they contribute to.

The UK has in recent years been able to benefit from the global mobility of the nursing sector and tap into the worldwide nursing talent pool to fill its vacancies, however, demand exceeds supply across the world and the UK is in competition with many other countries for the global pool of available nurses. Overseas recruitment has increased since 2010 and for the first time since 2005-6 the UK has moved from being a net exporter to a net importer of nurses.³¹

³⁰ Nursing Times 1 June, 2015 NHS chief confirms 'collective' action on agency staff spending <http://www.nursingtimes.net/home/specialisms/leadership/nhs-chief-confirms-collective-action-on-agency-staff-spending/5085440.article>

³¹ RCN, (2014) *Frontline First: The Fragile Frontline* <http://www.rcn.org.uk/newsevents/news/article/uk/the-fragile-frontline>

At our 2015 Congress we published the RCN's *International recruitment* report³². In the report we highlighted that changes to immigration rules would have had a knock-on effect on nursing staffing levels. As of 6 April 2012, the immigration rules were amended by the Statement of Changes HC188 on 15 March 2012. These changes state that any nurse who entered the UK after 6 April 2011 would need to earn £35,000 to apply for indefinite leave to remain. This income threshold does not however apply to applicants who fall within the Shortage Occupation List.

The RCN has highlighted that the rules would cause chaos for the NHS and other care services who are already struggling to hire and retain skilled health professionals. We noted that there are thousands of overseas nurses in the UK who have contributed to the health of the nation and built lives here who would be worried and saddened by the Government's position. In September 2014, the Nursing Times reported that three quarters of hospital trusts in England have recruited nurses from the EU in the last four years, with 50% of their sample stating that they had sent recruitment teams abroad.

At Congress the RCN again repeated its call for nursing to be added to the shortage occupation list and for the Government to reconsider the £35k salary threshold.

Demand

The RCN notes that demand for nursing care is likely to increase significantly over the next 10 years due to a combination of demographic and lifestyle factors. The most significant demand-side challenge in England is a growing and ageing population, with the number of people over the age of 85 expected to double between 2010 and 2030. A rise in long-term conditions will also present a challenge, with chronic kidney disease up by 45 per cent, diabetes up by 25 per cent, and dementia up by 25 per cent between 2006-07 and 2010-11.

Seven day care

The RCN acknowledges the clear intention of Government to introduce seven day care to meet current demand. We support the principles behind the concept of 'seven day care'³³. It cannot be right that people admitted to a hospital on a weekend have poorer outcomes than those admitted during the week. Ensuring patients have access to high quality care when and where they need it, no matter the day of the

³² RCN (2015) *International Recruitment 2015* http://www.rcn.org.uk/_data/assets/pdf_file/0007/629530/International-Recruitment-2015.pdf

³³ RCN (2015) *Seven day care in England – update for RCN Congress 2015* http://www.rcn.org.uk/_data/assets/pdf_file/0005/629528/7-day-care-Congress-update.pdf

week, requires a whole system approach that fully involves all NHS staff. The RCN believes that the availability of a highly skilled and motivated nursing workforce is critical to any plans for delivering seven day care. Practice nurse-led consultations, Advanced Nurse Practitioner case holders, expert Public Health Nurses, and Specialist Nurses support patients to manage a wide range of long term health conditions. Many of these nurses work at the 'leading edge' of their professional practice and can both prescribe and refer. However to make the vision of seven day care in the NHS a reality, this needs sufficient planning, organisation and resources to be able to provide sufficient nursing staff when they are needed to support any extended services. Requiring exhausted nurses to simply work around the clock will exacerbate the current severe crisis in nursing supply and will not deliver safe and high quality care to patients.

To make the vision of seven day care a reality the health service needs sufficient planning, modelling, organisation and resources to be able to provide enough staff when they are needed to support extended services. Ensuring patients have access to high quality care when and where needed, no matter the day of the week, requires a whole system approach that fully involves all professional groups. This includes all nursing, diagnostic, imaging, medical, and other support services. The RCN has not seen evidence to demonstrate that staff numbers, shift patterns and rostering have been adequately considered to ensure the safe delivery of increased services on a seven day basis. We have also not seen evidence to suggest that introducing wider seven day services will be matched by a sufficient increase in resources to ensure that the vision becomes a reality. The RCN believes that it is essential that any seven day proposals are properly costed and funded before they are introduced to avoid compromising the safety of existing services.

We believe there needs to be an evidence and clinical based analysis of where seven day care can most improve outcomes for patients and make the best use of resources in order to understand the most effective system changes that can manage demand across the seven day period and increase safety and capacity in a way that is sustainable. Giving a greater focus to weekend and evening access must not come at the expense of access to services during current normal hours if overall patient outcomes end up deteriorating. Seven day care requires a detailed consideration of the impact on the whole workforce in terms of number of staff needed in the short and medium term, skill levels and decision making authority and learning and development needs.

As the largest workforce in health care, playing a key part in every delivery team across the health care system, the nursing workforce (which also includes Health Care Support Workers). It will also be the most affected by any changes designed to deliver seven day care and, more importantly, will be the workforce most able to

effect any necessary change to deliver system-wide seven day care. A key RCN message has been that nursing staff are not 'widgets' to 'plug the gap' in the healthcare system and should not be moved without appropriate clinical planning, including consideration of the most effective skill mix for patient care.

Five Year Forward View

On 23rd October 2014 the Five Year Forward View was published³⁴. From a nursing perspective, the drive to health and social care sectors closer together is seen as having some clear benefits, not only for those receiving services but for those working at either side, and across, this often arbitrary divide. Although the vast majority of the nursing workforce are employed in the acute and community sectors, a sizable minority are to be found in the social care sector, and most especially in the care home sector, where they already face quite serious challenges to delivering high-quality care. The focus on prevention is to be welcomed, and is something that the RCN has long referenced as being important to achieving the changes in life-style and behaviour necessary to reduce the need for healthcare services. It is an obvious opportunity for public health and community nursing to grasp, but one that will also require much greater investment in those nursing workforces, at all levels, if it is to be successful.

Although the Vanguard programme was announced as a seemingly new initiative, many of the sites are in places with existing and similar initiatives, most notably the 'Integration Pioneers', which are being funded through the 'Better Care Fund'³⁵. The RCN have stated that the current Vanguards sites must be fully engaged with their workforces, including nursing, and able to fully utilise their skills, knowledge and experience.

For the community and district nursing workforce the biggest issue is the decline in their overall numbers and then increase in their age profile, which will further reduce the workforce unless more effort is made to recruit and then retain new entrants. The challenge for primary care is somewhat similar, i.e. the overall size of the workforce needs to be increased, but investment also needs to be made into the pre and post registration education for those wishing to enter this field, as well as in the training made available for existing practice nurses. A unique issue for the primary care is the need to create a coherent and stable 'workforce model' to afford new entrants an ability to develop a career in this area of healthcare.

Early analysis of the successful Vanguard applicants has shown a reasonable commitment to the role that nursing can play in their delivery. As previously noted, so far only three models have been selected for (Multispecialty Community Providers, Primary and Acute Care Systems, Enhanced Care homes), and so the impact of the wider programme on nursing will depend on how the applicants to the remaining four

³⁴ NHS (2014) *Five Year Forward View* <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

³⁵ NHS England December 2014 *Better Care Fund* <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

models (no date has yet been given for any further selection process) engage their nursing workforces in the development of their plans.

These issues have now been recognised by the local architects following publication of the MOU, and acknowledgement has also been made of the needs to build workforce and public engagement in the plans for the vision to be realised.

The RCN was deeply disappointed when the Government announced a consultation on plans to remove £200 million from local authority public health budgets. The College has highlighted that prevention is at the very heart of the Five Year Forward View. By paring it back, the NHS could be throwing away a vital chance to keep people well and preserve its own future. Cuts in this area may be carried out by local authorities but the impact will be felt in the NHS. Services such as school nursing, smoking cessation, weight management and other health advice could all be severely affected by these proposals. We have said that the Government must heed the evidence of public health and take a long term, strategic view on how health services can survive for the coming decades, not just the next financial year.

Education

The RCN fully supports the comments in the 2012 Willis Commission report on nursing education, and agrees that graduate nurses will continue to play a key role in driving up standards and preparing a nursing workforce fit for the future”.³⁶ We also believe that the recommendations made by the Shape of Caring Review deserve close attention and have generated an important debate around the training and career development of nursing staff. The recommendations have created an enhanced focus on the importance of education and training of nursing staff.³⁷

We believe the current system of nursing education is the best way to prepare future nurses with the right knowledge, skills, values and behaviours for the demands of the future health service. However, there is scope for continual improvement, particularly around the quality of placements, mentorship and preceptorship. The RCN has begun a mentorship project to help to build a picture of the challenges and possible solutions around mentorship, with a report due to be published during July.

Students must be given the necessary support through a variety of placements to ensure they fully benefit from the practical elements of their education. Mentors and preceptors must also be given the necessary resources and capacity to support

³⁶ Willis (2012) *Quality with compassion: the future of nursing education. Report of the Willis Commission 2012. Executive Summary* http://www.williscommission.org.uk/data/assets/pdf_file/0008/485009/Willis_Commission_executive_summary.pdf

³⁷ Health Education England (2015) *The Shape of Caring Review report* <http://hee.nhs.uk/2015/03/12/the-shape-of-caring-review-report-published/>

students through their education and their transition into employment. We would expect HEE to work closely with employers to ensure the right staffing levels are in place to allow all mentors and preceptors to fulfil their responsibilities and ensure the quality of placements and student support is not compromised.

The RCN supports the principle of working to reduce attrition rates, and believes it is right that HEIs should look for candidates with proven experience of caring who can demonstrate compassion. However, there are continued questions, in both practical and financial terms, about the Government proposals that prospective nursing students spend up to a year in an HCA placement. The RCN continues to argue that this may not be the most efficient use of resources, as many applicants are already asked to demonstrate caring experience. We believe that concentrating on the quality of placements and mentorship may be a more effective way to address attrition rates and embed positive values and practice, by ensuring that students receive the support they need.³⁸

Retirement

The CfWI modelling looked at the entire England nursing workforce, and predicts that retirement rates will rise from 9,586 nurses in 2010, to 13,054 nurses in 2016. Over the six years, this would be 78,675 nurses, but estimates range from 61,184 to 100,425.³⁹ It will be important to monitor developments in retirement trends, as a number of factors have the potential to inflate or depress the rate of retirement, such as an ageing workforce. For further details please see our response to part 2.

The ageing profile of the workforce may lead to shortages in some areas as nurses retire. It also has the potential to create problems for workforce planning, with employers unsure about when nurses will retire. There can be a lot of variation in the retirement plans of individual nurses, particularly as they work to an increased retirement age.

Morale and retention

The RCN has undertaken employment surveys of its members over a 28 year period. The surveys have found consistently that feeling valued and engaged is an important factor in morale and motivation. As well as developing standards and targets relating directly to health and wellbeing the RCN would like to see more

³⁸ RCN (2013) *Response of the Royal College of Nursing to the Mid Staffordshire NHS Foundation Trust Public Inquiry Report* http://www.rcn.org.uk/_data/assets/pdf_file/0004/530824/francis_response_full_FINAL.pdf

³⁹ CfWI (2013) *Future nursing workforce projections: starting the discussion* <http://www.cfwi.org.uk/publications/future-nursing-workforce-projections-starting%20the%20discussion/attachment.pdf>

general requirements for best practice in respect of employer practices and procedures including staff engagement.

The 2014 NHS staff survey for England⁴⁰ showed a clear crisis of morale among staff, who said they felt underpaid, undervalued and under pressure. The survey revealed that 39% of staff have been made unwell by work related stress during the previous twelve months. Also 71% worked extra hours to try to deal with demand, and less than two thirds (64 per cent) would be happy with the standard of care if a friend or relative needed treatment. The experiences of staff are a vital pressure gauge, which is why surveys are so important.

Conclusion

In the long run, we should be training enough people within England to meet the nation's demand for nursing. If every nurse from overseas left the country tomorrow, there would barely be a hospital or clinic that could function safely. The NHS has woken up to the fact that it has not had enough nurses to deliver safe care. We strongly support the work of HEE to build on its essential strategic role and we welcome the progress that has been made to develop expertise within LETBs and other stakeholders who are involved in workforce planning. The RCN is committed to continuing its work with HEE and to feed into workforce planning cycles.

⁴⁰ 2014 NHS staff survey for England, 24th February 2015 <http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2014-Results/>

Response to section 2 – 6 of the HEE Workforce Planning and Strategic Framework (Framework 15) 2015/16 Call for Evidence

In this document we will outline our evidence in relation to the headline themes presented in the HEE call for evidence document, questions 2 – 6. As in our response to part 1 we have provided an overarching response to the questions outlined in the HEE consultation document.

Section 2 - Drivers of service demand change

The NHS is experiencing a period of unprecedented changes in demand, linked to an ageing population and more people living with multiple long term conditions, innovations in services and treatments and changing expectations from patients and public.

For the first time, there are now more people aged over 65 in the UK than there are aged under 15, and with older age comes greater care demands. Also an increased number of people are living with long-term conditions, due to demographic changes and improved therapies.

The RCN believes that there must be much more emphasis on developing a lifelong care plan that is interactive, accessible and owned by the patient. Developing skills in education will be critical so that professionals are supporting increased knowledge, signposting and interpreting information to give individuals more control over their own care.

Training of healthcare professionals is still predicated on acute medicine, delivered in the secondary care sector. However, most people access care outside this setting and we need a workforce to deliver the service innovations needed to support the shift towards more patients being treated in the community. It is critical that there is a long term commitment to strengthening the workforce in this area and ensuring that community based care is once again seen as an attractive career for newly qualified clinicians and nurses.

Meeting the scale of the predicted demand will be difficult to deliver not least because the NHS workforce is itself ageing. Estimates of the age profile of qualified nursing staff using available data from NHS England, shows a progressively ageing workforce. 47% of the NHS workforce In England is aged 45 or over, compared to an average 40% for the English working population⁴¹,

⁴¹ NHS Employers Web site page on Age (dated 22.10.14) <http://www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce/get-involved/celebrating-diversity/age>

The impact of technology

At present the use of technology in delivering better healthcare and improved outcomes is slow, and primarily related to the use of technical equipment in acute settings. The better use of patient-level data, and the facilitation of patient record access could reduce incidents but will need to be managed in a manner that does not hamper professional roles or competence, or endanger patient confidentiality.

As new models of long term care management and self-care emerge, the role of eHealth technologies, such as remote diagnosis facilities and telecare systems, should become ever greater. The RCN is supportive of such advances that support nurses in focusing interventions on promoting independence and enablement among patients in the community. IT also offers nurses in the community an opportunity to take on the role of 'knowledge broker'⁴², actively helping patients to access the information they need, and deciding how to use it.

The curriculum needs to be flexible enough to reflect the pace of change within health care delivery and also be responsive to new emerging evidence.

Technology also offers the opportunity to rethink delivery of learning, from traditional models of how nurses access CPD to considering how learning for practice can occur in practice and be seen to have the same credibility so move away from a 'certification' culture.

Improving access to services

Individuals are with justification, demanding greater control over their treatments and more personalised services, tailored to their needs and preferences. Patients who regularly access services, often patients with multiple long term conditions may prefer a continuous relationship with a single health professional.

For other groups of patients with different needs, accessing healthcare services as and when they want is a more important priority. It is important to recognise that people have different needs at different times of their lives.⁴³

We believe the public have a right to expect that the treatments and care they need will be available to them in ways that address their individual situations and circumstances. However we are mindful that giving a greater focus to weekend and

⁴² RCN (2015) *Response to the Primary Care Workforce Commission call for evidence*
http://www.rcn.org.uk/_data/assets/pdf_file/0006/620754/20.15-Primary-Care-Workforce-Commission_-_Call-for-Evidence.docx.pdf

⁴³ Ibid.

evening access must not come at the expense of access to services during current normal hours if overall patient outcomes end up deteriorating.

The availability of a highly skilled and motivated workforce is critical to any plans for delivering seven day care. Seven day care requires a detailed consideration of the impact on the whole workforce in terms of number of staff needed in the short and medium term, skill levels and decision-making authority, and learning and development needs.

Ensuring patients have access to high quality care when and where needed, no matter the day of the week, requires a whole system approach that fully involves all professional groups. This includes all nursing, diagnostic, imaging, medical and other support services.

The RCN's position on the introduction of seven day care is set out in part 1. The RCN has raised concerns that there is an assumption that many aspects of extending seven day care in the NHS can be delivered through productivity improvements alone and without significant increases in resources. While we do need to make best use of existing resources, there is going to be a significant financial impact of extending services to seven days a week over the long term. The RCN has been clear that the provision of seven day care should not be attempted without adequate and sustainable resourcing.⁴⁴

Public health

There is an opportunity to harness the huge potential of the entire nursing workforce and to promote wellness and supplement and enhance the public health interventions already undertaken by public health nurses.

Recognition should be given that the delivery of public health is on a continuum and therefore every nurse has a contribution to make, in whatever role they play, to improve the health of individuals and the communities they interact with; together with specialists in public health nursing and all nurses can navigate client care upstream.

Nursing and midwifery staff have always had an important health promotion role and nursing staff working across all areas of practice are in a unique position to provide support as they are involved in all aspects of health care and are generally trusted by the population to give evidence based information.

⁴⁴ RCN (2015) *Seven day care in England – update for RCN Congress 2015*
http://www.rcn.org.uk/_data/assets/pdf_file/0005/629528/7-day-care-Congress-update.pdf

Barriers to service change

We know from the Five Year Forward View that the NHS is facing an overall funding gap of £30bn. Historically, whenever money needs to be saved in the health service, nurse staffing costs have been targeted as part of short-term focused cuts within NHS trusts. This again happened between 2010 and 2012 before the publication of the Francis report and it impacted on patient care. Since then, trusts have tried to remedy this situation, but because of the lack of investment in nurse training and the previous cuts to nurse numbers between 2010 and 2013, the only way to quickly provide safe care has been by using agency staff⁴⁵ and recruiting nurses from overseas⁴⁶. As we have stated in our response to part 1 it is essential to have a comprehensive and long term focused workforce planning system and strategy, which covers all providers delivering NHS funded services.

Section 3 – Patients and population

Future workforce strategy should continue to have patients and public at its heart, and the following section highlights the RCN's considerations of the challenges in ensuring that services are structured to fit the needs of the changing demands of patients and public.

Prevention of ill health

The RCN agrees that prevention is an important priority. The Shape of Caring⁴⁷ report provides a number of key solutions. The Coalition for Collaborative Care⁴⁸, of which RCN and HEE are partners set out some good examples of some of the changes that need to happen, as do the Heath Foundation⁴⁹ and National voices⁵⁰.

Nurses have successfully worked across organisational boundaries and have provided key links between health and social care. There must be more emphasis on including training in behaviour change, developing a lifelong care plan that is interactive, accessible and owned by the person who it is for. Developing skills in education so that professionals are supporting increased knowledge, signposting and interpreting information to give the person more control.

⁴⁵ RCN (2015) Frontline First, Runaway Agency Spend www.rcn.org.uk/_data/.../FF-report-Agency-spending_final_2.pdf

⁴⁶ RCN (2015) International Recruitment 2015 http://www.rcn.org.uk/_data/assets/pdf_file/0007/629530/International-Recruitment-2015.pdf

⁴⁷ Lord Willis/ HEE (2015) *The Shape of Caring Review* <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>

⁴⁸ <http://coalitionforcollaborativecare.org.uk/>

⁴⁹ www.health.org.uk

⁵⁰ <http://www.nationalvoices.org.uk/>

Patients and population involvement and mobilising communities

Patient and public involvement in health and social care is a crucial component in the delivery of effective safe and high quality services. As frontline providers of care, nursing staff have both a vital role and fundamental stake in the creation and operation of mechanisms for involving and engaging patients and carers in decision making about their care.⁵¹

The key issue is about ensuring that future care workers are able to fully engage with patients on their own terms, and be willing to support them in healthcare choices that they make. Over the next five years we expect an increase in the number of people living with Long Term Conditions who wish to exercise more control over their treatments and care. People will be more demanding of the health and care system, by virtue of knowing more about both their own conditions and the treatments that are globally available (or in trials) to treatment, which is liable to put pressure on frontline staff who are unable to provide them.

It is likely that people will have greater access and control over their healthcare records and information, and that people with long term conditions that require monitoring and testing will take a greater role in providing those test, e.g. blood samples. New technology will likely also increase the opportunities for treating and managing health conditions in non-acute settings.

We need communities to be partners in the future health and wellbeing of the people living there. We know that HEE are interested in the health workforce and professionals but we need to make sure other stakeholders are part of this process as well. Transport, housing and environment, employers and others need to be part of the design.

The RCN support the appropriate use of volunteers, however we would strongly argue that volunteers should not be used to replace trained and qualified staff, and better working with the voluntary sector should not be seen as a cheaper means of providing care and services.

Developing substantial community provision for people with learning disabilities

As we have outlined in our response to part 1 there is a significant shortfall of learning disability nurses to deliver the community support necessary. We note the work that has arisen from 'Strengthening the Commitment' to address this but

⁵¹ RCN (2010) *RCN Statement: Patient and Public Involvement & Engagement*
http://www.rcn.org.uk/_data/assets/pdf_file/0007/361591/Policy_Unit_Statement_on_PPI_-_FINAL.pdf

despite some positive work around the UK we are still in need of an increased Learning Disability nursing workforce.

In terms of the **service demand impact** of the changes to transform care for people with learning disabilities there will be a greater expectation from service users, families and carers. This will include the need for expert specialist nursing care. We know that people will have greater complexity of need and will require more technological nursing support.

The RCN survey reveals that learning disability nurses have serious concerns about the impact that cuts are having on the 1.5 million people living with a learning disability in the UK. Almost all of those surveyed said there are not enough services in the community to care for and support people with learning disabilities.

Without integrated health, social care and housing plans in place, people with learning disabilities are being prevented from living independent lives where, along with support from their families and friends, they are able to manage their own conditions.

In the survey, learning disability nurses were asked to identify the main barriers to delivering the right standards of care and these areas were highlighted:

1. Lack of funding for services
2. Not enough learning disability nurses
3. Not enough services in the community⁵²

Parity of esteem for Mental Health

The RCN supports the suggestions made by HEE regarding waiting times and access targets, however there is still a way to go such as an increased emphasis on health professionals receiving more mental health training and more potential to improve the understanding and competence of graduates in providing a more holistic model of care.

The Government in England has promised to put mental health on a par with physical health in the NHS, but that is far from a reality as things stand. Nowhere is this disparity more evident than in nursing where more than 3,300 posts have been lost from mental health services in the past four years. Our nursing workforce is increasingly unable to cope with the demand for support across the country. Community psychiatric nurses have seen their caseloads spiral to unsustainable

⁵² Adapted from: RCN (2015) *Patient safety is at risk, say learning disability nurses* Published: 25 June 2015

levels, while nurses working in mental health hospitals are dangerously overstretched.⁵³

Meeting both physical and mental health needs should form part of all nurse and midwifery education programmes. Generic skills, competences and knowledge need developing throughout the curriculum and programme with opportunity to experience the different client groups and types of health need.

This along with developing specialist knowledge, skills and competence will ensure graduates of nurse and midwifery education programmes are able to respond appropriately in whichever setting or with all groups of patients.

Diversity and equality

The RCN believes that service providers and commissioners should ensure that they operate on the principles of valuing and promoting diversity, and implementing equality of opportunity with full transparency. Organisations should challenge and eradicate institutional and other forms of discrimination, for example the inequalities in career progression for BME staff. As part of these principles recruitment processes must enable wider participation routes into nursing with nursing staff supported appropriately and their progress monitored.

Section 4 – Models of care

There is a need for continued involvement of staff in the ongoing development of new service models and innovations, especially frontline staff. For example, a recent report by the RCN on procurement practices highlighted how nursing involvement in procurement innovation can be particularly valuable. As nurses work at the frontline of patient care, using a vast range of clinical products on a daily basis, they are uniquely qualified to offer detailed insight on what items do and do not work.⁵⁴

While they are piloting and developing people still need to be cared for a treated, and staff will need to support patients in their journey from one model to another. The experiences of staff working in these vanguard and pioneer sites needs to be fully and effectively captured, to ensure that the fullest picture of the experiments is captured for analysis.

Integration of health and social care

⁵³ RCN (2014) *Frontline First: Turning Back the Clock* http://www.rcn.org.uk/_data/assets/pdf_file/0004/600628/004772.pdf

⁵⁴ RCN (2015) *Small Changes Big Differences*
http://www.rcn.org.uk/_data/assets/pdf_file/0003/616827/RCN_small_changes_WEB.pdf

The RCN is supportive of integrated care becoming the norm believes that in terms of approaches, one size does not fit all and models should be shaped to fit local population needs.

Where the HEE consultation refers to under doctored areas the RCN believes that there is a need to focus on the needs of the health economy as a whole and the workforce required to deliver the most effective health outcomes, for example on prevention based services for patients with diabetes. We would urge HEE to avoid focusing on shortages in doctors only, and to also take into account the impact of reductions in community nursing and dilution of nursing skills mix. Nurses have a huge contribution to make and will be essential for new service models to be realised.⁵⁵

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 needs (RCN, 2006).

The RCN has strongly highlighted in, for example our response to the Primary-care-workforce-commission-call-for-evidence that the need to introduce new models and new ways of working cannot be separated from the wider challenges facing the workforce. If new models of care are to be implemented under the five year forward view or similar initiatives, then there is a clear need to increase the total workforce. It is crucial that the design of health and social care structures fully take into account workforce implications and how staff need to be supported and developed to deliver high quality care to patients that fully meets their needs.⁵⁶

Section 5 – Future workforce characteristics

The RCN is concerned that hidden within wider workforce trends is a significant dilution of skill mix, as more senior nursing staff have been disproportionately targeted for workforce cuts and found their roles increasingly devalued.⁵⁷

Evidence from the Frontline First report *More than Just a Number* confirmed that senior nursing roles have borne the brunt of workforce cuts, leading to a dangerous loss of experience and skills that are essential to ensuring patient safety and driving up care standards.

⁵⁵ RCN (2015) *RCN responds to Hunt's 'new plan for GPs'* Friday 19 June 2015

⁵⁶ RCN (2015) *RCN response to the Shape of Caring review Call for Evidence*

http://www.rcn.org.uk/_data/assets/pdf_file/0004/595282/66.14_Shape_of_Caring_RCN_submission.pdf

⁵⁷ RCN (2014) *Frontline First: More Than just a Number* http://www.rcn.org.uk/_data/assets/pdf_file/0007/564739/004598.pdf

The RCN is clear that while any investment in nursing is welcome in terms of reversing previous cuts, expansion should take place across the workforce. Limiting investment to band 6 nurses at the expense of higher bands represents a significant dilution of skill mix, and indicates the immediate loss and long-term devaluation of specialist skills and leadership developed through years of experience and investment. While reducing the numbers of more senior nurses at higher pay grades may seem an easy, short-term solution for funding total nursing workforce expansion, we believe this will significantly affect the ability for nursing teams to provide high quality, safe and compassionate care in the future⁵⁸.

Nurses must be educated to deliver excellent standards of evidence-based clinical care themselves; they must think critically in order to make decisions and provide judgement while also delegating fundamental aspects of care to others who are sufficiently trained and who operate under their supervision.

Targeted and appropriate use of the support workforce will be crucial, with appropriate delegation of responsibilities and supervision and a move towards improved regulation of this workforce. There is also a need for strengthening of the support workforce such as Health Care Assistants, promoting further training and education programmes and widening opportunities for career progression.

With the care certificate now live, a move has been made towards attempting greater consistency in support worker education, but the RCN believes that this should be more robustly quality assured and set within a system of mandatory regulation.

Section 6 - Any other evidence

Within Framework 15, considerable attention and content appears to focus on services for older people and adults. There should also be more attention given to the number of children's nurses to meet need and demand.

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⁵⁸ Ibid.

