Royal College of Nursing response to
UK Statistics Authority / UK Statistics Assembly call for contributions

About the Royal College of Nursing

With a membership of over half a million 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.

Introduction

Comprehensive and good quality data are the foundations of robust evidence development, and this facilitates effective policy making for the greater good. This is crucial for all sectors, in particular the health sector, on which citizens depend on from the beginning until the end of life. Put simply, good data helps improve people's lives.

As a user of statistics, the RCN works with a range of data. Among some of our key work, we seek to draw insight to develop strong policy positions on key topics based on data from the devolved nations of the UK. This includes foci that primarily serve the nursing profession, such as nursing education (largely undergraduate degree/apprenticeship level), nursing workforce issues (numbers and profile of the workforce, pay, retention, training, etc.).

We also benchmark the UK against other countries to support our international policy work (such as healthcare indicators including care provision, nursing workforce to population ratios, domestic and international spending on health/aid).

With advances in technology, we have seen gradual improvements in the ability of organisations to capture, report and share data. This is very welcome. However, there are many shortfalls that limit the ability of statistical users to derive insights that help give an accurate and timely picture of the health system, including the state of the workforce. We share some of the key challenges and opportunities we believe face the statistical system in relation to health and social care data in our response below.

Response to survey questions

1. **We want to ensure that the Statistics Assembly event discussions include a range of user perspectives and themes. Of the following list of topics, please select up to three you think are of most value to discuss at the event.**
   a. Health and social care
   b. Employment

c. Education, training and skills

2. **Of the following list of themes, please select up to three you think are of most value to discuss at the Assembly event.**
   a. Data linkage and integration
   b. Other: Data transparency in relation to the production and publication of official statistics that serve the public good (from our perspective the NHS workforce, state of the NHS and the education sector relating to nursing and patient care).

3. **Why do you think these are important topics to discuss?**

   Data linkage and integration: the statistical system continues to improve as more data is collected and published. However, much of the data have been produced as standalone, with little thought to how users may attempt to link it to other sources to allow for powerful insights to be made. The result is that quality of policy making is limited, as is the ability/opportunity to rightfully hold responsible bodies to account.

   Data transparency: Our experience tells us that several public bodies hold valuable data that is not routinely published. This results in users needing to make inefficient Freedom of Information requests, which not only take time and effort to make, but take the public body concerned time and effort to respond. Often, it can take additional time to liaise back and forth between both parties to refine the request, and/or the response can be delayed. This can be off putting to users, who often have valid reasons to access the data to develop insights that would benefit the health system and patients.

4. **Do you have specific organisations or individuals in mind that you would recommend leading or participating in discussions on these topics? Please provide additional details if possible.**

   Representatives from bodies and organisations with the remit to coordinate and publish data: Office for National Statistics, Department of Health and Social Care, NHS England, and Department for Education. And expert users and policy makers such as professional membership bodies (including the RCN, and NHS Providers) and health think tanks (e.g. Nuffield Trust, Health Foundation, King's Fund).

5. **We would like to better understand the challenges and opportunities that are facing the statistical system over the next five years. As a user or producer of statistics, what do you think these challenges and opportunities are?**

   'Missing data': data collected on the health system is not comprehensive in many areas. One key area where this is apparent, is the nursing workforce. For instance, the Nursing and Midwifery Council (the regulator) report that there are over 587k registered nurses in England. We know of these, around 350k work in the NHS (as indicated by NHS England statistics). The remainder who work in a variety of settings including the independent and social care sectors, military, police, army, etc, are of a largely unknown quantity. The regulator does not mandate registered nurses to provide information on their employer or the sector in which

they work. We believe this hampers workforce planning. As does a lack of data on temporary staff numbers (e.g. agency nurses), visa status and country of residence, the protected characteristics of the nursing workforce, and vacancy rates (in all UK nations) which is at best inconsistent across sectors (NHS, social care, etc) and at worst non-existent.

Similarly, what is also rarely seen are data on the demand for services and outcomes for patients using current services, along with projections of likely future needs. Having sight of this is crucial for those responsible for long-term planning, resourcing and funding decision making. We believe improved and effective resourcing and associated funding will ultimately reduce health costs in the long term.

Equivalency/comparability: while perhaps not easy nor quick to achieve, there is an argument that can be made for data measures to be equivalent between the devolved UK nations, especially the health system. Our experience, also echoed by other stakeholders involved in working with such data, is that performance data are often not comparable. This severely limits the ability of policymakers to understand how each nation compares and to get an accurate national picture of the UK. As a result, this makes international comparisons with other countries impossible on those measures. Therefore, we think that system organisations should be receptive to the idea of further discussions on the merits and practicalities of standardising definitions and data collection, to benefit comparability across jurisdictions.

Another example is population health data being reported at the district/county levels (administrative geography) and yet the data on the nursing workforce (who contribute heavily to health outcomes) are reported at the NHS Trust level. This does not help with analysing accurate insights on the relationship between both measures, particularly when the boundaries in the geographical data overlap in some cases.

Timeliness of data: we appreciate organisations need time to gather data, but when the lag between gathering and publication extends over several weeks or even months, this can limit more reactive and relevant insights. In the worst case, the data becomes redundant because it no longer reflects anything close to the current situation. For instance, the data on monthly NHS Sickness Absence Rates (published by NHS England) is over three months old on publication.

Data transparency: We struggle with the lack of key data that would help us (and the wider health system including national decision makers) to better understand the provision of healthcare. In terms of workforce planning, it is unhelpful that there is a lack of transparency in education data, namely student numbers registered on nursing degree courses, beyond a very high-level national picture published by the Universities and Colleges Admissions Service (UCAS). We, and the health system, need to know how many students are studying nursing degrees each year at each provider or in each region. While the Office for Students also publishes some data, it is does not cover all universities. The Department for Education should ensure that this data is routinely published and in a timely manner.

We believe there is opportunity for an appropriate authority such as the UKSA working with the overarching bodies such as other government departments and parent bodies, to exert pressure on those who hold the datasets to make them public for the purposes of serving the greater good. Without an organisation leading this work, the quality of policy development and pace of change will be limited, and as a result, society fails to obtain maximum benefit.

We also believe there can be better cooperation between data holders. There are opportunities for organisations or teams with shared areas of focus to work together. For instance, the ONS and NHS England, such that data hubs could be created that centralise health system measures. This would help bring more coherent and accessible data to more users, rather than a current situation where the linkage of disparate datasets is the preserve of academics or those with privileged access.

6. **As part of the Assembly, we are seeking examples of existing work to help identify statistical priorities and address public and user needs, including data gaps. Please provide any examples or case studies that demonstrate this.**

   The RCN is campaigning to eradicate corridor care for the benefit of patients and nursing staff. Corridor care is where care is delivered in areas/locations that were not originally designed for the delivery of care (such as corridors, waiting rooms). One key area of concern for healthcare system, is the absence of data published by NHS trusts on 'corridor care', typically in but not exclusively, acute hospitals particularly accident and emergency (A&E) depts.

   Without this data, policymakers are unable to accurately understand the pressures hospitals are under, given corridor care is a symptom of an overloaded health system. Measures could include the average length of time patients spend in temporary escalation spaces (TES) h as corridors, fit to sit, seated majors or boarding), and the numbers of patients per day who spend time in TES, and the impact on patients. This should be mandated by NHS England/service commissioners and be collected and published centrally.

   Another area of key interest for us, is the relationship between nursing workforce numbers and the patient outcomes. Evidence shows that insufficient numbers of nursing and care staff lead to care being left undone, with an increased likelihood of poor patient experience and outcomes. However, much of this evidence has been collected through academic research. Being able to link workforce information with real time care provision, quality of care and health outcomes, would unlock the ability of workforce planners and service providers to respond immediately and appropriately to emerging workforce trends before they begin to negatively impact upon care delivery. Therefore, NHS trusts should be encouraged to share these data, allowing operational staff and researchers to evaluate the optimum levels of care provision that preserve patient care and minimise harm.

7. **Is there anything additional you would like to share as part of this call for contributions?**

We welcome the attention and effort being made to engage with users of statistics to ensure that ultimately, such statistics are fit for purpose and serve the public good. Considering this, the UK Statistics Authority, as the government department for overseeing the production and publication of official statistics should ensure the inputs collected from other **recent** government consultations are revisited. We believe in doing so it would reduce the burden on users to provide repeated contributions about the state of the statistical system.

This would include, for example, the Department of Health and Social Care consultation on 'Care data matters: a roadmap for better data for adult social care', and 'Health and social care statistical outputs published by DHSC (including OHID), NHSBSA, UKHSA, ONS and NHS England', both of which the RCN provided detailed submissions.

8. **What is your name?**

   John Tse

9. **What is your email address?**

   john.tse@rcn.org.uk

10. **Where are you located?**

    England

11. **From the following list, which of these options best matches your role?**

    Researcher

12. **Which sector do you work in?**

    Other: Professional union/membership body

13. **What is the name of your organisation, if applicable?**

    The Royal College of Nursing (RCN)

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