



Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

Inquiry of the National Assembly for Wales Health, Social Care and Sport into the sustainability of the Health and Social Care Workforce
September 2016

Submission from the Royal College of Nursing, Wales

ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

The RCN is the world's largest professional union of nurses, representing 430,000 nurses, midwives, health visitors, health care support workers and nursing students, including over 25,000 members in Wales. RCN members work in a variety of settings including the NHS and the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

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Executive Summary of RCN response to Committee Questions

Do we have an accurate picture of the current health and care workforce? Are there any data gaps?

At a National and Local Health Board level the numbers of the nursing workforce working for the NHS can be seen. However the overall skill mix of that workforce and the ratio of registered nurses to healthcare support workers is unclear.

The level of nursing activity undertaken or the nursing need required (i.e. the number of nurses and healthcare support workers for the number and complexity of patients) is unclear in the acute (hospital sector) and completely unknown in the community sector (at national level).

There is little to no published data at national level on nursing in the independent sector or in care homes despite CSSIW inspecting the sector.

This means it is very difficult to plan the provision of nurses and nursing on the basis of health and social need across the full spectrum of providers.

Is there a clear understanding of the Welsh Government's vision for health and care services and the workforce needed to deliver this?

There is a clear understanding by the nursing profession of the Welsh Government's vision for specific health services. Often high standards are set out in service plans. These plans can engender frustration in the profession at the apparent lack of workforce planning to meet the demand created. There appears often a considerable gap between the Welsh Government's vision and Health Board service plans. The RCN would wish each new strategy to be accompanied by a workforce plan.

The Nurse Staffing Levels (Wales) Act became law in March 2016. This historic new law is the first of its kind in Europe and will protect patients by requiring that in adult acute care settings, an appropriate nurse staffing level must be calculated and maintained. The RCN remains committed to working with politicians of all parties to ensure the implementation of the legislation and see it extended to other areas such as community and mental health care.

How well-equipped is the workforce to meet future health and care needs?

Nursing as a profession is well equipped to meet the future health and social care needs of the population in terms of knowledge and skills.

However there are areas in which the Welsh Government needs to act to develop the profession. In primary and community care nursing as a profession needs to be included in the strategic planning of services. Support is needed to develop advanced and extended nursing skills amongst practice nurses.

Action to develop and support the Welsh language skills of the profession is also required.

Specifically the RCN is calling for an increase in Children's Nurses. Demand for Children's Nurses has increased in recent years particularly in the community and in neonatal nursing.

In addition the RCN is highlighting the prospective demise of the District Nurse unless action is taken by the Welsh Government and calling for urgent action to remedy this.

What are the factors that influence recruitment and retention of staff across Wales?

It is vitally important for the Welsh Government to maintain the sustainability of the nursing workforce through a sustainable education commissioning process. It may be possible to examine ways to widen access to the nursing profession but the high quality of nursing higher education (including high quality educational placements) in Wales must be safeguarded.

In this paper the RCN also sets out our views on the importance of valuing nursing as a profession through fair pay and fair terms and conditions of work. Access to Continuous Professional Development is a particular issue for the nursing profession.

Whether there are particular issues in some geographic areas, rural or urban areas, or areas of deprivation for example.

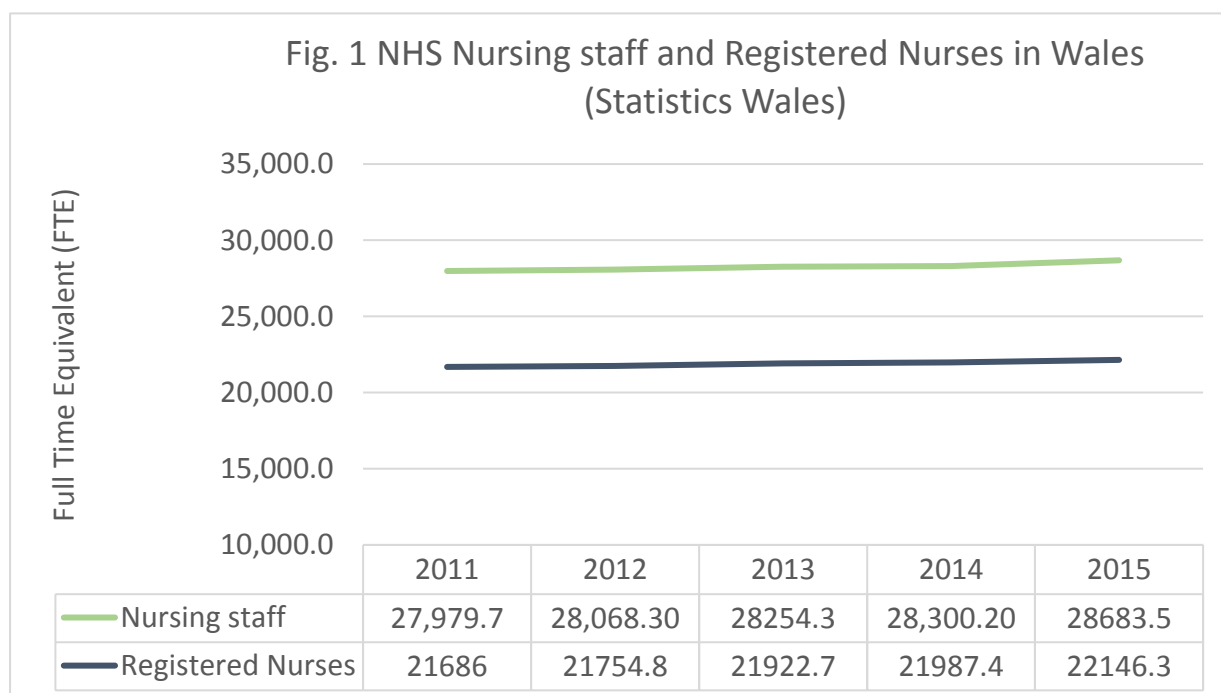
Throughout the paper we have highlighted areas of specific concern in the nursing workforce. One such example is the nursing shortage in the care home sector which is causing significant problems in meeting current standards and maintaining patient care. There is a need for increased investment in primary and community care and there is also a need to improve the provision of care in the Welsh language.

Although these are all national issues impacting in every geographical area they will have differential impacts depending on the nature of the area e.g. low numbers of district nurses will have a particular impact in areas of sparse and older population.

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

1.1 The workforce planning process

1. Currently each Health Board endeavours to produce an Integrated Medium Term Plan (IMTP) which requires Welsh Government approval. These plans cover service and workforce planning for a 3 year period. These workforce plans (which are not in the public domain) feed into the annual commissioning of student nurse places by the Welsh Government. The Committee will be aware that Abertawe Bro Morgannwg, Betsi Cadwaldr, Hywel Dda and Cardiff and the Vale Health Board all have not had these plans approved in 2016¹.
2. The RCN would welcome the publication of these IMTPS for scrutiny from the National Assembly or public. This could be done at draft stage to ensure a constructive process. In addition the RCN would welcome a National Workforce strategy from the Welsh Government with an annually updated statement clearly stating the objectives and priorities of the Government to add context to the IMTPs.



¹ <http://gov.wales/about/cabinet/cabinetstatements/2016-new/mediumtermplanning/?lang=en>

3. The figures above demonstrate that registered nurse numbers employed by the NHS in Wales have remained generally static since 2011. There have been real improvements in NHS workforce planning in Wales in the last few years and the Nurse Staffing Levels (Wales) Act 2016 should safeguard this process.
4. **However the number of nursing posts in the NHS still does not reflect the need of people receiving care.** There is little recorded data on nursing activity in the NHS at national level and there is no coordinated effort to examine what patient need might be. Available data from Statistics Wales on general hospital activity might include admissions and number of outpatients and also bed occupancy.
5. Patient throughput in hospitals has risen sharply as has bed occupancy. An 85% bed occupancy rate in hospital is generally recommended². The 2014/15 figures from Statistics Wales³ show a Welsh average of 86.7% rising above 90% in general medicine, geriatric medicine and rehabilitation. A recent report from Welsh Government into critical care⁴ gave a January 2015 bed occupancy rate of 107% in this speciality (where the recommendation is lower at 70%).
6. There is an increased nursing workload in caring for an ageing population with increased dependency and co-morbidities. The average age of an NHS patient is now over 80⁵. Put very simply it takes a higher number of nursing staff with a greater level of knowledge and skill to care for a person with a broken hip if they are also physically frail, and living with dementia, diabetes, a heart condition and respiratory illness. This is even more the case if this person is being cared for at home, alone or in poor housing.
7. The Welsh NHS also continues to demonstrate a heavy reliance on overtime. 69% of nurses work overtime at least once a week. There are 22,146 nurses employed

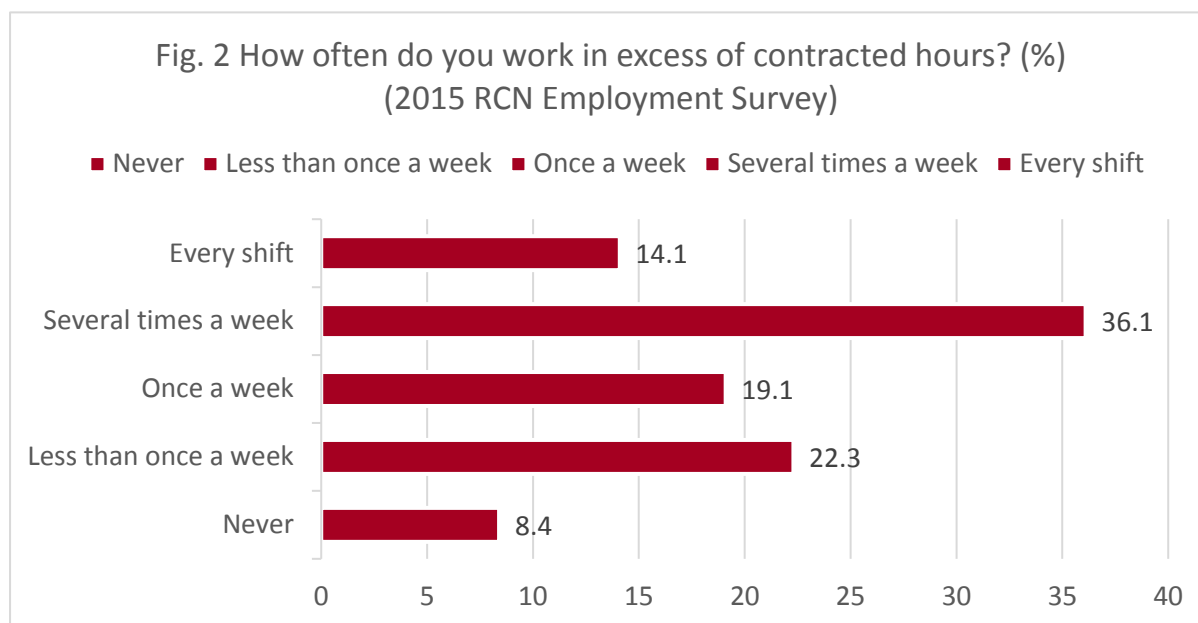
² "hospitals with average occupancy levels above 85 per cent can expect to have regular bed shortages, periodic bed crises and increased numbers of hospital-acquired infections." P. 22 of National Audit Office Report (2013) Emergency admissions to hospital: managing the demand

³ <http://gov.wales/statistics-and-research/nhs-beds/?lang=en>

⁴ <http://gov.wales/topics/health/nhswales/plans/delivery-plan/?lang=en>

⁵ <http://www.kingsfund.org.uk/>

in the NHS (Stats Wales 2015). 69% of this figure would represent 15,281 nurses. If each of these worked just two hours more in one week the NHS would be receiving 30,562 additional hours of work in that week. **Every week nurses in Wales give the NHS extra hours to the value of 815 full-time nursing staff.**



1.2 Skill Mix in nursing - a data gap

8. The overall numbers can mask what it sometimes referred to as “skill mix”. A nursing team should be comprised of experienced senior Registered Nurses who lead the team and provide clinical supervision, Registered Nurses and health care support workers. The RCN recommends that (allowing for variation according to patient need) the ratio of Registered Nurses to Health Care Support Workers in acute areas should generally be 65:35.

9. Nurses” or “Registered Nurses” are healthcare professionals educated to degree level (education through practice and study) on registration with the Nursing and Midwifery Council (NMC). Nurses are a regulated profession and the NMC is the regulator. Regulation means nurses have a consistent level of education and skill, are subject to revalidation and can be formerly removed (‘struck off’) from registration at a UK level. Registered Nurses are employed in the NHS from Band

5 of Agenda for Change⁶ up to a Band 8 or higher. After 3 years full time education and practice a newly graduated and Registered Nurse will enter NHS employment at Band 5.

10. The term “nursing staff” or “nursing” means Registered Nurses and also includes Health Care Support Workers (HCSW). Health Care Support Workers are sometimes known as healthcare assistants or ‘nursing auxiliaries’.⁷ HCSWs are an important part of the nursing team and eligible to be members of the Royal College of Nursing. However HCSW are not a regulated profession and there is considerable variation in the experience, competencies and qualifications they may possess.

11. The RCN has concerns that some NHS nursing teams do not have sufficient numbers of senior Registered Nurses to provide quality clinical leadership, or the appropriate ratio of healthcare support workers to Registered Nurses to ensure excellence in patient care. **The RCN would welcome nationally published nursing data by Agenda for Change Pay Band.**

1.3 Bank & agency, vacancy, and migration - data gaps

12. In 2014 the cost of agency nursing in Wales to the NHS was £23,035,785. This cost is the equivalent value of an extra 1062 newly qualified nurses⁸.

13. There will always be a need for a flexible nursing workforce able to take on temporary roles. Sickness, maternity and annual leave alongside sudden variations in patient numbers and dependency ensure this. However a consistent reliance on temporary nursing staff is not desirable. Nurses unfamiliar with the ward layout, equipment or inexperienced with the particular patients will need more support than NHS directly employed colleagues who can deliver a consistency of

⁶ Agenda for Change is the UK wide payment framework for nursing in the NHS. “Bands” reflect the Knowledge and Skills required by the post.

⁷ In England the titles ‘nursing associate’ or ‘nursing apprentice’ are also used.

⁸ The cost of agency nursing is not regularly published by the Welsh Government. Instead these figures are from a response to an FOI request in February 2015. In 2015/16 the salary of a newly qualified registered nurse in the NHS was £21,692.

care. Extra time also has to be allocated for supervision. It is not a financially effective strategy and the resulting instability in staffing levels and subsequent stress for ward sisters/charge nurses is not conducive to best patient care.

14. The RCN would recommend that reliance on agency nursing in the NHS is monitored at a national level. Quite apart from the financial implications, in the absence of more effective data, expenditure and usage rates for Bank and Agency Nursing represent a useful proxy measure of additional nursing need.
15. There are no national figures on vacancies in registered nurse posts and no meaningful figures by Local Health Board either. Newcomers to health policy are often confused by the apparent contradiction between reports of 'nursing shortages' and reports of 'no nursing vacancies'. The NHS 'sustains' vacancies by holding or suspending the existence of posts once the post holder has retired or moved to another post. It is almost impossible to penetrate the bureaucratic labyrinth that allows brisk movement of nurses around the NHS thus obscuring shortages of particular nursing skills and shortages on registered as a whole.
16. Nurses and nursing staff sometimes retire or leave the profession prematurely. They may also leave the NHS to work in the independent sector. Nurses may also move abroad to practice. There is a considerable amount of movement across the border with England. This information could be very useful to plan for recruitment and retention.
17. It would also be helpful to have information on nurses recruited to the NHS internationally both outside and within the EU. The 2015 Employment Survey of RCN members tells us that 3.7% of our respondents in Wales were first registered as nurses outside the UK and of these 35.9% were directly recruited to work in the NHS. This gives an estimate of 925 internationally recruited nurses in Wales and around 300 working in the NHS.

The RCN calls for clearer national data on:

- **Bank and agency nursing cost and usage**
- **NHS nursing vacancies**

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

1.4 The Independent Sector – a data gap

18. Little is still known about the numbers of nurses employed outside the NHS in sectors such as nursing and residential homes, prisons, educational establishments, independent hospitals and clinics, independent hospices, respite and voluntary agencies and commercial nursing agencies. Between a quarter to a third of the RCN membership work in the independent sector in Wales.

19. Despite the fact that care homes providing nursing care beds are regulated by Care Standards Inspectorate Wales and the Care Council for Wales (soon to be the Social Care Council) neither body can provide a nationally published figure (or broken down by Health Board) of registered nurses employed.

20. This data gap is critical. The services this workforce provide are essential to patient care. Nurses in care home provide preventative and palliative care to older people which reduces hospital admissions, they administer medication and provide rehabilitative care which maximises independence. If a particular area is vulnerable (e.g. a large proportion of nurses due for retirement at the same time or emigrating) it is important to forecast this.

21. **Care Forum Wales have recently warned of a critical shortage of nurses⁹ in the care home sector and RCN members are similarly reporting that nursing shortages are critically beginning to negatively affect patient care.** We have report of single handed agency nurse handing over to other agency nurses in

⁹ <http://www.bbc.co.uk/news/uk-wales-politics-37157515>

homes with no continuity of nursing care. Alternatively nursing care beds are being 'downgraded' to care beds to reflect the lack of staff and patients inappropriately placed. This shortage of nursing care places is delaying patient discharge from hospital emergency care which in turn is impacting on A&E departments.

22. Several countries, including the United States and Canada, have commissioned extensive surveys of this sector using their equivalent of the Nursing & Midwifery Council's Register in order to inform their workforce planning processes and we would recommend this option to the Welsh Government.

Section 2 The Welsh Government's vision for health and care services and the workforce needed to deliver this

23. There is a clear understanding by the nursing profession of the Welsh Government's vision for specific health services. Often high standards are set out in service plans. These plans can engender frustration in the profession at the apparent lack of workforce planning to meet the demand created. There appears often a considerable gap between the Welsh Government's vision and Health Board service plans. The RCN would wish each new strategy to be accompanied by a workforce plan.

24. It would certainly be helpful for the Welsh Government to clarify their vision for the NHS and social care. What is the intended mechanism of support for closer relationships and/or the integration of health and social care services?

25. The Nurse Staffing Levels (Wales) Act became law in March 2016. This historic new law is the first of its kind in Europe and will protect patients by requiring that in adult acute care settings, an appropriate nurse staffing level must be calculated and maintained. The nursing profession internationally has recognised this new legislation as visionary, ambitious in intention and practical in scope.

26. Poor outcomes also associated with low levels of nursing care include adverse events after surgery; increased accident rates and patient injuries; increased cross-infection rates; higher rates of pneumonia and increased morbidity and mortality.

27. In 2007 Professor Rafferty surveyed nearly four thousand nurses across England and Scotland and looked at 118,752 patient episodes of care in 30 hospital trusts in England. She found that wards with lower nurse to patient ratios had a 26% higher patient mortality rate. An international meta study in 2007 estimated that each additional full time nurse per patient day saved five lives per 1,000 medical patients, and six per 1,000 surgical patients. Another study in 2014 found that when a nurse is required to work with more than seven patients per day the risk of the patient dying within 30 days increases by 7 per cent¹⁰.

28. RCN members in Wales have consistently rated staffing levels as a top concern, and the RCN remains committed to working with politicians of all parties to ensure the implementation of the legislation and see it extended to other areas such as community and mental health care.

Section 3 Equipping the Future Nursing Workforce

3.1 Nursing in Primary and Community Care

29. Nursing as a profession is well equipped to meet the future health and social care needs of the population. However the Royal College of Nursing believes that developing the profession in the community and primary care should be a priority for the Welsh Government.

30. For the last decade in Wales Health Boards have been reconfiguring acute hospital services, reducing bed numbers, encouraging shorter patients stays and enabling more complex treatments and care to be delivered at home. People prefer to receive care at home. This allows people to maintain greater independence. When excellent care is provided in the home it is also often of a nature that prevents future illness or accidents.

¹⁰ Rafferty, Anne Marie et al. 2007. Outcomes of variation in hospital nurse staffing in English hospitals: Cross-sectional analysis of survey data and discharge records. *International Journal of Nursing Studies* 44 (2), pp. 175 - 182 Kane, RL et al. 2007. *Nurse Staffing and Quality of Patient Care*. Rockville: Agency for Healthcare Research and Quality (US) Aiken, Linda et al. 2014. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet* 383 (9931) , pp. 1824 - 1830

31. The Royal College of Nursing is supportive of this move in principle but has concerns over whether there is sufficient investment in the workforce to ensure high quality of care. There is a paucity of statistical data and performance information on care provided in community settings.
32. Numbers of nurses employed by the NHS are known at a national level but the number of people receiving care (and their needs) are not. Therefore it is difficult to judge the level of nursing need and improve workforce planning to meet this need. The skill mix of community nursing teams within a Health Board is also not published at a national level. Most importantly there is no information on the outcomes for the patients.
33. As more health care is delivered in the community and more of the health budget is spent on this, it is even more important that this lack of national information be rectified to improve workforce and service planning.
34. The nursing workforce based in the community and employed by the NHS is a large and diverse group of specialised nursing areas of practice. It may include Learning Disability nurses, palliative care nurses, school nurses and occupational health nurses. It may include Specialist Nurses and Nurse Consultants who may lead diagnostic clinics with the ability to admit directly to hospitals. It may include nurses working in specific teams such as 'rapid response teams' working to maintain people's independence and deliver care in the community. Figures indicate there has been an increase in the numbers of registered nurses working in NHS community services. Health Visitors in particular have increased in numbers.
35. Nurses in different roles provide the bulk of NHS care in the community, yet despite this they are often overlooked as a profession when primary and community care services are planned and the workforce considered. **Directors of Primary Care Local Health Board levels should always include senior nurses in service and workforce community planning alongside other professions.**

36. Within the GP surgery it is often the Practice Nurse, supported by the healthcare support worker that will see, advise and treat people appropriately. Practice Nurses undertake a huge range of assessments and interventions, immunisation and vaccination, the management of long-term conditions and cervical cytology.
37. Nurses undertake a further two years of learning to become Nurse Practitioners and then can be responsible for nurse led clinics, minor illness, triage, supplementary or independent prescribing. Nurses who can independently prescribe can speed up patient care considerably and also strengthen the clinical accountability for prescription.
- 38. The Welsh Government should, together with the Local Health Boards and NHS Trusts, ensure that Advanced Nurse Practitioner posts are created across Wales to strengthen the primary care team and there is provision for Extended Nursing skills.**

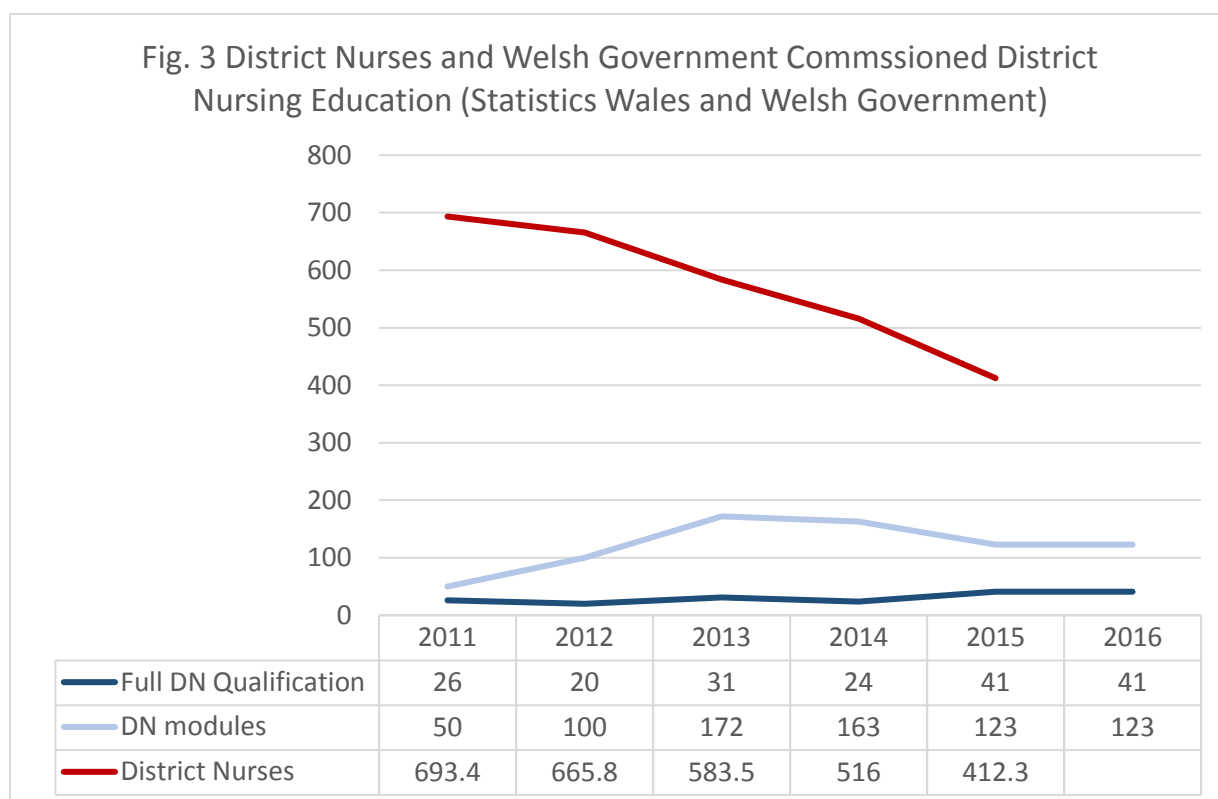
3.2 Patient Care in the Welsh Language

39. The language that care is delivered in is integral both to the experience of care that patients receive (e.g. respect and compassion) but also to the quality of the care patients receive (e.g. the effectiveness of assessment and of treatment). The importance of the language of care is easy to identify in key fields such as speech therapy and counselling but it is equally important where healthcare professionals are relying on speech with the patient and family to make an assessment, explain a treatment or medication regime or seeking to gain consent for a course of action.
40. Ensuring that health and social care services can increasingly deliver care in the Welsh Language is therefore an important objective in ensuring improved health outcomes for the people of Wales. **The Royal College of Nursing strongly supports the Welsh Government strategy for the Welsh language in health and social care More Than Just Words.** In particular it would draw the Committee's attention to the specific recommendations in workforce planning and education commissioning.

41. Health Boards must understand the linguistic skills of the workforce they employ and the needs of the areas they serve as priority. The need for Welsh language skills should be clearly identified by professional grouping in each Health Board's IMTPS. This in turn should be reflected by the Welsh Government in the education commissioning process.
42. **Education is the key to the future delivery of the service.** The development of modules and courses in the Welsh language in higher education nursing would encourage the development and the production of a linguistically confident and competent workforce. Also important is the development of general awareness of bilingual care practice for all healthcare professionals at university and in NHS induction processes.
43. Strengthening Welsh language services in healthcare will improve patient outcomes. It will improve the patient experience. It will ensure that nursing services in Wales are at the forefront of best practice and innovative research with intentional application for our profession.

3.3 The urgent need for District Nurses

44. The numbers of registered nurses working in NHS community settings has increased in recent years. Despite this general increase the numbers of District Nurses have not only failed to increase but are sharply falling.



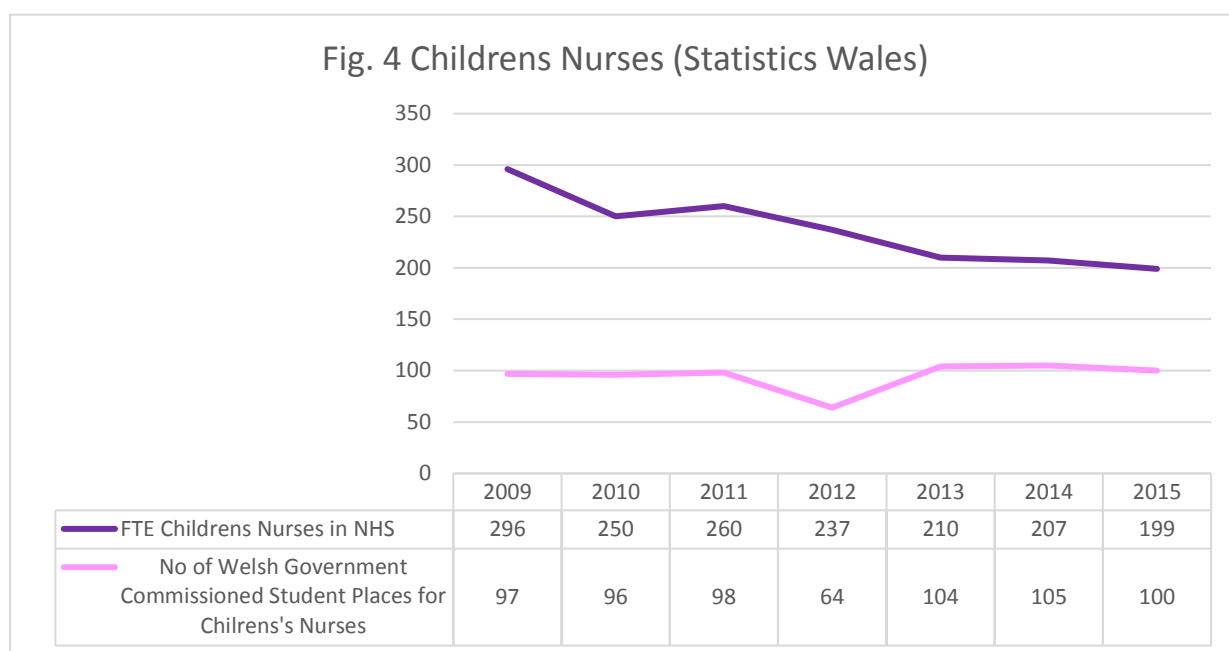
45. The graph above also shows the sharp and rapid drop in the numbers of District Nurses in Wales. In 2015 there were only 412 recorded at a national level as working in Community Services in Wales. **This is alarming and should be of serious concern to the Welsh Government.**

46. In 2008 the model of education for the specialist nursing qualification in district nursing switched from full-time to 6 modules which could be studied separately. This arrangement was more flexible both for the nurse and the needs of the NHS. However the RCN was sceptical that nurses would not be supported to take all 6 modules and so to achieve the full qualification. This concern has proven justified.

47. The District Nurse qualification recognises a very high level of knowledge, skill and practice in a generalist field. It is a specialism in general community nursing. These nurses are the experienced pinnacle of a community nursing team providing clinical supervision and leadership.

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

3.4 The need for Children’s Nurses



49. Children’s Nurses are one of the four fields of nursing (adult, child, mental health and learning disability). Children’s nurses work with people from birth to the age of 16, or 18 if the young person has a disability. Children’s nurses work in a variety of areas including neonatal units, acute children’s wards, emergency units, out-patient departments, safeguarding, looked after children, child and adolescent mental health services, school nursing, community settings which include special schools and continuing care teams. Children’s nurses are a small group within the wider fields of nursing and often it is assumed that any registered nurse is sufficiently prepared to care for children and young people.

50. **There are now historical low numbers of children’s nurses in Wales.** While adult nursing, mental health nursing and other health professions have seen

welcome increases in pre-registration training places in Wales, children's nursing education has remained static and does not support the future workforce requirements. Current workforce planning for children's nursing across Wales does not take into account the number of potential registrants due to retire or the reconfiguration of services.

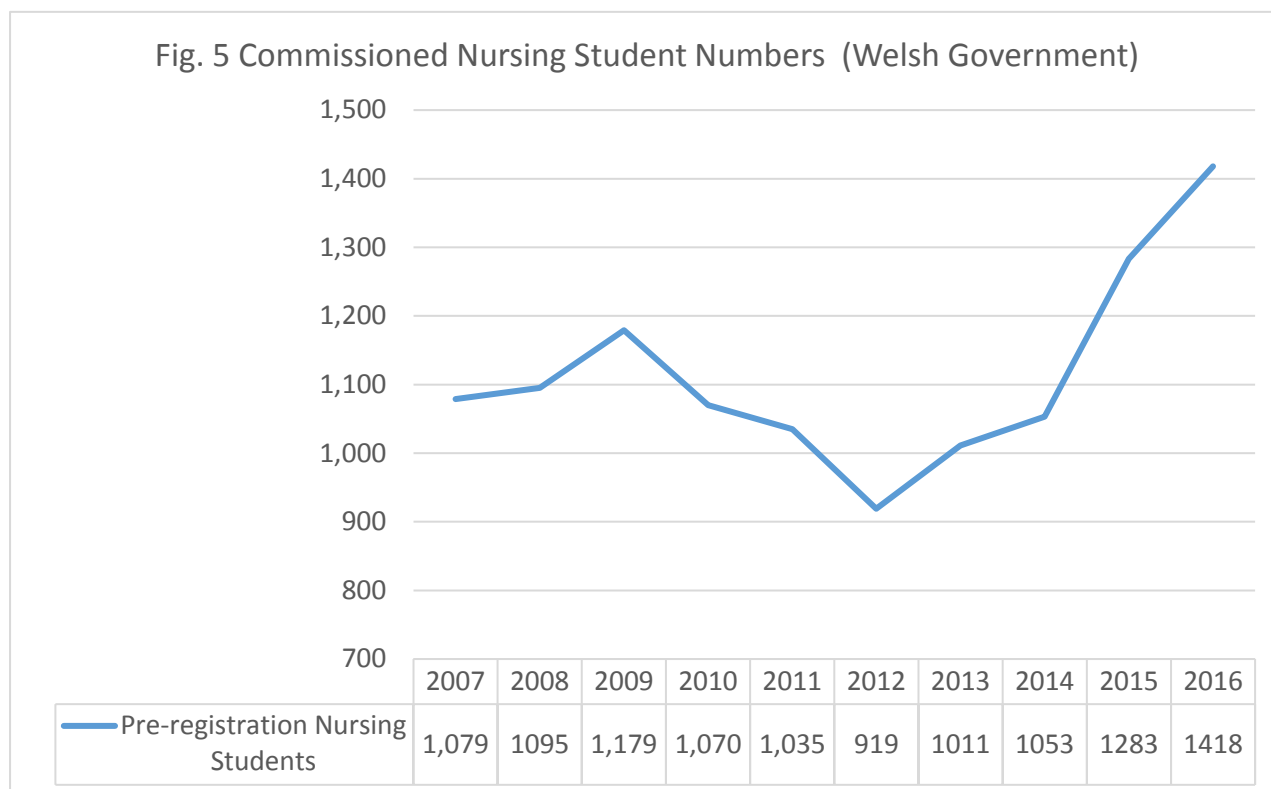
51. This shortage of children's nurses is particularly damaging in neonatal nursing and in the community. Traditionally children's nurses worked in the hospital on children's wards. When children were very sick they were cared for in the hospital environment. Today advances in technology and medicine allow more children to be cared for in the home and for children and young people to live more independently with chronic conditions. This requires support from children's nurses based in the community yet very few children's nurses are based in community nursing teams.

52. Children's Nurses, rather than midwives are also increasingly making up the neonatal nursing workforce. (Neonatal nursing qualifications are post registration specialist qualifications). In July 2016 Bliss published a report in Welsh neonatal services in Wales. 2016: time for change¹¹ Bliss' research shows that services for premature and sick babies in Wales are facing critical staffing shortages, leaving many neonatal units unable to meet national standards for safe, high quality care. Eight out of ten units did not have enough nurses to staff all of their cots, leading to nearly a quarter of all emergency transfers taking place due to a shortage of staffed cots rather than health need, putting babies at unnecessary risk and adding to families' stress and worry.

53. Investment and leadership from the Welsh Government will be essential to tackle the staffing shortages that have left neonatal units falling far short of the All Wales Neonatal Standards. This must be directed towards a significant increase in the number of child branch nurses, which is essential to close the neonatal nursing gap that exists in Wales.

¹¹ <http://www.bliss.org.uk/News/services-for-wales-sickest-babies-under-pressure>

Section 4 Nursing Recruitment and Education



54. In order to provide the future workforce needed for the NHS in Wales, it is crucial that there are sufficient numbers of nursing students entering the profession. The graph above shows a sharp decline in nursing student numbers between 2009 and 2012. This shortfall subsequently caused great pressure on the NHS in Wales between 2012 and 2015. There was additional expenditure on international recruitment for nurses and a marked increase in spending on agency nursing (see section 1.3 for more information). The graph also shows a sharp increase in the number of student nurses places commissioned by the Welsh Government in 2015 and 2016. This increase is much needed and welcomed.

55. It would be helpful if the Welsh Government would ensure the numbers of pre-registration student nurses commissioned is maintained at the right level to meet workforce requirements rather than the 'boom and bust' cycles previously seen.

56. There has been some discussion in recent years of moving the education commissioning function to an external body to some degree 'independent' of Welsh

Government. The Royal College of Nursing has a cautious response to this proposal and a number of concerns. Unlike the situation in England with highly autonomous Trusts, 'health devolution' in regions and the commissioning of services from various providers, the Welsh NHS remains at the moment a nationally consistent service with the majority of services directly provided by the NHS. One of the purposes of a democratically elected Welsh Government is to set national health policy and ensure high standards in a nationally run and nationally accountable health service. Without control of the workforce planning process it is difficult to see how the Welsh Government can be accountable for either or deliver on either.

57. Secondly although improvements in scrutiny and wider input of advice are needed into the current system of workforce planning it must not be forgotten that this system is vastly improved from the last Committee Inquiry of 2007 nearly a decade ago. The Welsh Government has driven this improvement, attempting to make workforce, service and financial planning integrated, longer term and compatible with national policy whilst dramatically improving the quality of the data available.
58. There is no indication that any of these improvements would have taken place if workforce planning for health care had remained solely the domain of the NHS in Wales.
59. Student nurses spend three years (and these years consist of 42 working weeks and not the traditional academic calendar year) undertaking the nursing degree course (fields of practice are Adult, Child, Learning Disability and Mental Health) spending 50% of their time on practical placements often on an NHS ward. On these placements student nurses are working full-time but with no income.
60. Finding sufficient high quality educational placements for nursing students, particularly when there is a need to increase numbers, is always a challenge. Placements require mentors who can teach and supervise students and students must not be counted as part of the regular workforce team – they are 'supernummary'.

61. The Royal College of Nursing is keen to work with the Welsh Government, NHS and Universities, to increase the number of educational placements in the community. More imaginative placements could be in community teams, particularly in care homes, the independent sector or even directly supporting carers in their home. As well as expanding the number of placements and thus student numbers, this type of placement would meet the need to provide students with encouragement and experience in the sector where most of the future care will be delivered.
62. Research in 2014, conducted across nine European countries, found that a better educated nursing workforce reduced unnecessary deaths. Every 10% increase in the number of Bachelor's degree educated nurses within a hospital is associated with a 7% decline in patient mortality.¹²
63. The average age of a nursing student in the UK is 29 and they are far more likely to have caring responsibilities. An RCN survey found that 31% had dependent children, 10% were single parents and 23% were caring for a sick, disabled or elderly relative.¹³
64. Nursing students in Wales currently receive a bursary from the Government to allow them to pursue their studies. The UK Government recently announced the abolition of the student nurse bursary in England. This increases the risk of poverty for nursing students and may discourage people from this career option. Wales currently has the lowest attrition rate for nursing students in the UK. It seems foolish to jeopardise this.
65. In addition removing the bursary destabilizes the funding of higher education nursing funding and removes the ability of the Government to nationally plan the workforce. Serious questions remain about this option – e.g. nursing students spend the last 3 months of their degree rostered on to the NHS working full-time. How will this be paid or is the Government seriously expecting students to pay for

¹² <http://www.kcl.ac.uk/nursing/newsevents/news/2014/degree-educated-nurses-can-reduce-hospital-deaths.aspx>

¹³ RCN response to the UK Department of Health consultation [Changing how healthcare education is funded](#)

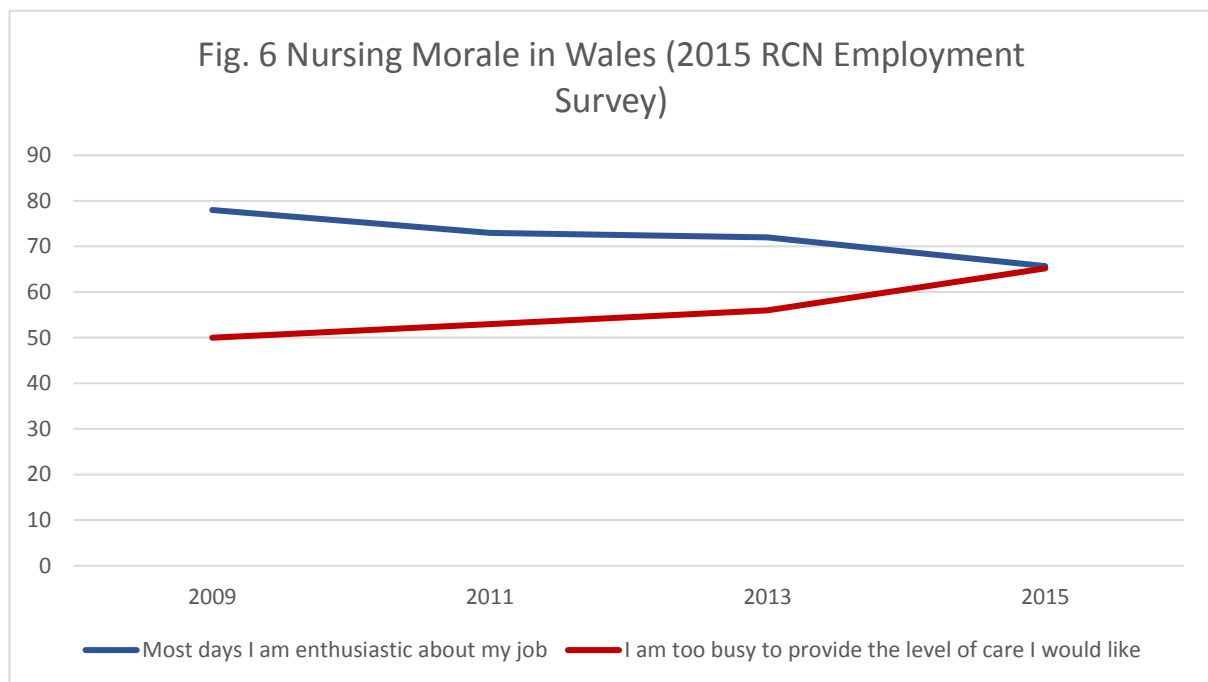
the privilege of working 12 hours shifts with little control over hours? Will universities still be expected to arrange placements? The administration of this is one of the many reasons why nursing education is costly to provide.

66. In contrast the Scottish Government has announced its intention to keep the student nursing bursary.

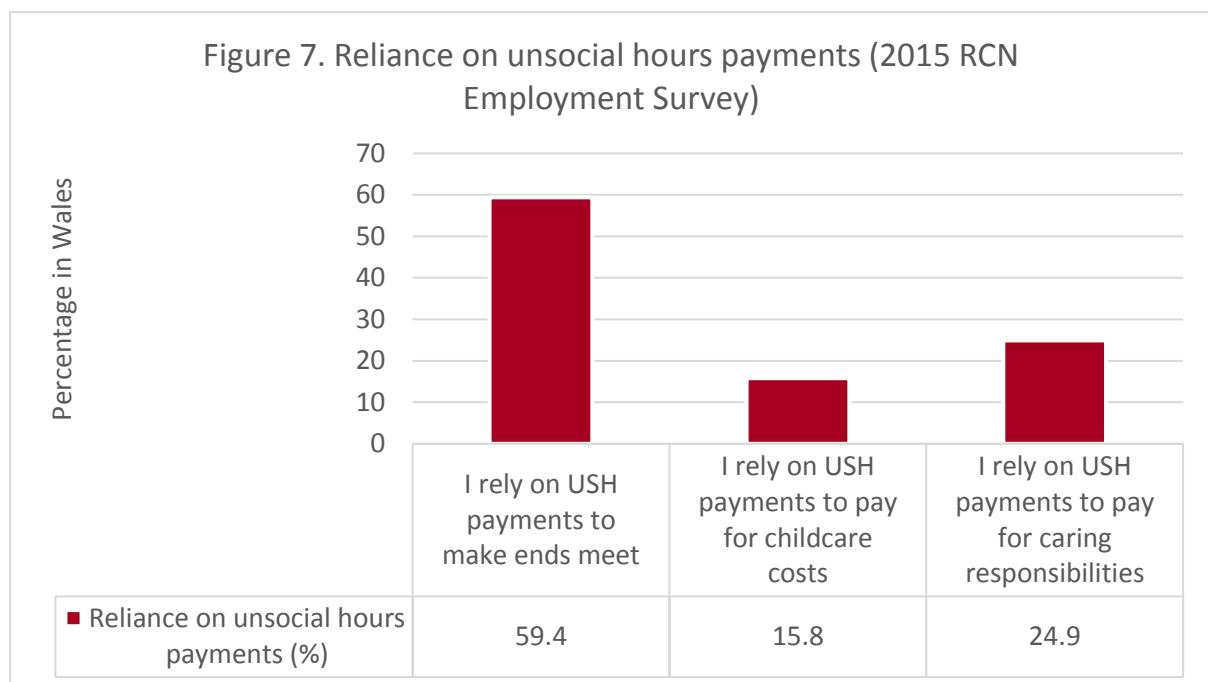
67. The RCN believes that Wales should examine ways to widen access to the nursing profession. Other objectives should be to ensure that national workforce planning can continue and that the high quality of nursing education in Wales remains. **RCN Wales has recently published The Future of Nursing Education in Wales This document outlines a strategic vision for widening access equitably and sustainably to nursing education in Wales.**

Section 5 Nursing Retention

68. Nurses in Wales often do not feel valued by the NHS or Government. This is partly related to pay (which has not kept pace with inflation in recent years) but also other factors including long hours or hours over which nurses have little control and poor access to continuous professional development. However nothing impacts more negatively on the nursing profession than feeling unable to provide a high standard of care. The graph below shows the relationship between nursing morale and being *'too busy to provide the level of care I would like'*.



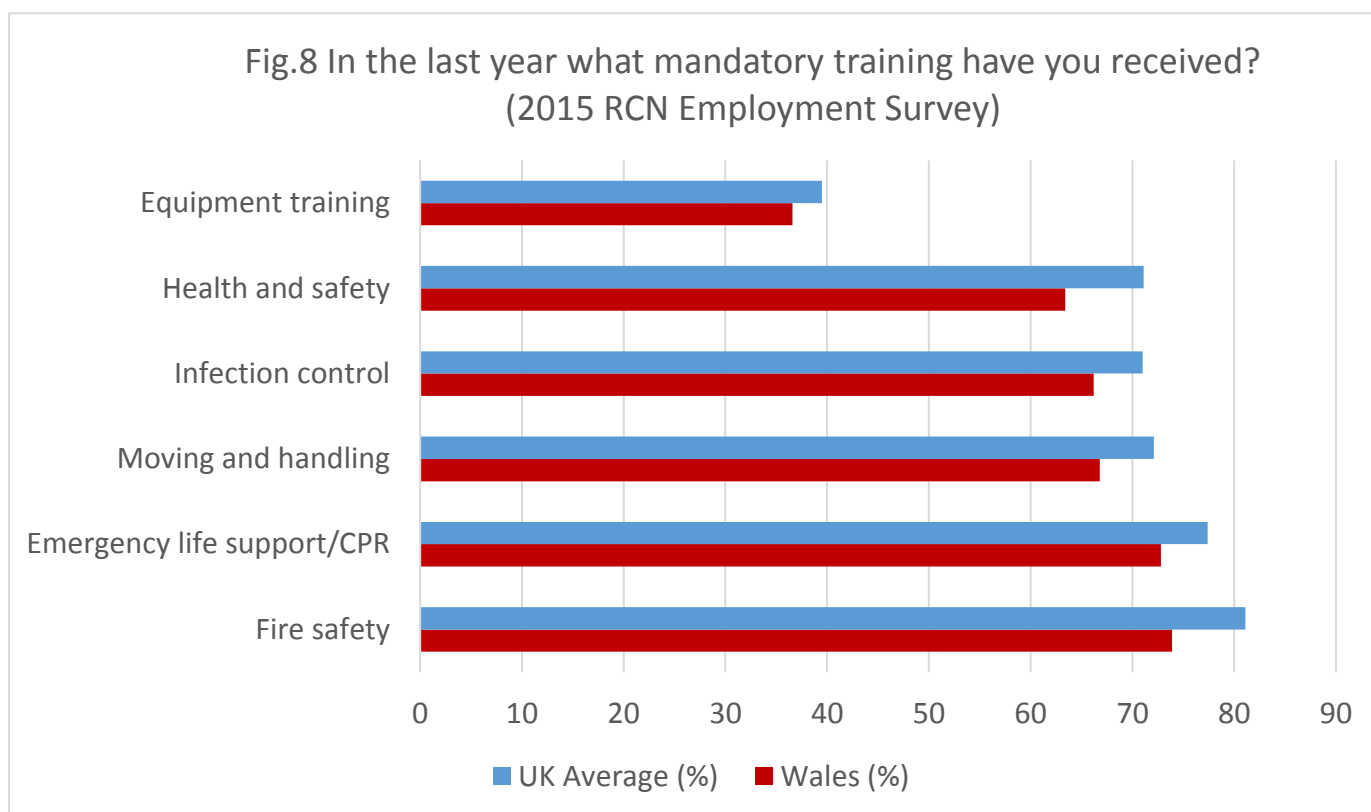
69. There has been a 14% real terms fall in nursing pay since 2010. **A newly qualified nurse in Wales currently earns £21,909. This is £8091 less than the UK median graduate salary.** 20% of Nurses and HCSWs have taken another job to make ends meet. Many rely on additional unsocial hours payments for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



70. Professional development and learning does not and must not stop at registration.

It is a fundamental career-long requirement for every nurse. It is a requirement for successful revalidation by the Nursing and Midwifery Council. Continuing Professional Development (CPD) is essential for patient safety and clinical effectiveness, and is one tool used by the nursing profession to ensure that the highest standards of practice are promoted and maintained.

71. Improving access to CPD is also an important way of showing how the nursing profession is valued and improving morale. Doctors, for example, have access to CPD as part of their contracts. Yet many nurses and midwives in the NHS find it very difficult to take time out from the clinical environment to develop their skills – or even to complete mandatory training.



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

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