



LEADING NURSING
SHAPING CARE

ARWAIN NYRSIO
LLUNIO GOFAL

NURSING NUMBERS IN WALES – An overview

We carry the torch
Rydym ni'n cario'r fflagl



Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales





LEADING NURSING
SHAPING CARE

ARWAIN NYRSIO
LLUNIO GOFAL

NURSING NUMBERS IN WALES

An overview

This briefing is designed to provide a statistical overview of the strengths and vulnerabilities of the nursing workforce in Wales. The main sources of information on the nursing workforce in Wales include Statistics Wales/Welsh Government and the Royal College of Nursing – others are listed throughout this briefing. The latest Welsh Government figures on nursing employed by the NHS were published in March 2016 and are from September 2015¹.

The Royal College of Nursing produced its biannual Employment Survey in 2015. Information in this UK wide study was drawn from a comprehensive survey of our nursing membership with 498 respondents from Wales.

Please do not hesitate to contact the Royal College of Nursing Wales for more information on any of the points raised in this briefing.

Contents

| | |
|--------------------------------------|---|
| Executive Summary of Key Points | 1 |
| Section 1 Nursing Numbers | 2 |
| Section 2 Safe Nurse Staffing Levels | 3 |
| Section 3 Investing in Nursing | 4 |
| Section 4 Nursing in the community | 5 |

This policy briefing was produced by RCN Wales in September 2016.
For more information please contact the Policy and Public Affairs Adviser
Lisa Turnbull on lisa.turnbull@rcn.org.uk or 02920 680 738.

¹<http://gov.wales/statistics-and-research/staff-directly-employed-nhs/?lang=en>

*We carry the torch
Rydym ni'n cario'r fflagl*

Royal College of Nursing Wales
Ty Maeth
King George V Drive East
Cardiff
CF14 4XZ

02920 680 769

Executive Summary of KEY POINTS

- 1** Overall numbers of employed NHS nurses are static. This does not reflect increased patient numbers, higher patient dependency and higher bed occupancy. The overall numbers can also obscure very sharp shortages of registered nurses and nursing in some specific fields, e.g. Neonatal nursing and childrens nursing in the community.
- 2** It is important to note the distinction between “nursing” and “Registered Nurses”. The term ‘nursing’ includes Health Care Support Workers who are part of the nursing family.
- 3** The RCN has concerns that some NHS nursing teams do not have sufficient numbers of senior Registered Nurses to provide quality clinical leadership and ensure excellence in patient care
- 4** The Nurse Staffing Levels (Wales) Act 2016 protects patient lives and the provision of quality care. It should be extended to other areas of care such as mental health, maternity and the community.
- 5** Wales should examine ways to widen access to the nursing profession. The required numbers of nursing students and the provision of nursing higher education in Wales must be ensured. The student nursing bursary should be retained.
- 6** The Welsh Government should 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.
- 7** Every week nurses in Wales give the NHS extra hours to the value of 815 full-time nursing staff. In addition the cost of agency nursing is the equivalent value of an extra 1062 newly qualified nurses.
- 8** Investing in nursing, through a fair pay agreement, good terms and conditions and access to continuous professional development will benefit people receiving care.
- 9** The Welsh Government should improve nationally held activity and outcome information on nursing care in NHS community settings and the independent sector to improve workforce and service planning.
- 10** The Welsh Government should strengthen the District Nursing service in Wales.

The figures below demonstrate that overall nursing numbers employed by the NHS in Wales have remained generally static since 2011.

❶ Overall numbers of employed NHS nurses are static. This does not reflect increased patient numbers, higher patient dependency and higher bed occupancy. The overall numbers can also obscure very sharp shortages of registered nurses and nursing is some specific fields’ e.g. Neonatal nursing and children’s nursing in the community.

There have been real improvements in NHS workforce planning in Wales in the last two years and the Nurse Staffing Levels (Wales) Act 2016 should assist this process.

However the number of nursing posts in the NHS still does not reflect the needs of people receiving care. There is an increased nursing workload in caring for an ageing population with increased dependency and co-morbidities. Patient throughput in hospitals has risen sharply as has bed occupancy. A substantial increase in nursing is needed to ensure the ongoing delivery of high-quality patient care. 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.

The term “nursing staff” or “nursing” means Registered Nurses and also includes Health Care Support Workers. Health Care Support Workers are sometimes known as healthcare assistants or ‘nursing auxiliaries’. In England the titles ‘nursing associate’ or ‘nursing apprentice’ are also used. They are an important part of the nursing team and eligible to be members of the Royal College of Nursing.

“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.

Discussing “nursing numbers” is therefore not the same as discussing the number of Registered Nurses. It is very important not be confused by this.

❷ It is important to note the distinction between “nursing” and “Registered Nurses”. The term ‘nursing’ includes Health Care Support Workers who are part of the nursing family.

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

Registered Nurses are employed in the NHS from Band 5 of Agenda for Change² 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.

In contrast the unregulated ‘physicians assistants’ NHS Wales has begun employing undertake a 2 year course before starting at Band 6. A physiotherapist and occupational therapist also begin their working career at Band 6.

Sometimes Health Boards try to make short-term financial saving by reducing the skill mix and removing the higher banded leadership posts. A good question to ask, when presented with numbers of Registered Nurses in a particular area, is the breakdown of nursing numbers by Agenda for Change banding.

❸ The RCN has concerns that some NHS nursing teams do not have sufficient numbers of senior Registered Nurses to provide quality clinical leadership and ensure excellence in patient care.

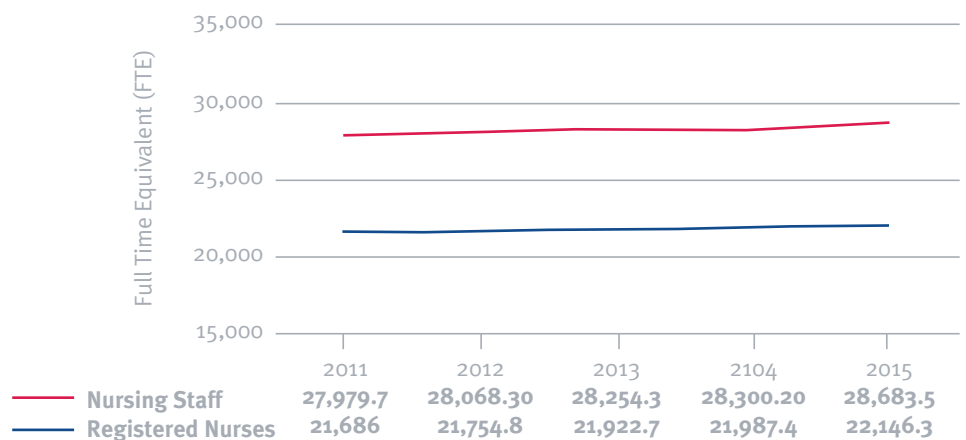


Fig. 1 NHS Nursing staff and Registered Nurses in Wales (Statistics Wales)



² Agenda for Change is the UK wide payment framework for nursing in the NHS. “Bands” reflect the Knowledge and Skills required by the post.

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.

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 cent³.

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; and higher rates of pneumonia.

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 care, maternity and mental health care.

4 The Nurse Staffing Levels (Wales) Act 2016 protects patient lives and the provision of quality care. It should be extended to other areas of care such as mental health, maternity and the community.

In order to provide the future workforce needed for the NHS in Wales, it is crucial that are sufficient numbers of nursing students entering the profession.

Student nurses spend three years (years which are 42 working weeks and not merely the traditional academic calendar) undertaking the nursing degree course (the four fields of practice are Adult, Child, Learning Disability and Mental Health) spending 50% of their time on practical placements often on an NHS ward.

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 mortality⁴.

The average age of a nursing student 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 relative⁵.

Nursing students in Wales currently receive a bursary from the Welsh 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.

5 Wales should examine ways to widen access to the nursing profession. The required numbers of nursing students and the provision of nursing higher education in Wales must be ensured. The student nursing bursary should be retained.

The graph below 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.

One consequence of this has been extra expenditure on international recruitment for nurses. Another consequence has been a marked increase in spending on agency nursing. A Freedom of Information (FOI) request revealed that spending on agency nursing in Wales was £23m in 2014.

The graph also shows a sharp increase in the number of student nurse places commissioned by the Welsh Government in 2015 and 2016. This increase is much needed and welcomed.

6 The Welsh Government should 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.

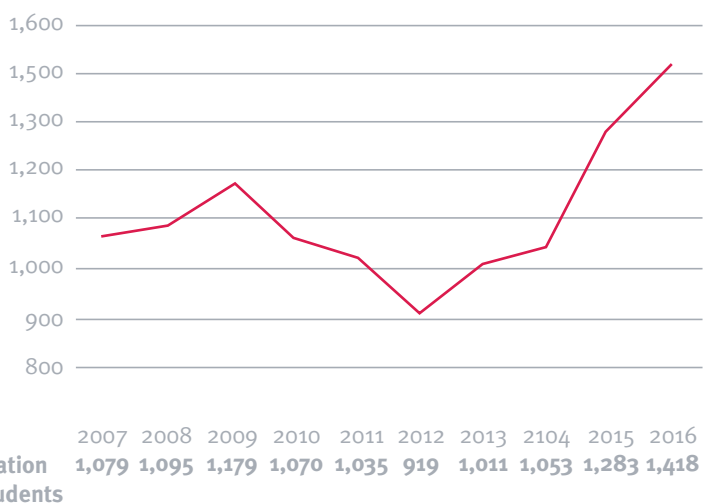


Fig. 2 Commissioned Nursing Student Numbers (Welsh Government)

³ 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 .
⁴ Kane, RL et al. 2007. *Nurse Staffing and Quality of Patient Care*. Rockville: Agency for Healthcare Research and Quality (US).
⁵ 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.
⁴ <http://www.kcl.ac.uk/nursing/newsevents/news/2014/degree-educated-nurses-can-reduce-hospital-deaths.aspx>
⁵ RCN response to the UK Department of Health consultation 'Changing how healthcare education is funded'.



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 such as being too busy to provide the level of care nurses wish to give. Other factors include long hours or hours other which nurses have little control over, and poor access to continuous professional development.

There has been a 14% real terms fall in nursing pay since 2010. A newly qualified nurse in Wales currently earns £21,909 - £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.

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 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.

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 nurses⁷. Together these figures provide a useful starting point for discussing additional nursing need in the NHS.

Every week nurses in Wales give the NHS extra hours to the value of 815 full-time nursing staff. In addition the cost of agency nursing is the equivalent value of an extra 1062 newly qualified nurses.

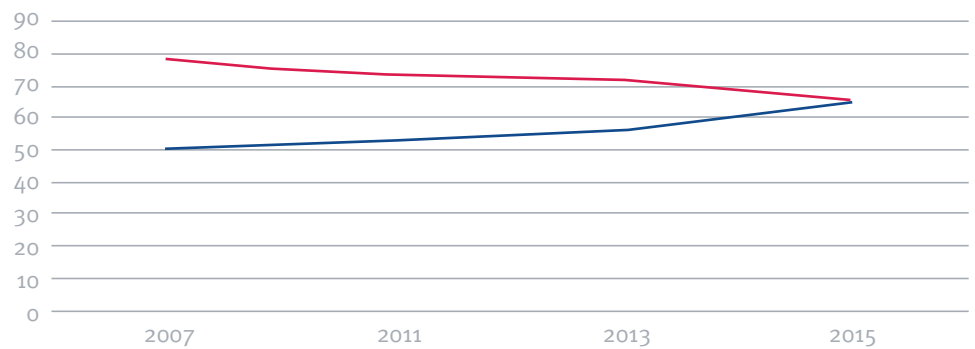


Fig. 3 Nursing Morale in Wales (2015 RCN Employment Survey)

Fig. 3 Nursing Morale in Wales (2015 RCN Employment Survey)

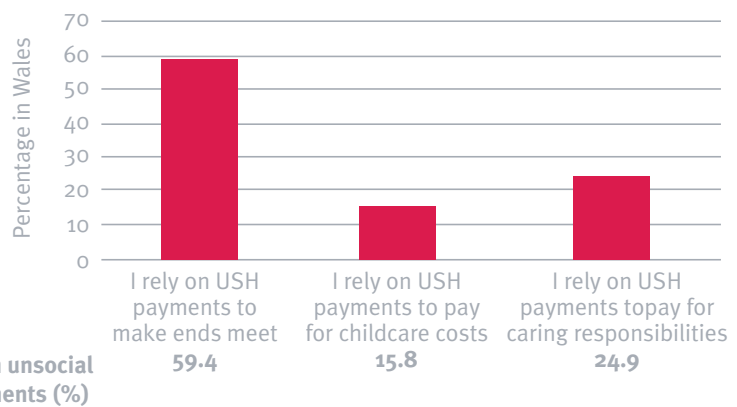


Fig. 4. Reliance on unsocial hours payments (2015 RCN Employment Survey)

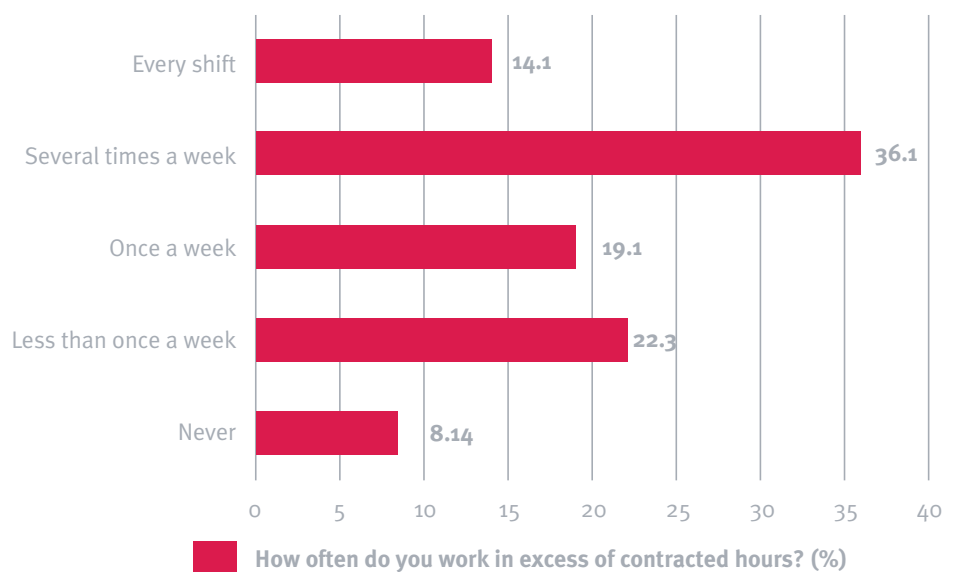


Fig. 5 How often do you work in excess of contracted hours? (%) (2015 RCN Employment Survey)



⁷ 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

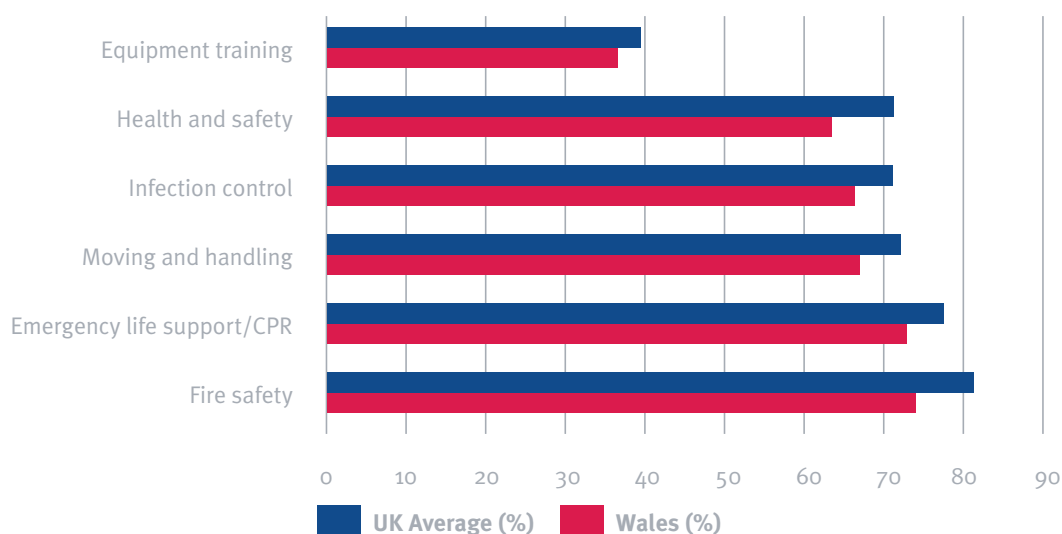


Fig.6 In the last year what mandatory training have you received? (2015 RCN Employment Survey)

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. Improving access to CPD is also an important way of showing how the nursing profession is valued and improves 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.

Furthermore, 40% of respondents reported that they had not had an appraisal in the last 12 months. This is an area that Health Boards and the Welsh Government should look closely at. The appraisal process is a fundamental way of improving standards and helps to identify where improvements and support are needed.

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

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. Advice on nutrition or help in installing simple aids such as non-slip mats are two examples of this.

Registered Nurses and Health Care Support Workers working in the community can have many different employers or professional specialities. For example they could be working in a care home, GP surgery, as part of a community team or as outreach staff from hospitals. Registered Nurses could be specifically qualified as a learning disability nurse, a school nurse or a Health Visitor (Specialist Community Public Health Nurse).

Section 4: Nursing in the community

Although not exhaustive the bullet points below provide examples of the range of interventions Community Nurses can provide:

- support children, young people and families to maximise health, and to detect early possible health problems;
- contribute to safeguarding vulnerable members of the population;
- assess, prescribe and treat patients within primary care settings;
- provide nursing care and rehabilitation to people at home during periods of illness and after an operation;
- assist older people with a long term condition to remain independent;
- provide dignified care to those who wish to die at home or in a hospice.



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. 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. 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 requirements for nursing care. 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.

It is even more difficult to find national level information on the numbers of nurses employed in the independent sector. The independent sector would include care homes, hospices and third sector organisations such as Macmillan or the British Heart Foundation. This information is important as it allows workforce planners to more accurately plan how many nursing students are needed and what the capacity of a service sector might be set against need.

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 is rectified to improve workforce and service planning.

9 The Welsh Government should improve nationally held activity and outcome information on nursing care in NHS community settings and also the independent sector to improve workforce and service planning.

Figures do indicate that there has been an increase in the numbers of Health Visitors working in the community in Wales. This is excellent news.

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

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. The RCN supported this move in principle as it was more flexible both for the nurse and the needs of the NHS. However the RCN had concerns that nurses would not be supported to take all 6 modules and so achieve the full qualification. The fall in numbers as shown below illustrates that these fears were justified.

The District Nurse qualification recognises a level of knowledge and practice that is highly skilled in very specific care of knowledge. It is a specialism in general community nursing. These nurses are the experienced pinnacle of a community nursing team providing clinical supervision and leadership.

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.

10 The Welsh Government should strengthen the District Nursing service in Wales.

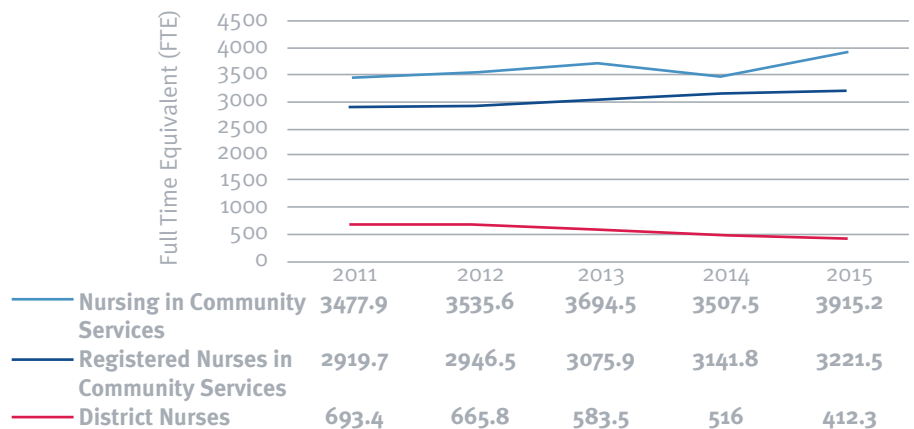


Fig. 7 Community Nursing and District Nurses (Statistics Wales)

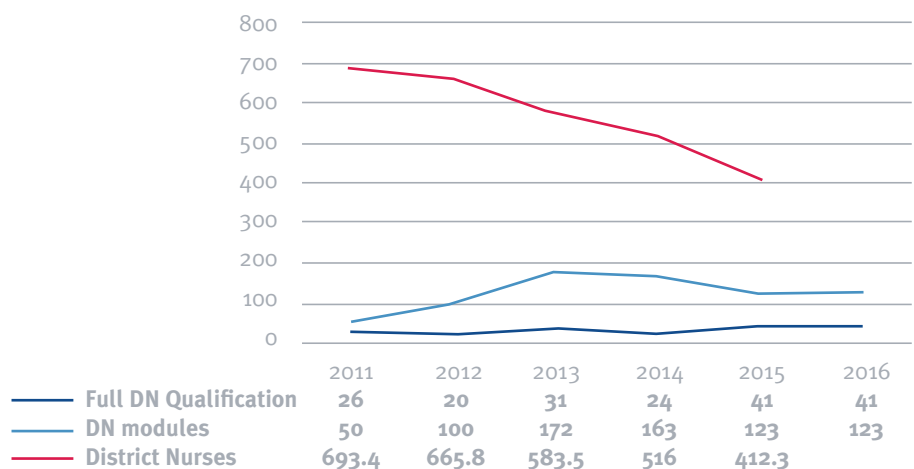


Fig. 8 District Nurses and Welsh Government Commissioned District Nursing Education (Statistics Wales and Welsh Government)

