

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 128

Ymateb gan: | Response from: Coleg Nyrso Brenhinol Cymru | Royal College of Nursing Wales

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchodydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

Access to mental health services

- The Committee should launch an inquiry into specialist mental health services and encourage the Welsh Government to produce a specific specialist mental health workforce strategy.

The Committee has identified access to mental health services as a potential priority. The Royal College of Nursing Wales also considers this a priority for the Health and



Social Care Committee but would urge the Committee to focus attention on specialist and severe mental health services.

Individuals needing secondary or specialist in patient mental healthcare are often some of the most vulnerable in society and experiencing a tremendously difficult period of their life. Being admitted to hospital or an inpatient facility for any ailment, at any age can be a worrying and stressful experience. When an individual requires inpatient care due to severe and enduring mental ill-health this add another dimension, with additional challenges for the individual, those providing care and their families. To add to this, the experience can become further complex when the individual is admitted to a ward unsuitable for their needs, far from home or when the individual's first language is Welsh. Everyone should have the right to be cared for in an age-appropriate, safe and supportive environment, and receive care in their preferred language.

However currently, inpatient services are under an immense amount of pressure due to an increase in service demand and a significant workforce shortage. The workforce shortage is further complicated by the lack of published data of vacancy figures as this challenges workforce planning. This has led to people who need inpatient services being placed on poorly staffed, unsuitable wards such as mixed gender wards or low secure wards when they should be placed in safe, properly resourced environments of care determined by their individual needs and this should always be as close to home as possible.

A further significant concern is the increase in the number of 15-17 years olds being placed on acute adult wards for lengthy periods due the complete failure to invest in any secondary Child and Adolescent Mental Health (CAMHs)in-patient services. The risks and the psychological impact of admitting young people to adult in-patient services cannot be emphasised strongly enough.

Together for Mental Health, the Welsh Government's 10 year mental health strategy expires in 2022. The actions in the last delivery plan 2019-2022 have yet to be achieved. For example, Action 2 make sure that mental health inpatient wards are helped to plan the right staffing levels has not been achieved as the nursing workforce is reporting extensive vacancies and difficulties with daily staffing.

Mental health nurses provide compassionate highly skilled care for vulnerable individuals. However due to a workforce shortage and a lack of investment in commissioning mental health nurses the current workforce is under an immense amount of pressure. Despite the Welsh Government's commitment to improve staffing levels on older person's mental health in patient wards(following Tawel Fan)

this has not be realised. The skill mix continues to be of concern due to the lack of registered mental health nurses which does not afford the opportunities of excellent patient care. There continues to be a significant overuse of bank and agency staff for this group of complex, vulnerable and occasionally challenging individuals.

The Nurse Staffing Levels (Wales) Act 2016 provides the assurance that patients are receiving the care they deserve by ensuring there is an appropriate level of nurses with the correct skill mix needed to care for patients. The Royal College of Nursing is campaigning for Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to be extended to mental health inpatient wards. Section 25B places a duty on health boards and trusts to calculate and maintain the level and skill mix of nurses on a specified ward. This currently applies to acute adult medical and surgical wards. From October 2021 this will apply to paediatric inpatient wards.

The mental health estate

- The Committee should review the mental health estate and capital funding

In 2019 it was recorded that the NHS had a backlog of over £261 million for urgent repairs. The physical estate of the NHS is in urgent need of investment to ensure it can continue to provide care in a safe environment. However there is no breakdown what repairs are needed on the mental health estate, in fact there is very little information on what is available in Wales in terms of the physical estate.

Health board mental health funding for 2021-2022 amounted to £726.7 million. There is no mention of this money being spend on increasing or stabilising the physical estate. It is known that people with severe and enduring mental ill health are often placed in facilities out of Wales as Wales does not have the physical estate needed to care for these individuals. Not only does this take individuals far away from their home and their families but it causes complications when their first language is Welsh as English facilities may not have measures in place to provide care in Welsh.

As a result of the lacking physical estate, the workforce are no longer confident in providing the care these individuals would need. Consequently Wales has lost the ability to care for the most vulnerable. There is an urgent need to review the physical estate and ensure Wales can understand what's available and ensure Wales can provide care for people experiencing enduring and severe mental ill health, close to home and in their preferred language.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;
- b) gofal cymdeithasol a gofalwyr;
- c) adfer yn dilyn COVID?

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;
 - b) social care and carers;
 - c) COVID recovery?
-

Gwasanaethau iechyd

Health services

Health and care data

- **The Committee should consider workforce data as a priority**

'This information is not held centrally' is a response many will be familiar with when asking for data from the Welsh Government relating to health and social care, in particular when trying to find information on the health and social care workforce. The Royal College of Nursing strongly believes health and social care data should be a priority for the Committee. To demonstrate the need to evaluate workforce and health and social care data, there are three nursing related examples below.

Vacancy data

Wales is the only country in the UK not to publish nursing vacancy data. NHS Digital publish data relating to the workforce in England, NHS Scotland publish data for the Scottish workforce and the Department of Health publish data for Northern Ireland.

RCN Wales estimated there is a minimum of 1,586 registered nurse vacancies in NHS Wales. However, this estimate is largely based on vacancy data found in health board board papers. The data mainly refers to May 2021, but there are inconsistencies with Cwm Taf Morgannwg and Powys. Powys have not published vacancy data since the previous Health, Social Care and Sports Committee's inquiry into Community and District Nursing. Cwm Taf Morgannwg have only published registered nurse vacancies data from two of their hospitals, Prince Charles and Royal George. Beyond this, the estimate only accounts for vacant posts that have been advertised. It poses the questions as to how Wales can create an accurate workforce plan without knowing the number of nursing vacancies?

Children's nurses and midwives

Stats Wales publish quarterly data on the nursing workforce in Wales. Before 2018 the data was published annually. The data is provided by the Health Boards using the Electronic Staff Record (ESR). While this data provides an insight into the workforce it is flawed, an example of this is children's nurses and midwives. The statistical quality report published by the Welsh Government explains that in 2016 Abertawe Bro Morgannwg (now referred to as Swansea Bay following changes with Cwm Taf Morgannwg), recoded a number of midwives and other staff to children's nurses; Betsi Cadwaladr also undertook a data cleanse the same year. Cwm Taf Morgannwg and Cardiff and the Vale also recoded a number of staff to children's nurses in 2019. This has inflated the number of children's nurses as displayed by StatsWales. This is deliberate miscoding, and the actual number of children's nurses is likely to be much lower.

There is currently no public ambition from the Welsh Government to ensure the correct coding of children's nurses occurs –once again this begs the questions as to how can Wales provide care when it does not understand the basic numbers?

District Nurses

Health boards have informed Statistics Wales that they are deliberately miscoding all registered nurses working in the community as "district nurses". This is false information.

In the statistics quality report it was acknowledged that there are a number of nurses coded as district nurses who should not be. Enhancements in 2018 to the Electronic Staff Record meant that it is possible for Health Boards to see which of those 'district nurses' have the relevant qualification (SP:DN), this would then allow for health boards to recode the nurses to ensure an accurately portrayal of the number of district nurses in Wales. However, despite having the ability to identify nurses with the relevant qualifications and acknowledging the presence of inaccurate data, health boards have not recoded district nurses and therefore the data published by Stats Wales remains inaccurate and an inflation of the number of district nurses.

The above examples were merely three examples of insufficient nursing data. There are several examples outside the field of nursing that further highlight the lack of accurate data, or simply a lack of data gathering.

Community Care

It is well known that the Welsh Government have reconfigured health services over the last 10 years to move care closer to the home. However, there is no way of assessing the experience of patients in the community, understanding the care and treatment of the patient, or their outcomes. In a hospital setting there are Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS). These measures provide health boards and the Welsh Government with information on the efficiency of their services. However, these have not been extended to the community. The lack of information is concerning, not only for the

Royal College of Nursing but patient led organisations and the volunteer sector. How can Wales know providing care in the community is the preferred option when no data has been gathered on the experience and outcomes of patients?

Above all there is a basic need to understand how health services can be delivered and how they can be improved. This requires data on the workforce and the outcomes/experience of those receiving care in all settings.

Gofal cymdeithasol a gofalwyr

Social care and carers

Care homes

- The Committee should scrutinise the Welsh Government's Rebalancing Care and Support proposal to ensure it is appropriate for the individual and workforce.

Registered nurses working in care homes are key to the delivery of safe, high quality care and supporting improved health and wellbeing outcomes. Registered nurses and nursing teams in care homes and the community are crucial for ensuring older people in society can receive care in their home and remain independent for longer.

Registered nurses promote older people's independence through proactive, rehabilitative care; promote residents' health and deliver high quality palliative and end of life care. A registered nurse's presence is essential for continuous monitoring and assessing people's health and wellbeing. As autonomous practitioners their clinical skills are used to recognise and anticipate problems, take action when a person's condition is deteriorating and avoid unnecessary hospital admissions.

Despite their importance, there is a shortage of qualified registered nurses within the care system. This is a significant cause for concern, as it impacts on the sustainability of nursing care provision within care homes and on the wider stability of the market. With more agency and locum staff working in the care sector, this can lead to an erosion of continuity of care between nursing staff and resident. Continuity of care is one of the fundamental drivers that attracts nurses to the sector.

According to Social Care Wales (SCW), the number of registered nursing staff employed by commissioned care providers in 2019 was only 1,438, making up 3% of all staff employed by commissioned care providers in Wales.¹ Despite the overall percentage of registered nursing staff remaining at 3% of the total workforce employed by commissioned care providers the total number has decreased from 1,545 in 2018, to 1,438. This decrease is concerning given the challenges the sector faces. If there are not enough registered nurses in the care home workforce then the quality of the nursing care provided will fall, resulting in poor health and reduced life expectancy for older people cared for by the care home sector.

¹ Social Care Wales, 2020, Social Care Wales Workforce Profile: Commissioned service, SCW_workforce_profile_2019_Commissioned-Services_final_EngV2.pdf (socialcare.wales)[accessed 10 September 2021]

The Royal College of Nursing strongly believes the nursing role in a care home is important and should not be marginalised in policy development. The powerful benefits of nurses has failed to be recognised or articulated in current policy. This has added to the pressure faced by nurses in care homes and acted to prevent student nurses seeking a career in the field. The previous Welsh Government launched a consultation titled Rebalancing Care and Support. The current Welsh Government seeks to continue with the work of Rebalancing Care and Support and improve the social care sector. However RCN Wales firmly believes Rebalancing Care and Support does not go far enough to recognise the complexity of service delivery as it does not recognise the role of the nursing workforce. There is no mention of nursing or the role of nursing in the proposal. The lack of recognition of nursing will continue to inhibit service improvement.

International nursing and migration

- The Committee should seek to understand the impact of the UK leaving the EU on international recruitment and migration.

Research commissioned by the Welsh Government found that registered nurses are the staff group within social care with the highest proportion of non-UK EU workers (approximately 17.7%).² The report further highlighted that retention challenges were most acute with respect to NMC registered nurses within social care in Wales.

In March 2020, RCN Wales signed the Welsh Government's migration position paper.³ The paper sets out a united Welsh position on a number of key migration issues, including the need to recognise demographical differences across the UK, the Welsh requirements for a new immigration system and the salary threshold.

The needs of the health and social care sector differs across the four nations of the UK. The immigration system came into effect in January 2021, the Committee should seek to understand its effects on international recruitment and migration.

Adfer yn dilyn COVID

COVID recovery

- When making recommendations on for a COVID-19 recovery, the Committee should consider the role of the workforce and ensuring their mental health and wellbeing is being prioritised.

² Government for Social Research and the Welsh Government, 2019, Research on Implications of Brexit on Social Care and Childcare Workforce in Wales <https://gov.wales/sites/default/files/statistics-and-research/2019-03/implications-brex-it-social-care-and-childcare-workforce.pdf>. Accessed 20 March 2021.

³ Welsh Government, 2020, Wales position paper on migration, <https://gov.wales/sites/default/files/pdf-versions/2021/1/3/1610564620/wales-position-paper-migration.pdf>. Accessed 21 March 2021.

The Royal College of Nursing Wales agrees with the Health and Social Care Committee that the workforce should be priority. Staff well-being needs to be considered in any discussion regarding any COVID-19 recovery plans

Throughout the COVID-19 pandemic the workforce has shown resilience, dedication and compassionate. COVID-19 has demonstrated that the workforce is highly skilled, adaptable, and knowledgeable. However it has also exacerbated the challenges the workforce experience including; staff shortages, difficulties with recruitment and retention, a lack of morale and burnout.

A survey of 2,011 RCN Wales members (June 2020) found that the level of stress among respondents had increased since the start of the COVID-19 pandemic, whilst the level of staff morale had decreased. Three quarters of members surveyed (75.9%) reported experiencing an increase in stress levels, whilst over half (58%) expressed that staff morale had worsened. Furthermore, over half (52%) are concerned about their mental health. This is extremely worrying. The combination of stress and reduced morale is not conducive to a productive work environment and is leading to a worsening of the current workforce shortage as nursing staff are considering leaving the profession.

Without a physically and psychologically health workforce, staff will not be able to provide safe and effective care. NHS organisations must continue to focus on staff wellbeing, improving morale and allowing staff to rest and recover

Furthermore, nursing staff may be suffering from long COVID. It is important that this is taken into consideration when discussing a recovery to ensure they can receive the care they need.

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

Health Education and Improvement Wales

- The Committee should ensure HEIW and the education commissioning process are effectively scrutinised.

The Royal College of Nursing welcomes the Committees attention on HEIW, having announced the first oral evidence session will be held with HEIW and Social Care Wales. The Royal College of Nursing will be submitting evidence separately, having received a call for evidence from the Committee.

The Welsh Government spend over £8bn a year to ensure the availability of health and social care services in Wales. This money also funds a workforce to provide said care. It is the duty of the Senedd to scrutinise the decisions of the Welsh Government, however this can become challenging when decisions are made by an independent body such as HEIW which lacks transparency.

HEIW was established in 2018 to provide leadership for health professionals education. Currently, funding for commissioned education is decided by the Welsh Government based on private recommendations from HEIW. These are then publicly announced by the Welsh Government in an annual press release. There is a lack of transparency leading up to the press release and often health organisations are unaware of the figures prior to their publication. It is widely felt that there the education commissioning process should be transparent and allows for professional bodies, higher education and patient representatives to contribute their expertise and constructively challenge the rationale provided. Having a clear transparent process for stakeholders to contribute evidence would increase confidence in the process and outcomes and increase the quality and robustness of the outcomes and their relationship to the needs of Welsh health and social care.

Furthermore there is a shortage of specialists, advance practitioners, and consultant nurses in Wales. This is primarily due to a cycle of failure as NHS Wales and employers do not release nurses to study as it would be costly to backfill their post, this intern means HEIW do not commission postgraduate nurse education as there are not enough nurses to fill the courses. Universities than close departments and withdraw advance nurse education courses. This means that any nurse that was able to study now has to travel further away, a time consuming and costly burden. Consequently patients suffer as Wales does not have the specialist knowledge needed to provide the clinically advanced care, education and research. HEIW needs to develop career pathways and expand career commissioning, rather than commissioning for staff nurses.

Retention

- The Committee should prioritise workforce retention and ensure the Welsh Government provide national leadership by forming a national retention strategy.

Every health board, trust, political party, health organisation and the Welsh Government recognises the need to improve retention, however there is no national leadership on how to do this. In the Senedd elections in 2021, the Royal College of Nursing called on all political parties to adopt a national retention strategy. The newly elected Welsh Government must provide national leadership through adopting a national retention strategy. This needs to include, protected time to continued professional development, flexible working arrangements and improve pay and terms and conditions.

HEIW and SCW published a workforce strategy in 2020 which seeks to put wellbeing at the heart of plans for the NHS and social care workforce in Wales. The strategy explains that the actions in each of the seven themes, together with a commitment to support the workforce will improve retention. However retention is only mentioned twice in the strategy, both times are merely mentioning that the strategy will improve retention rather than putting actions in place to do so.

Hospital discharge

- Continue the inquiry into hospital discharge that was started by the 5th Senedd Health, Social Care and Sports Committee

The previous Health, Social Care and Sports Committee launched an inquiry into hospital discharge. However due to the COVID-19 pandemic the inquiry was paused and ultimately dropped. The Committee recommended that the newly elected Committee under the 6th Senedd should continue with the inquiry. The Royal College of Nursing Wales would support this call.