

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)**

**PCWL 24**

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

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## Royal College of Nursing written evidence to the Health and Social Care Committee inquiry into ‘the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists’

The Royal College of Nursing (RCN) Wales welcomes the opportunity to provide written evidence on the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists. RCN Wales previously provided written and oral evidence on the inquiry into the impact of the waiting times backlog.

The Welsh Government’s plan is centred around four commitments; increase health service capacity, prioritise diagnosis and treatment; transform the way Wales provides planned care and provide better support to patients. In order to deliver on these commitments there needs to be a significant investment in the workforce. The plan does not outline any meaningful investment in terms of increasing the nursing capacity with the health and social care sector.

### **The Royal College of Nursing Wales recommends:**

1. The Welsh Government must continue to invest in all four fields of pre-registration nursing education.
2. The Welsh Government and Health Boards should harness the opportunity of newly qualified nurses being prescriber ready from 2023 and set out a clear plan to invest and develop the next step for these new graduates and the current workforce.
3. Health Education and Improvement Wales should develop a post-registration nursing strategy with a specific focus on district nursing.
4. Every health board should commit to investing in the role of the consultant nurse in order to meet the health needs of their population.
5. The Welsh Government and health boards should harness the knowledge and leadership of Infection Prevention and Control nurses in delivering education and leadership for the healthcare workforce.
6. The Welsh Government must establish a national retention strategy to encourage our nursing staff to keep working in the NHS.

7. The Welsh Government must ensure there is a whole system approach to digital technology. This must include an assessment of what is available across the NHS and how digital technology can be harnessed to improve planned care.

### Increase health service capacity

In order to increase health service capacity, an investment in the workforce is necessary. Unfortunately, the plan does not set out any specific actions for how to address the challenges currently facing the workforce.

The NHS is the largest employer in Wales and currently employs almost 89,000 full-time equivalent (FTE) posts. Nursing is the single largest professional group within the NHS, representing 40% of the total workforce. 91% of this workforce is female.<sup>1</sup>

Currently the nursing workforce is facing intolerable pressure and this is having a devastating impact on wellbeing with many nurses burning out and deciding to leave the profession early. There is an urgent need to address this to ensure there is a workforce available to provide patients with safe and effective care.

A recent RCN survey found:

- Over half of respondents felt demoralised (53%), while only 13% felt fulfilled by their role.
- Only around one in five (17%) respondents agreed they had enough time to provide the level of care they would like. This has decreased from 22% in 2020.
- Two thirds of respondents worked additional time (63%). Of these, almost eight in ten (70%) were unpaid for these additional hours, 20% were given TOIL.
- Over half of respondents (53%) in Wales felt demoralised: only 13% felt fulfilled.
- Two thirds (60%) of respondents were unable to take their breaks that they were supposed to take
- Worryingly, nearly a quarter (24%) of Welsh respondents felt unable to raise concerns: this is 3% higher than the UK average and 4% higher than the Welsh 2020 finding.

Nursing staff are able to retire at 55. Table one outlines that 51% of the nursing and midwifery workforce are already eligible to retire or will be eligible to retire in the next 10 years. Without an investment in the nursing workforce the NHS will be unable to provide safe and effective care.

*Table One: Staff Age Band by Staff Group March 2021*

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<sup>1</sup> Health Education and Improvement Wales 2021 *NHS workforce trends (as at 31 March 2021)*. Available at: <https://heiw.nhs.wales/files/nhs-wales-workforce-trends-as-at-31-march-2021/>, accessed 31 May 2022.

Age Band	Under 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 60	Over 60
Nursing & Midwifery	4%	10%	12%	11%	12%	14%	15%	15%	7%
<b>NHS Wales</b>	<b>5%</b>	<b>10%</b>	<b>12%</b>	<b>11%</b>	<b>11%</b>	<b>13%</b>	<b>14%</b>	<b>16%</b>	<b>9%</b>

RCN Wales recommends the Welsh Government address this area of concern as a matter of urgency.

The Welsh Government must continue to increase nursing student commissioning for all four fields of nursing; adult, mental health, children and learning disability nursing. Between 2016 and 2021 student nursing places increased by 55.2%.<sup>2</sup> The Welsh Government consistently invested in nursing education with places rising from 1,418 in 2016 to 2,202 in 2021. However additional investment is needed due to the age profile of the workforce and demand to modernise and transform planned care.

In addition there is a need to encourage nurses to keep nursing in the NHS. This requires a retention strategy and investment in post-registration nursing. The Welsh Government must take leadership on this.

#### *District Nurses (DNs)*

RCN Wales was pleased to see the plan makes a reference to community and district nursing by detailing ‘they have maintained high levels of activity over the last year seeing the most urgent cases face-to-face while undertaking more virtual activity where appropriate.’ However, despite this recognition there is no recommendation to invest in district nursing.

There is a national shortage of DNAs and the Welsh Government has not taken action to resolve this. Community nursing teams are led by DNAs or nurses working towards a post-registration community nursing qualification. DNA is a title given to those with a Specialist Practice Qualification (SPQ), a Nursing and Midwifery Council (NMC) recordable qualification. The qualification recognises a high level of skill, knowledge and practice. DNAs are the experienced pinnacle of a community nursing team, providing leadership to the registered nurses and healthcare support workers.

Between September 2020 and September 2021 the workforce decreased by 48.3 FTE district nurses. The number of post-registration courses has not increased since 2017, despite the demand. This needs to change and investment in district nursing is needed urgently to ensure health service capacity can be maintained, and increase.

<sup>2</sup> Welsh Government 2021 *Written Statement: Expansion in training places for health professional workforce in Wales*. Available at: <https://gov.wales/written-statement-expansion-training-places-health-professional-workforce-wales>, accessed 31 May 2022.

## Prioritise diagnosis and treatment

### *Prescriber ready nurses*

To prioritise diagnosis and treatment there needs to be an understanding of the capacity and skills within the entire workforce. It is disappointing therefore to see that there was no recognition in the plan that all nurses graduating after 2023 will be prescriber ready.

In 2018, the NMC introduced a new curriculum and standards for pre-registration nursing, commencing September 2020. These standards were developed by extensive consultation with employers and other key stakeholders throughout the UK including NHS Wales.

On graduating newly qualified nurses will be prescriber ready and will have a new and wider variety of practical skills that can be utilised when they enter the workforce. The ability for nurses to be prescribers is essential for providing effective treatment in a timely manner.

RCN Wales recommends that the Welsh Government harness the opportunity of prescriber ready nurses and set out a clear plan to invest and develop the next step for these new graduates and the current workforce.

### *Consultant nurse*

To provide excellent level diagnostic and treatment there needs to be a skilled workforce available to do this. Consultant nurses provide expert level care, leadership education and research, this in turn improves patient care and safety. Consultant nurses are essential for the delivery of high quality patient care, educating the next generation of health professionals, advancing research with health and social care and developing guidance and principles for quality patient care.

#### **There are four main aspects to a consultant nurse's role:**

1. **Expert clinical practice** (*direct and indirect practice*). Working directly with individuals, families and carers, whilst indirectly influencing clinical work through supervising and providing guidance to others, developing practice protocols and exploring practice issues.
2. **Professional leadership and consultancy**. Providing professional leadership and direct evidence based, client-centred recommendations to those involved in service development and delivery.
3. **Education, training and development**. Facilitate other clinicians to develop their roles, gain knowledge and skills either by strategic planning education

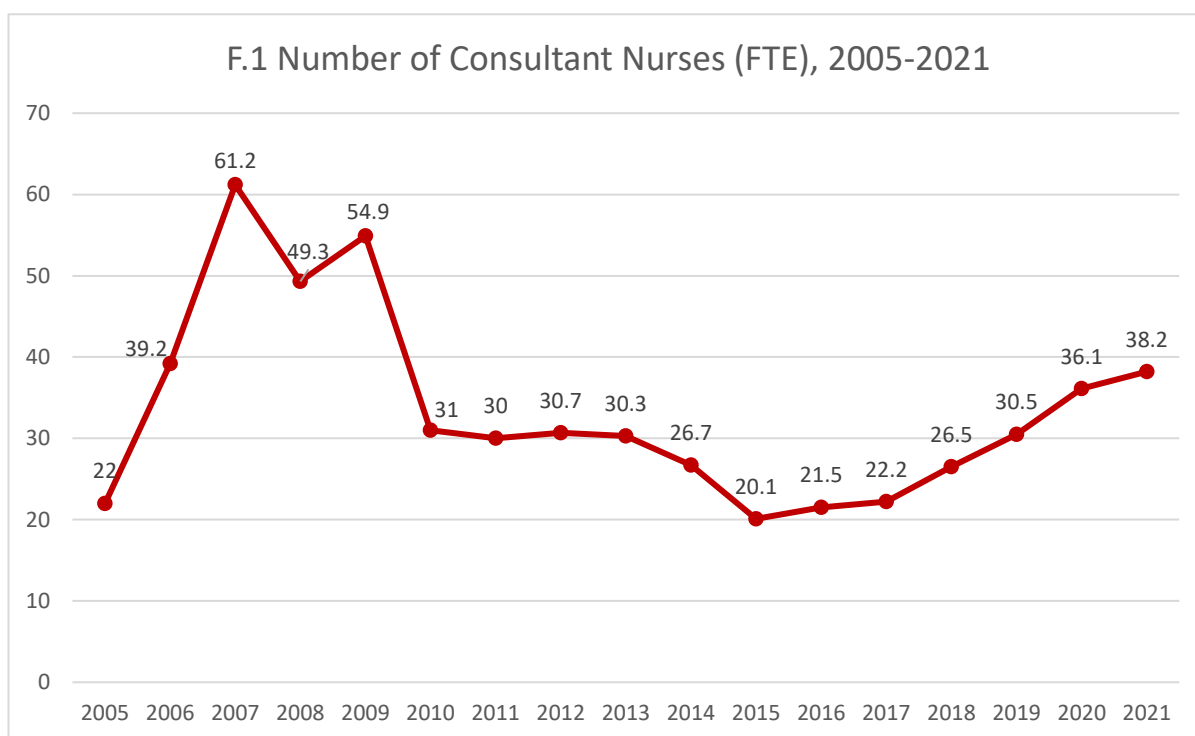
initiatives, advising on higher education routes or promoting positive learning and clinical settings.

4. **Practice service development, research and evaluation.** Develop evidence based protocols, research and explore implications of research upon service delivery.

In 2005, the previously known national body, Health Professions Wales, assessed the demand for consultant nurses in Wales and approved the need for 55 consultant nurses. The demand for consultant nurses has increased since 2005, due to a rise in the population, people living longer with more complex health requirements and an increase in comorbidity and complexity of care delivered to patients.

There was a rapid expansion of consultant nurses between 2007 and 2008. However as Figure 1 demonstrates the number of consultant nurses decreased sharply in 2010. Since 2017 there has been a consistent, albeit slow, increase in the number of consultant nurses, but Wales remains far below the required amount as set out by Health Professions Wales.

16 years since the demand was made clear by Health Professions Wales and Wales still falls short of the recommendations by 16.9 consultant nurses.<sup>34</sup>



<sup>3</sup>StatsWales, 2022, Nursing, Midwifery and Health Visiting Staff by grade and area of work, available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year> [Accessed 16 February 2022].

<sup>4</sup> StatsWales, 2022, Nursing, Midwifery and Health Visiting Staff by grade and area of work pre 2009 data, available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/Pre-2009/NursingStaff-by-Grade-Year> [Accessed 7 March 2022].

Health boards must invest in the role of the consultant nurse to meet the health needs of their population. The amount of consultant nurses needed in a health board should be based on population need and assessed alongside other consultant level practitioners.

## Transform the way Wales provides planned care and provide better support to patients

To transform the way Wales provides planned care and to better support patients there needs to be an investment in post-registration nursing and an acknowledgement of the importance of nursing leadership in transforming services.

### *General Practice Nursing*

A significant proportion of the plan to transform services focuses on primary care, specifically GPs, but there is no mention of General Practice Nurses (GPNs). There are 1,397 nurses working in general practice.<sup>5</sup> This includes Advance Nurse Practitioners and Specialist Nurses who provide advance level care and support for patient including diabetes management, respiratory care and sexual health advise. They are also key to providing care for patients waiting for treatment or operations.

The value of GPNs, and specifically Advance Nurse Practitioners and Specialist Nurses should be recognised alongside medical colleagues.

The provision of primary and community care in Wales is based on 64 clusters. Clusters are often formed around the General Practice surgery and work together with key partners, i.e. community nursing teams, to provide care for their population. Every cluster has a lead, the majority of the time this is a GP. To transform and modernise services GPNs should have more of a leadership role in the strategic delivery of care, this includes having opportunities to, and being supported to become a cluster lead.

### *Infection Prevention and Control*

Infection prevention and control (IPC) – the practical application of microbiology in clinical practice – puts patient safety firmly at the heart of health and social care delivery. Understanding how infections occur and are spread is crucial to the prevention of infections in all settings at all times.

IPC nurses promote the safety of patients, the public and the healthcare worker. The role is multifaceted, but the most familiar functions of an IPC nurse is to provide specialist advice, lead the healthcare workforce to carry out surveillance and develop policies and guidance.

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<sup>5</sup> <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/General-Medical-Services/number-of-wider-practice-staff-employed-in-general-practices>

As system leaders IPC nurses consider a holistic approach to the prevention of infection, acting as a bridge between public health, health protection and science.

The COVID-19 pandemic demonstrated the value of IPC advice and in particular the role of IPC nursing teams. It is time to reflect upon the lessons learned during the pandemic and ensure that going forward IPC nursing teams are recognised as an essential contributor to patient protection and safety.

To transform and modernise plan care IPC needs to take a central role. It is disappointed that within the plan IPC is only referred to when discuss limitation to capacity during the pandemic. Part of modernising services means being prepared for a possible outbreak of an infectious disease in the future. The Welsh Government and health boards should harness the knowledge and leadership of IPC nurses in delivering education and leadership for the healthcare workforce.

#### *Investment in digital technology in the community*

To ensure the plan is able to deliver on its priority to ‘harness digital technology’ there first needs to be an assessment and investment in digital technology for the community.

The importance and value of digital technology cannot be underestimated. The pandemic has aided significantly in advancing the use of digital technology in primary care but this is not necessarily the case for community services.

RCN Wales is aware that many members in the community still struggle to access IT services and support. RCN members have reported using a variety of equipment including laptops and mobile handheld devices, but they did not have regular access to their emails or office calendars from these devices and some members continue to use paper records. Unless there was an investment in digital technology for the community, the lack of IT reduces the plan’s ability to harness digital technology.

There must be a whole-system approach to IT, starting with an assessment of what is available and how digital technology can be harnessed to improve planned care.

#### *Regional Partnership Boards (RPBs)*

Regional Partnership Board (RPBs) were established as part of the Social Services and Well-being (Wales) Act 2014.

There are currently seven RPBs. RPBs were designed to improve the wellbeing of the population and improve how health and care services are delivered, and yet there is no mention of them in the plan.



RPBs have an important role in the health and wellbeing of their population, it was therefore surprising that they were not included in the Welsh Government plan to transform and modernised planned care.

Despite their importance, RCN Wales believes that RPBs are currently limited in their abilities due to their limited membership. The guidance for RPBs outlines the requirement to have 'at least one person from the third sector who works with the local authority and local health board'. This is a very narrow description as such there is no membership relating to professional bodies or trade unions in RPBs. The lack of capacity for professional bodies and trade unions narrows the scope of the RPBs and would reduce their abilities.

Nurse directors are accountable for all nursing care provided within their local health board area including nursing care in the social care sector. The involvement of the nurse director should be made explicitly clear in the RPBs membership.

RCN Wales strongly recommends that to modernise service delivery RPBs should be included and the membership of RPBs expanded to include trade union representation, professional bodies and executive nurse directors.

#### **About the Royal College of Nursing (RCN)**

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 465,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 28,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.