Royal College of Nursing response to
Department of Health and Social Care consultation on
Care data matters: a roadmap for better data for adult social care

About the Royal College of Nursing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Introduction

Historically, a lack of robust and transparent data across the social care sector has prevented clear assurance for the decisions made about service coverage and workforce provision. While there are some publicly available workforce data sets, they do not have full coverage across the sector. While it is clear that there is both a workforce crisis and an unstable social care provider market, there is a lack of publicly available data to be able to monitor and measure the impact upon staff and people who use services.

Over the last decade, the numbers of registered nurses in social care have plummeted, and there has been no intervention from Government to slow or stop this trend. This poses particular challenges to Integrated Care Structures, when local provision of health services is being negatively impacted by gaps in social care services. Data is key to understanding the challenges and addressing them.

To deal with the current crisis, it is imperative that the Government resolves these social care data gaps urgently, which will facilitate appropriate targeted action in the right areas of social care provision by the relevant organisations in the health and care system. Having transparent, comprehensive, and accessible data will also then allow monitoring of the impact of such interventions. In the NHS, a key lever to obtain data is through the NHS Standard Contract. There is a requirement for further contractual levers for social care providers, in order to gain appropriate coverage of data across the sector, and for parity of transparency and accountability across these systems.

It is vital that DHSC takes steps towards improving patient safety, outcomes and experience. The RCN is clear that maximum patients to registered nurse ratio save lives. We are calling for safety standards to be introduced, in every setting, in every part of the UK, to keep patients and nursing staff safe. The evidence is clear: registered nurse staffing levels have a significant impact on patient safety and outcomes[1].

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[1] *Aiken, Linda H., et al. "Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study." The Lancet (2014);*
Griffiths, P., Ball, J., Murrells, T., Jones, S., & Rafferty, A. M. (2016). Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study. BMJ Open, 6(2)

Safety standards for maximum patients to registered nurse ratios must be set centrally measured and reported on publicly for true understanding and visibility of health and care service safety. In many services, this standard is currently unlikely to be in place, yet there is no transparency around this. We urge DHSC to embed data collection on maximum patients to registered nurse ratios safety standards into all social care providers.

Response to survey questions

Preamble (DHSC content):
The broad themes covering data needed across adult social care we want to engage on are:

- Population, characteristics, needs and outcomes of people who draw on care and support including self-funders.
- Quality of care and support (including early intervention, safeguarding and integration of health and care services).
- Supply of Care Services, local authority commissioning and accountability, and markets (including occupancy, capacity and discharge).
- Social care workforce.
- Population of unpaid carers.
- Contingency and infectious disease control measures.

Question 1: Do you think these are the right data needs themes? (response options: yes all included, there are some missing, some are incomplete)

While these themes cover the breadth of issues within social care data, it is important that that data collection infrastructure allows for data to be analysed across different themes to better understand the scale of opportunities and the impact of challenges within social care. For example, it will be critical to understand social care workforce data alongside data about the quality of care and support and the supply of care services. This will help a wide range of stakeholders to identify how ongoing workforce challenges are impacting on the delivery of safe and effective care.

Evidence shows that insufficient numbers of nursing and care staff lead to care being left undone, with an increased likelihood of poor patient experience and outcomes. However, much of this evidence has been collected through academic research. Being able to link workforce information with real time care provision, quality of care and health outcomes would unlock the ability of workforce planners and service providers to respond immediately and appropriately to emerging workforce trends before they begin to negatively impact upon care delivery.

We note that careful consideration needs to be given to how this data will be collected, given the pressures already on social care providers. Our view is that data collection should be mandatory for all providers of publicly funded care services. Current provision of social care data does not have sufficient coverage to enable robust analysis, assurance or informed decision-making.

The DHSC should explore what mechanisms are available to allow for more comprehensive data collection coverage. One option would be to include a requirement for data collection within the contract for local-authority commissioned care services. There may be opportunities to secure this at ICS-level to enable better local workforce and service provision planning.

Question 2: Do you want to comment on each of the above themes? If yes, answer the following questions.

Yes.

<u>Population, characteristics, needs and outcomes of people who draw on care and support including self-funders.</u>

Question 3a: What information and data do people who use care and support services, and their carers need, in relation to [the above theme]?

People who use care and support services need their records across settings to be joined up, so they are confident that their health and care provider has all/up to date information about their history and can help make decisions about their care accordingly. People using services should also be able to access real time data about outcomes when accessing different services, both publicly funded and self-funded, in order to see any disparities in the system or how areas compare.

Question 3b: What information and data do care providers need, in relation to [the above theme]?

Data is needed on demand in their area to assess their workforce/funding requirements. This should be linked to workforce planning and should include projections for care needs in the future and the workforce needed to meet these needs.

There has been a big push for digitising social care records. However, it is still often the case that a person using services does not have a unique identifier across records (e.g., in the NHS, General Practice and social care). Care providers need a reliable and consistent identifier for people they care for in order to access and update their complete care records.

One of nursing's priorities is health promotion (preventing ill health and dependency) – which cannot take place if clinicians are not informed of all relevant information from the beginning; the more data available about a person, the more nurses and carers can develop a holistic enablement plan to support that individual.

Question 3c: What information and data does local government (including local authorities and their staff), need, in relation to [the above theme]??

In order to have assurance about contract delivery, local authorities who commission care services should have access to data about projected and actual population demand. This will enable commissioners to identify and meet potential gaps in provision and minimise risks of failed service delivery, thus enabling better health, greater independence, and quality of life for longer.

Question 3d: What information and data does national government need, in relation to [the above theme]??

Data on demand for services and outcomes for people using current services, along with projections for likely future needs. This will enable better long-term planning, resourcing and funding decision making. Improved and effective resourcing and associated funding will ultimately reduce health costs longer term.

Question 3e: What information do any other people and organisations across the sector need, in relation to [the above theme]??

Data on this would give an indication of the demand for care service providers and how this has changed over time, again enabling their assessment of workforce needs, along with sustainable and appropriate service provision and plan overall business requirements.

Question 3f: Any other comments, in relation to [the above theme]??

<u>Quality of care and support (including early intervention, safeguarding and integration of health and care services)</u>

Question 4a: What information and data do people who use care and support services, and their carers need, in relation to [the above theme]??

Individuals who use care should be able to easily access timely information from one source, about the nature of local statutory and private service providers, and quality of their services, in order to make informed decisions about how, when and where to access care. This should include information as to whether they are regulated and by whom, along with other data points such as Friends and Family Testing (feedback on experiences of using services).

Question 4b: What information and data do care providers need, in relation to [the above theme]?

Care providers need to be able to measure trends in the quality of care which they provide, along with other relevant indicators to better identify correlation. An example of this would be to assess the impact of poor staffing levels upon the quality of care delivered. Nurses and carers need regular ongoing information to stay up-to-date with the latest research, developments, and best practice to safely enable people's health, wellbeing and quality of life.

Question 4c: What information and data does local government (including local authorities and their staff), need, in relation to [the above theme]?

For commissioning assurance, local authorities need to be able to understand what best practice requires, how care is being delivered against the standards which have been agreed within a contract, and which are set out in service regulation. Commissioners also need to be able to access information about other indicators which may be impacting on the quality of care being provided, such as workforce in terms of numbers and skills mix.

Question 4d: What information and data does national government need, in relation to [the above theme]?

Question 4e: What information do any other people and organisations across the sector need, in relation to [the above theme]?

Quality of care and support provided has a direct impact not only on people using services but also on staff wellbeing and satisfaction, as evidenced in the RCN Last Shift Survey. When nursing and care staff are not able to provide the quality of care that they believe someone needs due to the pressures of low staffing levels, lack of up-to-date knowledge and poor working conditions, this directly impacts on their mental and physical wellbeing. Data on quality of care along with other indicators is crucial for understanding the factors impacting on effective care, as well as the impact this has on people providing care, and the people they are caring for.

Question 4f: Any other comments, in relation to [the above theme]?

This data would enable relevant bodies to assess the progress/success of new Integrated Care Systems (ICS), including; whether providers have the means and workforce for safe and effective care and whether care across all sectors is joined up in a way that leads to the best outcomes for people using services.

Supply of Care Services, local authority commissioning and accountability, and markets (including occupancy, capacity and discharge)

Question 5a: What information and data do people who use care and support services, and their carers need, in relation to [the above theme]??

People who use care services need assurance that the care they access can be relied upon. Too often, we hear stories about individuals who have spent years in a home only to be told at very short notice that the service is closing. Transparent information should be provided in an accessible form for all. Individuals who use or require care should be able to easily access timely information from one source directory, about the nature of services provided, and contact details for local statutory and private service providers (regulated or otherwise). This should include information about the quality of their services, in order for people to make informed decisions about how, when and where to access appropriate care. This should include information as to whether they are regulated and by whom, along with other data points such as Friends and Family Testing (feedback on experiences of using services).

Question 5b: What information and data do care providers need, in relation to [the above theme]?

Private and independent care providers require information of statutory agencies that are commissioning, overseeing or involved in someone's care including lead community/primary health care practitioners.

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Question 5c: What information and data does local government (including local authorities and their staff), need, in relation to [the above theme]?

Local Government needs to collate and understand all the health and care providers in their locality including private and individual independently contracted providers.

Question 5d: What information and data does national government need, in relation to [the above theme]?

Understand the size of the private provider market, including individual domiciliary carers, as well as the public provision. Given the change in funding eligibility for social care, it will be important to embrace excellent independent carers within publicly funded care and support in the future.

Question 5e: What information do any other people and organisations across the sector need, in relation to [the above theme]?

There needs to be an understanding of the pressures on services, and level of unmet need over time to monitor trends. This would give an increased understanding of the pressures facing our members in social care and where people are not receiving appropriate and person-centred care delivery that meets their needs and enables a good quality of life.

Question 5f: Any other comments, in relation to [the above theme]?

During the pandemic, a 'capacity tracker' was made mandatory for all care providers, to enable them and local authorities to state what beds they had available (for example, local authorities can look at this to see where they could place people coming out of hospital). A tool like this would be useful, long-term, to assess capacity and flow of care, however, collection and completion of this tool became burdensome and the questions became broader than just capacity during the pandemic. The information was not shared with those who needed to see it and staff were not paid the extra time worked to complete this. Further, a lot of providers e.g., small care homes, and individual domiciliary providers do not have the administrative structure or resources to complete this.

<u>Social care workforce</u>

Question 6a: What information and data do people who use care and support services, and their carers need, in relation to [the above theme]?

People who use care and support services and their carers need to know that the service they are using/considering using is sufficiently staffed, educated, proficient, rewarded and supported to meet their needs.

Registered nurse staffing levels have a significant impact on patient safety and outcomes[2]. Healthcare should be a safety critical industry held to safety standards. Over many years UK healthcare has been challenged by a series of high-profile systemic failures involving patient safety that have led to death and severe harm[3]. Other industries, such as childcare, aviation and animal care, have safe staffing ratios. It is only logical, and to be expected by the public, that such standards would be in place in healthcare. Other countries around the world have recognised the need for the ratio of patients to each registered nurse to be secured through safety standards. In some cases, this is underpinned by legislation.

Safety standards for maximum patients to registered nurse ratios must be set centrally, measured and reported on publicly for true understanding and visibility of healthcare safety. People who use services should have access to real-time information about the staffing ratios and levels for the provision of staff on shift.

Question 6b: What information and data do care providers need, in relation to [the above theme]?

This data should include projections for care needs in the future to predict and plan for the future workforce needed to meet these needs.

In order to make informed decisions about workforce provision, the provider needs to collect information at shift level about people's acuity, complexity and co-morbidities, caseload, staffing levels, skill mix, and proportion of temporary staff.

There is strong research evidence linking registered nurse staffing numbers to people's safety and outcomes. Much of this data and research relates to acute hospital settings, therefore the equivalent in social care is needed to show this link in services such as care homes, community and domiciliary care. This would strengthen calls for better workforce planning, funding and workforce preparation, ongoing education and support across the sector.

Care providers should be equipped with information about safe nurse to patient ratio safety standards, and be required to collect, share and publish information about their adherence to these safety standards.

Question 6c: What information and data does local government (including local authorities and their staff), need, in relation to [the above theme]?

Predictive data for future care needs across the authority so they can predict, plan, engage and educate for the nature, size and skills requirements for future workforce to meet these needs.

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[2] *Aiken, Linda H., et al. "Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study." The Lancet (2014)*;
Griffiths, P., Ball, J., Murrells, T., Jones, S., & Rafferty, A. M. (2016). Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study. BMJ Open, 6(2)

[3] Anne Marie Rafferty and Alison Leary (2023) *Future Healthcare Journal* 2023 Vol 10, No 1: 3–6

Question 6d: What information and data does national government need, in relation to [the above theme]?

National government needs detailed workforce data, in order to plan for the future (e.g., a comprehensive workforce plan for social care to include provision for private payers, as well as those receiving local authority support) and make fully informed decisions about appropriate and effective funding levels.

Government should also collect and publish information from care providers about their adherence to nurse to patient ratio safety standards, so that they can identify trends and intervene to boost recruitment and retention in certain areas to address shortages.

Question 6e: What information do any other people and organisations across the sector need, in relation to [the above theme]?

Robust and compulsory workforce data reporting across all providers. To monitor trends in the number and composition of the nursing workforce in social care, recruitment and retention indicators, and vacancy and sickness reporting across different providers.

Current data capture on adult social care is voluntary and published by Skills for Care. More regular reporting is needed, as well as publication of raw data for interrogation, as currently Skills for Care publish detailed estimates once a year.

Data on registered nurses (RNs) and care workers to resident ratios would be useful. But in order to understand this type of data, there also needs to be an acuity/dependence tool – to assess safety of services. How many RNs work in each care home for example? And is it safe and effective for the acuity, demands and number of residents in that home. How much time do domiciliary carers have with each person? And is it sufficient to provide for all their needs and enablement?

Linked to the above, we know anecdotally that our members are concerned about substitution (i.e., duties that should be carried out by RNs being carried out by those in other roles). A measure, such as ratios, could allow some assessment as to how much substitution is happening in social care.

Data on pay and progression would also be useful, to assess career pathways for nursing and care staff in social care – this would highlight potential areas for improvement in recruiting and retaining staff, especially as we know that turnover is high (higher than the NHS) across social care.

Question 6f: Any other comments, in relation to [the above theme]?

Population of unpaid carers

Question 7a: What information and data do people who use care and support services, and their carers need, in relation to [the above theme]?

'One stop shop' 24hr access to expert guidance, credible up to date information, and actual support.

They also need an administrator who is easily contactable (instead of waiting on a phone line for hours) to assist with all admin arrangements to access or arrange all the different social services, health services, and paid for services and provisions.

Question 7b: What information and data do care providers need, in relation to [the above theme]?

Question 7c: What information and data does local government (including local authorities and their staff), need, in relation to [the above theme]?

One concern in relation to unpaid carers is the potential unmet need within communities. We know that there are many unpaid carers (e.g. for older parents, disabled children, those with undiagnosed conditions etc), but at the moment there is no way to quantify how many people are relying on self-funded care.

There is likely a link between unpaid carers and emergency admissions – for example if unpaid carers can no longer cope or the person they're caring for becomes seriously unwell, they may attend emergency services when get to a crisis point.

Question 7d: What information and data does national government need, in relation to [the above theme]?

Question 7e: What information do any other people and organisations across the sector need, in relation to [the above theme]?

Question 7f: Any other comments, in relation to [the above theme]?

Contingency and infectious disease control measures

Question 8a: What information and data do people who use care and support services, and their carers need, in relation to [the above theme]??

Following on from the COVID-19 pandemic, people who use care services need assurance that providers are meeting standards and have appropriate measures and contingency plans in place to better manage future outbreaks of infectious diseases.

Question 8b: What information and data do care providers need, in relation to [the above theme]?

Question 8c: What information and data does local government (including local authorities and their staff), need, in relation to [the above theme]?

Local governments need data on the measures in place at providers in their area to ensure they're meeting the required standards and provide support where necessary.

Question 8d: What information and data does national government need, in relation to [the above theme]?

As above, national government need data on whether providers are meeting standards for contingency and infectious disease measures to make decisions around national strategies and support they can give to ensure services are adequately prepared for potential future outbreaks.

Question 8e: What information do any other people and organisations across the sector need, in relation to [the above theme]?

Question 8f: Any other comments, in relation to [the above theme]?

Question 9: Overall, what information and data is most crucial in your opinion?

Mandatory and robust workforce reporting for all providers is crucial to identify trends and make projections. This alongside population trends and projections, to enable assessment of demand for care services and the workforce needed to meet demand now and in the future.

It is also crucial that data collection does not become burdensome for already stretched services. Social care providers need the infrastructure and resources to complete any additional data collection needs.

Question 10: Do you foresee any upcoming changes that will change the data you think is needed across any of these themes? Please include reasons why

The introduction of Integrated Care Systems in July 2022 may need specific and targeted data collection measures to assess the progress and success of the new systems, e.g. collaboration across the health and care sector, staff and patient satisfaction.

Question 11: Chapter 4 outlines national data projects led by central government. Are there any other substantial social care data, digital or technology projects or initiatives in development across the sector that you think DHSC should be engaging with?

NA

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