

Royal College of Nursing response to the Department of Health consultation on setting the mandate to NHS England for 2016 to 2017

With a membership of around 425,000 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.

The RCN has provided detailed comment on each previous mandate consultation and are pleased to be able to comment on this latest proposed update. However, we firstly need to highlight our significant concern at the relative shortness of the consultation period given to this consultation.

Our responses to the individual questions in the consultation are as follows:

- 1. Do you agree with our aims for the mandate to NHS England?**
- 2. Is there anything else that we should be considering in producing the mandate to NHS England?**

The RCN supports the aims identified in the mandate, and welcome the clarity of approach given by having four aims. We are also supportive of the Government intention to set the mandate with a longer time frame, and an accompanying budget.

However we are mindful of a number of issues that need to be consider in setting the final document. While the document gives regard to the Five Year Forward View it does so at a very high level, and makes no reference to the new models of care programme, success regimes, or the devolution programmes in train or being planned. We believe that it will be vital to connect the mandate more formally to these initiatives to ensure, as far as is reasonably practicable, strategic alignment on issues such as staffing, including recruitment and retention.

The RCN has welcomed the £10bn pledged by the Government in support of the Five Year Forward View, which will be critical for implementing the transformation of services envisaged by the Five Year Forward view. However, the current relentless increase in demand on services as demonstrated in the recent Quarter 2 financial results make it obvious that the NHS is effectively being asked to do more with less. With that in mind, we would urge that as much of this money as possible is made available early on in the Parliament, to enable the service to meet current demands.

3. What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?

We welcome the overarching objective of improving outcomes and reducing health inequalities, not least since we believe this to be a core ambition of our membership, and of everyone working across the health and care system.

While supporting the proposal that NHS England work with CCGs and partners to meet the objectives set out in the NHS Outcomes Framework we are mindful of the 'variable geometry' being created across the country through integration, new models of care and devolution programmes. In reference to this we would urge Government to ensure as far as is practicable, clarity and consistency across and between these initiatives.

We accept the importance of ensuring transparency and clarity in the information made available to patients, service-users and citizens. However, we are also aware of the danger of overload from an over-provision of data. We would encourage both consistency and equivalence between the various metrics and reporting systems that are in play or being developed across the health and care landscape, such that the investment being made in their development is not lost as a consequence of end-users being able to clearly understand or differentiate between them.

The RCN has been a key player in the creation and development of the NHS Constitution and its accompanying handbook. We welcome the Governments' commitment to safeguarding, upholding and promoting it. However, against the backdrop of an increasing complex health and care landscape we would like to see more effort being given to ensuring citizens are made aware of its offer, and consideration being given to how it can better connect to the new and emerging models for delivering health and care.

4. What views do you have on our priorities for the health and care system?

Preventing ill health and supporting people to live healthier lives

We fully support this objective, and share the Government's support for the focus given to it in the 'Five Year Forward View', a sentiment also noted in our response to the 2015 Spending Review. We are therefore concerned that the Government's recent in-year 6.2% cut to local government public health budget will seriously compromise the achievement on this objective, as will any further cuts to the general allocations of local authorities in the upcoming Spending Review.

Creating the safest, highest quality health and care service

The RCN has frequently stated our support for the principles behind the concept of seven day care. We agree that it is wrong that people admitted to a hospital on a

weekend have poorer outcomes than those admitted during the week. However, we believe that remedying this state of affairs, such that patients have access to high quality care when and where they need it, no matter the day of the week, requires a whole system approach that fully involves the entire NHS and care workforce.

Achieving the Government's vision of a seven day NHS will need sufficient planning, organisation and resources if it is to provide sufficient nursing staff to support any increased and extended services. All staff should also be offered terms and conditions that are commensurate with the demands placed on them that necessitate working in ways or at times which many people would find unpalatable. Lack of action on these priorities will not only exacerbate the current severe crisis in nursing numbers, it will also undermine efforts to deliver safe and high quality care.

Further to the issue of funding, we believe there should be a more honest and clinically-based analysis of where seven day services can most improve outcomes for patients, and make best use of resources. Giving a greater focus to weekend and evening access must not come at the expense of access to services during current normal hours or result in a deterioration of overall patient care.

Maintaining and improving performance against core standards while achieving financial balance

As already noted, while welcoming the Government's proposal to invest a further £10bn into the NHS we have grave concerns about its benefit to the service unless it is released quickly and distributed with due regard to identified service expenditure pressures.

Transforming out-of-hospital care

The RCN strongly supports the objective of ensuring that care is provided at the right time, in the right place, and by the right person or team; as we have stated through all the work undertaken to take this concept forward.

However, in offering this support we would also note our strong support of recommendations made by both the Kings Fund and the Nuffield Trust, for the establishment of a transformation fund, to help meet the cost of developing new community-based services, and to cover the costs of double-running during the transition between old and new models of care. We believe that this is a sensible and practical solution for the challenges of delivering a safe and effective transformation of services.

We would caution the Government against seeing primary care as being solely provided by GPs and general practice. Primary and community care are best delivered by a range of staff, using the multi-disciplinary approach; as evidenced by the twenty-nine 'first wave' vanguards, covering integrated primary and acute care systems (PACs), multispecialty community providers (MCP), and enhanced health in care homes.

With this in mind we would urge Government to use the NHS Mandate do more to increase the numbers of nurses being trained, and to improve the career pathways for primary and community nursing, both of which are currently experiencing rapid losses in their numbers. Successive Governments have failed to train or employ enough nurses, and pay restraint is forcing nursing staff to supplement their income through agency work. If nurses can no longer afford to work for the NHS, they will go elsewhere, the workforce crisis will become even worse and patient care will suffer. While capping agency charges may look like firm action from the Government, it will not resolve the huge financial deficits NHS trusts are facing because of spiralling patient demand and flat-lining budgets. The NHS needs a workforce planning system which is integrated with service planning, and which takes account of workforce demand both inside and outside the NHS. The RCN has emphasised that only by investing in permanent staff, with training and development, sufficient incentives and improved rostering arrangements, could the NHS reduce its staff turnover and save on paying agency costs and recruiting staff from overseas.

We are supportive of the push to create parity of esteem for mental health care and services, and equally support improving the care provided for people with learning disabilities. Unfortunately in both areas current Government spending plans risk undermining significant commitments made to secure improvements in service capacity and provision. We would therefore encourage Government to ensure there is better connection between financial inputs for these services and the objectives set in the mandate.

Driving improvement in efficiency and productivity

The RCN is mindful of the need to be ever vigilant in the spending of public monies, and have ourselves contributed to the growing literature on reducing wastage and securing efficiencies, for example our publication 'Small Changes, Big Difference'¹ highlighted the role that nurses could play in procurement process, to ensure smart purchasing.

However we have grave concerns about the ability of the NHS to make savings of up to £22bn, even over a five-year period, not least since there is little evidence that it has been able to fully realise the £20bn of savings set by the Nicholson challenge.

Supporting research, innovation and growth

The RCN welcomed Five Year Forward View's commitment to affording greater support for the health and care workforce, and the aim of reducing the NHS sickness rates by a third through the use of workplace measures such as smoking cessation, to help staff live healthier lives. While acknowledging that these 'nudge' measures will be of benefit, we believe that the mandate should give greater emphasis to the role that employers have in preventing poor or ill-health, for instance by reducing workplace stressors such as having too few nursing staff on shift, or community or specialist nurses carrying too large a caseload.

¹ See <https://www.rcn.org.uk/newsevents/campaigns/small-changes-big-differences>

We would also welcome the mandate restarting the commitments made in the Five Year Forward View with regards to the Workplace Wellbeing Charter, the Global Corporate Challenge, the TUC's Better Health and Work initiative, the implantation of NICE guidance on promoting healthy workplaces, particularly for mental health, and need to ensure that staff are offered quick and easy access to occupational health services.

5. What views do you have on how we set objectives for NHS England to reflect their contribution to achieving our priorities?

The RCN has responded to every consultation on the mandate since its creation, and welcomes the opportunity to shape what we believe to be an important part of the infrastructure to ensure the delivery of safe, high-quality and effective health and social care across England. We were therefore disappointed that the consultation window given for this update was so short (approximately four weeks).

We would request some reflection on the period allowed for providing responses, since the shortness of promotion seems to be in direct opposition to the ethos of transparency and participation written through the consultation document.

23 November 2015
Royal College of Nursing