

## Royal College of Nursing briefing – Health and Care Bill – Second Reading

*The Royal College of Nursing is the professional body and trade union representing 470,000 nursing staff and students across the UK.*

The Health and Care Bill is a landmark opportunity to address structural issues and embed more collaborative working across health and social care. However, as it stands the Bill does not go anywhere near far enough to address the concerns of nursing staff and ensure patient safety. The RCN will be seeking significant amendments to ensure that the Bill meets the needs of nursing staff and their patients.

The country is facing a severe nursing workforce shortage. The NHS in England entered the pandemic with around 40,000 nursing vacancies, while the social care sector has seen the number of nurses fall by a third in the last decade.<sup>1</sup> The integrated care envisioned by the Bill cannot be implemented with insufficient workforce. The Bill must ensure that the service has the staff it needs in the future, and that these staff have the right skill mix.

Despite the focus of the Bill on delivering care in the community, the number of nursing staff working in the community is not sufficient to deliver this. In particular, the number of District Nurses has fallen by 43% since 2009, the number of school nurses by 29% and the number of health visitors by 19%.<sup>2</sup> In 2019, in a joint report by the RCN and the QNI, analysis showed that there are only around 4,000 District Nurses providing care for a population of around 55.8 million in England, meaning a ratio of only one District Nurse for every 14,000 people. This, for example, compares to one GP for every 1,600 people.<sup>3</sup> Further, the average vacancy rate in the NHS for community nursing is 8%, with significant variation across regions; in London for example, the nursing vacancy rate in the community is currently 12%.<sup>4</sup>

The Health Foundation recently reported that the proportion of nurses aged 55 and older has increased substantially in community and mental health nursing, with a fifth or more of staff in community, learning disability and mental health nursing potentially retiring within the next 10 years. In the absence of substantial workforce growth in these areas over the next decade, this poses a significant nurse supply challenge.<sup>5</sup>

At present there is no publicly available assessment of size and make-up of the workforce needed to meet the health needs of the population, now and in the future. It is unacceptable that demand projections, for both the population and for health and care services, is not transparent either to the public or to Parliament.

To address the concerns of nursing staff, the RCN will be seeking amendments to:

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<sup>1</sup> NHS Digital and Skills for Care data: [Registered nurses \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

<sup>2</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2021>

<sup>3</sup> [Outstanding Models of District Nursing Report – The Queen's Nursing Institute \(qni.org.uk\)](https://qni.org.uk)

<sup>4</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---march-2021>

<sup>5</sup> [Building the NHS nursing workforce in England | The Health Foundation](https://www.healthfoundation.org.uk/building-the-nhs-nursing-workforce-in-england)

- Clarify in the legislation that the Secretary of State has full accountability for the planning and supply of the health and care workforce.
- Create a new duty on Secretary of State to publish an assessment of workforce requirement based on population need.
- Ensure executive nursing leadership on Integrated Care System Boards.
- Address social care reforms as integrating health and social care means ensuring stability in both sides of the system.
- Ensure that decisions about service reconfiguration are made in partnership with local communities and based on health expertise, safety and quality.
- Ensure that professional bodies such as the RCN have delegated standard setting functions.
- Provide further clarity on when, if ever, it is acceptable to reveal the identity of a person who makes a disclosure to Health Service Safety Investigations Body.

### **Workforce accountability and workforce planning**

The new Health and Care Bill is the chance to embed accountability for workforce planning and supply within the system, to ensure that severe staff shortages, a patient safety issue, are resolved and addressed sustainably. The NHS has itself recognised that ‘the most urgent challenge is the current shortage of nurses’.<sup>6</sup>

In its recent report on Workforce burnout, the Health and Social Care Select Committee identified the current workforce planning system as ‘at best opaque and at worst responsible for the current unacceptable pressure on the current workforce’.<sup>7</sup>

Current workforce planning is carried out within existing financial envelopes and does not address supply needs to respond to current or future population health needs. Modelling for future workforce requirements is not published, and there is no transparent workforce strategy for health and social care in England.

This has meant that for too long the health and social care system has not been resourced with enough staff to meet patient demand safely and effectively. With rising patient acuity and demand, with the added pressures of a delay in care, and those recovering from Covid; there is a high level of risk to staff and to patients if we do not understand how many people we need and where gaps exist. This cannot continue.

The Bill does not go anywhere near far enough to embed workforce planning in the Bill and assure nursing staff that there will be enough professionals to deliver safe and effective care.

We are in crisis and to tackle the workforce shortage our members call for:

- 1) the Secretary of State for Health and Social Care to have explicit responsibility and accountability for overall workforce planning and supply, as part of service and finance planning.

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<sup>6</sup> NHS England, Interim People Plan 2019 - [https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan\\_June2019.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf)

<sup>7</sup> Health and Social Care Select Committee, Workforce burnout and resilience in the NHS and social care, 2021 <https://committees.parliament.uk/publications/6158/documents/68766/default/>

To discharge this successfully, transparency and scrutiny around the extent of workforce that is needed both now and in future, in order to meet health and care needs of the population safely and effectively, and provide for this within service, is essential. Therefore, we want to see an additional duty included for:

- 2) the Secretary of State for Health and Social Care to be required to ensure the completion and publication of a robust, timely, population needs based assessment of upcoming health and care workforce demand for both health and social care. This assessment must also be:
  - a) based on the projected health and care needs of the population across England for the following 1-5 years, 5-10 years and 10-20 years;
  - b) undertaken at least every 2 years in response to changing population needs;
  - c) developed in collaboration with key stakeholders across the sector, including employers, providers, trade unions and royal colleges;
  - d) take full account of workforce intelligence, evidence and plans from providers and partners within integrated care systems;
  - e) independently assessed and verified prior to publication; and
  - f) fully available in the public domain in an open and transparent manner.

These proposals have the backing of the British Medical Association, NHS Providers, and NHS Confederation;<sup>8</sup> and similar proposals have been put forward by the Academy of Medical Royal Colleges, Health Think Tanks<sup>9</sup> and the cross-party Health and Social Care Select Committee.<sup>10</sup>

### **Nursing leadership**

Nursing leadership is vital to delivering many of the ambitions of integrated care and the Long Term Plan for the NHS. Nurse leaders are well placed to understand both the health and care needs of their populations and identify opportunities for joining up relevant parts of the patient pathway. Nursing leadership should be embedded throughout ICS structures, as well as within executive or decision-making functions with an Executive Director of Nursing. Nursing expertise is critical to ensuring decisions are made in the best interests of patients.

The Bill should set aside statutory roles for nursing leaders on ICS boards including an executive Director of Nursing.

### **Social care reforms**

For years, we have been calling for a sustainable long-term plan for social care. Promised plans for social care reform have been repeatedly delayed, and the case for reform has become more urgent than ever. Effective integration of planning and delivery is reliant upon sufficient funding for all parts of the health and care system, including that required to enable staffing for safe and effective care.

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<sup>8</sup> RCN joint letter

<sup>9</sup> Kings Fund, Nuffield Trust, Health Foundation, Joint letter on Health and Social Care workforce, 2021 <https://www.nuffieldtrust.org.uk/news-item/joint-letter-on-the-health-and-social-care-workforce>

<sup>10</sup> Health and Social Care Select Committee, The Government's White Paper proposals for the reform of Health and Social Care, 2021 <https://committees.parliament.uk/publications/5827/documents/67112/default/>

In an integrated system, there must be stability in both the health and the social care systems. Without reform, social care will continue to put an additional pressure onto health services when they are unable to meet the level of need and demand they are faced with. The Government must urgently bring forward proposals on social care as part of this package of reforms.

### **Service reconfiguration**

Our members have highlighted concerns about the proposed new power for the Secretary of State to intervene at any point within a service reconfiguration.

Currently, decisions are made based on local insight, health expertise and considerations of safety and quality. This is undertaken in partnership with local decision makers and informed by engagement and consultation with local people.

We believe that additional safeguards are needed in the Bill to ensure that these powers are used in a proportionate and appropriate way to ensure care quality and patient safety.

### **Regulation**

The use and impacts of proposals for new powers pertaining to professional regulators, including removing a profession from regulation and abolishing a regulator, must be carefully considered.

Nursing regulation should not be “diluted” by being merged with another profession, and delivery bodies should not have a role in professional regulation. Therefore, we are seeking further assurances about the detail and use of the proposed powers, such as the criteria for removing a regulation. As a safety critical profession, the setting of good standards across the nursing profession is hugely important and should include the knowledge and experience of Royal Colleges.

As such we seek to enter into a delegated relationship with the NMC to determine UK applicable education standards and training, including those for advanced level practice. We would like to be recognised as the professional body setting the standards and guidance for nurses, and to have parity with the medical Royal Colleges, who already have the power to set mandatory standards for their professions. We will also support amendments which clarify appropriate safeguards for the new powers for the Secretary of State to make changes to regulators and regulated professions.

### **Health Service Safety Investigations Body (HSSIB)**

The Bill sets out the general principle of the ‘safe space’ for investigating HSSIB incidents, but also provides powers for the Secretary of State to create regulation to remove said ‘safe space’, including the identity of a person who had made a disclosure to the HSSIB. Removing the ‘safe space’ principle means revealing the identity of those who have raised concerns. We are concerned this could ultimately impact of how and whether something is reported. This would impact what learning and service improvement.

While it is important serious incidents are investigated properly by the right organisations (criminal activity for example), the safe space principle is vital for effective learning to be gathered and shared. Further clarity must be provided in the Bill



as to when – if ever – it would be appropriate to disclose the person from whom material was obtained.

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