

Written evidence submitted by Sue Ryder Written Evidence

- Nursing workforce shortages are persisting across both palliative and neurological care, and indeed across the health and social care sector as a whole. If the current situation continues, the NHS will be placed under more and more pressure as the number of nurses fails to keep up with demand.
- Planning to meet the NHS nursing workforce should not take place in isolation. Nurses work for a range of other employers outside of the NHS and, as the system moves towards integration with STPs/ICSs, this is likely to become increasingly the case. A systems approach is required; however at present local partnerships vary in their readiness and capacity to take on wider workforce planning.
- As part of a systems approach, it is important to model NHS nursing workforce planning on genuine population needs. Local Workforce Action Boards must consider *all* the services their population need, not just the NHS. The response to COVID-19 has underlined how palliative and other social care services are vital partners in frontline care delivery.
- For instance, at Sue Ryder we have vacancies in the nursing workforce across **all 11** of our clinical care centres. As of June 2020, every centre except one reported Band 5-6 Nurse vacancies. For Sue Ryder Thorpe Hall Hospice, the vacancy rate for Band 5 Nurses is as high as **35%**, whilst for Sue Ryder Wheatfields Hospice the rate is **32%**.
- In addition, every centre except two reported Band 2-3 vacancies. Sue Ryder Neurological Care Centre Stagenhoe currently has a vacancy rate for Band 2 Nurse Assistants of **38%**, whilst Sue Ryder Neurological Care Centre Lancashire has a rate of **35%**. With some centres experiencing a vacancy rate of **over 50%** for certain nurse roles¹, we have little choice but to rely on agency staff. Ultimately, meeting workforce shortages with agency staff is an expensive, short-term solution that risks a cycle of dependency.
- In the future, the nation's ageing population and associated increasing rate of comorbidities at the end of life, combined with the growing preference to receive end of life care in a hospice or at home, means the number of palliative nurses needed is set to increase.
- The impact of COVID-19 on delays in diagnosis, referrals and treatment of serious illnesses will increase demand even further². With scientists suggesting that if delays continue, there could be **35,000** additional deaths within a year from cancer alone³, it is clear that we can expect nursing workforce shortages in the palliative care sector.

¹ Sue Ryder Neurological Care Centre Dee View Court has a Band 7 Nurse vacancy rate of 55%; Sue Ryder Thorpe Hall Hospice has a Band 3 Nurse Assistant vacancy rate of 53% (June 2020)

² Sue Ryder warns of increase in need for palliative care as a residual impact of coronavirus pandemic, Sue Ryder, (16 June 2020), www.sue Ryder.org/news/sue-ryder-warns-of-increase-in-need-for-palliative-care-as-a-residual-impact-of-coronavirus

³ Study conducted by DATA-CAN, the Health Care Research Hub (HDR UK) for Cancer, BBC News

- Yet, investment in developing specialist staff remains an ongoing challenge across the health and social care sector. Newly recruited Sue Ryder Nurses often report finding the palliative and neurological specialities more difficult than expected, resulting in a comparatively high proportion of leavers within one year.
- Moreover, as the nursing workforce as a whole is aging, the availability of suitable recruits is a growing concern. The implications of Brexit on a nursing workforce that relies considerably on staff who are EU nationals is a similar serious cause for concern. Understanding and building on emerging workforce patterns is important if we are to resource appropriate development pathways to maintain the level of expertise specialist services require. Workforce planning must include and respond to such variances and risks.
- Evidently, meeting the NHS Long Term Plan ambitious commitments is reliant on increases in the number of nurses *across the health and social care system* on a scale that outpaces demand. However, the Long Term Plan did not include detailed workforce development schemes to ensure that the right workforce was in place to deliver said commitments.
- The full NHS People Plan, originally promised in 2019, cannot afford to be delayed any longer. Yet, as discussed, nursing workforce shortages is not just an issue for the NHS. Therefore, a nursing workforce development plan for the sector as a whole should be developed as a matter of urgent priority for the Department of Health and Social Care, NHS England and NHS Improvement, and Health Education England.

July 2020

Sue Ryder

Sue Ryder supports people through the most difficult times of their lives. For over 65 years our doctors, nurses and carers have given people the compassionate and expert care they need to help them live the best life they possibly can. We take the time to understand what's important to people and give them choice and control over their care. We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality care they deserve.

Across the UK we have six hospices and associated community palliative care services, one standalone community palliative care service and four specialist neurological centres. We also provide bereavement support via our Online Bereavement Community and Online Bereavement Counselling, in addition to that provided by our family support teams in our hospices.