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Sarah Sargent
Deputy Clerk
Health, Social Care & Sport Committee
National Assembly for Wales
Cardiff Bay
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Dear Sarah

Thank you for your email dated Friday 12th May requesting more information relating to two points generated during the evidence session given to the Health, Social Care & Sport Committee on 11th May. Please note our responses to the two areas below:

1. Possible indemnity issues associated with a wider range of professional staff working in, and with, GP practices

As the range of health professionals employed by and working within/alongside primary care grows, the potential for maximising the scope of practice of professionals and developing new ways of working to meet need also grows. It is essential there are adequate levels of protection for the public, employers and employees through careful planning and design, risk identification, appetite, mitigation and management, clear lines of reporting and accountability, along with, but not exclusively, adequate indemnity arrangements.

Employers, including the National Health Service and those within the independent sector for example, General Practices, have vicarious liability for the activity or actions taken (or not taken) by their employees, connected with their employment. Employers are vicariously liable for those providing services by way of a contract for services (who may consider themselves to be self-employed) provided that they exercise a degree of control over the way that those services are provided.

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NHS employers have indemnity arrangements in place for their organisation and their staff. For example, in Wales, this function is fulfilled via the Welsh Risk Pool, which is effectively, an indemnity insurance scheme for NHS Wales. There is an equivalent risk pooling scheme in Northern Ireland. The Clinical Negligence Scheme for Trusts (CNST) is established in England, and in Scotland, NHS workers are covered by the Clinical Negligence and Other Risks Scheme.

Employers in the independent health care sector should ensure they have appropriate indemnity insurance in place to cover their vicarious liability, and any prudent employer does have such cover. Some independent sector providers require those working for them, particularly if the practitioners are working in a locum capacity, to have personal indemnity cover. GPs should be careful to ensure that they have sufficient cover under their group policy to cover all members of staff and all the services being provided by those staff.

Individual healthcare professionals have to declare that they have a relevant indemnity insurance to cover the services that they provide, as a condition of their registration with their professional regulator.

Members of professional bodies and trade unions may or may not be afforded indemnity cover as part of their membership offer, dependent upon the professional body's criteria. The Royal College of Nursing indemnity scheme does not apply to a member's work undertaken in fulfilling a contract of employment, because that employer's vicarious liability applies.

2. Different operating models across the 64 clusters makes it difficult to plan strategically

Effective strategic planning is reliant upon several factors, including a shared vision, robust data and evidence and agreed outcomes. The means by which this is achieved can be impacted on by the challenge of ensuring all key stakeholders are informed, engaged and able to influence; the availability and accessibility of reliable, contemporaneous datasets spanning a range of measures; joined up IT systems that maximise the opportunity to quantify, share and analyse data; along with sharing and mainstreaming good practice and learning from less positive practice.

Whilst the 64 clusters currently in existence are at varying levels of maturity in terms of infrastructure and planning, there remains a challenge in attaining a level of comparable data on a regional or national level. Strategic planning related to clusters must be based on a depth of understanding of population need, the evidence base

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on which services to meet that need are designed and delivered, and the professional groups best placed to meet that need. The Royal College of Nursing in Wales is developing primary and community nursing role descriptors which will be available late summer to inform strategic planning processes going forward. This work will describe the unique contribution nurses as a professional group make in terms of coproducing with individuals, communities and populations in promoting health, prevention, early detection and management of acute and chronic ill health spanning the whole life cycle.

Alongside strategic planning to meet population need, it is essential that an all Wales approach to workforce planning is undertaken. Some time ago, the Royal College of Nursing and British Medical Association identified a series of key questions related to the development of a sustainable general practice nursing workforce - <http://www.weds.wales.nhs.uk/sitesplus/documents/1076/doc%20Practice%20Nurse%20Development%20for%20Wales.pdf> . Essentially, these questions remain unanswered.

As clusters mature, this, along with a unified approach to employment practices, must be established if a sustainable workforce is to be secured. Equality in terms of pay, terms and conditions may actively attract nurses and healthcare support workers to work within the primary and independent sectors, which would help realise the strategic intent of providing more health services in or as near to people's homes as possible.

Overall, there is great opportunity to develop the role of nurses and nursing via the cluster model, including nurses in clinical leadership roles, specialist and advanced nurses realising their full scope of practice managing complete episodes of care, in conjunction with nurses having a strong voice, influencing the way in which the needs of the population are met.

Kind regards

Yours sincerely



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