

Written evidence submitted by the Royal College of Nursing (EPW0039)

Policy Area 1: Planning for the workforce

Commitment 1: Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs

Question: Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?

The RCN's response to policy area 1 will focus on the Government's commitment on 50,000 more nurses, drawing on the policy update of 7 March 2022, which is the only information provided to draw upon, other than individual system data sources e.g., NHS Digital, Nursing and Midwifery Council (NMC).

England's Chief Nursing Officer, Ruth May, recently reported that the government's commitment on 50,000 more nurses for the NHS in England is now 'not enough' to address the gaps in the nursing workforce.ⁱ Since the government announced their manifesto promise for 50,000 more nurses in the NHS, the RCN have held concerns regarding the forecasting underpinning this target.

The government commits to meeting the 50,000 target by 31 March 2024, and states that assessment of progress will be given by May or June 2024.ⁱⁱ The policy update states that three overall workstreams contribute to the target; 1) Domestic recruitment, 2) International recruitment and 3) Retention, with each expected to contribute significantly. The update makes assumptions about the anticipated impact of each workstream, asserting that it is only possible to develop numerical ranges for how many nurses each workstream is expected to deliver. There is no explanation within the update as to how the 50,000 was calculated, what projections the programme is using or how numerical ranges for each area were developed.

If considering the 50,000 target in the absence of a population-based needs assessment, and a missing workforce plan, data presented appears to demonstrate progress in terms of measurable increase in the number of additional FTE nurses working in the NHS between September 2019 and December 2021.ⁱⁱⁱ The 'retention' workstream aims to reduce the rate of nurses leaving the NHS, and the update estimates that the retention workstream will bring between 3000-9000 additional nurses by 2024. The update does not make clear the government's targets or plans on achieving increased retention. The delivery update states that '*...the leaver rate has been low since the start of the pandemic. While the general trend in leaver rates over recent years has been downwards, partly as a result of the retention programme run by NHSEI, they were at historic low levels in 2020 to 2021*'.

Data from the UK's Nursing and Midwifery Council (NMC) register show that fewer registered nurses left the register during the first year of the pandemic (from April 2020 to March 2021) than in previous years. The RCN believes this trend was as a result of those who may otherwise have left the workforce, staying on to support the pandemic response, which the update acknowledges. However, more recent data shows that the number of nurses leaving the register in England has increased, when compared to the same period in previous years, with a 12% increase in the number of nurses leaving the register between 2020-2021^{iv} - this point not acknowledged in the policy paper. If the number of nurses leaving the profession continues to increase, it is unlikely the commitment will be met.

The RCN is clear that retention is a significant issue, and is clear that changes must be made to ensure nurses receive a fair pay rise, with significant improvements in working conditions through increased staffing and increased professional development opportunities. The RCN were disappointed that the update did not reference action on nursing pay or working conditions. Whilst nurses and nursing staff will likely benefit from measures that aim to improve retention, what these measures are is not made explicit in the commitment.

The NHS Long Term Plan is another recent government commitment which focuses on the NHS health and care workforce. At the time of publication, the RCN welcomed the plans ambitions to enable greater integration and collaboration in order to meet the needs of the population. However, there remains a significant lack of clarity on roles, responsibilities, and accountabilities relating to workforce. Implementation of the Long Term Plan has always been contingent on having the right amount of clinical staff, at the right time, and in the right place across all health and care settings. There remains a crisis in the nursing workforce in England, and the RCN are clear that current government commitments have not gone far enough to address this. The recently passed Health and Care Act does not reflect the Long Term Plans' ambitions to tackle workforce shortages and improve care and prevention services, and failed to make the legislative changes required to ensure government accountability for safe health and care workforce staffing.

Question: Did the commitment achieve a positive impact for patients and service users? (Indirectly through impacting workforce)

As the modelling for the 50,000 commitment is not publicly available, there isn't assurance as to whether achieving the target would be enough to meaningfully improve the experiences of patients and service users. The RCN are clear that the current publicly available data on the size and shape of the nursing workforce is not sufficient to understand the impact of the state of the workforce on patient outcomes.^v

The RCN are aware that growing numbers of nurses report being unable to deliver safe and effective patient care. The 2021 RCN employment survey - registered nurses, health care support workers, students and nursing associates working across all areas of health and social care – found that 67.6% of respondents reported that feeling too much pressure at work had impacted on the quality of care they were able to provide for patients.^{vi} At the beginning of 2020, the RCN asked nursing and midwifery staff from across the UK to describe their experience of staffing levels the last time they were at work. The RCN repeated this survey at the beginning of 2022, and can conclude that nursing staff are now reporting increased instances of staffing levels that are not sufficient to meet all the needs of patients safely and effectively.

The RCN is clear that without transparent publication of population-based needs assessment, assumptions and projections setting out how the health and care system is planning, and all related workforce data (including what is commissioned by the NHS but delivered by the independent sector), it is impossible to have assurance that whatever is being aimed for is what the health and care system needs to genuinely deliver safe and effective care that meets the needs of the population, and of services.

Question: Was it an appropriate commitment?

The RCN have consistently called for the UK Government to openly develop and publish a fully

funded health and care workforce strategy for England, which is based on an independently verified assessment of workforce needs, and includes a fair pay rise for nursing staff.

The commitment overall, to ensure that the NHS and social care system have the workforce that is needed, is appreciated; however, in the absence of credible and transparent assessment of population based need, and the actual workforce shortage against this need, it is not possible to determine whether how this commitment has been defined is appropriate. Vacancies across the nursing workforce against funded NHS establishment within service is compromising patient care. Additionally, given that the 50,000 target is for the NHS only, it does not respond to the social care dimension where vacancies, and understanding of the actual workforce shortage, is not appropriate.

In terms of the commitment being 'specific enough', the RCN has several concerns. Firstly, the commitment only relates to the provision of nurses for NHS settings in England and excludes wider social care settings and the independent sector, even where care is commissioned by the NHS but delivered outside of it. The action will likely not contribute to increased nurse numbers in a large section of the health and care workforce. In addition to this, action toward this commitment does not appear to respond to specific existing vacancies across different sectors of the nursing workforce. For example, according to NHS Vacancy data, the vacancy rate in the mental health nursing workforce is typically greater than the vacancy rate for other sectors (acute, community, ambulance).^{vii} Without a breakdown of the number of nurses and skillsets required per sector, both within service and against population need, the action does not appear to be specific enough to also address, in a targeted way, areas which have particular issues.

The RCN also has significant concerns about the targets' disproportionate overreliance on international recruitment. The action to reach this commitment expects a majority of the 50,000 new nurses (between 51,000-57,000 of a total 42,000-61,000 nurses) to be international recruits. This is particularly concerning given the global nursing shortage of 5.9 million nurses, with shortages predominantly (89%) in low and lower-middle income countries^{viii}, with data indicating that the UK is actively recruiting from 'no-go' countries^{ix}. The RCN is also concerned that the international workforce data in the update does not give an accurate picture of newly internationally recruited nurses as it also includes nurses with a non-UK nationality joining from outside the NHS. This includes nurses that have been previously working domestically in the independent and social care sectors. Therefore, credible analysis of targets being met using data from this update would include specific assessment regarding nurses that have been recruited from the social care sector – a sector which is also facing significant workforce shortages.

Policy area 2: Building a skilled workforce

Commitment 2: Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.

Question: Was it an appropriate commitment?

It is vital that nursing staff are equipped with the requisite skills to deliver care in line with standards, and that meets population needs. It is unclear whether this commitment includes ensuring that nursing staff have access to adequate ongoing training, education and Continuing Professional Development (CPD). The RCN have highlighted the importance of clear and explicit funding for staff development opportunities in order to ensure that staff have the correct skills

required to work in specific areas of the health and care workforce, for example, in public health services.^x

The RCN is aware of recent UK Government publications referencing skills development for staff, for example, the adult social care reform White Paper^{xi}, and the integration White Paper^{xii}. However, the RCN is concerned that these references centre more on care workers than regulated professionals such as nurses. For example, the adult social care reform White Paper includes the introduction of a Knowledge and Skills Framework to support progression and funding for care certificates, but does not include a long-term aim of complementing existing frameworks for regulated professionals such as nurses working in social care, by ensuring there are sufficient high-quality training routes and access to effective post-qualification support. The White Paper further commits to providing funding to help registered nurses, nursing associates and other allied health professionals who work in social care to meet their CPD objectives, including meeting the standards set by respective regulatory bodies. However, details on how much funding will be available is not included – which is a concern to the RCN.

Question: Was the commitment effectively funded (or resourced)?

The RCN is unclear on the information regarding funding for commitment 2, and where this is publicly available. However, the Government announced an increase of £150 million in the CPD budget for NHS-employed nursing, midwifery and allied health staff in the 2019 Spending Round.^x This represented only a £30million funding increase over 2015/16 levels, despite years of under-investment in professional development and inflation. This funding was not provided to all NHS-funded nursing staff, nor did it include staff in publicly funded social care and public health services. Furthermore, RCN intelligence indicates that this money has not consistently been invested in meaningful professional education opportunities. The government must go further to develop a strategic approach to the levels of CPD required and fully fund it accordingly.

Commitment 3: £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.

Question: Was the commitment effectively funded (or resourced)?

The RCN is unclear on where the £1 billion extra of funding every year for this commitment is stated publicly, and as such, is not aware of the arrangements for this funding.

Question: Was it an appropriate commitment?

Recruitment and retention are a particular problem for the nursing workforce in social care. In 2021, registered nurses working in social care had the highest turnover rates of any job role in social care – at 38.2% - much higher than counterparts working in the NHS, who had a turnover rate of 8.8% as at March 2021^{xiii}. The number of registered nurses working in social care continued to decrease year-on-year between 2012/13 and 2019/20, and in 2021 was down 1,800 jobs (5%) on the previous year^{xiv}. The number of registered nurses in adult social care significantly decreased over this period (down almost 17,000 jobs, or 33% since 2012/13)^{xv}.

To address recruitment and retention issues in social care, the sector needs increased long-term investment. Funding for the social care sector must be sufficient to provide fair pay, terms and conditions for all nursing staff, including an NHS Agenda for Change pay award that delivers an above inflation increase, and adequately rewards nursing staff fairly for the highly skilled safety critical work they do, and includes parity for members of the non-NHS nursing workforce.

The commitment is not part of a UK Government-led and fully funded health and care workforce strategy, which the RCN views as essential to ensuring the systemic workforce issues in social care are addressed.

New technologies and facilities in social care are surely welcomed, however, these will require nursing capacity to implement.

Policy Area 3: Wellbeing at work

Commitment 5: Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.

Question: Was it an appropriate commitment?

The introduction of new support services for NHS employees has been referenced in several recent government publications, including the adult social care reform White Paper, and the health and social care integration White Paper. However, the RCN has concerns about the lack of detail on the introduction of new services.

The RCN is concerned that increased stress resulting from the pandemic is the beginning of a much larger retention and recruitment issue. Nursing staff who have worked through the pandemic have faced intense psychological pressures and witnessed traumatising situations. In the RCN's 2020 employment survey^{xvi}, three quarters of nursing staff stated that their stress levels were higher than before the pandemic and that this is a major reason for now considering leaving the profession. Overall, 44% said that "the way nursing staff have been treated during the pandemic" has made them consider leaving the profession. The RCN has heard reports that through the pandemic nursing staff have picked up additional shifts and worked during annual leave, in response to need and also to financially survive. If the government is committed to delivering enough nurses to meet current demand, they must support the wellbeing of registered nurses already in post.

NHS and care services must be reformed to guarantee appropriate rest and recuperation for health care staff. There must be funded and supported time out – not limited to annual leave – for all staff, regardless of where they work. This approach should include enabling staff to take breaks at work, and by reviewing and controlling working patterns to prevent long shifts or excess hours being worked. The Health and Safety Executive recommend the avoidance of shifts that are longer than 8 hours where the work is safety critical and physically demanding. With 12-hour or longer shifts being increasingly standard procedure for nurses, the need for breaks to be protected is particularly important. Under the Workplace, Health, Safety and Welfare Regulations 1992, there is a requirement to provide suitable and sufficient rest facilities which should include a staff room (or something similar) where nurses can suitably eat food and rest.

The RCN calls for risk assessments to be carried out and acted upon to ensure the safety of all nursing teams. Occupational health services must be available at the point of need to support the psychological and physical wellbeing of staff. All employers must make available and fund timely access to confidential counselling and psychological support for all staff. Staff must be able to self-refer and any barriers that may prevent nursing staff from accessing these services must be addressed by government and employers. It is essential that access to psychological support and counselling is also made available to staff working in social care and other independent settings.

In the long-term, government, together with employers, must address the issue of inconsistent access to supervision, preceptorship and support amongst the nursing workforce due to insufficient staffing levels. Supervision provides a safe environment for reflection on practice as well as the opportunity to explore emotional reactions to the more challenging parts of the nursing role. When staffing for safe and effective care is compromised, there is continued risk that these critical aspects of professional practice are compromised.

Commitment 6: Reduce bullying rates in the NHS which are far too high.

Question: Was it an appropriate commitment?

Work-related violence and abuse are significant occupational hazards for nursing staff and the government has a responsibility to take action and reduce these rates. RCN membership surveys have found that over a quarter of all nursing respondents working in the NHS stated they had experienced physical abuse, and this is echoed in the recent NHS Staff Survey which continues to show high levels of both verbal and physical abuse towards NHS Staff^{xvii}. It is of fundamental concern that nursing and midwifery staff with one or more protected characteristics are more likely to experience work related violence^{xviii}.

The RCN is clear that everyone should be treated with dignity and respect at work. Bullying, abuse and harassment in the workplace is unacceptable and employers have a duty of care to provide a safe working environment for their staff.

In 2021 the RCN's member hotline received 2,495 enquiries where bullying was raised. On average, this is just over 200 calls per month from members who have witnessed and/or experienced bullying in their workplace. In the same year, 287 members who accessed RCN counselling (out of a total of 1367) reported that bullying and harassment was a significant issue for them, and 63 of those members revealed they had suffered violence or assault.

The government must make the health and safety of the health and care workforce a priority. Addressing this issue and preventing work-related violence should be part of an overall health and care workforce strategy that promotes the health, safety and wellbeing of nursing and midwifery staff in recognition of its role in supporting recruitment and retention.

The RCN has also called for a focus on improving data on the number of physical assaults towards nursing and midwifery staff, and data should be scrutinised to identify trends and hot spots and to inform appropriate action. Data should also be collected and reviewed in terms of the Equality Act 2010 protected characteristics of staff.

The RCN Nursing Workforce Standards are designed to support employers to provide a safe and effective nursing workforce^{xix}. They include guidance on staff health, safety and wellbeing and as such the RCN would advise the Department of Health and Social Care to find ways to adopt these standards and actively promote their implementation with employers, in their focus on reducing bullying rates in the NHS.

Commitment 7: Listen to the views of social care staff to learn how we can better support them – individually and collectively

Question: Was it an appropriate commitment?

As mentioned previously, recruitment and retention are a significant issue for the nursing workforce in social care, and as such, listening to the views of staff in order to learn how they can be better supported is vitally important. However this commitment does not go far enough in agreeing to take action following any engagement with staff.

The RCN have not seen any evidence from the government on how they have listened to social care staff nor how they plan to create ongoing feedback loops and communication channels between government and staff. Engagement should not be limited to a single instance, there should be ongoing conversations that reflect the changing circumstances of social care.

We expect to see detail from the government outlining plans on how they will both listen to and support social care staff, as well as how they will solve the recruitment and retention issues in social care.

ⁱ [Nursing Times: England's CNO says 50,000 more nurses no longer enough](#)

ⁱⁱ [Department of Health and Social Care Policy Paper: 50,000 Nurses Programme: Delivery Update](#)

ⁱⁱⁱ [NHS Digital: NHS workforce statistics](#)

^{iv} [NMC registration statistics \(Data in text relates to registered nurses only, and leavers excluding retirees\)](#)

^v [Royal College of Nursing: Staffing for Safe and Effective Care: State of the nation's labour nursing market](#)

^{vi} [Royal College of Nursing: Employment Survey 2021](#)

^{vii} [NHS Digital: NHS Vacancy Statistics](#)

^{viii} [WHO: State of the World's Nursing Report 2020](#)

^{ix} [Nursing and Midwifery Council: registration statistics](#)

^x [RCN: Nurses 4 Public Health 2016](#)

^{xi} [Department of Health and Social Care: adult social care reform white paper](#)

^{xii} [Department of Health and Social Care: Health and social care integration: joining up care for people, places and populations](#)

^{xiii} [Skills for Care: The state of the adult social care sector and workforce in England 2021](#)

^{xiv} Ibid

^{xv} Ibid

^{xvi} [RCN: Building a better future for nursing: RCN members have their say 2020](#)

^{xvii} [NHS Staff Survey: National Results](#)

^{xviii} Ibid

^{xix} [RCN: Workforce Standards](#)