Royal College of Nursing response to the Health Education England Strategic Framework Call for Evidence 2021

1. Demographics and Disease

5. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

Please provide a brief description of the factors

A. Ageing population: England has an ageing population, characterised by a rising proportion of people in advanced old age. This will present greater need within the health and care system as more people live longer and experience conditions such as dementia, diabetes, cardiovascular and respiratory related illness, for example.

B. Nursing workforce retirees: According to the latest registration data from the Nursing and Midwifery Council, 35% of current nursing registrants in England are aged over 50, with 21% aged over 55, and 9% aged over the age of 60. The supply pipeline for nursing does not match this level of attrition.

C. Health inequalities: Health inequalities are avoidable and unfair differences in health status between groups of people or communities, including inequality in health outcomes by socioeconomic status and/or level of deprivation, and/or by characteristics such as gender, ethnic group or sexual orientation. Inequalities are rising in England, not least due to being exacerbated and highlighted by the COVID-19 pandemic.

D. Long-term conditions: Long-term conditions are classified as health problems that require ongoing management over a period of years or decades. Long term conditions cannot be cured but can usually be controlled with medicines or other treatments, and nursing care in community settings is key to this. Their prevalence and complexity will be impacted by an ageing population and the fall out of the pandemic – and must be fully assessed within a new health and care service plan for England and associated workforce strategy– as they cannot be planned separately from each other.

E. Migration: Migration is the process of people moving from one country to another, usually to find work and live there temporarily or permanently. Migrant nurses are those who have moved from one country to the other (in this case, to England) to practice as registered nurses.

What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

A. Ageing population: The ageing population will continue to place increasing pressure

on the health and social care system over the next 15 years – particularly in terms of impact on workforce demand. Increased and changing demand on the nursing workforce will be evident, due to a higher percentage of the elderly population suffering with multiple co-morbidities including conditions such as cognitive impairment and dementia, diabetes, and long-term frailty - as a result of living longer.

Between 2017 and 2040 the population of people aged over 65 in England is projected to increase by 49% (from 10.0 million to 14.9 million). The numbers of people aged over 85 – the group most likely to need health and care services – is projected to rise even more rapidly, nearly doubling from 1.4 to 2.7 million over the same period.

The ONS projects that the 'fastest increase will be seen in the 85 years and over age group. In mid-2016, there were 1.6 million people aged 85 years and over (2% of the total population); by mid-2041 this is projected to double to 3.2 million (4% of the population).

This factor (ageing population) is already impacting demand on health and social care services. The Kings Fund key figures on adult social care state that the number of adults requiring social care has increased over recent years. The National Audit Office (NAO) project a 57% increase in adults aged over 65 requiring care by 2038 compared with 2018. Such an increase in the number of older people requiring care will require a considerable increase in registered nurses and nursing staff overall, and specifically also working in social care, as well as an increase in the number of registered nurses and nursing staff equipped with specific skills to work with older people. Nurses will need to understand and deal with the complexities involved in the care of older people, including managing multiple long-term conditions.

As of 2019, there were almost 748,000 older people in England living with dementia. The number of older people with dementia in the UK is set to increase by 80%, from almost 885,000 in 2019 to around 1.6 million in 2040. In England, the prevalence rate of dementia among older people is projected to increase from 7.2% to 8.3% in 2040. According to the ONS population projections, while the number of older people aged 65–74 in the UK will increase by 20% between 2019 and 2040, the number of older people aged 85 and over will increase by 114%.

In England, the older population is dispersed, comprising higher proportions of the population in rural and coastal areas. The 10 local authorities with the highest percentage of the population aged 65 years and over are on the coast, with five being in the South West region of England (where more than 21.6% of the population are aged 65 years and over). The impact of an ageing population on workforce demand will vary geographically, with some areas demonstrating a heightened need for increased registered nurse staffing levels, and new registered nurse roles and skills that deal with complex care needs experienced by the ageing population.

Required increases in the registered nurse workforce will need to be mapped to areas impacted mostly by the ageing population: including social care, acute and emergency care, and community healthcare. Across health and social care, there will be a need for greater numbers of registered nurses equipped to respond to increased demand for care for older people as a result of an ageing population. Looking ahead over the next 0-5 years, it will be vital to identify the areas of the health and care workforce which will

require new skills, more registered nurses, and new roles for these nurses in order to cope with the demands of an ageing population.

B. Nursing workforce retirees: A significant number of nurses currently on the NMC register in England are nearing retirement over the next 5-10 years, which will lead to a predictable loss of experienced nurses in the workforce, and impact workforce supply. This factor will impact workforce supply over the next 15 years, as a substantial proportion (up to 65%) of the current nursing workforce will be leaving the register due to retirement. This projected shortfall does not take into account the additional number of registered nurses also likely to leave the register during this time due to other reasons – for example levels of pay, stress, burnout, career changes, migration, injury, experiences during the Covid-19 pandemic.

When considering workforce planning, retention of the current nursing workforce needs to be significantly increased, in order to protect patient care and safety. All nurses must be able to access professional development, measures to support wellbeing, good rates of pay and flexible working opportunities. Preventing the loss of nurses due to retirement will be unavoidable, and this loss will have hard consequences. The loss of experienced nurse mentors and educators will have a particular impact on nursing students and newly qualified nurses, who will lose out on the sharing of knowledge and mentorship that can be provided by senior nurses with substantial experience in the profession.

C. Health inequalities: Across all health indicators there are striking inequalities. Evidence suggests that people living in the most deprived areas face the worse health inequalities in relation to health access, experiences and outcomes. Health inequalities are responsible for variation in health outcomes across different population groups, and it is essential that nurses are equipped to respond to the challenges that health inequalities can create in nursing practice.

According to Public Health England (PHE) people in the most deprived areas of England were 4 times more likely to die prematurely from cardiovascular diseases and 2.2 times more likely to die from cancer than people living in the least deprived areas in 2017 to 2019. The Health Foundation's analysis of the Office for National Statistics data on mortality by age and the deprivation in England shows that in the least deprived areas, 20% of deaths for women were among those younger than 75 ('premature mortality'). But in the most deprived areas, this increased to 36%. For men in the least deprived areas, 28% of deaths were among men younger than 75. In the most deprived areas, this figure rose to 52%.

The length of time people spend in good health is also determined by where people live. ONS' analysis of healthy life expectancy at birth in England using the Index of Multiple deprivation (IMD), concludes that healthy life expectancy (HLE) at birth among males living in the most deprived areas was 52.3 years in 2017 to 2019, compared with 70.7 years among those living in the least deprived areas. This amounts to a difference of 18.4 years (almost two decades) in "Good" general health between these populations across their life course.

With such persistent health inequalities evident throughout England, the nursing workforce will be required to develop new skills in order to be responsive to increasing needs relating to deprivation and health inequalities, and nursing workforce planning must be responsive to the increasing needs for groups and areas affected by deprivation and inequalities. Data should be available to clearly demonstrate the areas of nursing that will be impacted the most by increasing health inequalities.

D. Long term conditions: It is predicted that by 2030, over 2.7 million people in England will be living with diabetes and 3.4 million will be living with cancer. Similarly, it is predicted that by 2030, 24% of the population aged 65 and over will be living with a long-term condition that will require health care.

A model developed by the Health Foundation and the Institute for Fiscal Studies (IFS) projects that in a 'status quo' scenario - showing the combined effect of population growth, ageing and an increased burden of chronic disease - hospital activity will grow substantially over the next 15 years. The model predicts that emergency hospital admissions will almost double over 15 years. This data points to a certain increase in workforce requirements. It is clear that a significant increase in the nursing workforce numbers will be required, however, the exact number and mix of clinical staff required to provide care over the next 15 years is uncertain. This model can only be used to predict the increase in requirements for hospital-based workforce. However, taking into account the predicted rise in hospital admissions, we can consider the implications this will also have on the community nursing workforce. It is likely that as hospital admissions increase, the need for care in community-based settings will also increase, further impacting on workforce demand.

The Health Foundation and the Institute for Fiscal Studies (IFS) conclude that the NHS workforce could require an additional 639,000 FTE staff by 2033–34. This would include 171,000 extra registered nurses and health visitors, demonstrating a likely substantial impact on workforce demand over the next 15 years as a result of increase in long-term conditions.

E. Migration: Migrant nurses – particularly those from the European Economic Area (EEA) – have played a vital role in keeping staffing numbers steady for many years. The UK's exit from the EU has posed significant risk to the supply of registered nurses. Since 2016, the number on the permanent register whose initial registration was in the EEA has declined year on year. This gap has been filled to some extent by a notable rise in the number of registered nurses on the permanent register from outside the EEA. The health system in England is currently undertaking significant efforts to recruit international nurses to bolster the workforce in England, most notably from the Philippines and India, with 28,521 and 19,912 nurses on the Register respectively. There remains a disproportionate reliance by the NHS in England on international recruitment – with rising numbers of registered nurses from countries currently listed on the WHO Health Workforce Support and Safeguards List, which the UK now adheres to. This lists countries that must not be actively recruited from due to critical shortages of health workers. Latest registration data shows Nigeria and Ghana as two of the top five countries of training outside of the EEA for people joining the UK register, for the first

time. This is cause for alarm, as both countries face pressing health workforce shortages and should not be actively recruited from.

The UK Government's decision not to introduce a system for professionals regarded as 'low skilled' to work in the UK – following the EU Exit - will significantly impact the recruitment and retention of registered nurses and nursing staff in social care.

The Migration Advisory Committee (MAC) have stated that making jobs in the social care sector more attractive to the domestic workforce through increasing pay is more appropriate than international recruitment.

The UK Government's position is that the social care sector will be left to fill vacancies in social care domestically, which remains challenging despite multiple recruitment campaigns in recent years. This poses an immediate and likely continued risk to registered nurse workforce supply, as it is unlikely that the shortfall in care workers across the sector will be addressed following the end of free movement between the UK and the EU. The lack of parity in pay terms and conditions for registered nurses on Agenda for Change in NHS provider organisations and registered nurses employed elsewhere (including NHS-commissioned but not NHS provided services, public health and social care) will also continue to impact workforce supply.

The recent addition of Health Care Assistants and Senior Care Workers to the Shortage Occupation List are largely symbolic and not workable, as the salaries for both roles in England will likely fall beneath the required minimum salary threshold of £20,480 (for both the Health and Care Worker visa and Skilled Worker visa routes).

Factor	*What impact do you think this factor(s) will have on workforce number demand?* *Strong demand reducing impact* *Moderate demand reducing impact* *Weak demand reducing impact* *Neutral* *Weak demand increasing impact*	*What degree of impact do you believe this factor(s) will have on need for new skills?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new roles?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new ways of working?* *Low Impact* *Medium Impact* *High Impact*	*In what time horizon will the most significant impact be felt on workforce demand?* *0 - 5 years* *6 - 10 years* *11 - 15 years* *Beyond 15 years*

	Moderate demand increasing impact Strong demand increasing impact				
A. Ageing population	Strong demand increasing impact	High Impact	High impact	High impact	0-5
B. Nursing workforce retirees	Strong demand increasing impact	High impact	High impact	High impact	0-5
C. Health Inequalities	Strong demand increasing impact	High impact	High impact	High impact	6-10
D. Long term conditions	Strong demand increasing impact	High impact	High impact	High impact	0-5
E. Migration	Strong demand increasing impact	Medium impact	High impact	Medium impact	0-5

Please provide links to supporting evidence or alternatively email strategicframework@hee.nhs.uk

6. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

This survey design only allows for us to select short, medium or longer-term impact. In reality, the drivers we have set out will all have immediate, medium term and longer-term implications for workforce planning, and for policy and funding decisions.

a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to strategicframework@hee.nhs.uk

Care Policy and Evaluation Centre & The London School of Economics, Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019-40: https://www.alzheimers.org.uk/sites/default/files/2019-11/cpec_report_november_2019.pdf

Government Statistics, Health Inequalities Dashboard March 2021: https://www.gov.uk/government/statistics/health-inequalities-dashboard-march-2021-data-update

The Health Foundation, Deprivation and Excess Deaths: https://www.health.org.uk/news-and-comment/charts-and-infographics/deprivation-and-excess-deaths

Institute for Fiscal Studies and The Health Foundation, Securing the future: funding health and social care to the 2030s: https://ifs.org.uk/publications/12994

Kings Fund, Adult Social Care Key Facts and Figures: https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care

The National Audit Office, The adult social care market in England, 2021: https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf

Nursing and Midwifery Council, The NMC Register 2020-21: https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/annual-2021/0005b-nmc-register-2021-web.pdf

Office for National Statistics, Health and Life Expectancies 2017-19: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2017to2019

7. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact
Medium Impact
High Impact

2. Public, People who need care and support, Patient and Carer Expectations

8. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

Please provide a brief description of the factors

A. Patient Safety: The public expect to feel safe when receiving nursing care in England. The driving principles for all health and care service planning and delivery must be quality and outcomes for patients and the public, and that the same standards of quality and transparency for all publicly funded health and care services must be required and adhered to, regardless of sector. Independently provided health and care services must adhere to quality standards and regardless of setting, quality standards must be of primacy. Providers have a responsibility to avoid unintended or unexpected harm to patients, and drive improvements in safety and quality. Without safe registered nurse staffing levels, nursing staff are unable to provide safe or effective care.

B. Demand on Healthcare Services: Demand for healthcare is rising as a result of multiple factors, including an ageing and growing population, and the burden of increasing long-term conditions and disease. Community healthcare services in particular have struggled due to funding constraints on the NHS and local authorities. Clinical advances (understandably) increase patient expectations for care and support through primary, social and acute care. At present, increased demand is outstripping workforce supply.

What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

A. Patient safety: Registered nurse workforce shortages will have a significant impact on patient safety. In our 2019 'Staffing for Safe and Effective Care' report, we set out the current evidence base on the impact of staffing levels on safe and effective patient care. Registered nurse staffing has a direct impact on patient care quality, mortality, missed care, and adverse events such as medication errors. A 2019 National Institute for Health Research review concluded that there is a relationship between the number of registered nurses in inpatient hospital wards, and patient safety. Three out of four people in the UK think there aren't enough registered nurses to care safely for patients in the NHS, according to an RCN survey of public opinion. A number of studies have demonstrated a link between low staffing levels and poor patient outcomes, such as for each day that registered nurse staffing fell below the ward average, the relative risk of a patient dying increased by 3%.

In response to a (currently unpublished) survey conducted going into the pandemic, 74%

of respondents said that staffing levels on their last shift were not sufficient to meet all the needs of the patients safely and effectively. These are unacceptable working conditions for nursing professionals who are dedicated to robust standards of practice, and conducting themselves in line with their professional code. It is important to note the systemic factors impacting the current context in which nurses are struggling to provide safe care for patients. It is somewhat unfair for nurses to be held to account for failings in patient care when the context of such failings – highly pressured work conditions, unsafe staffing levels, poor mix of skill level – are not taken into account.

58% of respondents to the survey felt that patient care was compromised on their last shift. Three quarters (75%) said this was due to there not being enough registered nurses and 60% said this was due to there not being enough support staff. Furthermore, when all respondents were asked about the impact of staffing levels on patient care, 59% said they did not have enough time to provide the level of care they would have liked, and 39% said they had to leave necessary care undone due to a lack of time.

The most recent data for the NHS in England (NHS Digital – NHS Vacancy Statistics England) shows a 12% increase in vacant registered nurses posts, which is a steep uptick in the already high vacancy rate. Continued increases in the number of vacant registered nursing posts reflect issues in current nursing supply, and this will continue to impact patient safety until registered nurse staffing levels are safe.

The latest workforce data for the NHS in England (NHS Digital – Monthly Workforce Statistics) shows a small increase in the total number of FTE registered nurses in the last year (+2.8%) and by 11.3% compared to September 2009. This varies across settings, particularly in the community, where the number of nurses has grown by 2.9% in the last year but is still 3.3% lower than in September 2009. The decrease is even more prominent when looking at specific and critical roles within the community, where the number of school nurses, health visitors and district nurses has fallen significantly since 2009 (29.6%, 20.7% and 43.9% respectively).

This is set against rising demand in health and care services, not least due to the ongoing implications of the pandemic. The Health Foundation recently reported on the widening gap between activity growth and registered nurse numbers in the NHS. Public service health care output increased by over a quarter (26%) between 2010/11 and 2017/18 (the latest year of data availability), while FTE registered nurse numbers increased only marginally in that same period.

Recent NHS performance data shows the sharp rise in waiting times for hospital treatment in the last year. There are now a record 5.6 million people waiting for treatment (the highest number since records began in 2007), and the number waiting 52 weeks or more for treatment is now three times that of July 2020 (293,102 in July 2021 compared to 83,203 in July 2020).

The RCN Nursing Workforce Standards provide a clear framework for tacking registered nurse staffing shortages, and set the standard for safe patient care and nursing support in all settings. There is currently no explicit legal accountability for the assessment and

provision of health and care workforce, and we are seeking amendments in the Health and Care Bill to help address this (See answer to Q. 26).

B. Demand on healthcare services: Increased demand on healthcare services requires increases in the registered nurse workforce, and new roles, skills and ways of working for the nursing workforce. The Health Foundation have reported that the Conservative Government's 50,000 'more nurses' target (set out in their 2019 election manifesto) will be insufficient to meet increased demand for the nursing workforce, and argue that robust, independent projections of the future demand for and potential supply of registered nurses must be part of a shift to a sustainable, long-term approach to nursing workforce planning. A full assessment of workforce demand to meet the health and care needs of the population is needed – as well as a fully funded Government workforce strategy. The Secretary of State should have explicit accountability for this full assessment of workforce demand. This assessment must:

a) be 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) be undertaken at least every 2 years in response to changing population needs;

c) be 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;

f) be fully available in the public domain in an open and transparent manner;

g) be verified by an independent body with the relevant expertise

and

h) take full account of all publicly funded health and care services, regardless of provider, including social care and public health.

A published Government funded workforce strategy – including a fair pay rise for nursing staff, as part of an integrated approach alongside service and finance planning, to ensure that the health and care workforce skills and numbers are sufficient for safe and effective staffing levels in health and care. The strategy must:

a) ensure appropriate Government workforce planning, including equality impact assessments, and application of lessons learned from formal reviews and commissions into incidents, to ensure that the workforce is properly protected in the workplace;

b) identify measures to promote retention, recruitment, remuneration and supply of the workforce;

c) take into account the wider health and care labour market;

include regard for, and the promotion of workforce health and safety, including provision of safety equipment and clear mechanisms for staff to raise concerns without fear of retribution.

Factor	*What impact do you think this factor(s) will have on workforce number demand?* *Strong demand reducing impact* *Moderate demand reducing impact* *Weak demand reducing impact* *Neutral* *Weak demand increasing impact* *Moderate demand increasing impact* *Strong demand increasing impact*	*What degree of impact do you believe this factor(s) will have on need for new skills?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new roles?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new ways of working?* *Low Impact* *Medium Impact* *High Impact*	*In what time horizon will the most significant impact be felt on workforce demand?* *0 - 5 years* *6 - 10 years* *11 - 15 years* *Beyond 15 years*
A. Patient Safety	Strong demand increasing impact	High Impact	High Impact	High impact	0-5years
B. Demand on Healthcare Services	Strong demand increasing impact	High Impact	High Impact	High impact	0-5 years

9. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

This survey design only allows for us to select short, medium or longer-term impact. In

reality, the drivers we have set out will all have immediate, medium term and longer-term implications for workforce planning, and for policy and funding decisions.

a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to strategicframework@hee.nhs.uk

Griffiths P, Ball J, Bloor K, Böhning D, Briggs J, Dall'Ora C, et al, "Nurse staffing levels, missed vital signs and mortality in hospitals: retrospective longitudinal observational study" 2018: https://pubmed.ncbi.nlm.nih.gov/30516947/

The Health Foundation, Building the NHS Nursing Workforce in England: https://www.health.org.uk/publications/reports/building-the-nhs-nursing-workforce-in-england

National Institute for Health Research, Staffing on Wards: Making decisions about healthcare staffing 2019: https://evidence.nihr.ac.uk/themedreview/staffing-on-wards-making-decisions-about-healthcare-staffing/

NHS Digital, NHS Vacancies: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---june-2021-experimental-statistics

NHS Digital, workforce statistics: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

NHS waiting times: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/

NHS Providers, The State of the NHS provider sector 2020: https://nhsproviders.org/the-state-of-the-nhs-provider-sector-2020

RCN, Nursing Workforce Standards, https://www.rcn.org.uk/professional-development/nursing-workforce-standards/read-the-nursing-workforce-standards

RCN, Staffing for Safe and Effective Care in the UK 2019: https://www.rcn.org.uk/professional-development/publications/staffing-for-safe-and-effective-care-pub-008067

10. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact
Medium Impact
High Impact

3. Socio-economic and Environmental Factors

11. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

Please provide a brief description of the factors

A. Climate Change: Climate change is the long-term alteration of temperature and typical weather patterns, and in particular a change apparent from the mid to late twentieth century onwards, which is attributed largely to the increased levels of atmospheric carbon dioxide produced by the use of fossil fuels. Climate change projects are associated with significant social and health inequalities across the world.

B. Public Funding: In England, the National Health Service budget is funded primarily through taxation, supplemented by National Insurance contributions. Currently, NHS England oversees and allocates funds to Clinical Commissioning Groups, which govern and pay for care delivery at the local level. It also disburses primary care, and directly commissions specialist services. NHS England's budget accounts for £9 in every £10 of health spending – spent largely through local commissioners. In terms of public health and social care funding, local authorities fund social care through a combination of a grant from central government, and local revenue raising mechanisms such as council tax, and the specific social care precept. The fundamental interdependencies between health, social care and public health should be reflected in public funding, and the design and delivery of these systems in isolation is unhelpful in addressing the needs of the population.

The level of NHS funding in a given year is set by central government through the Spending Review process. This process estimates how much income the NHS will receive from sources such as National Insurance and general taxation. If National Insurance or patient charges raise less funding for the NHS than originally estimated, funds from general taxation are used to ensure the NHS receives the level of funding it was originally allocated.

C. Race Equity: Racial equity is achieved when race no longer determines a person's socioeconomic outcomes. Racial equity is applied in organisations when those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives. Race equity is a significant issue for the current nursing workforce.

What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

A. Climate Change: Climate change is already causing an increase in public health and treatment issues such as pollution related illnesses and hospital admissions due to heat stress, as well as the health inequalities associated with significant population displacement across the world. The World Health Organization has stated that climate change will be the defining issue for health systems in the 21st century. Responding to the impact of climate change on health systems will largely fall on nurses, whose practice is already centred in addressing wider socio-economic determinants of health. The implications of climate change are vast. People will require emergency care in the event of heatwaves, flooding and other extreme weather events. Populations are living with increased air pollution , which will continue to contribute to an increase in conditions such as heart disease, stroke and lung cancer. A 2018 report published by the government's Committee on the Medical Effects of Air Pollutants (COMEAP) estimates that between 28,000 and 36,000 people die as a result of air pollution every year in the UK. This is a significant increase on their 2015 figure of about 29,000.

The impact of climate change on public health must be considered as a priority factor in future workforce planning. These are just a few of the examples of how our global, and national population, are already experiencing the impact of climate change. When it comes to workforce demand, climate change will continue to impact workforce demand over the next 15 years, and particular groups of the nursing workforce, and some geographical areas may be impacted more significantly from others.

B. Public Funding: Decisions made regarding the funding of the NHS will have a significant impact on workforce supply and demand. As mentioned in section 2. (1. Pay and reward), decisions regarding nurses pay are one of the most important factors contributing to workforce supply, and will have an instant impact on nurse workforce retention and workforce supply.

C. Race Equity: Failure to commit to race equity in future workforce planning will pose risks to workforce supply, opening up to further loss of nurses and restricting the potential for a diverse future workforce. Yvonne Coghill, a former director of the NHS Workforce Race Equality Standard (WRES) programme said that nurses she had spoken to from black and minority ethnic backgrounds were ready to leave the profession following the Covid-19 Pandemic. Commitment to the race equality agenda must be made centrally to minimise the impact on workforce supply.

Factor	*What impact do you think this factor(s) will have on workforce number demand?* *Strong demand reducing impact* *Moderate demand reducing impact* *Weak demand reducing impact* *Neutral* *Weak demand increasing impact* *Moderate demand increasing impact* *Strong demand increasing impact*	*What degree of impact do you believe this factor(s) will have on need for new skills?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new roles?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new ways of working?* *Low Impact* *Medium Impact* *High Impact*	*In what time horizon will the most significant impact be felt on workforce demand?* *0 - 5 years* *6 - 10 years* *11 - 15 years* *Beyond 15 years*
A. Climate Change	Moderate demand increasing impact	High impact	High impact	High impact	Beyond 15 years
B. Public Funding	Strong demand increasing impact.	High impact	High impact	High impact	0-5 years
C. Race Equity	Strong demand increasing impact.	High impact	High impact	High impact	0-5 years

12. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

This survey design only allows for us to select short, medium or longer-term impact. In reality, the drivers we have set out will all have immediate, medium term and longer-term implications for workforce planning, and for policy and funding decisions.

a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to strategicframework@hee.nhs.uk

Committee on the Medical Effects of Air Pollutants, Associations of long-term average concentrations of nitrogen dioxide with mortality 2018: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/734799/COMEAP_NO2_Report.pdf

World Health Organization, Put Health at the Centre of the Climate Agreement: https://www.who.int/globalchange/publications/didyouknow-health-professionals.pdf?ua=1

13. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact
Medium Impact
High Impact

4. Staff and Student/Trainee Expectations

14. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

Please provide a brief description of the factors

A. Stress and Burnout: Nurses are likely to encounter work related stress and burnout due to a variety of factors, including pay levels, staffing issues, long and anti-social work hours, overtime, emotionally and physically demanding work. This will have significant impact on attrition rates in the immediate timeframe, which increases pressure on existing staff. Attrition rates could potentially be exponential.

B. Higher Education: Higher education is the main supply route into the nursing profession. Nursing degrees enable students to qualify as a nurse, and become eligible to register with the Nursing and Midwifery Council (NMC) in order to practice as a registered nurse.

C. Working Conditions: Nurse working conditions often involve long and anti-social work hours, and emotionally and physically demanding work. This is the context within which all pressures for workforce must be understood in terms of mitigating risk of attrition.

D.Pay and Reward: NHS staff in England have suffered real-terms falls in pay over the last decade, and salaries of nursing professionals have not kept pace with increases to the costs of living.

Fair pay and reward for registered nurses and nursing staff should recognise the complexity of skill, responsibility and experience demonstrated by nursing staff. The UK Government have recently offered NHS nursing staff in England on Agenda for Change a 3% pay award, despite inflation being expected to run far higher. This is likely to have a strong negative impact on retention as current pay does not reflect level of nursing skill and responsibility, during a highly pressured and high-risk context for nursing.

What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

A. Stress and Burnout: Stress and burnout experienced by nurses has a significant impact on workforce supply, and patient safety. A study reviewed in our 2019 report on Staffing for Safe and Effective Care in the UK found that burnout amongst registered nurses was associated with increased levels of surgical site infections amongst patients. When registered nurse burnout was reduced, there were fewer infections.

Burnout amongst nurses has been a crucial issue during the Covid-19 pandemic, as

working conditions have become increasingly stressful, with nurses facing intense psychological and physical pressure at work. As nurses now attempt to deal with the backlog of care left by the pandemic, in the context of increasing staff shortages, burnout remains a key issue impacting nursing workforce supply.

In an RCN survey from the summer of 2020, around a third (35%) of respondents in England said they were considering leaving the profession by the end of the year. Of the around 11,000 people who reported feeling this way, 62% said it was due to levels of pay, 43% said it was due to low staffing levels, and 37% told us it was due to unsafe working conditions.

Stress and burnout will continue to affect nurses working in all health and social care settings across England until serious changes are made with regards to staffing, pay levels, and working conditions. Student nurses in training are acknowledged as particularly vulnerable to anxiety and depression. In a 2021 RCN survey (currently unpublished), 90% of students who expressed financial concern said it impacts their mental health, and nearly 4 in 10 said this impact is significant enough to interfere with their educational achievements, and personal and professional relationships. With the experiences and hardships felt across the profession during the pandemic, stress, burnout and poor mental health will lead to significant issues with retention as more risk leaving their courses, in addition to deterring potential nurses from joining.

B. Higher Education: Nursing higher education must provide sufficient opportunity for widening participation, and financial barriers to nursing should be removed to allow higher education routes to nursing to have a positive impact on workforce supply. Investment in nursing higher education is vital to fixing the nursing workforce shortage, and addressing issues in nursing workforce supply.

In 2017, the government removed the nursing bursary in England, which supported students into and through their studies to become qualified nurses. Following a subsequent decline in nursing degree applicants, the government announced an annual maintenance grant of between £5000 and £8000 per student from September 2020. However, this is not sufficient to incentivise the pace and scale of growth needed. Despite years of growth in demand for services, we are only now seeing acceptance numbers exceed 2016 figures at a time where there are almost 40,000 vacant nursing posts in the NHS in England alone. When unfilled nursing jobs are reaching record levels, it is even more important to attract the next generation of nurses to the nursing profession.

The removal of the nursing bursary in 2017 impacted some nursing degree fields more than others – with applications to learning disability nursing courses the hardest hit. Learning disability nursing student applicants are typically older than applicants for other fields of nursing, and therefore potentially have greater financial commitments. Mature nursing students were felt to be those hardest hit by the decision in England to remove the bursary.

Nursing students are limited in their ability to take on part-time paid employment compared to other students, due to the length of their courses, and the total number of

hours required learning theory and on placement to obtain registration. In a 2021 RCN student survey (currently unpublished), over 90% of respondents said their finances cause them some level of concern, and more than a quarter have considered dropping out of their course due to these concerns. Without tuition fee and maintenance support for undergraduate and postgraduation pre-registration nursing students, many are unable to cover basic living costs while pursuing their education, increasing their anxieties and the likelihood of dropping out of their degrees.

Following a decline in nursing student numbers after the healthcare education funding reforms in 2016 and to diversify the range of people studying nursing, in 2017 the Department of Health and Social Care introduced the nursing degree apprenticeship (NDA), which enables people to become graduate registered nurses through an apprentice route. An NDA typically takes four years to complete, one year longer than the standard university degree route.

However, this route has yet to reach its full potential and even if it should, still does not produce a sufficient pipeline of registered nurses at scale. Despite tens of thousands of potential recruits, the number of students starting NDAs has been small: as of August 2021, only 3,870[1] apprentices have started the NDA since it began in September 2017, far short of the 5,000 target that the Government has set for itself, and 250 apprentices have completed their courses. Addressing the workforce supply gap means increasing the supply of RNs from all possible supply routes, and whilst we support the NDA as part of a broader plan to lift the number of nursing students across all supply routes, the modest growth in the numbers of apprentices in training has not kept pace with the increase in demand for nursing workforce. NDAs are therefore not ideal or sufficient to address the immediate and future supply problems that undermine safe and effective staffing levels for patient care. We believe that the traditional three-year university route can address the workforce vacancy crisis at the necessary scale and pace.

To attract more applicants to the nursing degree and increase the number of nursing students successfully graduating in England, appropriate support must be provided, both on entering and throughout to completion of the nursing degree. Financial and emotional support must be widened to those who have missed out due to the removal of the funding model and financial incentives should be offered, to prevent students from leaving their studies due to financial pressures. Government must cover the cost of tuition fees, as well as provide financial support for the true costs of living for nursing students. Only through increasing the number of nursing students applying for, and completing the nursing degree will we be able to address the main nursing workforce supply issue, which will likely continue to have a significant impact on nursing workforce numbers for at least the next 0-5 years.

C. Working Conditions: Working conditions experienced by registered nurses have a significant impact on workforce supply. As mentioned, when referring to stress and burnout, working conditions will continue to impact workforce supply across health and social care settings until serious and lasting changes to working conditions are made across nursing settings. Staff stress, absenteeism, turnover and intentions to quit reached alarmingly high levels in 2019 with large numbers of nurse vacancies across the health and care system before the pandemic struck. The impact of the pandemic on the

nursing workforce has been unprecedented and has exacerbated the longstanding problems faced by nurses working in inadequate working conditions and chronic work pressures. There are many nurses struggling with gruelling shifts and staff shortages, leaving many feeling like they have no choice but to leave a career they should love – further increasing the nursing workforce shortage.

The 2020 RCN 'Building a better future' member survey found that one-third of nursing staff in all sectors reported working longer hours. Of these, 40% were not being paid for the additional hours, with a further 18% only sometimes being paid. In addition, the 2020 NHS England staff survey found that over 65% of nurses and 30.4% of nursing support workers worked extra hours that were unpaid. These figures also showed that around half of all respondents worked despite not feeling well enough to do so and a quarter felt under pressure from managers to work when unwell. An already depleted and now exhausted workforce feels forced to do more and more hours while reporting higher levels of fatigue than ever. In order to retain workforce supply, urgent measures to reduce the enormous strain current working conditions are putting on nursing staff must be implemented.

The RCN undertook two surveys of health and care staff to identify their experiences and ongoing issues with the supply of, and access to Personal Protective Equipment (PPE) during the Covid-19 pandemic. We found nurses that nurses were exposed to shortages of PPE in all settings, with serious risks to their own safety as a consequence. Our findings also highlighted a deeply worrying contrast in the experience and safety of black, Asian and minority ethnic (BAME) nurses, who were disproportionately impacted by lack of suitable PPE, in comparison with their white colleagues. Over a third of respondents felt pressure to care for individuals with possible or confirmed Covid-19 without adequate protection, whereas for BAME nursing staff, this was over half (56%). Twice as many BAME respondents said there were not enough surgical masks, disposable plastic aprons and disposable gloves than white British respondents. This is unacceptable, and will have undoubtably led to concerns among a majority of BAME nursing staff regarding their safety as nursing staff.

Nursing students in their clinical placements must be supported to learn and practise skills safely. The RCN's 2021 student survey (currently unpublished) found that only 6 in 10 respondents said there were enough registered nursing staff to ensure they achieved their learning objectives. This goes against the Nursing and Midwifery Council's guidance that all pre-registration nursing degree students in the UK be considered 'supernumerary' during their clinical training, meaning that they are not counted as part of the staffing required for safe and effective care in that setting. When all students are supernumerary then it is clear to other staff that they are primarily there to learn and can access appropriate clinical activities more easily.

Supernumerary needs to be the standard for pre-registration to protect the safety of students and patients, yet only 16% student survey respondents have held supernumerary status during their clinical placements all the time. In fact, nearly 20% have never or rarely held supernumerary status. When student nurses are counted as part of the workforce it means they are used as support staff and are unable to develop the skills and competencies necessary to deliver safe and effective care. Supernumerary

needs to be the standard for pre-registration to protect the safety of students and patients. There is a clear risk that without this status, not only will patient care be compromised, but it will undermine nursing student's learning and ability to practise safely and with confidence upon registration. This is a key element of all excellent practice learning environments, and this is what ensures that student and staff learning is maximised in the workplace. It is important that both students and current workforce, especially mentors, feel valued in order to retain the workforce.

D. Pay and reward: Decisions regarding registered nurses and nursing staff pay are a critical factor contributing to workforce supply, and have had a significant on impact on nurse workforce retention and workforce supply over the last ten years. This factor will continue to impact the nursing workforce supply over the next 15 years if nurses are not given a fair pay rise. Increased pay would attract new recruits to nursing, and increase retention of experienced nursing staff.

The 2020 RCN member survey found that around a third (35%) of respondents in England said they would be considering leaving the profession by the end of the year. Of the around 11,000 nurses who reported feeling this way, 62% said it was due to levels of pay. In our recent student survey, 28% of respondents said the proposed 3% NHS pay deal has made them less likely to consider working in the NHS. The salaries of too many nursing professionals has not kept pace with increases to their living costs over the past decade – the impact of which on retention should not be underestimated. Pay is the only immediately available policy lever to support retention, and set against historical losses and complexity of contribution, our members have determined that a 12.5% pay rise is needed.

Nurses are increasingly responding to greater complexity and acuity in the health needs of the population they serve, as we see an increased demand on the health system as a result of the ageing population and increased long-term conditions and multiple comorbidities. Nurses critically analyse, reflect, and identify their learning needs, use evidence-based practice, work creatively and innovatively, challenge existing practices and bring about and manage change.

The current levels of nursing pay do not reflect this already huge level of skill and complexity which is likely to increase as pressures grow. The levels of skill and responsibility held by nurses must be recognised and reflected in their pay, to increase nurse retention and continue to attract new nurses to the workforce.

The Government has shown willingness to find extraordinary amounts of money and spend it on schemes and policies when it wants to, suggesting this is a political choice. Not least the £4.8bn "levelling Up Fund" to invest in infrastructure such as town centres and local transport. If the government is serious about a "levelling up" agenda then an all nursing pay rise would benefit the entire country, especially those in the most disadvantaged regions.

Factor	*What impact do you think this factor(s) will have on workforce number demand?* *Strong demand reducing impact* *Moderate demand reducing impact* *Weak demand reducing impact* *Neutral* *Weak demand increasing impact* *Moderate demand increasing impact* *Strong demand increasing impact*	*What degree of impact do you believe this factor(s) will have on need for new skills?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new roles?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new ways of working?* *Low Impact* *Medium Impact* *High Impact*	*In what time horizon will the most significant impact be felt on workforce demand?* *0 - 5 years* *6 - 10 years* *11 - 15 years* *Beyond 15 years*
A. Stress and Burnout	Strong demand increasing impact	High Impact	High impact	High impact	0-5years
B. Higher Education	Neutral	High impact	High impact	High impact	0-5years
C. Working Conditions	Neutral	High impact	High impact	High impact	0-5years
D. Pay and Reward	Strong demand increasing impact	Medium	Medium	High impact	0-5 years

15. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions,

services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

This survey design only allows for us to select short, medium or longer-term impact. In reality, the drivers we have set out will all have immediate, medium term and longer-term implications for workforce planning, and for policy and funding decisions

a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to strategicframework@hee.nhs.uk

Government data: apprenticeships and traineeships: https://explore-education-statistics.service.gov.uk/data-tables/apprenticeships-and-traineeships

RCN, Building a Better Future for Nursing – RCN Members have their say: https://www.rcn.org.uk/professional-development/publications/rcn-builiding-a-better-future-covid-pub-009366

RCN, Beyond the Bursary, 2020: https://www.rcn.org.uk/professional-development/publications/rcn-beyond-the-bursary-workforce-supply-uk-pub-009319

RCN, Connecting for Change – for the future of learning disability nursing, 2021: https://www.rcn.org.uk/professional-development/publications/connecting-for-change-uk-pub-009-467

RCN, Second PPE Survey of UK Nursing Staff Report 2020: https://www.rcn.org.uk/professional-development/publications/rcn-second-ppe-survey-covid-19-pub009269

16. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact
Medium Impact
High Impact

5. Science, Digital, Data and Technology (Including Genomics)

17. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

Please provide a brief description of the factors

A. New Digital Health Technologies: The NHS Long Term Plan (2019) underpins the importance of technology in the future NHS, and sets out critical priorities that will support digital transformation and provide a step change in the way the NHS cares for citizens. New digital technologies have the potential to help the health and care workforce communicate better, and enable people to access the care they need quickly and easily, when it suits them.

B. Artificial Intelligence: Artificial Intelligence is intelligence demonstrated by machines, as opposed to the natural intelligence displayed by humans or animals. Artificial intelligence leverages computers and machines to mimic the problem-solving and decision-making capabilities of the human mind.

What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

A. New Digital Health Technologies: New digital health technologies are likely to have a substantial impact on nursing care delivery. We have seen from the pandemic that numerous alternative digital tools have been used to deliver services that would have traditionally been offered face to face. Telemedicine has been successful in small pockets of care, including general practice, and it has been well used for district nursing services and for some health visiting services. However, these digital technologies will not be able to effectively replace all that is currently offered by a highly skilled nursing workforce. It is therefore important that governments and employers do not place over-reliance on these digital alternatives especially without evidence that shows their full effect and impact.

The nursing workforce is uniquely positioned by the nature of their work to understand local population need and identify opportunities for joining up relevant parts of the patient pathway, across settings and traditional boundaries. This is not a skill that can be adequately replaced by digital solutions and is a skill that requires nurses to have a level of autonomy in how they work with and support their patients. The demand for these skills will remain regardless of the use of new digital health technologies and we would be concerned with any assessment for workforce demand that does not take this into account.

Nurses play a crucial role in keeping people well, facilitating supported self-management of those with long-term conditions, running diagnostics, holding caseloads, preventing re-admission (where inappropriate), effective discharge, and prescribing – everywhere a patient is in contact with an element of the system, there will be the presence of nursing staff. Digital health technologies can be complementary to all of these actions, but effective, safe and patient centred care will still need human oversight throughout. Over the next 15 years, nurses should be supported and trained to use these technologies where it is helpful and complimentary, they should not be seen as a replacement to traditional nursing care.

Technology will also not be able to reproduce skills that nurses already have to identify supplementary vulnerability issues (many of which can be more easily identified during face-to-face contact). Nurses are skilled at identifying vulnerable children (including those at risk of female genital mutilation) as well as those with mental health issues or at risk of domestic violence. It is not clear how easily vulnerable people can be identified via new digital tools and a workforce plan that assumes a reliance on digital technologies and telemedicine needs a full equality and diversity impact assessment on these grounds.

The pace of which that new digital health technologies has been adopted during the pandemic was, of course, necessary to reduce exposure of the virus to staff and patients alike. It is important that systems continue to evaluate the uses of these technologies and reassess their necessity as we move forward. They should not be automatically maintained under the belief that they are saving money or improving access without any evidence to prove that to be the case. We have not seen the long-term effects of the mass introduction of these new technologies on patient outcomes. We have also not seen how these more recent technologies have impacted on nursing led innovation; either positively or negatively.

Because of the unique role that nursing plays in our system, nurses should be involved in decisions about how these technologies are used in order to provide improved patient care. Registered nurse leaders can transform systems to ones which prioritise prevention, health promotion and public health. This has great benefit to local health economies, in terms of preventing avoidable ill-health and ensuring that people are supported and cared for in the places most likely to contribute to effective treatment, rehabilitation and recovery, providing support for the population at all stages of life. New workforce roles and skills will likely be needed as new digital health technologies are introduced and nurses can provide unique leadership skills in their implementation.

B. Artificial Intelligence (AI): Nursing is likely to be impacted by developments in artificial intelligence over the coming years. Because of the varied nature of the nursing workforce, there can be a useful role for AI within tools and modelling for effective workforce planning. As technology becomes more sophisticated, it can be helpful as an indicator and predictor of upcoming workforce issues (such as winter pressures) which can then be taken into account by employers. AI can also be used alongside existing clinical skills and expertise to assess patient risk during the creation of effective care planning. AI can also be used during initial triage assessments via webchats or similar

technologies which can then provide a more efficient further assessment by nursing professionals.

However, data and AI tools of any kind must be complementary to human based assessments and not a replacement for them. Whatever AI or deep learning is used for, it is important that it is accompanied by and vetted by an appropriately trained medical professional. It must be a tool that supports, not hinders, optimum patient care and pathways ensuring person-centred care principles. Any and all workforce planning should therefore keep in mind that it should not replace the role that nursing currently occupies and will not reduce the need currently experienced.

Additionally, the nursing profession has a unique role in being able to communicate effectively with patients and communities about data and AI. Effective communication is essential for garnering public support and trust in data collection, storage, and use. Nursing continues to be one of the most trusted professions in the UK meaning that nurses may be a key conduit for the required conversations about patient data for AI purposes.

It is therefore important that nursing be integrated with academic health science networks and similar structures that use AI and deep learning. Nurses should be supported to understand and implement AI and therefore have a leadership voice in decisions made regarding the use of AI in nursing care. A nursing workforce with the right skills and training on AI and data-based issues is likely to be a significant asset to the successful introduction of these technologies.

Factor	*What impact do you think this factor(s) will have on workforce number demand?* *Strong demand reducing impact* *Moderate demand reducing impact* *Weak demand reducing impact* *Neutral* *Weak demand increasing*	*What degree of impact do you believe this factor(s) will have on need for new skills?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new roles?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new ways of working?* *Low Impact* *Medium Impact* *High Impact*	*In what time horizon will the most significant impact be felt on workforce demand?* *0 - 5 years* *6 - 10 years* *11 - 15 years* *Beyond 15 years*

	impact Moderate demand increasing impact Strong demand increasing impact				
A. New Digital Health Technologies	Moderate demand increasing impact	High impact	High impact	High impact	0-5years
B. Artificial Intelligence	Neutral	Medium impact	Medium impact	High impact	6-10 years

18. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

This survey design only allows for us to select short, medium or longer-term impact. In reality, the drivers we have set out will all have immediate, medium term and longer-term implications for workforce planning, and for policy and funding decisions

a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to strategicframework@hee.nhs.uk

19. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact
Medium Impact
High Impact

6. Service Models and Pandemic Recovery

20. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

Please provide a brief description of the factors

A. Psychological Safety: Staff morale and psychological safety is impacted negatively if staff do not feel valued, or if their working environment, resources and pay are inadequate. Staff feeling safe and motivated are critical for positive patient outcomes. Morale among nurses has been significantly impacted by the Covid-19 pandemic.

B. Long Covid (post-Covid syndrome): The NICE guideline scope published on 30 October 2020 defines post-Covid syndrome (more commonly known as long covid) as signs and symptoms that develop during or following an infection consistent with Covid-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis. The definition says the condition usually presents with clusters of symptoms, often overlapping, which may change over time and can affect any system within the body. It also notes that many people with post-Covid syndrome can also experience generalised pain, fatigue, persisting high temperature and psychiatric problems.

C. Workforce shortages: Any vacant post, in any setting, threatens the quality of care patients or individuals receive and compromises their safety. However, there is a body of evidence that shows a direct link between nursing staffing levels in particular and patient safety outcomes. There was a shortage of nurses prior to the pandemic and we expect this to exacerbate moving forward without direct action being taken now.

What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

A. Psychological Safety: Nursing staff who have worked through the pandemic have faced intense psychological pressures and witnessed traumatising situations. As registered nurses and nursing staff now continue to push themselves even further to cut down the backlog, there is a risk to the safety of staff and, equally importantly, patients alike.

We have seen an increase in RCN Counselling referrals for workplace traumatic incidents and in the intensity of these incidents. This corresponds with evidence of increased work-related stress, burnout and mental health problems in the pre-pandemic period.

There is a body of evidence linking the health and wellbeing of the nursing workforce with patient outcomes, therefore for the benefit of both staff and patients it is essential

that staff are supported to recover and work in a safe environment. The focus in the short to medium term as a result of the pandemic needs to move away from arbitrary targets and be driven by patient need and the ability to safely staff services.

NHS and care service models 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 and for those who have been impacted by Covid-19. 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. In 2019, our employment survey showed that 77% of nursing staff worked in excess of contracted hours at least once a week; 39% did so several times a week and 18% worked additional hours on every shift. We consider that the risks our members reported to us prior to Covid have at least continued if not significantly worsened during the pandemic.

As part of the reopening of more non-urgent services we are calling for risk assessments to be carried out and acted upon to ensure the safety and morale of all nursing teams. Occupational health services must be available at the point of need to support the psychological and physical wellbeing of staff. It is also of the utmost importance that employers recognise the signs of decreased psychological well-being and educate the workforce about them and act to avoid occurrences of moral injury and its associated risks. 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 should be addressed by government and employers.

It is essential that this access to psychological support and counselling is also made available to staff working in social care and other independent settings. Employers in the independent sector often lack the same infrastructure as the NHS in terms of occupational health provision and lack the funding to implement the same initiatives to tackle burnout and improve staff morale.

Training and support must be provided for return to substantive roles and changes in health care provision should it be requested, such as refresher training. Effective and regular supervision must be in place help to identify and address issues of moral injury and strengthen patient safety.

Nursing staff across organisations must inform and agree to recovery plans, which need to take a phased approach to the reintroduction of services, enabling staff to adapt to the change. Plans must consider `lessons learnt` regarding new ways of working and take opportunities to provide efficient and effective services to patients within an agile and responsive working environment for staff.

Staff must be enabled to raise concerns, particularly around patient safety and situations where their own mental health and well-being is at risk. Staff should be assured that they will be dealt with fairly and in confidence. Data collation is essential and must include mechanisms for `raising and escalating` concerns as well as data on staff covid-19 infections acquired in the course of their work (published monthly)

Additionally, research from the OECD shows that another way of improving staff morale is higher pay as that can increase the potential supply of new entrants to the profession.

B. Long Covid: The RCN is particularly concerned about the impact of long-covid and the need for this to be factored into recovery plans and service models, now and in the immediate future. The introduction of specialist clinics is welcome but these need to be scaled at pace to meet growing demand.

The impact of the pandemic on primary care and community services has been less public but no less significant. These services continue to manage far more patients than pre-pandemic in their own homes, to alleviate pressure on inpatient beds. And as with many long-term conditions, effective self-management and support in the community will be a crucial part of supporting those with long-covid.

Registered nurses therefore should play a unique and significant leadership, practice and research role in this emerging area of concern and services should be structured accordingly. However, this needs to be considered alongside the demand on an overstretched nursing workforce. The RCN is calling for more research to be carried out on long-covid, to understand its demand on the workforce and its wider public health implications.

The government should conduct a full assessment on how many healthcare professionals are themselves managing the effects of long-covid. Services must consider the impact of long-covid in how they organise and support their staff as they move out of the pandemic.

Long-covid will continue to affect patients requiring treatment and will also impact staff directly. Long-covid must therefore be recognised as an occupational disease requiring appropriate policy, occupational health and support.

C. Workforce shortages: The RCN has significant concerns that nursing capacity is at critical levels and shows no signs of improving in time to deal with the recovery from the pandemic.

Existing high vacancies and increased demand from Covid means that current registered nurses have been expected to shoulder a large amount of the workload during the last 18 months. Prior to the onset of the pandemic there were 50,000 nursing vacancies in the NHS across the UK, and Skills for Care estimated there were 122,000 vacancies in social care.

We consider that the risks our members reported to us prior to Covid have at least continued if not significantly worsened over the last 18 months. A third of nursing professionals who responded to an RCN survey during the pandemic reported that they were working more hours than before the pandemic. Indeed, over a third of our members who responded (38%) say staffing levels have worsened compared to before the pandemic.

The RCN is concerned that this increased workload that has been placed on an already overstretched nursing profession is now the beginning of a much larger retention and recruitment issue, in the context of not enough registered nurses guaranteed through a sustainable pipeline of supply. In our survey, three quarters of nursing staff told us 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 and those aged under 24 are most likely to cite staffing levels as a reason for wanting to leave.

Data from the NMC has shown that the amount of nursing professionals joining the register during the pandemic has decreased but this has been offset by the amount of people leaving the register also decreasing. This is thought to be short term and principally aligned to a number of registered nurses who would have considered leaving over the past 18 months deciding to delay doing so to support the Covid efforts, however there is now a risk that we could see nurses from all levels of the profession now choosing to leave as the pandemic 'eases'.

Any vacant post, in any setting, threatens the quality of care patients or individuals receive and compromises their safety. However, there is a body of evidence that shows a direct link between nursing staffing levels in particular and patient safety outcomes. This includes a report from 2019 which showed that for every day that a patient was on a ward which had fewer than the average number of nurses, their chance of dying increased by 3%. As recovering from the pandemic becomes an increasing priority, and as pre-pandemic vacancies become exacerbated with more people considering leaving the profession, it has never been more important for the Government to take rapid action to deliver a fully funded and modelled demand-led workforce strategy.

We propose that to tackle workforce shortages, clear legal duties and accountability for all those who contribute to workforce supply and planning, is created through primary legislation. This includes accountability for provision of workforce living with the Secretary of State for Health and Care, explicitly. The RCN is urgently requesting that Government should publish a costed and fully funded workforce strategy, with both short- and long-term solutions for supply, recruitment, and retention for the full range of health and care systems. The ask is also for a reduced over-reliance on international recruitment which is not sustainable especially while the pandemic is still acute globally.

The RCN welcomes and values international colleagues and is sensitive to the World Health Organisation's recently published global strategic directions for Nursing and Midwifery. In it the WHO clearly calls for all nations to increase the availability of health workers by sustainably creating nursing jobs, effectively recruiting and retaining nurses, and ethically managing international mobility and migration. This includes a specific policy call for countries to conduct nursing and midwifery workforce planning and forecasting through a health labour market lens.

Without sufficient and meaningful efforts to grow the nursing workforce, and retention measures, the current staffing shortage is only set to increase. Recent figures from Macmillan Cancer Support state that by 2030, there will be approximately 3.3 million people living with cancer in England. Without any action to increase the workforce, the

gap between projected patient need and workforce capacity will grow to 3,371 nurses, a 100% increase over current numbers of specialist cancer nurses. This same Macmillan research shows that among people who are recently diagnosed with cancer in the UK who did not receive enough support from a specialist cancer nurse, almost half (44%) said this led to either being unsure on treatment side-effects, attending A&E or being unsure if they were taking their medication correctly. All of these outcomes can be costly on the system and impact patient outcomes. It is clear that the system as it is, is now not coping and is also not sustainable against other predicted population developments. It is therefore clear that there is not sufficient nursing capacity available within the NHS to deal with the current backlog.

Factor	*What impact do you think this factor(s) will have on workforce number demand?* *Strong demand reducing impact* *Moderate demand reducing impact* *Weak demand reducing impact* *Neutral* *Weak demand increasing impact* *Moderate demand increasing impact* *Strong demand increasing impact*	*What degree of impact do you believe this factor(s) will have on need for new skills?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new roles?* *Low Impact* *Medium Impact* *High Impact*	*What degree of impact do you believe this factor(s) will have on need for new ways of working?* *Low Impact* *Medium Impact* *High Impact*	*In what time horizon will the most significant impact be felt on workforce demand?* *0 - 5 years* *6 - 10 years* *11 - 15 years* *Beyond 15 years*
A. Staff Morale	Strong demand increasing impact	High impact	High impact	High impact	0-5years
B. Long covid	Moderate demand	Medium impact	High impact	High impact	0-5years

	increasing impact				
C. Workforce shortages	Strong demand increasing impact	Medium impact	High impact	High impact	0-5 years

21. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

This survey design only allows for us to select short, medium or longer-term impact. In reality, the drivers we have set out will all have immediate, medium term and longer-term implications for workforce planning, and for policy and funding decisions.

a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to strategicframework@hee.nhs.uk

Griffiths P, Maruotti A, Recio Saucedo A, Redfern O C, Ball J E, Briggs J, Dall'Ora C, Schmidt P E, Smith G B and Missed Care Study Group (2019) Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study, BMJ Quality and Safety, 28(8), pp. 609–617: https://qualitysafety.bmj.com/content/28/8/609

Macmillan – Cancer Nursing on the line: why we need urgent investment across the UK, 2021: https://www.macmillan.org.uk/assets/forgotten-c-nursing-report.pdf

OCED, The Impact of Pay Increases on Nurse' Labour Market: https://www.oecd-ilibrary.org/social-issues-migration-health/the-impact-of-pay-increases-on-nurses-labour-market_5kg6jwn16tjd-en]

Demand re long covid - ONS figures show that long covid cases were at 970,000 people in September 2021, an increase from 945,000 people in August 2021 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/2september2021

RCN, Building a Better Future for Nursing – RCN Members have their say: https://www.rcn.org.uk/professional-development/publications/rcn-builiding-a-better-future-covid-pub-009366

RCN, Employment Survey 2019: https://www.rcn.org.uk/professional-development/publications/pub-007927

Why Nurses' Job Satisfaction Matters to Patients: https://www.americanmobile.com/nursezone/nursing-news/why-nurses-job-satisfaction-matters-to-patients/#sthash.y4huBpol.1ij37jv1.dpuf

World Health Organization, Global strategic directions for Nursing and Midwifery, 2021-25: https://apps.who.int/iris/bitstream/handle/10665/344562/9789240033863-eng.pdf

22. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact
Medium Impact
High Impact

Demand and supply gaps over the next 15 years

23. Please provide details of where you feel the greatest workforce demand and supply gaps will be over the next 15 years. Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area), as well as timescales.

Workforce demand gaps: As identified in the first theme of this survey, we feel the greatest workforce demand gaps will arise from the changing demographic factors of an ageing population and increasing health inequalities and long-term conditions in England. The factors described under the demographics and disease theme will impact places across England over the next 15 years, and will particularly impact nurses working in the areas of social care, community care, and acute and emergency care. The population will continue to age over the next 15 years, and with this we will see an increase in the number of people suffering with long-term conditions, and a continued increase in health inequalities across England. The greatest impact on workforce demand is likely to be felt beyond 15 years, where we will see a predicted 114% increase in the number of people aged 85 and over in England by 2040. It is likely that geographically, this impact on workforce demand will be most significantly felt in poorer and coastal areas of England.

Workforce supply gaps: The main supply route to nursing is through the three-year undergraduate nursing degree. In 2017, the government removed the nursing bursary in England, which supported students into and through their studies to become qualified nurses. Following a subsequent decline in nursing degree applicants, the government announced an annual maintenance grant of between £5000 and £8000 per student from September 2020. Despite years of growth in demand for services, we are only now seeing applicant numbers exceed 2016 figures. Therefore, we see that the current nursing education system in England has the greatest impact on nursing supply, and lack of real-time student attrition data means we cannot predict accurately the number of student nurses that will complete their nursing degrees and become registered nurses over the next 0-5 years. At present, there are almost 39,000 vacancies in nursing across the NHS in England. With unfilled nursing jobs at record levels, it is more important than ever to attract the next generation of nurses to the profession. Planning for future workforce supply must consider the support needs of nursing students, both on entering and throughout completion of the nursing degree. It must also demonstrate that the nursing profession is valued by widening support to those who have missed out due to the removal of the old funding model and offering incentives, so students don't leave their studies due to financial pressures.

Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to strategicframework@hee.nhs.uk

Ambitions for the health and social care system

24. In 15 years' time, what one key thing do you hope to be able to say the social care and health system has achieved for people who need care and support, patients and the population served?

In 15 years' time, we hope to be able to say that the social care and health system has enabled the people who need care and support, patients and the population served to receive the care they needed in a way that is safe, timely and person centred, in a health and care system that is safely and appropriately staffed.

25. In 15 years' time, what one key thing do you hope to be able to say the health and social care system has achieved for its workforce, including students and trainees?

In 15 years' time, we hope to be able to say that the health and social care system has enabled its workforce, including its students and trainees, the ability to provide safe and effective care to the people that need it, as part of a health and care system that is safely and appropriately staffed.

26. Any further comments

Please provide any further comments in the space below. If you completed the full survey (rather than the optional shorter individual route) please use this space to add information on factors you felt unable to add under the six drivers of change categories including suggesting a new category the factor(s) would sit within if applicable.

Below is our description of what we believe is required in terms of a government workforce assessment and strategy for health and social care. We are asking that the Health and Care Bill is amended to include this, and believe that the Framework 15 update will be meaningful if Government and national agencies work together to produce this:

Government must publish an independently verifiable population needs based assessment of upcoming health and social care workforce demand in health and care.' The assessment must:

a) be 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) be undertaken at least every 2 years in response to changing population needs;

c) be 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;

f) be fully available in the public domain in an open and transparent manner;

g) be verified by an independent body with the relevant expertise

and

h) take full account of all publicly funded health and care services, regardless of provider, including social care and public health.

A published Government funded workforce strategy – including a fair pay rise for nursing staff, as part of an integrated approach alongside service and finance planning,

to ensure that the health and care workforce skills and numbers are sufficient for safe and effective staffing levels in health and care. The strategy must:

a) ensure appropriate Government workforce planning, including equality impact assessments, and application of lessons learned from formal reviews and commissions into incidents, to ensure that the workforce is properly protected in the workplace;

b) identify measures to promote retention, recruitment, remuneration and supply of the workforce;

c) take into account the wider health and care labour market;

include regard for, and the promotion of workforce health and safety, including provision of safety equipment and clear mechanisms for staff to raise concerns without fear of retribution.