

Royal College of Nursing response to Chief Nursing Officer survey 'Shape the future of nursing and midwifery'

With a membership of close to half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

1. Introduction

- 1.1 The Royal College of Nursing (RCN) is the largest professional body and trade union for nursing staff in the world. The RCN represents around 500,000 members who are registered nurses, midwives, students, and nursing support workers.
- 1.2 The RCN is encouraged by the Chief Nursing Officer's (CNO's)'s commitment to developing a professional strategy with input from and by the professions. The RCN looks forward to contributing to this work as it progresses, alongside its own activity to directly support the nursing profession in England and across the UK. This submission includes recommendations from the RCN on the issues which we believe should be addressed by a professional strategy and key criteria to be incorporated.
- 1.3 The RCN is committed to supporting our members and the wider nursing profession to deliver safe and effective nursing care. The RCN's Nursing Workforce Standards (2021) serve as a blueprint for ensuring safe and effective care in all settings.¹ The RCN is therefore seeking a commitment to safe and effective care designated as the central priority for the CNO's new professional strategy, which should also align with and support the RCN's Workforce Standards.
- 1.4 It is critical that a professional strategy represents and considers the nursing profession working in every setting, including those working outside of the NHS in public health, social care, independent health services, education and research. Given that the CNO for England is situated within the NHS, the RCN recommends that the scope of the strategy should identify the needs of and interventions for the whole profession including those working outside of the NHS.
- 1.5 Within this strategy the CNO should advocate for the experiences of nursing staff at every stage of their careers. This should include raising concerns about the treatment

of staff, capture and interpretation of meaningful data, and action on key systemic issues.

- 1.6 It is critical that the professional strategy prioritises and embeds a strong and consistent focus on equity, diversity and inclusion throughout. There must be recognition of the importance of addressing the experiences and impact of inequalities and discrimination, as well as fostering inclusion and diversity, within the nursing profession.
- 1.7 It is important to acknowledge the context within which the CNO's strategy is being developed, including unprecedented systemic issues and challenges facing the nursing and midwifery professions and the health and care system in England. This includes over a decade of wage compression and consistent erosion of both the volume and skill mix of the nursing workforce across health and care, despite rising demand. These issues were set out in the RCN's recently published report '*Investing in patient safety and outcomes*'ⁱⁱ which highlighted how current government policies (including planned changes to higher education funding) are exacerbating rather than resolving severe nursing workforce shortages, with demand for nursing staff vastly exceeding sustainable supply.
- 1.8 UK government higher education reform is an example of area of public policy which will actively harm female professions, including nursing specifically. Should these proposals be implemented, the vast majority of nursing graduates – particularly women, who earn less than men - will not earn enough to repay their loan in the repayment period. In England, as of the last 12 months to March 2022, the proportion of women in the registered nurse workforce is 88% (486,852) (NMC, 2022c). In England in 2021, 90% (22,505) of placed higher education nursing student applicants were women and 10% (2,580) men. Due to accruing interest over what is likely to be a large, unpaid balance, nurses will make higher repayments every year over a longer period – many never paying off the full amount.⁹ For women in nursing roles in the NHS in England, the average increase stands at £15,300 - up from £10,700 to £26,000.¹⁰ For men in the NHS, repayments are expected to increase by £17,600 - up from £24,400 to £42,200. In percentage terms, expected repayments made by female nurses will increase by approximately 142%, while expected repayments made by male nurses will increase by approximately 72%.ⁱⁱⁱ
- 1.9 The COVID-19 pandemic exposed the impacts of decades of underinvestment in the nursing workforce in England which has led to significant and growing workforce shortages. Simultaneously, the pandemic added further pressure to the already overstretched workforce and health and care system. Despite unprecedented demand (for example, over 7.1 million people currently waiting for NHS treatment^{iv}), there are now around 47,496 reported nursing vacancies in the NHS in England,^v while in social care there are almost 40% fewer nurses than 10 years ago.^{vi}

- 1.10 The rate of nursing staff leaving the profession is also increasing: from 2019-20 to 2021-22 the number of nurses leaving the NMC register increased by 12%, while the rate of sickness and burnout is also rising.^{vii} Meanwhile, in 2022 there has been a 10% decrease in students accepted on to nursing degree courses across the UK compared to 2021.^{viii} That is 3,265 fewer nurses starting their nursing degrees and joining the register in 2025.
- 1.11 The CNO's strategy therefore should call for government intervention in the stimulation of growth in nursing supply, through removing barriers – including financial – to entering and staying in the profession. New nursing students should be incentivised through universal living cost maintenance grants in line with the true cost of living and full funding or reimbursement of tuition fees. The CNO's strategy should also include evaluation of the further education landscape, including the new addition of nursing 'T Levels', and the extent to which the current system facilitates growth in the nursing workforce.
- 1.12 It is beyond the scope of the CNO's current role and remit to resolve these aspects of wider Government policy and intervention. However, it is critical that the CNO's strategy acknowledges the wider context and that the CNO makes a strong case with clear recommendations to government for the action needed to address these challenges and to enable the CNO strategy itself to be meaningful.
- 1.13 It is helpful that the CNO's intention is for the new strategy for nursing and midwifery to align with other relevant strategies and plans, particularly the NHS Long Term Plan and the forthcoming workforce plan for the NHS. However, the RCN expects that the CNO's professional strategy should also align with and reinforce the WHO Strategic Directions for Nursing and Midwifery (GSDNM) (2021)^{ix} and the WHO Regional Office for Europe's 'Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region'^x which focus on four defined areas: leadership, jobs, service delivery and education and include a range of policy priorities to progress these areas. The CNO's professional strategy should ensure that it addresses each of these core areas and identifies priority actions to drive progress towards implementation of the GSDNM in England, aligning with all parts of the health and care system.
- 1.14 The RCN believes that the nursing profession should be represented and empowered to influence and shape policy development at the highest levels of policy making, from within government. Therefore, in addition to the current CNO role that is situated in NHS England, the RCN is also calling for the reinstatement of a Chief Nursing Officer within the Department of Health and Social Care, aligned with the Chief Medical Officer role. This new CNO role should be enabled to provide expert advice within policy-making structures across government and be supported with sufficient levels of resource to act. The role should represent the nursing workforce

across all health and care settings and provide nursing and public health advice across government policy.

2. Workforce and people

- 2.1. Globally, nurse retention has been significantly impacted because the COVID-19 pandemic has increased ill health, burnout, reduced working hours and early retirement among nursing professionals.^{xi} Prior to the COVID-19 pandemic, the RCN was concerned that registered nurses and nursing support workers in England were increasingly indicating becoming burned out due to work pressured. The RCN is seriously concerned that the nursing workforce may not be able to cope with growing demand. Evidence demonstrates that registered nurses' exhaustion can lead to emotional and cognitive detachment from work, which can lead to an increase in patient infections and an increase in nurse workload.^{xii} Nurses working in hospitals with fewer registered nurses per patient were more likely to report higher levels of burnout, intent to leave their job, lower qualities of care and give their hospital an unfavourable patient safety grade.^{xiii}
- 2.2. The RCN agrees that workforce and people should be a core priority within a professional nursing strategy. Having the right number of nursing staff, with the right skills, in the right place, at the right time, is critical for safe and effective health and care services and for health equity. The RCN would expect that the CNO's professional strategy should be underpinned by a commitment to ensuring staffing for safe and effective care and health equity and identify specific actions that the CNO will take and lead to progress this, including advocating to government on the issues affecting the nursing workforce.
- 2.3. The CNO's strategy should set out the future role and direction of the nursing profession, and how it will contribute to tackling health inequalities and improving health outcomes. This strategy should then contribute to the development of a national, government-funded health and care workforce plan.
- 2.4. The CNO's professional strategy should also set out how the CNO will be accountable for providing advice to Government relating to emerging trends in the nursing workforce which risk delivery of the workforce strategy or pose challenges for retention targets. To support this, the strategy should include a mechanism by which the CNO can provide advice and information to ministers about emerging systemic issues, or trends in nursing workforce data which may risk or impact the delivery of health and care workforce strategies and impact on patient safety and outcomes.
- 2.5. The CNO's strategy should also recognise that across all workforce issues, including leadership, career development, recognition of career routes, funding, training and development, and pay, there are significant inequalities in access and experience for

nursing staff with protected characteristics. Furthermore, the diversity of the profession is not represented or reflected in nursing or wider health and care system leadership structures and there is a need for a priority focus on equity, diversity and inclusion.

- 2.6. The RCN believes that a professional strategy should seek to celebrate the diversity of nursing and midwifery and clarify the principles and values of health and care systems to enable a diverse nursing profession as rooted in anti-racism, anti-sexism and anti-discrimination. There should be a strong and consistent focus on tackling inequalities and embedding equity, diversity and inclusion throughout the strategy, and ensuring that all nursing and midwifery staff have equity in relation to their careers, access adequate training and professional development, and fulfil their potential. This should also include specific measures to support internationally educated nurses, given the ongoing emphasis on international recruitment.
- 2.7. The RCN is clear that sustainable workforce supply planning is key to addressing unsafe staffing levels. It is positive that the Government has committed to “ensuring the NHS has the workforce it needs for the future, including publishing a comprehensive workforce plan next year.”^{xiv} However, we remain concerned at the lack of progress towards cohesive and aligned workforce planning for the whole nursing workforce – including public health, social care and other independent health services and education, as well as the continued and potentially unethical over-reliance on international nursing recruitment. The RCN is also concerned about the lack of action to ensure that all nursing staff can access training, supervision, support, supervising, assessing, coaching and development, as well as fair pay and terms and conditions.
- 2.8. As part of a focus on workforce and people, the RCN expects the CNO’s professional strategy to recognise the need to grow and develop the nursing workforce to meet current and future demands and provide high standards of care. This must include a focus on recruitment – to increase the supply of nursing staff by attracting more people into and back into the profession. The strategy should support and drive better workforce planning based on assessment of need, and investment in nursing education and development and actions to support the necessary growth of the nursing workforce to meet population demand. This must include ensuring that there is a sustainable domestic supply of nursing staff, and that internationally trained nursing staff are ethically recruited and treated fairly and respectfully, with equal opportunities to access pay, terms and conditions and career development.
- 2.9. The CNO’s professional strategy must also include a parity of focus on retention and ensuring that as many people remain in the profession as possible. As part of its focus on improving recruitment and retention, the RCN believes that the CNO’s strategy include a commitment to advocating for all nursing staff in all settings to have pay, terms and conditions of employment which are attractive to recruit and retain

expertise. It should also include a commitment to advocating for and supporting all nursing professionals to have access to appropriate training, development, and support, including ring-fenced funding for Continuing Professional Development (CPD) and protected learning time for all nursing professionals working across health and social care.

- 2.10. The strategy should enforce the critical need for nurses to have access to Continuing Professional Development (CPD) that responds to career development and specialist service provision requirements and is based on monitoring of future service and population needs. This requires sufficient funding to cover the direct costs of the education programme, as well as staffing costs of covering staff who are undertaking training. Protected time to undertake CPD should be established, nurses should not be expected to undertake the required CPD at their own cost and on days off.
- 2.11. Nurse retention has been significantly impacted because the COVID-19 pandemic has increased ill health, burnout, reduced working hours and early retirement among nursing professionals.^{xv} But even prior to the COVID-19 pandemic, the RCN was concerned that registered nurses and nursing support workers were increasingly indicating feeling burnt out at work. As pressures from COVID-19 and the subsequent backlog add to existing pressures, the RCN is seriously concerned that the nursing workforce may not be able to cope with growing demand. Evidence shows that registered nurses' exhaustion can lead to emotional and cognitive detachment from work, which can lead to an increase in patient infections and an increase in nurse workload.^{xvi} Evidence has also highlighted that nurses working in hospitals with fewer registered nurses per patient were more likely to report higher levels of burnout, intent to leave their job and unfavourable patient safety ratings.^{xvii}
- 2.12. As part of a focus on workforce and people, the CNO strategy is right to focus on supporting and improving the health and wellbeing of the workforce and the RCN would expect to see a range of actions included to address this issue. The dignity, health and wellbeing of all registered nurses, midwives and nursing support staff is essential to the quality of care they can provide for people and communities, and when this is not in place, it can affect compassion, professionalism and effectiveness.^{xviii} Include a range of actions to address the issue of staff safety and wellbeing and protect them from abuse, harassment and violence as well as promote the dignity, health and wellbeing of all registered nurses, midwives and nursing support staff as vital to safe and effective care.
- 2.13. The CNO's professional strategy is an opportunity to set out how the CNO will make a strong case to government for improved workforce planning for the whole health and care system, and how nursing insight and expertise will underpin this. The CNO has a vital role to play in sharing intelligence about the nursing workforce publicly and directly to members. Senior nurses throughout the health and care system should be

accountable for providing advice about staffing levels, establishment, conditions, skills mix. This advice should be based upon insight from nursing staff, research and data, using the RCN's nursing workforce standards.

- 2.14. The CNO should be accountable for feeding this insight into decisions at national level, ensuring that ministers have access to recommendations and advice based on intelligence from the nursing workforce. To facilitate this, the CNO must put in place a system to capture intelligence relating to health and care workforce requirements, workforce establishment and sustainable staffing. Data and intelligence captured through this system should be published regularly to allow for clear scrutiny and ongoing transparency about decision-making. The RCN is clear that the government must then be accountable for detailing cross government policy interventions and investment to generate supply and retention to meet these requirements.
- 2.15. To facilitate improvements in the workforce decision making process, in May 2021 the RCN published the first UK overarching Workforce Standards.^{xix} The Standards are designed to be used as a key tool for nursing workforce planning. They are a national blueprint for addressing nursing shortages and set the standard for patient care and nursing in all settings. Implementing the RCN Workforce Standards could help to alleviate many of the issues which contribute to poor retention, such as access to training and CPD, unplanned overtime, short staffing, and a lack of flexible working. Implementation of this tool will be beneficial for staff morale, patient safety and retention.
- 2.16. The RCN recommends that the CNO's professional strategy align with the RCN Workforce Standards and advocate for their use at provider, commissioner and government level, with accountability for their delivery; to be used as the basis for workforce decision making. This will help to ensure that determinations about registered nurse staffing is informed by legislation, national regional and local policy, research evidence, professional guidance, patient numbers, complexity and acuity, the care environment and professional judgement.
- 2.17. As the needs and expectations of patients evolve, this will require changes to the scope of practice for registered nurses and an increased use of nursing support workers to support and provide areas of care that may previously have been undertaken by a registered nurse. While this is welcomed, the RCN would want to see greater support for this group of the nursing workforce and actions taken to ensure patients are protected from potential harm. This should be considered in the professional strategy with a commitment. Additionally, the CNO's strategy should set expectations for employers about how often job descriptions and roles are reviewed to ensure that nursing staff are employed at the right bands, supported with training and development.

3. System leadership and integration

- 3.1. The RCN agrees that system leadership and integration are important areas for the professional strategy to address. Leadership in nursing encompasses a wide range of roles, levels and work and is core to nursing work. The CNO's professional strategy should seek to promote, foster and support good, compassionate leadership at all levels of nursing, acknowledging that compassionate leadership is key to improving patient safety and experience and shaping quality outcomes and critical for improving nursing retention.
- 3.2. In relation to system leadership and integration, the RCN is clear that nursing has a critical role in the design, commissioning and delivery of safe and effective health and care services – as well as driving health policy, and leading transformation in both models of care and services. Registered nurse expertise is critical to ensuring decisions are made in the best interests of patients and nurse leadership is vital to delivering the ambitions of the NHS Long Term Plan^{xx} and the Health and Care Act 2022.^{xxi} For effective integrated services to deliver the best possible outcomes, robust nursing leadership must be in place across all health and care structures and bodies. Healthcare leadership needs to be promoted and embedded on all levels of nursing as it is with other professions, to ensure the nursing voice is heard. The CNO's professional strategy should set out the priorities for health and care systems in ensuring that nursing leadership is embedded, supported and enabled at all levels of the health and care system.
- 3.3. The CNO's strategy should provide recognised and accredited routes to leadership careers across clinical education and research that are equitable and raising the voice of nurse leadership across teams, systems and strategic leaders. As we see the developments in genomic and digital careers nurses need support to be recognised as leaders in the delivery of these areas with workforce development to get them up to speed. Additionally, the strategy should address sustainability and lead the agendas forward across all healthcare systems to reduce waste, economic and clinical and to ensure we support nurses to embed the approaches across health and care. The CNO's strategy is an opportunity to support the development of fellowships, research and think tanks that are nurse-led, with equitable access to loans and grants for development. The strategy should also support training in management and leadership and in areas such as genetics, digital skills development and sustainability incorporated into the training and development of the profession and for action to demonstrate better evidenced-based delivery driven by research and economic analysis before developing new roles.
- 3.4. Additionally, there are different issues affecting nursing leadership across settings and sectors. For example, the RCN is concerned that fragmentation within the public health nursing workforce and in public health nursing leadership has been exacerbated

since the restructuring of public health in England,^{xxii} and is contributing to many public health nursing staff feeling under-represented and under-valued. The specific issues affecting nursing leadership across different parts of the system must be considered and addressed, and the RCN reiterates our view that a professional strategy needs to be representative of the whole profession. It should seek to raise the profile of nursing and support robust, aligned, cohesive nursing leadership across all levels of the system and decision-making, including public health and social care nursing, and for nurses working in the independent sector, education and research.

- 3.5. It is also important to recognise the significant pressures on nursing leaders – they are often dealing with significant system issues, including workforce shortages and budget constraints. The RCN has raised concerns that Directors of Nursing can lack full budget-holding power and operational authority, yet face pressure to make finance driven decisions, rather than quality or safety-driven. As set out in the RCN Nursing Standards (2021), the role of the senior nurse should be protected and given the necessary space and dedicated time to be able to manage the team, make decisions and deal with situations that may arise, and therefore should not be counted within staffing numbers. However, in response to the RCN's last shift survey in 2022, only around one in four respondents told us the lead nurse held supernumerary status on their last shift (22% in the NHS and 23% in independent sectors).^{xxiii} The RCN recommends that the CNO's strategy for the profession uphold and align with the RCN Workforce Standards, including ensuring that senior nurses hold supernumerary status.
- 3.6. The CNO should support the growth and development of new nursing leaders, as well as supporting those already in place. At every level of decision making, nursing staff should hold appropriate levels of power, responsibility and accountability for the decisions they make. Nurses are often held accountable for decisions where they do not have control over important factors like workforce planning or finance. For example, executive nurses are responsible for ensuring that care is safe and effective. However, they do not have power over the supply of registered nurses, or additional incentives to recruit or retain staff. The CNO's professional strategy should define appropriate accountability for nurses holding leadership roles and provide them with support and guidance. At the highest level, the CNO should hold accountability for the delivery of this strategy. This includes reporting on progress against key milestones at regular intervals and providing public explanations when progress is not as expected.
- 3.7. The RCN believes that leadership and management training is vital for all nursing staff and must be a core part of pre- and post-registration education and career development and accessible to all. The CNO professional strategy should support increased access to training and CPD (including protected time for CPD for all nursing staff) for all nursing staff as part of a continuous development approach for nursing staff, with leadership and management training inculcated in all training from undergraduate nursing degree to executive nurse levels. This should include setting out

how leaders will be developed to create a 'learning environment' where professional curiosity is encouraged, and staff feel able to speak out if they have concerns.

- 3.8. The RCN would want to see the CNO's strategy supporting a clear career framework / trajectory that provides a rewarding and interesting career for nursing staff. This will support better retention and provide meaningful progression into senior roles and maximise nursing expertise across all of healthcare. The CNO strategy should also reflect the diverse range of leadership and management skills that nursing staff use and need. These include project management, building business cases, finance management, presenting projects and programmes, evaluation, health economics and sustainability. Furthermore, the changing health and care landscape, particularly the move towards greater integration and collaboration with a diverse range of organisations and services through the Integrated Care Boards and Integrated Care Partnerships, will require senior nursing leaders to have political awareness and knowledge and to have skills in communicating with a diverse range of partners to ensure that nursing and wider health and care needs are represented.
- 3.9. The RCN has also raised concerns about lack of diversity in the leadership of health and care services and organisations, which should be representative of the workforce and populations that they serve. The RCN's 2021 Employment survey highlighted that Black and Asian respondents across all age groups were less likely than white respondents and those of mixed ethnic background to state they had received at least one promotion since starting their nursing career.^{xxiv} The survey also found that while 66% of white and 64% of ethnic minority respondents stated they had been promoted, this drops to just 38% of Asian and 35% of Black respondents. As part of a strong overall focus on equity, diversity and inclusion, the CNO strategy should not only set out how it will support an increase in the number of nursing staff in leadership roles, but also in the diversity of health and care leadership (including nursing) and in the rate of progression of ethnic minority nurses throughout leadership levels. Alongside this, the delivery of the CNO's strategy should allow for local reporting in situations where nursing leadership posts are changed or removed, so that the CNO can advocate for them to be protected.

4. Health equity, prevention, and population health management

- 4.1. The RCN agrees that health equity, prevention and population health management are important areas for the CNO strategy to address – indeed, the RCN believes that the strategy should be linked to a clear vision for how nursing will contribute to these goals.
- 4.2. Nursing staff are uniquely placed to understand the wider determinants of health and wellbeing. Their access to people across the life course, in diverse settings including homes and schools, gives them unique insight into what factors which may be

adversely affecting people's health and quality of life and the necessary solutions. In the current context of the cost-of-living crisis, this has never been more vital. The CNO's professional strategy should explicitly consider how nursing staff can be better enabled to act on health inequalities and contribute to health equity. This should include a focus on the delivery of population health and the economics of embedding nursing leaders into strategic areas.

- 4.3. The strategy should recognize that preventable ill health and health inequalities impact on and increase the demand for nursing care, and wider health and care services. It must also set recognize and support the vital role of nursing in health equity and prevention and the CNO's strategy is an important opportunity to drive, showcase and empower this. This should include setting out the role of nursing in addressing the key risk factors for preventable ill health and providing unique insight into health inequalities through contact with people across the life course, in such a diverse range of settings.
- 4.4. The RCN has highlighted the critical role of nursing in sustainability, climate change and the Sustainable Development Goals^{xxv} and the CNO's professional strategy could be an opportunity to present nursing as a force for change and highlight the diverse role that nursing has in health equity and population health, this will support a more modern and realistic vision of what constitutes nursing work and the diverse settings nursing is part of. This, in turn, could support recruitment and retention.
- 4.5. To do this, the CNO strategy will need to be based on an understanding of the barriers which prevent nursing from acting on health inequalities and prevention and include action to address these barriers where possible. For example, nursing staff need sufficient workforce capacity, training, development, and support to deliver effective interventions and empowering nursing leadership across all health and care settings could help to ensure that the holistic view of nursing is embedded in the commissioning, planning and delivery of services. The CNO strategy should set out specific actions to address these barriers and optimize the nursing contribution and support health equity, public health and population health being a core part of nursing education, training and development, and for all nursing staff to be supported and enabled with information, resources and tools to optimize their contribution.
- 4.6. It is important to recognise the limitations on the CNO professional strategy and on the nursing profession and what it can achieve in the context of understaffing and underfunding. Equitable access to safe, effective, and appropriate health and care services that meet people's needs is critical for health equity. However, workforce shortages, particularly in nursing, impact on the availability, safety, quality and effectiveness of health and care services in England and must be addressed as a matter of urgency. The RCN therefore reiterates the importance of the CNO making a strong case to government for the necessary actions to grow and sustain the nursing

workforce. This includes specific action to address nursing shortages across the whole range of services, including public health where there are significant workforce shortages (for example, since 2015 the number of NHS health visitors has decreased by 42% and the number of school nurses by 28%).

- 4.7. The RCN would also support the CNO in making a strong case to Government for greater action across government to improve population health and health equity. This should include ensuring that health and health equity are cross governmental priorities, backed up by a cross governmental strategy to improve health and address health inequalities; ensuring that there is sufficient, sustainable funding and resources for prevention and public health to meet demand; and investing in growing and developing the nursing workforce, including public health nursing.

5. Person centred practice and improving outcomes

- 5.1. Nursing staff play a vital role in patient reported outcome measures and experience which provides a barometer on which the quality of health care can be assessed. The RCN believes that greater consideration in the development of nursing process and support in the delivery of person-centred care is important to ensure nursing staff are given the necessary skills and understanding of how the principles of person-centred care should be implemented in practice.
- 5.2. Evidence-based care is a fundamental tenet to professional practice. There is a need for development and support for more nursing-led research to ensure that the delivery of expert care is evidence-based accessible to all. Need more and these types of nurses should be part of workforce development and b) their skills in the area of research is important to supporting evidence based nursing practice but also helping to increase the knowledge base of nurses about research and what is available.
- 5.3. The CNO strategy should support training and education in the ethics and law relating to clinical nurse advocacy being embedded at pre and post registration levels to truly deliver person-centred care and treatment. To help achieve this, nursing staff must be trained to listen, inform, and consult patients throughout the healthcare continuum, as well as consider individual preferences, needs and values when making clinical decisions.
- 5.4. The RCN has repeatedly highlighted that nursing staff are often held accountable for decisions and outcomes which are largely out of their control, such as mistakes made on shifts which are chronically understaffed due to the national workforce shortage. While we recognise the efforts of the Nursing and Midwifery Council (NMC) and others

to shift from a blame culture to one of system learning, it is vital that the CNO's strategy also supports this transformation.

5.5. It is also important that the CNO's strategy addresses the increasing use of new technology and digital solutions to enhance patient care and experience and improve safety. This should include aiming to enable nurses to spend more quality time directly caring for people who use health and care services and ensuring that there is digital and data nurse leadership across health and social care and that digital nurse expertise is used to inform decisions about the procurement and use of technology that is used for patient care.

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