Royal College of Nursing

Royal College of Nursing submission to the Public Accounts Committee inquiry into the NHS Long Term Workforce Plan modelling

About the Royal College of Nursing

With a membership of over 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. Overview

1.1. The RCN has repeatedly called on Government to deliver a fully funded workforce plan for health and social care services in England. We published all the aspects needed within this in our recent report which highlighted the solutions for sustainable nursing recruitment and retention in England.

1.2. Our 2022 Investing in Patient Safety and Outcomes report[1] detailed our requirements for a Long-Term Workforce Plan for England including the need for:

- an independently verified assessment of future health, social care and public health workforce numbers based on the projected health and care needs of the population for the following five, ten and twenty years.
- government-funded tuition fees and living costs grants for all nursing, midwifery, and allied health care students, to incentivise new nursing students for sustainable nursing supply.
- action to understand the risks of nursing student attrition and to identify and address systemic pressures, such as resourcing requirements of health and care service for teaching and clinical placement capacity.
- measures to address potentially unethical practice in international recruitment.

1.3. We recognise that NHS England was commissioned to produce a Plan with little clarity about the scale of intended government funding. The onus must now be on the UK Government to prioritise the scale of funding proportionate to the need, to enable implementation. The NHS Long Term Workforce Plan has set out some modelling to reflect the size of workforce growth needed. However,

[1] RCN (2022) Investing in Patient Safety and Outcomes available at: Investing in Patient Safety and Outcomes | Publications | Royal College of Nursing (rcn.org.uk)

this could and should have been transparent long before now, with the focus now on meaningful policy intervention for the short as well as longer term, which remain absent from the Plan. The Plan also does not appear to reflect the urgency of the workforce crisis currently underway in health and care services, containing new immediate actions to boost supply or retention.

1.4. The Plan makes no reference to Framework 15, which was intended to underpin the workforce planning contained in the Plan. Currently framework 15 runs until 2029 and was due for an update in 2021 ahead of the development of the Long-Term Workforce Plan.

1.5. There is almost no reference to safe or effective patient care, or safe staffing levels, throughout the Plan, including when discussing potential expansion of support roles, or to reducing education timeframes. This is a very particular cause for concern for the RCN, given that patient safety and outcomes should be the guiding principle for all aspects of this Plan, including any intentions around nursing education or practice.

1.6. The RCN is clear that registered nurse staffing levels have a significant impact on patient safety and outcomes[2][3]. Healthcare should be a safety critical industry and held to safety standards. Over many years healthcare in England has been challenged by a series of high-profile systemic failures involving patient safety that have led to death and severe harm[4]. Other industries, such as childcare, aviation and animal care, have safe staffing ratios. It is only logical, and to be expected by the public, that such standards would be in place in healthcare. Other countries around the world have recognised the need for the ratio of patients to each registered nurse to be secured through safety standards. In some cases, this is underpinned by legislation.

1.7. Given the lack of continued nursing workforce crisis, set out so clearly in the Plan, it is time for safety standards for maximum patients to registered nurse ratios to be set centrally for England, measured, and reported on publicly for true understanding and visibility of healthcare safety. Each safety standard must be developed carefully, informed by research and evidence. For example, evidence demonstrates that eight patients to one registered nurse in an adult acute ward is past the safety threshold and therefore staffing levels should never reach this point. We are aware that NHSE is taking forward an update to existing guidelines, and we are clear that these resources do not go far enough to provide

[2] https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2023/February/010-665.pdf

[3] *Aiken, Linda H., et al. "Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study." The Lancet (2014)*;
Griffiths, P., Ball, J., Murrells, T., Jones, S., & Rafferty, A. M. (2016). Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study. BMJ Open, 6(2)

[4] Anne Marie Rafferty and Alison Leary (2023) *Future Healthcare Journal* 2023 Vol 10, No 1: 3–6

transparency to patients, the public, staff or indeed system leaders and government with regards to the actual safety of NHS services.

1.8. For many of the ambitions set out in Plan, modelling is not based on specific assumptions about how the ambition will be delivered, what interventions are needed, whether there is a need for additional investment, or how progress will be measured. There is also no delivery plan setting our specific roles and responsibilities by local and national bodies, nor how delivery and accountability will be monitored and reported on. There is therefore no clear assurance that the ambitions will be realised.

1.9. There is insufficient recognition of the current lack of transparency in relation to substantive and temporary staffing numbers, including bank staff. There is no reference to reforming the measurement of staffing levels or reporting workforce data. Current publicly reported data does not reflect the true size and shape of the nursing workforce, with temporary staffing not clearly captured to show whether bank or agency (which has implications for safety), or to reflect potential double counting of the same staff. For some staff the flexibility they require can only be achieved through agency or bank-only contracts.

1.10. Now that the Plan has been published, the RCN is ready to contribute to urgent implementation planning, as details are much needed to underpin the ambitious numbers contained in the plan.

2. Recruitment

2.1. Investment in education and training is planned to increase from £5.5 billion to £6.1 billion over the next two years, however, it is not clear how this money will be allocated. The number of nurses is projected to increase significantly from nearly 350,000 now to between 545,000 and 565,000 in 2036/37. However, the calculations for each field of nursing practice and specialty role are not transparent. There are significant differences in the proportionate increases for different nursing roles and no explanation or context given on the modelling of this, and therefore assumptions, risks and mitigations cannot be tested. We are concerned that significant expansion of associate roles at a disproportionate rate to registered nurses could lead to inappropriate substitution.

2.2. The projected numbers for each supply route for various professions and roles is not based on any policy intervention or assessment, and therefore there is no shared understanding currently of how these numbers will be achieved. This means that of the 53,500 additional nurses educated in the UK by 2031, the Plan does not set out *how* new students will be recruited and retained through different routes. For example, the Plan lacks detail on the interventions that will be required to expand the numbers of students, apprentices, or clinical placements.

2.3. It is important to note that applications to universities in England have fallen significantly since the Plan was published (down by 10%, 2690 applicants). This puts progress towards meeting the scale of ambition at risk, less than one year after it was published.

2.4. Recent reporting from the Office for Students[5] outlined that the Higher Education sector is facing significant financial challenges and overall providers are forecasting deterioration in their financial outlook in the short to medium term. The data shows that the sector's performance was weaker in 2022-23 than 2021-22 and set to decline further for this academic year 2023-24. This is concerning given the projected scale of ambition for recruiting additional students.

2.5. The RCN has been clear that any UK government action to stimulate growth in nursing supply should include full reimbursement of tuition fees, as well forgiving current tuition debt for all nursing and midwifery students, as well as abolishing future self-funded tuition fees for all nursing and midwifery students. We have also consistently called for universal, living maintenance grants to reflect actual student need in terms of living costs so students can focus on their studies without experiencing financial or emotional hardship.

2.6. It is important to note that all nursing students require supervision, and are supernumerary, meaning that increasing the number of students increases the amount of clinical time taken away from clinical duties in order to support students. A lack of appropriate supervision is a key factor which impacts student attrition. We note that the Plan asks the NMC to consider reducing placements hours, which would of course need to be subject to NMC analysis of evidence base as well as assessment and assurance that proposed reductions uphold the education standards set by the NMC.

2.7. There is a heavy emphasis in the modelling on growing the number of nursing associates, with an intention to increase the workforce size to 64,000 by 2036. There is no reference to understanding the scope of the role, or how (or whether) this has been taken into account in determining this number in parallel to projections for Registered Nurses. The RCN seeks assurance that registered nurses will not be substituted with support staff, the evidence is clear that sufficient numbers of registered nurses are required to ensure patient safety.

2.8. We have concerns that an expansion of nursing associates will have significant implications for social care and could risk inappropriate substitution of registered nurses across the entire workforce, which is unsafe for patients and for the nursing associates. The Government needs to provide additional detail and assurances that the workforce is protected from inappropriate substitution. This again highlights the problem of creating a workforce plan for the NHS without producing a costed and funded workforce plan for social care.

[5] Financial sustainability of higher education providers in England 2024 (officeforstudents.org.uk)

2.9. There is no intervention from UK government on how numbers will be increased through undergraduate and postgraduate routes, including resolving the financial pressures on students (costs of living) or otherwise incentivising more people to join the profession when working conditions are so challenging, and when pay, terms and conditions so clearly unresolved for nursing staff. The Plan references that a separate education workforce strategy has been developed, but this also seems not to meaningfully address the issues and risks to nursing education capacity with clear actions or investment.

2.10. The RCN is concerned that this level of ambition cannot be delivered unless significant capacity issues are identified, understood and resolved. In particular this includes challenges with clinical placements, the capacity of the educator workforce and the availability of existing staff to support nursing students on placement. We have concerns about the lack of real time transparency in terms of the attrition of newly qualified nurses.

2.11. We also note the most recent UCAS data which demonstrates a reduction in applications and acceptances to nursing degree courses. Within this context, the Government must put in place significant additional financial support for nursing students in order to attract additional applications, if they are to deliver their proposed level of expansion.

2.12. There are no new measures to enable employers to backfill nursing apprenticeships, (this route has been earmarked for more than 20% of new recruits). For this route to deliver to the scale set out in the Plan, the government would need to change the rules so that employers can use the apprenticeship levy funding to pay for backfill. There is also no recognition of the fact that apprenticeships rely on the same pool of clinical placements as nursing, midwifery and health care students taking the university route.

2.13. The RCN is concerned that the scale of ambition on apprenticeship expansion is not realistic or sustainable within the current workforce context. We need assurance that the Government has modelled the interventions and additional funding requirements needed to deliver additional apprenticeships. We expect the Government to increase the overall funding level and unlock the ability for employees to receive funding for backfill.

2.14. The plan states an intention to work with stakeholders to ensure clinical placements are designed into health and care services, and placement providers know what core standards they need to meet. However, this does not address any systemic issues outside the control of services in finding the capacity to provide quality placements, nor to address the lack of diversity of placements across all settings.

2.15. The RCN asks for further, detailed plans to better understand how the increased number of clinical placements can be delivered, and how the current barriers will be removed.

3. Retention

3.1. The Plan states that ICSs need to develop and implement plans to invest in occupational health and wellbeing services, and that NHS England will work with systems and stakeholders to consider how best to complement local investment in occupational health and wellbeing services to keep staff well and therefore increase workforce capacity and productivity. However, national funding for staff health and wellbeing hubs was removed in April 2023, and ICSs were required to fund them individually. This has led to significant numbers being closed down.

3.2. The RCN needs further information to better understand the potential impact on the nursing workforce. There is no additional funding announced to support this ambition, so it is not clear how this ambition will be achieved. There is also inadequate recognition of recent, traumatic events on staff, and the inadequacy of protection and support for staff affected psychologically by the pandemic, or the impact of living with long COVID. There has also been no publicly available evaluation of any national interventions or support packages, so it is difficult to understand the impact and best use of public funds. In addition, the plan fails to acknowledge the impact of violence and aggression on the physical and psychological health of the workforce.

3.3. National CPD funding for nurses, midwives and AHPs will continue on the same basis, with £1000 identified for each member of the nursing workforce. So far, there has been no publication of any uptake data, meaning that it is challenging to understand where and how this funding is being used. It is impossible to understand this effectiveness of this funding approach, and we do not have assurance that it is being used appropriately in all cases. This approach is inconsistent with other parts of the health and care workforce, particularly medics.

3.4. We call upon NHS leaders to undertake an evaluation of the existing approach to CPD funding, and the impact it has upon short-long term outcomes for learning, development, and progression. This insight should underpin a review of the existing approach, and adjustments made to ensure it is impactful for all members of the nursing workforce. This review should include consideration of ringfencing funding allocated for CPD.

3.5. The Plan states a clear intention to focus on non-pay retention measures, which is obviously a failure to address one of the greatest barriers into the nursing profession and especially to retention. Simply stating that those “working in the NHS should be recognised and rewarded fairly” and that the “total reward package – which goes beyond headline pay – will need to be attractive and competitive” whilst looking the other way to focus on non-pay retention measures will continue to miss the point, and the opportunity to meaningfully address retention will continue to be missed. RCN evidence, over a number of

submissions, to the NHS PRB has highlighted the increasing nursing workforce crisis and called for measures to address pay and non-pay aspects. Focusing only on non-pay issues will limit the scope for improving retention.

3.6. There are other non-pay issues which the Government should take action on. Government must ensure free car parking where available to NHS staff in England, alongside provision of funding for employers to expand sustainable travel options as appropriate across the UK.

3.7. Employers should ensure that all nursing staff can travel to work safely without financial detriment. This should include consideration of sustainable options such as incentivising 'Park and Ride' options, offering shuttle services and buying more pool cars.

3.8. Pension reforms were introduced in 2023 so that staff can partially retire or return to work and continue building their pension after retirement if they wish to do so. The RCN responded to the consultation ahead of these changes; stating that retirement flexibility as a means of easing the current recruitment and retention crisis within the NHS is welcome.

3.9. Although the RCN is supportive of additional flexibility, it is important that such measures are not relied upon as a resolution to the workforce shortage crisis.

3.10. Retention considerations should start with retention in pre-registration nursing education. There is a high-level discussion of a previously stated ambition to reduce student attrition, but no detail on how that will be achieved, or what the key factors are which need to be tackled. Failing to recognise the financial pressures on nursing students and the impact of saddling graduate nurses with tens of thousands of pounds of student debt is another example of workforce planning looking away from tackling real issues impacting on retention.

3.11. We have called for the Government to provide additional support to internationally recruited staff in order to boost retention. The UK Government must adapt policies which support international health and care staff to come to work in the UK. It is important that any arbitrary barriers are removed. Immigration rules must not arbitrarily prohibit our members from bringing their family members with them to the UK. Governments must demonstrate value for international nursing staff by allowing individuals without indefinite leave to remain to access public funds.

3.12. Governments, employers and recruiters must adhere to the principles set out in the code of practice for international recruitment of health and social care personnel. Employers and recruiters should also pay particular attention to the guiding principles of repayment clauses. Governments in all parts of the UK must take firm action against any employer or recruiter found to be contravening the code of practice.

3.13. Staffing levels are key to retaining nursing staff. Nursing staff need to feel protected by their employer, to ensure that they are not exposed to high caseloads or additional responsibilities. The RCN will campaign for safety-critical nurse-to-patient ratios enshrined in law, leading work to define evidence-based standards for the maximum number of patients per registered nurse in every health and social care setting in every part of the UK.

4. Reform

4.1. The Plan sets out a clear intention to find a way to reduce the time it takes for various professions to be educated and trained to practice. The Plan specifically references the need for nursing education to meet NMC standards, and a preference for clinical placement hours to be reduced (to 1800 hours). The Plan indicates that simulated learning provides flexibility to achieve this. The RCN is generally supportive of simulated learning; however, we are clear that quality standards must be set for simulated learning methods, and therefore the technology is likely to require significant national investment. The scale of costs to set up simulated learning environments is significant. Current and future education and NHS workforce knowledge requires sustainable investment to increase knowledge and skills around simulation and AI opportunities.

4.2. We are very concerned that there is a lack of investment in the education workforce, who will be critical in successfully implementing these changes and interventions. Significant increases in student numbers will require increases in education staff, however, there is no recognition of this within the workforce plan. Likewise, there is no assessment of the impact upon the workforce which will occur when nurse educators are taken out of practice in order to deliver increased education capacity.

4.3. The Plan specifically states an intention for nursing students to take up employment three months earlier (June rather than September). We need clarity urgently on how this is intended to be undertaken – whether for example this would be via paid placements, and what implications there might be for the preceptorship which plays such a vital role in retention of newly qualified nurses.

4.4. The move towards dual registration courses in children and young people and learning disability nursing is welcome, although it is not generalist, and it is important that we maintain the four fields of practice. We require further information on this course to have assurance that students would receive sufficient exposure to both specialities to become appropriately prepared for either field. The NMC has indicated that they are likely to begin collecting and publishing information about registrant field of practice and their current practice area.

5. Productivity

5.1. The Plan states an ambitious 'labour productivity assumption' of 1.5–2% which, by the Plan's own assertion, is "a higher level of productivity than the long run trend". In addition, the Plan highlights that the current productivity measurement is "largely limited to acute care only", despite the Plan clearly stating the need for moving "skills and capacity into community". We are supportive of efforts to reduce the administrative burden. Delivering 'large-scale skill mix changes' and 'the same care in lower cost settings' must still take full account of patient safety, clinical outcomes and the safety critical role of nursing staff.

5.2. Artificial Intelligence in particular is highlighted as a solution which can unlock productivity, reducing the time waiting for the results of diagnostic interventions amongst other interventions. The Plan includes the use of technology and AI to improve diagnostics and reduce administrative burdens as part of the route to achieving the ambitious 'labour productivity assumption' of 1.5–2%. The Plan requires detail regarding funding and delivery of education, ethical implications, evaluation, and impact analysis.

5.3. Upscaling technology and improving the use of artificial intelligence will require significant additional investment, which has not been costed or funded within this Plan. We expect the Government to provide additional detail on this issue before we can have assurance about the impact it will have on the workforce.

5.4. The Plan includes a potential ban on substantive staff working additional agency shifts. The implications of this are not fully worked through in the plan. Government should instead look at why existing staff are working agency shifts on top of contracted role in the first place. Nursing staff are likely seeking greater flexibility and better pay than their contracted role alone provides.

5.5. We have concerns that this approach is being proposed without any comprehensive assessment being undertaken. There has been no assessment about the reasons people choose to undertake agency work, and no commitment to address these reasons within the shift towards bank work. This includes an absence of discussion about wellbeing, burnout, sickness and the current cost of living crisis. More needs to be done to understand these trends before any changes are made to the configuration of bank and agency work.

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