Royal College of Nursing

Royal College of Nursing submission to the Independent Investigation of NHS performance

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 with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Introduction

The RCN welcomes the independent review of the NHS by Lord Darzi and the proposal for a new ten-year plan for health that focuses on addressing the current challenges. Understanding the scale of existing issues is critical to building an NHS and social care system fit for the future. As we have highlighted publicly,[1] the health system is in a state of crisis, chronically underfunded and lacking the resources it needs to meet population health needs, with a pattern of short-term emergency funding packages aimed at plugging the gaps. This is a key barrier to enabling the system to facilitate more people to get care at home in their community; a stated ambition of the Labour government.

Demand for healthcare services is far outstripping nursing supply and the workforce is under intense pressure from significant staff shortages and years of low pay. The increasing normalisation of unsafe and ineffective care being delivered in inappropriate settings (e.g. 'corridor care') is a symptom of this state of crisis and a change in course is vital.

Nursing is the largest safety critical profession in health and social care and is critical to the health and wellbeing of the population, working at every stage and setting and with people, families and communities across the life course. Resolving the nursing workforce crisis will be vital for addressing the wider issues affecting the health service and to ensure that services can deliver their full potential. Safe and effective levels of registered nurse staffing are critical to patient safety, outcomes and experience. Nursing must therefore be part of the solution to the challenges facing the health service.

This submission gives an overview of the key issues affecting the health system in England from a nursing perspective, and our priorities for the next ten-year plan. The

[1] RCN (2024) Corridor care: unsafe, undignified, unacceptable'. https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2024/May/011-635.pdf

RCN has also provided a technical submission. We have also taken the opportunity to provide a narrative case for change as part of our wide engagement with the review.

We present here our analysis and recommendation on the following themes:

- Nursing workforce
- NHS funding
- Productivity
- NHS Long Term Workforce Plan
- A new Long-Term Plan

The nursing workforce in England

Demand continues to outstrip workforce growth in the UK's health and social care systems. For too long, the RCN has been highlighting our concerns about the lack of workforce planning and the gaps in the nursing workforce as a risk to patient safety.

Safe and effective nursing staffing levels are critical for safe and effective patient care. Evidence shows that a combination of registered nurse shortages and higher levels of patients per registered nurse are associated with increased risk of death during an admission to hospital[2] and when shifts or services are short of registered nurses, staff are more likely to report poor quality care, which often results in vital care left undone.[3] In hospital settings, when fewer nurses are on shift, patients have an increased chance of missed care, longer stays and in-hospital deaths.[4]

Overall, it is important to note that there is no overarching dataset covering the entire nursing workforce; there are specific gaps across some parts of the independent sector, public health and social care. Given that nursing is a safety critical industry, it is concerning that there are so many unknowns.

The RCN has often made the case that decisions about the nursing workforce (and the registered nurse 'establishment') are generally made based on affordability within a pre-existing funding envelope, rather than being based upon population needs, service requirements and patient demand. When decisions are made based upon affordability first, rather than need, there will always be a gap in which population needs are not met and outcomes suffer. This is a false economy.

[2] Griffiths P, Maruotti A, Recio Saucedo A On behalf of Missed Care Study Group, et al Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study BMJ Quality & Safety 2019;28:609-617.
[3] Royal College of Nursing (2019) *Standing up for patient and public safety*. Available at: https://www.rcn.org.uk/Professional-Development/publications/007-743.
[4] Zaranko B, Sanford NJ, Kelly E, et al., (2022) Nurse staffing and inpatient mortality in the English National Health Service: a retrospective longitudinal study. BMJ Quality & Safety. Published Online First: 27 September 2022

The latest workforce statistics show that as of April 2024, there are 355,839 Full Time Equivalent (FTE) nurses & health visitors working in the NHS in England. This is an increase from the previous month (+557, 0.16%), the previous year (+21,845, 6.54%) and a growth of 27.78% (+77,369) in comparison to September 2009 (when this publication began).

Whilst the overall number of FTE nurses has increased, there are worrying trends in specific areas of nursing when compared to 2009:

- The number of district nurses has decreased by 44.22%.
- The number of school nurses has decreased by 31.50%.
- The number of learning disability nurses has decreased by 44.99%.
- The number of health visitors has decreased by 31.66%.
- The current NHS England vacancy figure as of March 2024[7] for registered nursing staff (including midwives and health visitors) is 31,294, this is a vacancy rate of 7.5%. This is a decrease compared to the previous quarter when there were 34,518 vacancies (with a rate of 8.3%), and a decrease compared to March of the previous year when there were 40,096 vacancies (a rate of 9.9%).

Staff shortages across community and social care cause delays and blocks to patients being discharged into the community, leaving hospitals full and staff having to provide care in inappropriate settings.

The NHS Long Term Workforce Plan projected that by 2036/37 there will be a 37,000 FTE shortfall in community nurses.[5] This – alongside the crisis in social care which is also experiencing high numbers of nursing vacancies – is leaving thousands of people who are fit enough to go home delayed in hospital beds.

We have undertaken analysis on the geographical distribution of nursing staff working in the NHS and general practice. The latest workforce statistics show that as of May 2024, there is a wide-ranging variation in the nurse and health visitor workforce size in each ICS, relative to population[6].

- Whilst the average number of nurses (NHS and GP) across England is 73.64 per 10,000 population, there are 4 ICSs which have fewer than 55 nurses per 10,000 population.
- At the other end of the scale, there are 7 ICSs with more than 90 nurses for every 10,000 of their population.

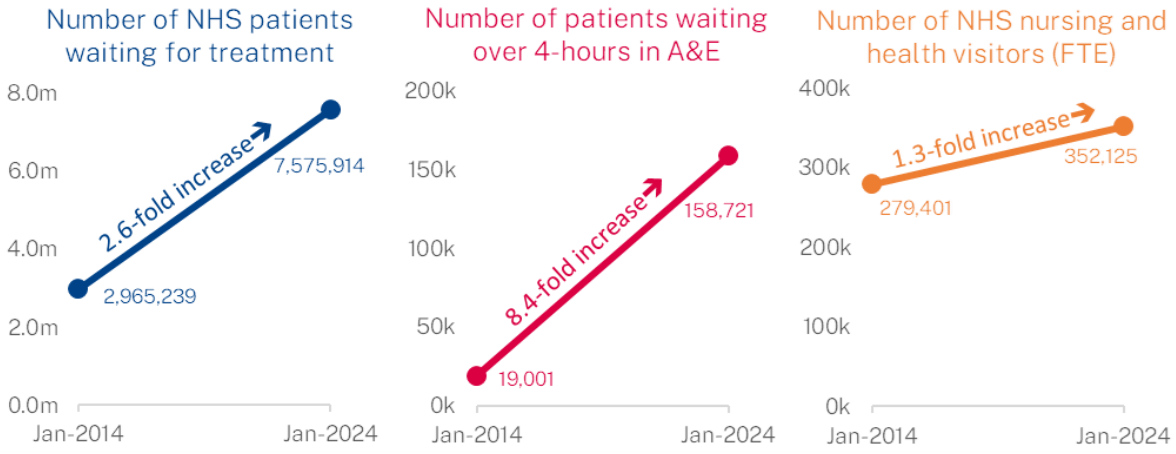
[5] NHS England » NHS Long Term Workforce Plan [Accessed 15th May 2024]
[6] Population registered with GPs over 18.

We also looked at referrals and assessments within NHS Continuing Healthcare[7], which is largely delivered by nursing staff, involving those who work in hospital settings and in the community, including social care.

- We found that the average number of referrals completed for the 5 ICSs with the lowest relative nursing workforce was 41.82[8], compared to 46.51 for the five ICSs with the largest relative nursing workforce size.
- When we looked at the number of completed assessments, we found that the 5 ICSs with the lowest relative nursing workforce was 36.60, compared to 40.01 for the five ICSs with the largest relative nursing workforce size.

Although these are indicative figures, they begin to reveal the impact that an uneven distribution of nursing staff has upon the delivery of care at system-level.

Our analysis appears to suggest a correlation between a smaller relative nursing workforce size and higher delivery rates of CHC assessments and referrals.



In our 'Valuing Nursing' report (2023) we described how the deepening nursing workforce crisis with more than 50,000 vacant nursing posts in the NHS across the UK,[9] is exacerbated by tens of thousands of skilled and experienced nursing staff leaving the profession every year, and too few joining.

For every nurse who leaves the profession it takes at least three years to educate a new nurse, and the system loses valuable expertise. There simply are not enough new nurses coming through the nursing education pipeline to close the gap.

[7] NHS Continuing Healthcare referrals and assessment are largely delivered by nursing staff, along with colleagues across other disciplines. NHS CHC is at the juncture between health and care services; a critical point for ensuring patient flow through the system.
[8] Figures per 50,000 population
[9] Northern Ireland health and social care (HSC) *Workforce vacancies September 2023* (2023) https://www.health-ni.gov.uk/articles/staff-vacancies; NHS Scotland Workforce September 2023 (2023) NHS Scotland workforce | Turas Data Intelligence; RCN Wales Nursing in Numbers 2023 September 2023 (2023) https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2023/September/011-188.pdf; NHS Vacancy Statistics – England September 2023 (2023) https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey [Accessed 15th May 2024]

New data from UCAS (August 2024) shows a 20% decrease in students accepted on to nursing degree courses across the UK in the last 3 years. That is a cumulative 8,000 fewer nurses potentially starting their nursing degrees and joining the future workforce, compared to the rate of acceptances in 2021. Therefore, there must be a dual focus on nursing supply and retention, in both health and social care systems.

The RCN has concerns about the long term financial sustainability of the higher education sector, and the implications of this for the health and social care nursing workforce. In May 2024 we surveyed nurse educators, and across the UK we found that 61% of respondents answered that they are directly affected by redundancy, staffing restructures or a recruitment freeze. In England, out of 72 universities offering nursing degree courses, 75% are undergoing a process to reduce academic staff costs, of these, 81% have nurse educators directly affected by redundancy, staffing restructures or a recruitment freeze.

It is our view that there are risks that falling numbers of student applications and acceptances will lead to an increased risk of courses closing and nurse educators losing their jobs. This will put delivery of the NHS long term workforce plan at risk. The plan itself did not provide information on what scale of additional capacity is needed, nor did it allocate resources towards expanding the nurse educator workforce. There is therefore no assurance that the high education system is able or incentivised to deliver the scale of ambition in workforce growth.

Fair pay, safe working conditions and sufficient staffing levels are key to retention. Pay is a key contributor to nursing staff feeling valued in their role and is a crucial mitigation for the growing risk of massive nursing workforce attrition. Yet, between 2011 and 2021, average nursing earnings across all sectors across the UK fell 6% in real terms. This compares to 4.6% across the entire UK workforce.

Nursing has sustained real-terms pay decreases over the past decade and saw the lowest year-on-year pay growth in 2022, and salaries offered to nurses lagged behind the wider labour market. Without pay restoration for the nursing profession, there is a risk of further attrition within the workforce, leading to further gaps and vacant posts, ultimately putting patients and the public at risk. In July 2024, the government accepted the recommendations from the NHS pay review body to make a 5.5% award to agenda for change staff. The RCN is consulting members on this award, which we note is not a restorative figure.

Another concerning trend is the high number of nursing staff applying to leave the UK to work in other countries: 15,728 nurses applied for a Certificate of Current Professional Status (CCPS) in 2022/23 compared with just 3,387 in 2018/19.[10]

The Health Foundation has highlighted that in 2022/23, more than 4 in 5 CCPS applications were for Australia, New Zealand and the US and applications for the UK

[10] Source data: FOI request made by the RCN, and fulfilled by the NMC 18 Jan 2024

increased ten-fold between 2021/22 and 2022/23, where notably UK earn substantially less than their counterparts in those countries.[11]

In England, the workforce crisis has continued due to a successive failure in recent years to produce a comprehensive, funded workforce plan with clear objectives and deliverables. In 2023, we analysed workforce planning at Integrated Care System (ICS) level and found that the majority of ICSs do not have specific workforce planning in place. Just seven out of 42 had substantive separate workforce plans, or dedicated sections within their Joint Forward Plans or Integrated Care Strategies. A further 27 had limited references to workforce planning within their forward plans.

The 2023 NHS Long Term Workforce Plan also failed to deliver clear actions to underpin the level of ambition outlined. It is not clear how government and NHS organisations will be recruiting or retaining significantly more nursing staff, other than via an unrealistic expectation of a higher education system entering its own crisis to deliver nursing graduates.

NHS Funding

Despite commitments from the previous government that NHS service provision would be an urgent priority, this was not the reality. The Institute for Fiscal Studies highlighted that actual expenditure on the NHS has grown below the long-term average rate over the course of the previous parliament[12], this limits the ability to respond to unprecedented waiting times, acute staff shortages, and could worsen outcomes for patient safety.

Despite repeated political commitments to focus on prevention and move care into the community, there has been a consistent political prioritisation of funding for hospitals and emergency care and short-term emergency cash injections, even though the majority of NHS activity takes place outside of those settings. Community, primary and preventive services have been neglected with larger financial and workforce growth in acute hospital sectors than in primary and community sectors.[13]

For example, it was stated that the 2019 NHS Long Term Plan would be "*backed by a new guarantee that over the next five years, investment in primary medical and community services will grow faster than the overall NHS budget.*[14]" However, the Nuffield Trust has highlighted that funding for NHS acute, ambulance and NHS mental health care services has grown much faster than overall funding and so these services have increased their share of total funding. By contrast, funding for NHS community

[11] Nursing locally, thinking globally: UK-registered nurses and their intentions to leave - The Health Foundation [Accessed 15th May 2024]
[12] Institute of Fiscal Studies (2024) The past and future of UK health spending | Institute for Fiscal Studies (ifs.org.uk)
[13] Kings Fund (2024) Making care closer to home a reality. making_care_closer_home_reality_report_2024.pdf (kingsfund.org.uk))
[14] This commitment – an NHS 'first' - creates a ringfenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24

health care services has grown at a much slower rate, leading to a reduction in its share of total funding from 8% in 2016/17 to 7% in 2022/23.[15]

The failure to invest adequately in public health, primary and community sectors exacerbates the pressures on the wider health and care system as opportunities for prevention and early intervention are missed and increase the demand for hospital and emergency care, thereby perpetuating the cycle of crises. This has been evident in primary care where people are unable to access General Practice appointments when they need them and instead are presenting to an urgent care or A&E service. In turn, this puts more pressure on those services, who are then required to support both the people who attend in emergency circumstances, or following an accident, and those who cannot access the support from primary care which would better meet their needs.

Likewise, a lack of investment in the community sector including district nursing is leaving social care services without the capacity and support they need. If a resident becomes unwell, they are more likely to take them directly to A&E, rather than being able to access community nursing provision. This is compounded by a lack of capacity within community and social care settings to care for patients safely once they are ready for discharge.

Drastic cuts to public health budgets further undermine the sustainability and effectiveness of the health service by reducing opportunities for prevention and early intervention and increasing ill health among the population. Notably the public health grant has been cut by 28% on a real terms per person basis since 2015/16 and cuts have disproportionately affected those living in the most deprived areas of England,[16] who also tend to have poorer health and higher rates of hospital admissions[17] and attendances at Accident and Emergency.[18]

What is needed is a holistic long term funding approach that prioritises improving population health for the future. This must include increased and sustained investment overall, with a specific focus on strengthening the preventive, primary and community sectors. Without this, funding will be insufficient to address the level of need and deliver the transformation required to enable the health service to meet current and future demand and to support recruitment and retention of staff. There will also continue to be a reliance on asking the health service and its staff to do more with less, which increases the pressure and contradicts the workforce ambitions set out in the NHS LTWP. While the pandemic has fundamentally changed the way in which people think about population health, it is important that the original ambitions the long term are not abandoned.

[15] Nuffield Trust (2024) Where does the NHS money go? | Nuffield Trust
[16] Health Foundation (2024) Investing in the public health grant What it is and why greater investment is needed. Investing in the public health grant
[17] Health Foundation (2024) Investing in the public health grant What it is and why greater investment is needed Investing in the public health grant [Accessed 15th May 2024]
[18] Inequalities in Accident and Emergency department attendance, England - Office for National Statistics (ons.gov.uk) [Accessed 15th May 2024]

Productivity

A drive towards efficiencies and productivity savings can pose risks for a safety critical industry such as healthcare. Staffing for safe and effective care should be the primary priority, so that concerns about safety and quality can be addressed.

The NHS Pay Review Body report[19] (2024) notes that, while there has been growth across Agenda for Change roles in the past twelve months, and a reduction in nursing and midwifery vacancies from 10.7% to 8.4% across this time period, demand in the NHS has continued to skyrocket, and vacancies across other areas of the NHS have increased.

It is against this context that the NHS PRB makes its recommendations, noting that it is more important than ever to ensure that NHS salaries remain competitive with the private sector, and that the NHS is able to attract new talent.

Demand has been growing since prior to the pandemic, due in large part to an ageing population experiencing increasing complex healthcare needs, including higher rates of comorbidities. The NHS PRB notes that this has led to sustained pressure on the NHS, with waiting lists still significantly higher than pre-pandemic. As of March 2024, the waiting list for elective care across England stood at 7.54 million, or 1 in 10 of the population. A&E attendances are also up, with a 10% increase between April 2023 and April 2024; demand for ambulance services also increased by 3% across this same period.

In this context, the NHS PRB notes that the productivity targets set out in the NHS Long Term Workforce Plan appear increasingly unfeasible, meaning the workforce crisis is likely to continue. Services are struggling to meet existing demand despite increases in the volume of resources available to the NHS, including recent workforce growth, and are not in a position to achieve the 2% productivity gains needed in order for the workforce growth in the LTWP to eventuate.

Lack of capacity in community and primary care is placing increased pressure back on acute care services, leading to further reduced productivity.

NHS Long Term Workforce Plan

Published in June 2023, the NHS Long-Term Workforce Plan (LTWP) set out a strategic direction for NHS England to increase its workforce and meet acute shortages across a range of professions within the NHS[20]. It set out increases in workforce, training, and recruitment, along with interventions to improve retention and maximise productivity. Underpinning the LTWP was the recognition that the health and social care sector is experiencing a severe and ongoing workforce crisis, which is affected by a range of factors. These include low numbers of domestic students, high rates of attrition and turnover, and a resulting over-reliance on internationally trained staff.

[19] https://www.gov.uk/government/publications/nhs-pay-review-body-thirty-seventh-report-2024
[20] NHS England (2023) NHS Long Term Workforce Plan. NHS England » NHS Long Term Workforce Plan

The plan was long awaited and has provided a welcome strategic direction for tackling workforce challenges. Although the LTWP outlined intended outcomes for recruitment, retention and reform, there are no specific actions or funding, by the NHS or UK government. An overall figure of an additional £2.4 billion was given, but the use for this funding was not specified.

At the time of the LTWP's publication, the RCN expressed serious concerns about how realistic the plan was without sufficient investment in the existing nursing workforce, and greater financial support for those seeking to join the profession.[21] The LTWP provided no detail on how nursing staff numbers would be increased. There were further concerns regarding a lack of funding commitment – the interventions set out in the plan were not costed, nor was there an assessment of the impact of the proposed interventions on recruitment and retention. The RCN's analysis at the time found that the relatively low level of overall funding did not align with the scale of ambition and growth outlined in the LTWP.

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. The LTWP states that training places will be increased by 80% with 53,500 nurses educated in the UK in 2031. Despite the ambition the Plan does not set out how new students will be recruited and retained through different routes. For example, the LTWP lacks detail on the interventions that will be required to expand the numbers of students, apprentices, or clinical placements.

To date, no further funding has been announced to provide additional student places on nursing courses, and rather than numbers growing, the most recent UCAS data on applicants indicates that there has been a 22% collapse in the number of applicants to study nursing in England in 2024, compared to 2022.[22]

The LTWP contained projected increases in education and training investment, however, it was not made clear how the money would be allocated and 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.

Modelling based on assumptions of historic levels of productivity growth underpins the LTWP. In March 2024, the National Audit Office (NAO) published an assessment of the plan's modelling, the findings of which backed up many of the RCN's concerns.[23] The NAO found that the modelling assumptions underpinning the plan were "optimistic", and relied on levels of change that may be unrealistic and difficult to achieve. For example, workforce productivity is applied annually in the modelling to reduce the

[21] RCN (2023): "NHS workforce plan: what does it mean for nursing?"
[22] UCAS (Universities and Colleges Admissions Service) 2024 *June 30 application deadline data* available at: UCAS Undergraduate applicant releases for 2024 cycle | Undergraduate | UCAS
[23] National Audit Office (2024) *NHS England's modelling for the Long Term Workforce Plan* available at: NHS England's modelling for the Long Term Workforce Plan - NAO report

projected number of health workers required to deliver the same amount of activity. The modelling assumes that over the 15-year lifespan of the LTWP, workforce productivity will improve at a significantly higher rate than the long-term productivity average.

It's evident that, while there has been modest workforce growth within some nursing groups, it is not happening at the level that the LTWP anticipated or claimed it would achieve. The latest data snapshot from the ONS indicates that health worker productivity has declined very slightly[24], and vacancy rates in nursing remain the highest in the NHS. Workforce growth and productivity is also intrinsically linked to the wellbeing of the workforce, which has declined drastically since 2019.

One shift which we are monitoring is the direction of travel towards ICS-led workforce planning. Although we are supportive of local design of interventions, we note that ICSs do not hold responsibility or control over all parts of workforce supply, which may limit their ability to make change. RCN analysis shows that there is variation in the workforce size at ICS level when adjusted for population size.

Nursing associates and apprenticeships

We have concerns that an expansion of nursing associates set out in the LTWP 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 must provide additional detail and assurances that the workforce is protected from inappropriate substitution of registered nurses. Patient safety and need must drive the shape of the workforce[25]; a deficit in the nursing workforce can only be met by registered nurses with nursing support workers, when appropriate, who are supervised by RNs. There is currently insufficient attention paid to the risk of reducing the contribution of nursing knowledge and expertise to safe and effective patient care. This again highlights the problem of creating a workforce plan for the NHS without producing a costed and funded workforce plan for social care.

The RCN is concerned that the scale of ambition on apprenticeship expansion set out in the LTWP is not realistic or sustainable within the current workforce context. Between 2021/22 and 2022/23 the number of people starting Registered Nursing degree apprenticeships fell by 20%. The Plan lacked assurance that the Government modelled the interventions and additional funding requirements needed to deliver additional apprenticeships, including funding for employers to pay for backfill, which is not currently covered by the apprenticeship levy.

A new NHS Long Term Plan

It is time now for an NHS Long Term Plan that provides more details on funding, how investment will be allocated, and increased focus on recruitment and retention.

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[24] Office for National Statistics (2024) *Productivity flash estimate and overview, UK: January to March 2024 and October to December 2023* available at: Productivity flash estimate and overview, UK - Office for National Statistics (ons.gov.uk)

[25] Preserving safety and preventing harm valuing the role of the registered nurse | Royal College of Nursing (rcn.org.uk)

Underpinning this is a request for the new Government to hold accountability for nursing workforce planning and supply and for that to be enshrined in law. Ministers should be accountable for having enough staff to meet the health needs of the population, based on transparent assessments of population demand including inequalities.

Alongside clear accountability for workforce supply and retention, the NHS needs long-term funding settlement for all parts of the health and care system. Investment should particularly focus on non-acute settings, such as primary care, public health and social care so that they can be better equipped to reduce demands on hospitals. Both the previous NHS long term plan and the NHS long term workforce plan were designed based on the assumption that there would be stability within the social care sector, so that additional, unexpected pressure was not placed upon the NHS through instability. These safeguards could be further enhanced through integrated long term planning, including workforce planning, and reciprocal increases to funding.

The new plan for the NHS should be situated within/fully aligned with the Government's stated commitment to tackling the social determinants of health and halving the gap in healthy life expectancy between the richest and poorest regions in England (from the Labour Manifesto). Therefore, there needs to be a clear prioritisation of prevention and health equity within the new plan.

Overall, it is our expectation that a new plan must set clear ambitions for the next 10 years, building on the previous LTP learning. We urge system leaders to ensure that the nursing profession is to be engaged in and leading in the development and delivery, focussing on key areas impacting population health and major causes mortality and morbidity as clinical priorities (e.g. cardiovascular, diabetes, respiratory, etc). This will need to be underpinned by a stronger focus on prioritising prevention and health inequalities, strengthening prioritisation of primary care and community focus.

A new plan for the NHS needs to be fully aligned with workforce planning and supported by increased long term funding that is based on what is needed to meet demand and deliver the transformation needed, with significant investment in preventive, community and primary care as urgent priority.

Within a new long term plan, we want to see commitments to:

Address the workforce crisis

While it is vital that service provision and overall investment is increased, it is essential that the nursing workforce crisis is also resolved to ensure that services can deliver their full potential. Safe and effective levels of nurse staffing are critical to patient safety, outcomes and experience. Appropriate levels of nursing staff can reduce patient complications and overall length of stay, which contributes to seamless patient flow through health and care services.

The long term plan must set out ambitions to boost nursing supply through higher education and apprenticeship routes, and take the necessary steps to support and increase the recruitment of nursing staff and address retention issues. It is vital that growth focuses on registered nurses so as not to increase the risk of inappropriate

substitution through disproportionate growth in the support workforce. While apprenticeships offer choice for those wishing to enter the profession, it is vital that the higher education route is recognised as the pathway which can deliver growth in workforce supply at scale.

The RCN has called for student loan forgiveness, funded by Government, in recognition of service within the public sector; an important mechanism for retaining early career nursing staff. Given the current instability in the sector, government should immediately provide appropriate financial subsidies to higher education and further education institutions to protect all nursing courses and ensure that they can continue to deliver. Alongside immediate intervention, ensure that in the longer term, sufficient funding is available for the provision of nursing education, both to cover the cost of academic study and the provision of high-quality practice placements, in line with effective workforce planning activity.

Additional investment should be accompanied by detailed national workforce plans which should provide the facts and figures to support the more general ambitions set out in strategies; go beyond those plans produced by individual employers; and outline the interventions needed and the responsibilities for delivering key actions on recruitment, supply and retention. These must be informed by robust assessments of population needs.

Pay is a critical factor in attracting new recruits into the workforce as well as retaining and rewarding existing staff. We request a substantial, restorative pay rise for nursing that delivers pay justice to one of the lowest paid professions in the public sector. Only by awarding a substantial and an above inflation pay rise will this begin to restore nursing pay. The RCN has also highlighted disparities in the way nursing staff progress through the agenda for change bands; midwives and paramedics automatically progress to band 6 upon completion of a preceptorship period, whereas some nursing staff remain at band 5 for significant proportions of their careers. We are calling upon system leaders to introduce automatic band 6 progression for registered nurses.

Overall, it is our view that agenda for change is no longer fit for purpose for the needs of the modern nursing workforce, and as such we are calling for a separate nursing pay spine. This structure would be aligned to a career framework for nursing, and would reward staff for additional clinical expertise in the way which additional management responsibilities are currently rewarded. Our view is that this would provide motivating conditions for a larger number of nursing staff to progress within their careers, boosting retention and aiding patient safety through a more skilled and developed workforce.

Implement professionally and legally enforceable nurse-to-patient ratios, with a safety-critical maximum number of patients per registered nurse in every health care setting.

- 64% reported a shortfall of one or more registered nurses on their last shift/day at work. 37% of respondents told us that they had less than three quarters of the planned nurse staffing on their last shift.

The RCN is calling for nurse-to-patient ratios to be set centrally for all health and care settings, that can be measured and reported on publicly so that health care safety is transparent and clearly prioritised. This would give both the public and the workforce assurance that care is safe and effective. The long term plan should provide the conditions for ratios to be implemented.

There is a growing international evidence base underlining the benefits of introducing nurse to patient ratios. This includes improved outcomes for patient mortality and reduced length of hospital stay[26]. Registered nurse numbers must be based on service demand and the needs of those using services.

Registered nurse numbers must be based on service demand and the needs of those using services. And, as we have long argued, they must be informed by registered nurses playing a central leadership role in planning the nursing workforce required for safe care as set out in our Nursing Workforce Standards, published in 2021.

Provide legal protection for people raising concerns about unsafe staffing levels.

- In 2024, 71% of nursing staff responding to the RCN's last shift survey told us that they had raised concerns about staffing levels. 44% of nursing staff who raised concerns told us that no action was taken to try and address the issue.

In other sectors, there are protections for employees when they don't have the things they need to do their jobs safely. Despite being a safety critical profession, there are no provisions for nursing staff who turn up to a shift which has too many patients and too few staff to deliver safe and effective care. If a member of nursing staff raises concerns about unsafe staffing, and these are not addressed, that staff member should have additional legal protections for anything which may happen on that shift because of too few staff.

In some states in America, nursing staff can complete an 'Assignment Despite Objection' form. This form is used by registered nurses to record being deployed into a staffing situation which is inappropriate, unsafe, or inadequate. Using this form protects the nurse's license and moves the responsibility to their employer. Not only do these forms help provide legal protection for individual nurses, but they can also be used by management to identify staffing trends and respond to them appropriately. These types of mechanisms should be considered within the English context.

Ensure that fully funded, accessible, and effective mental health and wellbeing support (including occupational health services) are provided by every employer for all nursing staff working in the NHS and other health and social care settings.

[26] Impact of staffing levels | Publications | Royal College of Nursing (rcn.org.uk)

- Across 2023, nearly 7 million days were lost to illness from nurses and health visitors working in the NHS.
- For nursing staff, the proportion of sick days attributed to stress, anxiety, depression and other psychological illnesses increased from 21.0% in 2022 to 24.3% in 2023[27].

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.[28] Nurses working in hospitals with fewer registered nurses per patient were more likely to report higher levels of burnout and intent to leave their job.[29]

Prior to 2023, there was national funding available for ICSs to implement local health and wellbeing support for staff, however, this funding ended last April. The RCN carried out a survey[30] of all 42 ICSs seeking information regarding the future of their hubs. We asked ICSs to tell us about their health and wellbeing provision, and their plans for future funding.

A total of 28 ICS hubs provided usable data. Of these 28, 12 hubs are remaining open. Seven of those remaining open have less than a years' funding remaining, and four of these are funding this from existing budget or an existing underspend. 15 further hubs have closed, and one is uncertain whether it will be able to remain open.

It is imperative that any new NHS Long Term Plan provides sufficient funding and requirement for ICSs to all deliver this much-needed support, along with mandatory data collection and reporting about usage and impact.

Corridor care must be eradicated, and NHS England should mandate reporting on corridor care through the NHS Standard Contract.

- More than 1 in 3 nursing staff working in typical hospital settings reported delivering care in inappropriate settings, such as corridors, on their last shift.
- 67% of nursing staff indicated the most common impact of corridor care is compromising patient privacy and dignity.
- 54% have considered leaving their role because of the stress of corridor care[31].

Increasing demand, rising workloads, and a workforce shortage means nursing staff have little choice but to provide care in unsafe conditions, including the unacceptable practice of treating patients in places such as corridors, waiting rooms and store cupboards. What once would have been considered emergency measures in exceptional circumstances are now being normalised.

Commissioners of services should increase their scrutiny of where and how care is provided, putting safeguards into contracts that there is sufficient provision to meet demand. Care being delivered in inappropriate settings does not represent good value

[27] NHS Sickness Absence Rates - NHS England Digital
[28] RCN (2023) "Impact of Staffing Levels on Safe and Effective Patient Care: Literature Review"
[29] RCN (2023) "Impact of Staffing Levels on Safe and Effective Patient Care: Literature Review"
[30] This survey was undertaken in April 2023.
[31] RCN (2024) "Corridor care: unsafe, undignified, unacceptable"

for public money, and commissioners should pay close attention to providers who are regularly using non-clinical spaces to deliver clinical care.

We call upon commissioning bodies to amend contracts for publicly funded services to include specific restrictions on using non-clinical spaces for the delivery of care, and requiring reporting if breaches occur. In our opinion, commissioners have a responsibility to report trends in corridor care to national decision-makers, so that they can take action on the systemic issues which lead to demand not being able to be managed within services safely.

In the process towards eradication, where cases of corridor care are happening there must be strict protocols in place that ensure that no patients who are seriously unwell, vulnerable (including elderly), or in urgent need of clinical care are placed in areas without adequate staffing or access to facilities. Where they do not already exist, all hospitals must have clear dedicated zones for patients who are well enough and waiting to be discharged and for those waiting to be admitted to a ward.

Service commissioners should mandate reporting on instances of corridor care, which will be collated centrally and provided to government ministers at regular intervals. Service providers should be required to collect data about every instance in which care has been delivered in a non-clinical setting, including:

- What type of non-clinical area was involved (car park, corridor, additional patient in a ward bay or other options)
- How many patients were involved.
- The reason as to why care was delivered in this way.
- And what the likely impact on care was, both for patients and staff.

Additional data collection and reporting will allow both service commissioners and national decision makers to identify trends. In turn, this will allow those involved to make changes either up or downstream to resolve any patient flow issues. This will help make progress towards eradicating the practice.
When trends indicate that capacity is regularly above the planned and funded levels, commissioners should work with service providers to find ways in which staffing levels can be increased to reflect the actual level of need.

It is clear that the current level of physical provision of staffed health and care beds is insufficient, and so it is vital that governments take steps to unlock additional clinical spaces to tackle the problem of corridor care. There are significant budget gaps and backlogs in maintenance and underinvestment in capital spend.

Based on a robust, transparent assessment of need and demand, governments should take steps to increase staffed bed capacity, and expand community care provision so that patients can receive more care in appropriate community settings and be discharged more quickly.

We set out the full range of actions in our report: '[Corridor care: unsafe, undignified, unacceptable]'.

Establish 'chair care' lasting more than one day as a 'Never Event'.

One of the reasons why care being delivered in chairs has become so widespread is because there are insufficient safeguards preventing it. Within health services, there

are a range of issues classed as 'never events', those which are "serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance". It is our view that chair care exceeding a 24-hour period should be placed within this category.

When patients are treated for long periods in chairs, rather than beds, their safety, comfort and mobility is compromised. Privacy and dignity are removed. Support for staff in manual handling is often compromised when temporary arrangements stretch into longer time periods; this puts the patient and the staff member at risk of serious injury.

Not only would adding chair care exceeding 24 hours to the Never Events list increase the focus at provider level to reduce it from occurring, but it would also provide a basis for generating system-wide learning about strategies to reduce and ultimately eradicate corridor care, along with other Never Events. We are also keen for statistics about chair care and all types of corridor care to be published regularly to allow for more transparency and scrutiny.

Implement the RCN Nursing Workforce Standards

The RCN has produced a package of Nursing Workforce Standards which should be used by providers and commissioners to ensure that nursing staff are supported to deliver safe and effective care. The nursing workforce should be treated with dignity, respect, and enabled to raise concerns without fear of detriment, and to have these concerns responded to.

There are a number of key standards which should be facilitated through a new NHS long term plan.

- Provider organisations must have a registered nurse at executive level within their governance structure. Executive nurses are responsible for the information and advice they provide to the board. (RCN standard 1a). Decisions and accountability relating to the nurse staffing level rests with the corporate board or provider organisations. (RCN standard 1a)
- A registered nurse lead will be supervisory and not rostered as part of the nursing workforce allocation. If there is exception to this, clear rationale must be documented, agreed by the board and highlighted to commissioners / regulators. (RCN 6a)
- Nursing students' supernumerary status to be protected (RCN 2h)
- Provider organisations should undertake comprehensive workforce planning, including a workforce learning needs analysis, commissioning and provision of training and education. (RCN 7b)
- Each provider organisation should have a board-approved risk management and escalation process in place to enable real-time nurse staffing risk escalation and mitigation with clear and transparent procedure to address severe and recurrent risks. (RCN 1i)

Provide sufficient funding for Continuing Professional Development (CPD) for nursing staff.

- Nursing staff report having to undertake even mandatory training in their own time, with one survey indicating that only half (54%) of nurses completed their last mandatory training in normal working time and the remaining half completing wholly in their own time (20%) or in both work and own time (26%).[32]

CPD builds a registered nurses' skills and competence to have a direct impact on the care they give, in addition to their aspirations, their career progression, and their earning potential.

In the medical profession, many medics have an annual study budget and study leave allowance enabling them to fund and attend external courses.[33] In contrast, CPD for nursing professionals is characterised by insufficient funding and no provision to ensure access and protected time for CPD.

Employers often fail to release nursing staff to attend CPD due to their inability to provide backfill. The long term plan should address these issues in order to facilitate better staff development across the health and care system.

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Policy and Public Affairs (UK and International)
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August 2024

[32] Institute for Employment Studies (2017) *Royal College of Nursing Employment Survey* available at: https://www.rcn.org.uk/professional-development/publications/pdf-007076
[33] Royal Society of Medicine (2016) *CPD for Medics* available at: https://www.rsm.ac.uk/ about-us/latest-news/2016-rsm-news/ patients-first-cpd-second-everything-elsecan-wait.aspx