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to close the workforce gap as well as on growing and developing an oversupply of nurses to sustain the workforce thereafter. Governments across the UK must tackle the existing workforce shortage and make sure nursing is an attractive, well-paid and meaningfully supported profession. That is how to equip services to provide safe care now and in future.

Nursing as a labour market stimulus

The UK is entering an economic crisis but investment in heath and care can play an important role in minimising the impact of a recession, as well as some of the poor health outcomes associated with increasing poverty.

As a graduate profession, nursing offers the chance for social mobility and a career path to higher wages for many as part of this investment. For example, the Resolution Foundation and the Health Foundation have called for a substantive increase in the number of social care workers as a way of stimulating the economy. But encouraging

The most important things the UK governmen t must do in t his CSR are:

- Ensure all public spending announced is reflected in the Barnett Formula and consequentials so that devolved governments and their populations also benefit.
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satisfaction and feeling valued. One study suggests that a “25 percent increase in nurse job enjoyment over a two-year span was linked with an overall quality of care increase between 5 and 20 percent” . The same study says that “nurses’ intent to stay increased by 29 percent”. Similarly, research from the OECD shows that higher pay can increase the potential supply of new entrants to the profession.

The possible benefits of investing in nursing pay such as better morale, improved patient care and less staff turnover would have clear long-term benefits for the UK economy and

harmonise procurement between government departments, and factor in additional resource to enable the expertise of clinical procurement staff to be part of the decision-making processes.

Testing

Sufficient testing infrastructure will be paramount in curtailing both COVID-19 and any future novel virus outbreaks. Testing for COVID-19 was too slow to reach the necessary scale for health care staff and the wider public and current capacity continues to pose challenges. At the peak, many nursing staff took the precaution of self-isolating when presenting with symptoms as they were unable to take a test. As a result, at the outset of the pandemic, some directors of nursing in London were reporting staff sickness rates of over 20%. This presented a significant staffing challenge and placed additional pressure on already overburdened staff.

Furthermore, startling discrepancies existed between testing for those working in the NHS and those staff working on temporary contracts in the NHS or outside the NHS completely. Members also told us that a lack of transport to remote testing sites prevented them from accessing testing facilities.

To truly plan and ensure that public services are equipped to respond to emergencies, the same speed, energy and focus applied to the COVID-19 response by frontline staff, must be used in national, regional and local planning, testing and investment to safeguard us all against public health emergencies.

Mental health

COVID-19 will have a serious impact on the mental health of our workforce and our population. The impact of lockdown may lead to increases in depression and anxiety, and nursing staff will also be likely lig.9 (e)-0.7 (s)-1.5 (s)10.7 (i)9.1 (.5 (a)4 (g s)118dl)15.25(e)-0.7 (s i)8.6 (n d)2

unprecedented toll on the mental health of the population. Increased demand for support for depression and anxiety is likely to surge as a result of social distancing, and exposure to traumatic events.

Research from the Office for National Statistics in June 2020 revealed over two-thirds (69%) of adults were reportedly worried about the impact coronavirus was having on their lives, with 44% reporting that their wellbeing was affected. During the first two months of lockdown, mental health reportedly worsened by 8.1% with young people and women disproportionately affected. Care and services diverted towards dealing with the pandemic will impact on people who are already living with mental health conditions and could result in a detrimental health impact for those with severe mental health conditions such as schizophrenia and bipolar disorder, who have been identified as being at higher risk during the crisis. Prior to COVID-19 people with severe mental health conditions were already dying 20 years earlier than the general population.

The COVID-19 pandemic has exacerbated an existing workforce crisis and overstretched services do not currently have ol (t)6.4 (a (a)9.1 (l h)-t)14.2 (.1 (v)18 (e(e me(e).2 (c)3.9 (e)2 (r9.1 (l p)-7.5.2

Often those employed at bands four to six are professionals providing care on the frontline, therefore, as BAME staff are overrepresented in these pay bands, they may be at increased risk of exposure to the viral load of COVID-19.

WRES 2019 data shows that just over one in every five of all nurses, health visitors and midwives in NHS Trusts and CCGs is from a BAME background. However, there is an over-representation at Agenda for Change band five and under-representation across all other pay bands. In 2019, there were 42,895 BAME nurses working at Agenda for Change band five, compared with 1,876 BAME staff working in management bands eight and nine.

Further, in 2019 there were 4,995 less white nursing staff in band five, compared to an increase of 3,064 BAME nursing staff in the same band that year. As the pay bands increase, data shows larger increases in the number of white staff at each pay grade, compared to the increases of BAME staff, which are much s5.1.9 (a)17.-p638ase0hese2in over-

Staffing for safe and effective care in England

Ambiguity about responsibility for policy and funding interventions for supply, recruitment, retention and pay has led to workforce shortages. There is currently no specific legal accountability for the provision of staffing for taxpayer-funded services. As a result, costed workforce planning is not done consistently or strategically; nor is it based on credible modelling of population health to meet patient demand. This could lead to missed care and patient safety being compromised.

At the highest level of accountability, policy makers are responsible for decisions about what health and care services can be delivered for the population through NHS-funded and local authority-funded care. There is currently a lack of political will to have this conversation transparently with the public, which means there is increasing variation in access to services and patient outcomes, exacerbated by the COVID-19 pandemic.

Health and care system leaders and frontline professionals are focused on requirements to demonstrate efficiency and productivity. These systemic pressures present conflict between the ambition of the health and care system to consistently deliver high-quality care, despite a lack of resources, such as an adequate workforce. Therefore, clarifying roles and accountabilities for workforce in legislation will provide assurance to all that there will be the right numbers of qualified nurses, in the right place at the right time to provide safe and effective care. As the population continues to grow and our workforce ages, staff shortages are set to increase so it is vital that action is taken urgently. The Conservative Party promised this legislation in its election manifesto; it is clear that the NHS Long Term Plan Bill is the best opportunity for this to occur.

While there is no question that meaningful action will require expenditure, investment provides a wider return in terms of population health, socio-economic mobility and national productivity. The workforce is also vital to health and care service delivery, and public health provision. This is key to improving population health – an important determinant of national productivity, high employment rates and low levels of sickness absence. In turn, this is critical to economic growth. Additubo mrorp19.2 nt

Workforce data coverage and workforce strategy in England

There is no overarching health and care workforce plan or strategy in England. This limits the ability of the system to supply the necessary numbers of nurses and to plan for staff numbers in the future. Developing a credible workforce strategy for the longer term is challenging due to a lack of comprehensive data on current nursing staff working in all settings and the numbers of nursing students graduating, both within the NHS and the wider care system.

It is only with a full and complete picture of our health and care workforce that the government can be sure that we are equipped with the fully trained workforce required to meet current and future patient need.

With this in mind, the government must create and fund a workforce strategy in England that:

- determines current and future population need, based on open and transparent data and engagement with stakeholders
- includes future demand for all health and care services and not just the NHS, as was the recent case with the NHS People Plan
- sets targets for future workforce as the basis for funding the whole nursing supply chain, including relevant higher education public bodies.

7. Nursing education and supply of new graduates

All nursing students across the UK must have access to adequate financial support for tuition and the cost of living to support them during their studies. Every country across the UK will need to substantially increase their nursing workforce supply in order to put our health and care system and the nursing profession on a sustainable footing. Sufficient funding will be required to achieve this.

We also call for sufficient and dedicated funding for continual professional development (CPD) for all nursing staff, in all health and care settings, alongside pay progression and career development opportunities. Funding must be based on modelling on future service and population-based need as well as the skills mix required.

Student funding in England

There are not enough people studying nursing at university in England. The government reformed the way that nursing higher education was funded and planned in the 2015

CSR. Formerly, the government paid the fees directly to universities and gave modest bursaries to students to support their study. The 2015 changes moved from a centrally commissioned model to a ‘market led’ model where students pay their own fees, primarily through student loans, and, until recently, received no living grant support from the government.

The intended aim for the reforms was to significantly increase the number of people studying nursing. Whilst the number of people on courses has risen for this upcoming academic year 2020/2021, this equates to approximately 4,600 new students. This small increase in applications falls far short of how many nurses the government needs to close the vacancy gap and achieve its 50,000 more nurses target. We are only now seeing a rise to the levels of 2016, the final year of the directly commissioned model. This represents three years of lost growth.

We know that the prospect of debt reduces the number of people who choose to study nursing as this was a key finding from our research detailed in our report Beyond the

This CSR must avoid replicating the fragmented approach to higher education funding that happened in the 2015 CSR. Instead, the government should take a strategic approach, setting out how many nurses England needs in the future and working backwards to fund all parts of the higher education supply chain – including education and health and care bodies – to meet this aim. This means, among other things, understanding the true cost of clinical placement provision, capital and teaching costs for both universities and employers.

CPD

Nursing education across the UK must not end at the point of graduation. CPD enables registered nurses to develop their careers, become specialists in areas of care such as cancer, as well as design and deliver innovative care models to meet changing population needs. Career development is key to keeping professionals supported within the workforce, essential for ongoing safe and effective practice, and for career progression; all of which contribute to retention.

Crucially, funding for CPD in England is essential for meeting the transformative care goals and clinical placement capacity expansion in the NHS Long Term Plan. However, the government cut the overall funding for CPD in England in the 2015 CSR; the Health Education England (HEE) budget for CPD for nurses was cut by 60%, over two years from £205million in 2015/16 to £83.49million in 2017/18. In contrast, the ‘future workforce’ postgraduate medical and dental budget was increased by 2.7% in 2017/18. This is a significant and unfair disparity between nursing staffsong Te8 (1)26.4825.6 (e6.3 (7)T(o)15 (v)18.1 (e (n)6.58

care staff who have already been providing patient care for many years - will still have to pay this charge upfront in full to be reimbursed in increments. This will disproportionately affect lower paid unregistered staff - particularly in the social care sector. With the IHS set to rise in October to £624 for adults and £470 for dependants, individuals will be expected to pay thousands of pounds, which will be unrealistic and financially debilitating for many.

Plans to reimburse key staff in six-month increments clearly go against the spirit of the government's initial announcement and simply do not go far enough to incentivise workers to stay in the UK. The administration and costs surrounding the reimbursement far outweighs the benefits of granting immediate and automatic exemptions to the surcharge for all health care staff. It is also another example of the fragmentation

2.6% increase announced for 2020/21 was far short of the £1 billion per year estimated to be needed if we are to begin to restore services. Restoring the public health grant to previous levels is not sufficient and will not support a productive and healthy rebuilding of public health services in a post-coronavirus world.

These essential services have been further impacted by COVID-19 and many have been paused. Research from the Local Government Association estimates that local councils could face estimated financial challenges of nearly £11billion in 2020/2021 because of the pandemic. Wh
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10. Further information

For further information please contact:

- Jonathan Barron, Policy Adviser (Jonathan.Barron@rcn.org.uk)
- Rachael Truswell, Public Affairs Adviser (Rachael.Truswell@rcn.org.uk)

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Royal College of Nursing
rcn.org.uk
0345 772 6100

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