Royal College of Nursing's Response to the CNO's Professional Strategy for Nursing and Midwifery in England

Introduction

The Royal College of Nursing (RCN) is the world's largest professional body and trade union for nursing staff, representing over half a million members across the United Kingdom. Our membership spans Registered Nurses, Midwives, Health Visitors, Nursing Associates, nursing students, health care assistants, and nursing support workers. Collectively, they deliver care in every setting of the health and care system, from acute hospitals and community teams to mental health, child health, community, learning disability services, and the independent and voluntary sectors.

The RCN's mission is to promote patient and nursing interests, influence health and care policy, and safeguard professional standards. We collaborate with governments, regulators, employers and international partners to ensure nursing and midwifery voices are central to reform.

We welcome the opportunity to contribute to the Professional Strategy for Nursing and Midwifery in England, led by the Chief Nursing Officer (CNO). This strategy provides a critical opportunity to set a long-term vision for nursing and midwifery to 2040, recognising the professions' impact across population health, workforce sustainability and the transformation of care.

The Strategy must:

- Define the future direction of nursing and midwifery practice, education, research and leadership, and promote professional identity and wellbeing, demonstrating the value of nursing and ensure parity with other professions.

- Ensure equitable access to continuing professional development (CPD) and fully funded nursing programmes as a core component of workforce sustainability and professional growth.

- Reverse the shift towards task-orientated models of care by reaffirming the value of holistic, relational nursing practice.

- Halt the inappropriate substitution of registered nursing roles with non-registered staff, ensuring role clarity and safe delegation in line with professional standards.

- Establish a clear, structured career framework that recognises expertise, supports progression, and retains nurses in clinical practice.

- Be ambitious in advancing the UN Sustainable Development Goals and the Triple Impact of nursing and midwifery on health, gender equality and economic growth (All-Party Parliamentary Group on Global Health, 2016).

- Align with national frameworks, including *NHS England's Fit for the Future: 10-Year Health Plan* (2023), *Delivering a Net Zero NHS,* and the forthcoming *NHS Workforce*

Plan, and complement international frameworks such as the *WHO Global Strategic Directions for Nursing and Midwifery 2021–25*.

- Recognise that real impact depends on the Workforce Plan delivering for nursing, securing sufficient capacity, capability and reward to sustain the profession across all sectors.

- Embed parity, equity and safe staffing, grounded in the *RCN Nursing Workforce Standards* (2025a) and relevant safe staffing guidance.

The RCN's response follows the structure of the CNO's consultation and is organised under the following themes:

1. Working in neighbourhoods and communities

2. Prevention and health promotion

3. Digital and technology

4. Professional narrative

5. Research and innovation

6. Professional education

7. Developing career pathways

8. Professional culture and wellbeing

9. Addressing global health challenges

Safe staffing remains the foundation of safe, high-quality care. The RCN calls for enforceable, evidence-based nurse staffing standards to ensure nursing levels never fall below a safety-critical threshold.

The Strategy must equip the professions to anticipate and respond to emerging global health challenges, including climate change, pandemics and displacement, through culturally competent, evidence-based care.

This response sets out the RCN's inclusive, evidence-driven vision for nursing and midwifery, professions ready to lead the transformation of health and care for future generations.

Theme 1: Working in Neighbourhoods and Communities

Members across all fields share a vision for neighbourhood and community services based on integration, equity, and prevention. They consistently describe the need for co-located teams bringing together health, social care, education, and voluntary sector partners, underpinned by safe staffing, inclusive commissioning, and equitable access. This aligns with NHS England's *Fit for the Future: 10-Year Health Plan* (2025), which emphasises population health management, prevention, and care closer to home.

Members have shared the reality of working at the frontline, pointing to the fact that district nurse teams can often manage caseloads of up to 300 patients, which is neither safe nor sustainable. Such caseloads lead to care which is more task oriented than holistic, episodes of missed care, and avoidable hospital admissions. The development of a professional strategy is an opportunity to compile evidence for quality and safety standards in community provision, to support nursing leaders and other decision makers in population-based workforce planning.

Nursing support workers emphasised the need for role clarity: "clearer role definitions and inclusion in planning meetings so we can contribute to patient care pathways." This must always align with the principles set out in the RCN's *Accountability and Delegation Guidance* (RCN, 2019), which defines the responsibilities of registered nurses when delegating tasks and ensures safe, person-centred care.

Members noted that without adequate staffing and role recognition, neighbourhood teams risk becoming overstretched, as is the case now across community nursing services. This underscores the importance of workforce planning and inclusive commissioning as enablers of safe, sustainable neighbourhood care.

RCN asks:

- The strategy should provide clarity on neighbourhood models and how they align to other structures within community and social care in order to realise their potential to deliver safe, equitable and preventative care at scale.

- Care must be joined up and centred around the person, not fragmented by artificial, system-created silos. This is particularly urgent given the decline in District Nursing (DN) numbers. Caseloads across all fields of community nursing must be reviewed and properly resourced, as current levels are unsustainable and risk compromising care quality.

- Job planning must be embedded across all roles, alongside equitable access to CPD funding and a structured career framework that supports progression and retention.

- The strategy should require robust, population-based workforce planning and embed nursing leadership in the design and governance of neighbourhood and community teams.

- Teams must have clearly defined roles for all members of the nursing workforce, including nursing support workers, to ensure safe, equitable and sustainable care.

Theme 2: Prevention and Health Promotion

Members consistently identify prevention and health promotion as central to nursing and midwifery practice but report that it is often deprioritised in favour of crisis response. As one adult nurse noted, there must be a *"shift from reactive, crisis driven work to prevention*

and health promotion". Mental health nurses stressed that early intervention is critical: *"Early intervention in mental health saves lives and reduces long-term costs"*.

Learning disability nurses highlighted persistent inequalities, calling for *"specific strategies to reduce the risk of diabetes, obesity, and heart disease"*. Children's nurses stressed that without greater investment in early years services, including Health Visitors and school nurses, whose workforce has fallen by 40% in the past decade, adult services will face long-term consequences. District nurses stated that high caseloads meant that the important health promotion element of their work was often neglected.

Forward-looking perspectives feature strongly in member feedback. Some highlighted opportunities in genomics and digital health to identify risks earlier and personalise interventions. Others cautioned that innovation often feels "imposed rather than co-designed," warning that without staff engagement and equity monitoring, new tools could fragment rather than strengthen holistic care. However, members also emphasised that prevention cannot succeed without workforce investment. Many described being too overstretched to prioritise prevention and health promotion.

Members are clear that greater investment in public health and early intervention services enables successful prevention strategies with positive benefits for both population and planetary health and resilience of the NHS. To ensure a resilient NHS that can meet our populations needs prevention must be prioritised within health policy and embedded as a core element of professional nursing practice. Anticipated demographic shifts will require nursing to expand and evolve professional roles to meet the changing needs and expectations of diverse communities and populations and the strategy must reflect emerging and flexible population health priorities.

RCN Asks:

- The strategy should recognise and restore the critical roles of specialist public health nurses, including Health Visitors and school nurses, who focus on prevention and early intervention.

- Prevention and health promotion should be explicitly included in nursing and midwifery job plans, with protected time and organisational support to deliver these activities effectively.

- ICBs should commission targeted nurse-led prevention programmes for high-risk groups, addressing physical, developmental and mental health.

- Workforce strategies must address wellbeing and safe staffing as preconditions for effective prevention.

Prevention and health promotion are fundamental to sustainable health and care. To make them a reality, the CNO strategy must resource staff, embed equity, and ensure innovations strengthen, not undermine, holistic, person-centred care.

Theme 3: Digital and Technology

Members welcomed the potential of digital innovation to transform care but also described how poorly designed systems often obstruct rather than enable practice. As one adult nurse put it, *"multiple platforms that don't talk to each other... we spend more time logging in than caring"*. Children's nurses identified that: *"it is integral to any digital design that systems work together to share information and enhance the safeguarding of children and young people. In addition, a lack of diverse data, ethical concerns and inequitable tools will impact how well technology such as AI can be used for children and young people's healthcare"*. Learning disability nurses raised specific risks, explaining that *"some systems don't allow us to record reasonable adjustments or communication needs, that's a safety risk"*.

These concerns were echoed across forums. Members summarised that digital systems frequently fail to capture essential nursing data such as social determinants of health, communication preferences, and reasonable adjustments. This omission undermines personalised care and risks widening inequalities. Nursing support workers highlighted being expected to use the same systems as registered staff without receiving adequate training or support. Protected time for training and adaptation is essential. NICE's *Evidence Standards Framework for Digital Health Technologies* (2022) similarly emphasises safety, equity, and usability as critical criteria for adoption.

Innovation was widely welcomed, but members stressed that digital tools and new service models must be co-designed with frontline staff, not imposed upon them. NICE's *Evidence Standards Framework for Digital Health Technologies* (2022) highlights the need for safety, usability and equity, and these principles should underpin all technological innovation, from genomics to artificial intelligence, adopted across nursing practice.

Parity of esteem was another recurrent theme. Members stressed that digital records must capture and value mental health interventions alongside physical care and psychosocial support interventions (including play for children and young people). Without this, commissioning and workforce planning risk being skewed towards easily quantifiable physical health data, leaving relational and psychosocial work invisible.

Workforce wellbeing was also a concern. Members reported that poorly designed systems, constant updates and duplication add significantly to workload. Evidence consistently links excessive workload and system inefficiency to increased stress and reduced retention among nursing staff. While digital tools have the potential to improve safety and efficiency, poorly implemented systems risk amplifying stress and undermining staff wellbeing.

Looking ahead, RCN members have identified opportunities in genomics, AI, and predictive analytics but warned that these must be introduced with strong governance and clinical input. Without careful evaluation, new technologies could reinforce inequalities or fragment holistic care.

RCN Asks:

- Registered nurses, Midwives and support workers must be centrally involved in the design, innovation testing, and procurement of all digital systems which should enable them to spend more (not less) time with patients; time must not be diverted by the inputting of data or administrative tasks which are unrelated to patient care.

- Workforce plans must embed protected time for digital training and adaptation.

- Digital records must be fully interoperable and capture the full scope of nursing care, including developmental needs, mental health interventions, and reasonable adjustments.

- Digital resources and infrastructure must be comprehensive and fit for purpose in all health settings, not solely focused on hospitals in urban centres

- Evaluation frameworks should measure usability, equity, and clinical safety alongside efficiency.

- Equity monitoring must ensure that digital and genomic innovations in nursing practice benefit all communities and do not reinforce existing health inequalities.

- Emerging technologies such as genomics and AI must be governed by principles of co-design, transparency, and equity.

Digital transformation has the potential to enhance care, but only if it is shaped by those who deliver it. By embedding nursing voices at every stage, the CNO strategy can ensure digital systems support safe, person-centred, and equitable practice.

Theme 4: Professional Narrative

A professional narrative that reflects the full scope of nursing and midwifery is essential for retention, wellbeing, and system transformation. By embedding this narrative, the CNO strategy can ensure our professions are visible, valued, and enabled to lead change.

Across all fields, RCN members express pride in their roles but frustration that their professional expertise is often misunderstood, undervalued, or misrepresented. They describe a disconnect between the relational, therapeutic, and leadership aspects of their work and how these are captured in policy, media, and organisational metrics. As one mental health nurse reflected: *"Our therapeutic work is invisible, it doesn't show up in metrics, but it's the core of what we do"*.

The RCN is clear that nursing is a safety-critical profession, and this strategy must support nurses to assert and articulate that role confidently to other health and care professionals, the public, and decision-makers.

Nursing is founded on four interdependent pillars, clinical practice, education, research and leadership. Registered nurses apply evidence-based knowledge and professional judgement to assess, plan, implement and evaluate high-quality, person-centred care. Their work comprises many specialised and complex interventions, and their vigilance is

critical to the safety of people, the prevention of avoidable harm and the management of risk across all settings.

Compassionate leadership is central to the provision and coordination of nursing care. It draws on professional integrity, emotional intelligence and the ability to integrate the cognitive, physical and organisational dimensions of care to meet the needs of individuals, families and populations.

The RCN definition of nursing (RCN 2023) captures the essence of nursing as both a scientific and relational profession, one that safeguards safety and quality, drives improvement and underpins every part of the health and care system. The Professional Framework (RCN, 2025i) further supports the complexity and breadth of nursing practice, defining enhanced, advanced and consultant level nursing. Embedding this definition, and the professional framework within the Professional Strategy would strengthen the visibility of nursing expertise and ensure public, professional, and political recognition of its full scope and value.

Nurses are fundamental to the creation of a health and care service that is resilient to wider global health threats including pandemic preparedness and response, climate adaptation and resilience and the ability to meet the needs of diverse mobile populations displaced through global crises. This is particularly salient to discussions about resourcing staffing levels and skill mix alongside the need to champion a circular economy for consumables and equipment used to deliver or support care. The profession has a responsibility to communicate the unique contributions and value of nursing, to support sufficient investment in workforce planning.

Nursing support workers highlighted a lack of recognition, noting that *"we're part of the team but not always treated like it."* Their essential contribution to safe, effective care must be clearly reflected in workforce planning and development strategies. More broadly, the strategy must ensure that the full scope and value of nursing, as a safety-critical, relational, and evidence-informed profession, is consistently understood and championed across all sectors.

For mental and learning disability nurses, the issue of identity is particularly urgent. Jones (2023), found that recovery-orientated nursing practices, require relational skill, visible leadership, and organisational alignment. When grass-roots nurses felt disconnected from their senior leadership, they reported difficulty embedding recovery principles, leaving this work undervalued despite being central to patient care. This evidence mirrors member concerns that therapeutic and advocacy roles are consistently under-recognised.

Adult nurses expressed concern that their roles are reduced to throughput and targets. Midwives report that risk-averse systems and standardised care pathways often constrain their advocacy role, limiting their professional autonomy.

Children's nurses highlighted that their work is insufficiently recognised as having a high emotional impact, which is directly attributed to burnout and retention. Social deprivation and increasing complexity across children's care has increased the demand on nurses in delivering this care. Coupled with lack of investment and increasing waiting times creates systemic increased pressure and poorer outcomes for children and young people.

The NHS Ten Year Plan's emphasis on task-based models raises important questions about the future of nursing practice. The RCN urges caution, as over-reliance on task delegation risks undermining the holistic, relational, and safety-critical nature of professional nursing care.

The *Nursing Workforce Standards* (2025a) reinforce that professional identity should be supported through supervision, access to CPD, and recognition of leadership at every level. Internationally, WHO's *Global Strategic Directions for Nursing and Midwifery 2021–25* and the ICN's renewed *Definition of Nursing* (2025) highlight the importance of recognising relational, preventative, and socially just aspects of nursing practice.

RCN Asks:

- The professional narrative underpinning this strategy should portray nursing and midwifery as relational, preventative, digitally skilled, and research-active professions leading service delivery and transformation.

- Nursing must be formally recognised and promoted as a STEM profession, reflecting its scientific, analytical, and research-based foundations.

- All guidance and support materials arising from the CNO Strategy must promote the unique value of nursing in delivering holistic, person-centred care, and move beyond outdated stereotypes of "the art and science of nursing."

- Professional identity must be actively supported through supervision, access to continuing professional development (CPD), and recognition of both relational and technical leadership. These expectations should be embedded within nurses' job plans.

- All Registered Nurses must have job plans that reflect their full professional contribution and responsibilities.

- Nurses must be supported and protected when raising safety concerns, from ward to Board.

- Nursing support workers are vital members of the nursing workforce. Whilst they are not the subject of this professional narrative, they must be visible within workforce policy and have equitable access to education and development pathways through structured career development strategies.

- The Strategy must articulate clear nursing policy priorities on sustainability and the environmental responsibilities of the profession.

Professional identity and leadership are vital to sustaining and transforming nursing. The CNO strategy must invest in recognition, equitable opportunities, and safe staffing so that every nurse can lead change, deliver high-quality care, and secure the future of the profession.

Theme 5: Research and Innovation

Members across all fields stress that research and innovation must be embedded as a core part of nursing and midwifery education and practice. Nurses and Midwives are not only participants in research but leaders and originators of it, identifying priorities, generating evidence, and driving innovation that transforms person-centred care. However, opportunities to lead formal research projects remain limited outside academic or specialist settings, restricting the full potential of the profession to influence practice and policy.

The RCN Research Strategy (2025c) provides a framework for addressing these issues. It sets out a vision to "empower nurses to lead, engage with, and apply research that transforms person-centred care, improves outcomes, and addresses complex health challenges." It emphasises that research must be embedded across all education and career stages, in every field of practice, and in all settings, not only universities or teaching hospitals. It also identifies critical enablers: protected time, equitable terms and conditions for research engagement, structured career pathways, mentorship, and recognition for research education, innovation, delivery and leadership.

Members highlighted gaps in the evidence base that directly affect practice. Mental health nurses pointed to limited research into recovery-focused and therapeutic interventions. Learning disability nurses described a lack of evidence on reducing preventable comorbidities and tackling persistent inequalities.

Children's nurses have identified the challenges of hearing the voice of the child in delivery of their care and the impact this subsequently has on their healthcare journey. As one district nurse explained: *"We're constantly innovating in how we deliver care, but it rarely gets written up or shared"*. Innovation in nursing research must also draw on frontline insight and evidence to ensure that new practices are practical, ethical and person-centred.

RCN Asks:

- Align the CNO's Professional Strategy with the RCN Research Strategy (2025c) to ensure research is recognised as core to every nursing and midwifery role, and that nurses are supported and resourced to lead and apply research in practice.

- Provide protected time, mentorship, and structured career pathways for nurses and Midwives across research delivery, clinical academic and leadership roles, including embedding research in professional standards and revalidation.

- Ensure equity in research education, access to evidence and information, opportunities, support, mentorship and coaching throughout careers.

- Prioritise funding for evidence gaps identified by members, particularly in mental health, learning disability, children and young people services, community, and prevention.

- Position workforce wellbeing, including suicidal ideation, as a national research priority.

- Ensure innovation programmes are co-designed with frontline staff and evaluated against safety, usability, and equity metrics.

By embedding research and innovation across the profession, the CNO strategy can unlock the full contribution of nursing and midwifery to evidence-based, equitable, and sustainable health and care.

Theme 6: Professional education

The RCN values and supports all four branches of registered nursing, advocating for the protection of these distinct registrations as part of a diverse and holistic profession. We recognise and value the wide range of field-specific specialisms, across all settings.

England, and the wider UK, is unique in the breadth of nursing roles and career pathways, reflecting the depth and reach of the profession across practice, leadership, education, and research.

The RCN values the work of registered Nursing Associates, but we have concerns regarding the NMC's lack of a defined ceiling of practice for Nursing Associates and call for greater clarity on this within the strategy.

Education is the cornerstone of a safe and sustainable nursing workforce. It must prepare nurses not only for today's demands but also for the evolving realities of health and care delivery, in a rapidly changing world and geopolitical contexts Members consistently told us that nursing education should equip staff to practise autonomously, lead innovation, and meet the increasingly complex needs of populations across all settings.

Yet evidence shows the current system is under severe strain. The RCN's Nurse Educator Workforce in Higher Education in England (2025) highlights educator shortages, unclear career pathways, and retention challenges that threaten the future supply of qualified nurses. Alongside this, too many students leave their courses due to financial hardship, placement pressures, and insufficient wellbeing support, a "leaking pipeline" that undermines domestic supply at a time of critical workforce shortages.

Reducing student attrition and ensuring diverse clinical exposure must be central to the CNO's strategy this year. A key objective is to lower dropout rates by improving the quality of support and placement experiences, recognising that well-structured, compassionate environments can make a critical difference to student retention. Equally, every nursing student should have access to high-quality placements across community, social care, and neighbourhood settings. This diversity of exposure not only strengthens clinical competence but also reflects the evolving landscape of care delivery, ensuring graduates are prepared for the full spectrum of professional practice.

Clinical placements, which are central to nursing education, are often overstretched. Supervisors and assessors report being assigned educational responsibilities without the protected time or resources required to fulfil them effectively. This situation must not be normalised. Sustained investment in both university and placement capacity, including time for supervision and assessment, is essential to protect the quality and equity of nursing education.

International frameworks reinforce these concerns. WHO's Global Strategic Directions for Nursing and Midwifery 2021–2025 call for investment in faculty, equitable access to education, and alignment of programmes with population health needs. These principles must underpin the CNO's Professional Strategy if England is to secure a resilient nursing workforce.

RCN Asks:

- The CNO Strategy should be underpinned by a clear model for nursing education both pre-and post-registration and must require that clinical placements are safe, supportive, and effective learning environments, with protected time and appropriate resourcing for practice supervisors and assessors.

- The Strategy must address student attrition through targeted financial support, access to wellbeing services, and protected time for study. A comprehensive package of interventions is needed to fix the pipeline and address high attrition and low output (RCN, 2025j).

- The Strategy must guarantee equitable access to continuing professional development (CPD) for all nurses, embedding CPD as a contractual right with ring-fenced funding.

- The Strategy must ensure that nursing curricula reflect the evolving needs of modern practice, including digital literacy, genomics, prevention, leadership, and research.

- The Strategy must influence the development of educational standards that promote culturally competent care and prepare nurses to practise in ways that are agile, resilient, and globally informed.

Theme 7: Developing career pathways

Nursing is a safety-critical profession founded on four pillars: clinical practice, education, research and leadership. Registered nurses are degree-educated professionals whose scientific, analytical and evidence-based practice places nursing firmly within the STEM disciplines. High-quality nursing care now plays an increasingly prominent role in every health and care setting and nursing leadership is needed across health and care systems.

When Registered Nurses are recognised and valued, including through fair reward, professional autonomy and clear progression pathways, the benefits extend across the whole health system and directly improve patient outcomes.

Despite the entry requirements, increased proficiencies and pressures on nursing evolving, the support structure and career opportunities for Registered Nurses have fallen far behind in the past 15 years. Nursing deserves a career structure that supports clear progression with greater reward to recognise skills, competence, expertise and greater responsibilities assumed while keeping care close to the patient. The RCN Professional Framework can support the career pathway beyond registration, with the

definition of enhanced, advanced and consultant level practice that are applicable in all settings, and encompass the four pillars of nursing.

The RCN's *Nursing Workforce Standards* (2025a) provide the foundation for safe and effective care, based on the principle of the right staff, with the right skills, in the right place. These standards underpin the RCN's response to the CNO Strategy and should inform all aspects of workforce planning, education, leadership, and wellbeing.

Safe staffing levels are an essential foundation for meaningful career development. The RCN continues to advocate for mandated nurse staffing standards across all settings, developed with NHS England and nursing stakeholders, as a first step toward embedding them in public policy.

As a core part of career development to enable nursing staff to work autonomously, realising optimum benefits for patients and the system, we have called for a new preceptorship model for nursing staff to ensure all newly registered nursing staff receive a formal preceptorship period of at least 12 months.

Gaps in nursing leadership roles are a major concern. Members describe that leadership opportunities are disproportionately concentrated in acute hospital settings, leaving community, public health, mental health, learning disability, children's nurses and midwifery roles underrepresented. WHO's *Global Strategic Directions for Nursing and Midwifery 2021–25* and the ICN's renewed *Definition of Nursing* (2025) both emphasise the need for equitable leadership across all fields and sectors.

RCN Asks:

- A clear national career framework must support progression, reward expertise and responsibility across all settings, including education and research.

- This framework must enable Registered Nurses to progress in their careers, while still having the opportunity remain close to patient care.

- The NMC, working with stakeholders including the RCN, should be commissioned to deliver a structured mandatory 12-month preceptorship model for all newly registered nursing staff, utilising the Professional Framework (RCN, 2025i).

- Registered Nursing Associates who wish to become Registered Nurses should have access to funded degree routes and structured support, consistent with the RCN Position Statement on the Role and Scope of Practice of the Nursing Associate.

- Leadership development must be expanded across community, public health, mental health, learning disability and midwifery settings.

- Global standards (WHO and ICN) on equitable leadership and career development should inform national nursing strategy, ensuring fairness and mobility across borders.

Nursing is a safety-critical profession. Valuing nurses through structured career pathways and equitable leadership opportunities benefits the workforce, strengthens care quality, and safeguards patients.

Theme 8: Professional culture and wellbeing

Inequities within the nursing workforce mirror those in wider society. In particular those based on gender, on race/ethnicity, and their intersection (where individuals experience overlapping discrimination or disadvantage) (RCN, 2024b; 2020). As a predominantly female profession the nursing workforce faces significant gender inequalities across the professional life course which will be exacerbated by climate change. The strategy must openly recognise this to enable the wellbeing of nurses as citizens in addition to a critical element of the wider workforce.

RCN has reported previously on gender inequality reflected in pay (and therefore career) progression (RCN, 2025e). We know too well that Global Majority and ethnic minority colleagues are more likely to be referred to the nursing regulator and subjected to Fitness to Practice processes. We also know that our internationally recruited colleagues report experiences of racism, with potentially increasing threat levels due to the political climate. It is essential that the strategy considers what proactive leadership is needed to address systemic discrimination, in all its forms, within and towards the profession.

Members report that delay related care and corridor care are real issues of concern, as patients can be waiting up to ten hours for an assessment. Nursing staff feel responsible for poor care, leading to increased stress related illness.

The RCN's Suicidal Ideation Report (2024a) revealed rising reports of suicidal thoughts among nurses and nursing support workers between 2022 and 2024, with workplace pressures, including workload, bullying, and lack of recognition, cited as key drivers. When staff are working in survival mode, they lack the time and energy to embed preventative care, no matter how committed they are in principle.

This stark evidence shows that workforce planning must not focus only on numbers, but also on creating supportive, compassionate environments. Without this, retention will continue to decline, and patient safety will be compromised. Nursing support workers are disproportionately affected. This evidence also underscores that prevention strategies must be coupled with workforce wellbeing measures.

RCN Asks:

- Systemic discrimination must be tackled through clear targets and accountability, addressing inequities by gender, race/ethnicity, and their intersection.

- Employers and regulators must ensure fair processes, with routine monitoring and action to eliminate disproportionality in referrals, career progression, and fitness-to-practice outcomes.

- Workforce planning must embed wellbeing and compassionate workplace cultures as core to safe staffing and retention.

- All of the nursing workforce must receive targeted support, recognition, and fair access to development opportunities.

- A systems-based approach should be taken to workforce wellbeing, with an anticipated, proactive attitude to protecting wellbeing, particularly psychological wellbeing (Taylor et al, 2024).

- Basic needs of the workforce must be prioritised. This includes access to spaces which allow rest and decompression alongside healthy food, hydration and showers (Taylor et al, 2024).

- .Clinical supervision should be available to all Registered Nurses. Embedding the knowledge and skills of the Professional Nurse Advocate (PNA) across all settings could support reflective practice, professional supervision, and workforce wellbeing.

Inequities in pay, progression, and regulatory treatment undermine retention and patient safety. The CNO strategy must drive leadership action to address systemic discrimination and ensure every Registered Nurse and nursing support worker can thrive.

Theme 9: Addressing Global Health Challenges

Members across all fields emphasised that nursing and midwifery practice is shaped by global pressures, including climate change, pandemics, humanitarian crises, and international migration. The CNO's Professional Strategy must position the professions to lead national and international responses to these challenges. Nurses and Midwives bring the skills, values and reach to protect health, strengthen resilience, and uphold equity across populations and systems.

Climate change is already disrupting care and deepening health inequalities. Nurses and Midwives are often the first to identify and respond to the health effects of extreme weather, air pollution and heat stress, particularly in community and primary care. The CNO Strategy must ensure nursing leadership is embedded in all green and adaptation plans, from service design to emergency preparedness, and that nurses have access to education and resources to implement sustainable, low-carbon clinical practice that protects patients, staff and communities (RCN, 2025f).

Pandemic preparedness and emergency response rely on nursing expertise. Members were clear that preparedness plans must be deliverable at the frontline, not aspirational. Infection prevention and control (IPC) leads, advanced practitioners and nurse managers must have the authority, resources and protected time to plan, test and lead responses across all settings. Nursing input into emergency command structures and local resilience forums is essential to ensure decisions are clinically informed and equitable (RCN, 2025g; RCN, 2025h).

International recruitment and workforce mobility are vital to the NHS, but they must operate within an ethical and sustainable framework. The CNO Strategy should adopt the

RCN's principles of ethical recruitment and retention, ensuring internationally educated nurses (IENs) are valued members of the profession, supported through pastoral care, professional development and fair progression opportunities. At the same time, England must contribute to global workforce sustainability by supporting partnerships and investment in health-care education in source countries.

Nurses and Midwives also play a critical role in advancing health equity for refugees, asylum seekers and displaced populations. Their leadership in trauma-informed, culturally competent care is essential to ensuring that commissioning pathways, data systems and training programmes meet the needs of diverse communities. The Strategy should explicitly recognise this expertise and provide mechanisms for sharing best practice across systems.

Finally, global health literacy and research must be strengthened throughout education and career pathways. The CNO Strategy should ensure that all nurses and Midwives develop an understanding of planetary health, migration health, and disaster response, and are supported to lead research and innovation that improve global health outcomes.

Global health challenges demand nursing and midwifery leadership at every level of the CNO's Professional Strategy. From climate adaptation and emergency preparedness to ethical recruitment and inclusive care, nurses and Midwives must be recognised as agents of change whose expertise protects communities and strengthens the resilience of health systems in England and beyond.

RCN Asks:

- Nursing leadership must be embedded in all national and local climate-resilience and sustainability programmes. Nurses should lead the design of adaptation plans, green clinical practice, and education to protect the health and safety of communities and staff affected by climate-related events.

- Nursing teams must be resourced and trained to deliver preparedness and surge responses during infectious disease outbreaks and emergencies. This includes protected time for infection prevention and control (IPC) leadership, workforce redeployment planning, and participation in emergency-planning exercises.

- Ethical international recruitment must be nurse-led, ensuring that internationally educated nurses (IENs) are recruited through transparent processes, provided with comprehensive pastoral and professional support, and offered equitable opportunities for development and progression within the UK workforce.

- Nurses must lead efforts to achieve health equity for refugees, asylum seekers and other displaced populations, developing trauma-informed, culturally competent models of care, training resources for colleagues, and data systems that capture communication and access needs.

- Nursing education and research programmes should strengthen global health literacy, ensuring all nurses and Midwives understand and contribute to planetary health, humanitarian response, migration health and sustainability research.

Nurses should be supported to lead global partnerships and cross-border learning initiatives that advance equitable, resilient systems of care.

Global health challenges demand nursing and midwifery leadership at every level of the CNO's Professional Strategy. From climate adaptation and emergency preparedness to ethical recruitment and inclusive care, nurses and Midwives must be recognised as agents of change whose expertise protects communities and strengthens the resilience of health systems in England and beyond.

References

Council of Deans of Health. (2025). *Fixing the leaking pipeline: Addressing nursing education challenges.* London: Council of Deans of Health. https://www.councilofdeans.org.uk/2025/03/council-response-to-rcn-report-on-nursing-education

International Council of Nurses (ICN). (2025). *Definition of Nursing.* Geneva: ICN. Available at: https://www.icn.ch/resources/nursing-definitions

Jones, S (2023). *A case study exploring recovery-orientated mental health nursing practices in one NHS Foundation Trust.* University of Greenwich. Available at: https://gala.gre.ac.uk/id/eprint/50999/

National Institute for Health and Care Excellence (NICE). (2014). *Psychosis and schizophrenia in adults (CG178).* London: NICE. Available at: https://www.nice.org.uk/guidance/CG178

National Institute for Health and Care Excellence (NICE). (2017). *Community engagement: improving health and wellbeing and reducing health inequalities (QS148).* London: NICE. Available at: https://www.nice.org.uk/guidance/qs148

National Institute for Health and Care Excellence (NICE). (2022). *Evidence standards framework for digital health technologies.* London: NICE. Available at: https://www.nice.org.uk/about/what-we-do/our-programmes/evidence-standards-framework-for-digital-health-technologies

NHS England and Department of Health and Social Care (2025/26). *NHS Workforce Plan [as of 15.09.2025, pending publication].* London: NHS England.

NHS England. (2023). *Fit for the Future: 10-Year Health Plan for England.* London: NHS England. Available at: https://www.england.nhs.uk/long-read/fit-for-the-future/

Nursing and Midwifery Council. (2025). *Annual Fitness to Practise Report 2024-2025.* https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/2025-annual-ftp-report/annual-fitness-to-practise-report-20242025.pdf

Royal College of Nursing (RCN). (2019). *Accountability and delegation: A guide for the nursing team* (Publication code 007 940). London: Royal College of Nursing.

Royal College of Nursing (RCN). (2020). *Gender and nursing as a profession: Valuing nurses and paying them their worth* (Publication code 007 954). Royal College of Nursing. https://www.rcn.org.uk/professional-development/publications/007-954 Available at:

Royal College of Nursing (RCN). (2023). *New Definition of Nursing: Background research and rationale* (Publication code 011 253). Royal College of Nursing. Available at: Definition and Principles of Nursing | Royal College of Nursing

Royal College of Nursing (RCN). (2024a). *Understanding the factors underpinning suicidal ideation amongst the UK nursing workforce from 2022 to 2024* (Publication code: 011-781). London: RCN. Available at: https://www.rcn.org.uk/Professional-Development/publications/rcn-suicidal-ideation-amongst-the-uk-nursing-workforce-2022-to-2024-uk-pub-011-781

Royal College of Nursing (RCN). (2024b). *RCN employment survey 2023: State of the profession report* (Publication code 011 484). Royal College of Nursing. https://www.rcn.org.uk/professional-development/publications/rcn-employment-survey-2023-uk-pub-011-484

Royal College of Nursing (RCN). (2025a). *Nursing Workforce Standards*. London: RCN. https://www.rcn.org.uk/professional-development/publications/rcn-nursing-workforce-standards-uk-pub-009681

Royal College of Nursing (RCN). (2025b). Defining nursing support workers and their level descriptors. Royal College of Nursing. https://www.rcn.org.uk/Professional-Development/Defining-nursing-support-workers-and-their-level-descriptors

Royal College of Nursing (RCN). (2025c). *RCN Research Strategy*. London: RCN. Available at: https://www.rcn.org.uk/Professional-Development/publications/rcn-research-strategy-uk-pub-012-233

Royal College of Nursing (RCN). (2025d). *The nurse educator workforce in higher education in England.* London: Royal College of Nursing. https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Employment-and-pay/The-Nurse-Educator-Workforce-in-Higher-Education-in-England.pdf

Royal College of Nursing (RCN). (2025e). *Gender pay gap report 2024*. https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2025/April/012-065.pdf

Royal College of Nursing. (2025f, June 24). *RCN position on climate change.* https://www.rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-statement-climate-change

Royal College of Nursing. (2025g). *Opening submissions from the Royal College of Nursing to the UK COVID-19 Public Inquiry (Module 6)* [PDF]. https://covid19.public-inquiry.uk/wp-content/uploads/2025/06/30183637/Opening-Submissions-from-the-Royal-College-of-Nursing-dated-13-June-2025.pdf

Royal College of Nursing. (2025h). *The RCN is presenting evidence at the UK COVID-19 Inquiry (Module 6).* https://www.rcn.org.uk/news-and-events/news/uk-covid-inquiry-there-were-no-nurses-left-it-was-just-me-040725

Royal College of Nursing (RCN) (2025i). *Levels of Nursing.*
https://www.rcn.org.uk/Professional-Development/Levels-of-nursing

Royal College of Nursing. (2025j). *Fixing the leaking pipeline.*
https://www.rcn.org.uk/Professional-Development/publications/rcn-fixing-the-leaking-pipeline-uk-pub-012-012

All-Party Parliamentary Group on Global Health. (2016, October). *Triple Impact: How developing nursing will improve health, promote gender equality and support economic growth.* https://www.globalhealthpartnerships.org/wp-content/uploads/2024/10/DIGITAL-APPG-Triple-Impact-3.pdf

Taylor C, Maben J, Jagosh J, et al. (2024). *Care Under Pressure 2: a realist synthesis of causes and interventions to mitigate psychological ill health in nurses, Midwives and paramedics.* BMJ Quality & Safety. 33:523-538.

World Health Organization. (2021). *Global strategic directions for nursing and midwifery 2021–2025.* Geneva: World Health Organization.
https://www.who.int/publications/i/item/9789240033863

Response authored and submitted by:

Dr Stephen Jones RN (MH)
UK Head of Nursing Practice
Royal College of Nursing
stephen.jones@rcn.org.uk
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