Royal College of Nursing

Nursing at the helm

The strategic contribution of nursing to health and care commissioning

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Foreword

Nursing staff and leaders at all levels are committed to driving transformation, improving care quality, and restoring public confidence. These roles are vital to delivering the change we are collectively striving for.

So, it is vital that no Integrated Care Board moves forward without a Chief Nursing Officer. Because these strategic leaders are essential to shaping key decisions relating to patient safety, service configuration and cost-effectiveness.

We also need to ensure that nursing functions throughout commissioning bodies are protected from the impact of cost saving measures and reforms. It is unacceptable that so many nursing staff do not have clarity about the future of their jobs so many months after the announcements were made.

Public assurances about the safety and quality of health and care services are dependent upon nursing staff being key to decision-making about funding, strategy and approach.

In all aspects of this work, it is crucial that the value, impact and outcomes related to these functions and the roles associated with them is recognised, and a judgement is not made solely relating to their immediate cost.

The RCN will continue to advocate for the importance of these roles, while also supporting nursing staff to stand up for their own valuable contributions in local planning discussions. We cannot let the Westminster government's focus on fast paced reform and cost-saving put patient safety at risk.

Patricia Marquis
Director, RCN England

Executive summary

This report highlights the essential, strategic impact of nursing staff working in commissioning and oversight bodies, to protect against any risk to nursing functions within the context of cost-saving measures and reforms. We outline a range of interventions and assurances required from system leaders to provide assurance that patient safety will not be compromised by these system changes.

Earlier this year, the Westminster government announced a requirement for Integrated Care Boards (ICBs), the bodies responsible for funding and planning local services, to reduce their running costs by 50%. It also announced that NHS England would merge into the Department for Health and Social Care, with a 50% reduction in staff.

There are thousands of Registered Nurses and other nursing staff employed within commissioning bodies – leading and contributing to vital functions. Each of the 42 ICBs currently has a Chief Nursing Officer (CNO). Many of these roles are at risk, with no assurance that ICBs will have a nursing leader going forward. These roles are vital in providing unique clinical, health, public health, and safety oversight, sharing insight and strategic advice from the diverse breadth of the nursing workforce.

This paper outlines the findings from our recent member engagement on the vital contributions of nursing staff in a wide variety of roles throughout health and care commissioning bodies in England, including:

- Nurses and nursing staff play a vital role across NHS England and Integrated Care Boards, contributing not only to essential clinical and nursing functions but also to a wide range of other organisational activities.
- Nursing leadership is essential to achieving the ambitions set out in the 10-year plan. To ensure continued progress, executive nurse leadership must be safeguarded and sustained.
- Expert nursing knowledge is fundamental to the effective operation of the health and social care system, bringing value across key areas such as advocacy, leadership, patient safety and quality, safeguarding, health protection, prevention and population health, and commissioning.

Our analysis is that patient safety would be compromised if nursing roles or functions were to be lost, including the Chief Nursing Officer posts in ICBs. We have described a vast range of complex decision-making from nursing colleagues throughout organisations, and it is vital to have executive level nurse leadership to coordinate translating this insight and activity into strategic directions. We believe that the pace of change is too rapid for meaningful engagement from nursing staff, meaning that decisions are likely to be made without thorough impact assessments. There is a role for independent scrutiny into ICB plans, to assess the ability to provide a safe and effective service, in line with CQC regulatory requirements.

Removing the CNO role creates significant equality and population health risks. Unless mitigations are robustly embedded, there is a material risk of indirect discrimination against nursing staff (gender, ethnicity); disproportionate harm to protected groups (children, women, disabled people, ethnic minorities); and regulatory concern from the CQC (system governance) and the NMC (practice regulator).

There are a number of key responsibilities and nursing functions which are embedded in legislation, and must be protected, such as those relating to children with special educational needs (SEND), safeguarding, and looked-after children. Continuing Health Care (CHC) policy stipulates the need for a Registered Nurse Assessor and the directors of CHC are Registered Nurses. These roles come under the CNO portfolio.

We have identified that the focus on workforce reduction and uncertainty surrounding redundancies is likely to be prohibiting strategic, long-term planning, due to a lack of clarity about future capacity. Currently, there are voluntary redundancy opportunities available for staff, but no clarity on planned structures or redundancy terms, due to a lack of sign-off on the redundancy scheme or funding. This impasse is causing uncertainty for nursing staff and delays for system leaders in enacting their plans.

In the context of the recently published NHS 10-year health plan, we are concerned that there is a disconnect between ambition and implementation. Nursing staff are key to facilitating transformative system change, working in partnership and safeguarding quality of care.

We put forward our expectations for immediate actions and interventions from system leaders:

- ICB leaders, supported by the NHS England transition board, must ensure that nursing roles are not lost under the guise of 'cost-saving'. This includes Chief Nursing Officer roles and nursing functions within commissioning bodies. ICB leaders should take steps to provide assurance to nursing staff that their roles are not at risk.
- Independent scrutiny must be protected. Any proposed or planned changes to scrutiny functions should be communicated transparently, along with impact assessments and details of mitigations to protect the independence of scrutiny functions.
- All ICBs should be required to publish impact assessments, including equality impact assessments, regarding the changes they have identified, with a focus on the potential impact on patient and public safety and service quality, alongside the impact on the workforce.
- ICB leaders must ensure that the voices of nursing staff are heard in every stage of the decision-making process, to mitigate the risk to public and patient safety and ensure that plans are aligned with wider strategic change.
- Legislation required to merge NHS England into DHSC must include provisions clarifying the roles, responsibilities, and accountability for workforce planning and supply.
- As DHSC merges with NHS England, they must establish a Government Chief Nursing Officer (CNO) post with parity to the Chief Medical Officer (CMO), participating in strategic decision-making as a member of the Departmental Board, reporting to the Secretary of State and accountable to the Prime Minister. The CNO office must share the key responsibilities of public health and emergency planning with the CMO office.
- All ICBs, or ICB clusters, must have a permanent Chief Nursing Officer role on the executive board, reserved for Registered Nurses.
- The Westminster government and NHS England must work collaboratively with trade unions and professional bodies to address the delays to system reforms and provide much-needed clarity to affected staff.
- Employers must ensure that all staff impacted by, or concerned about, reform-related uncertainty have access to appropriate health and wellbeing support. This is essential to mitigating the personal and professional toll of prolonged ambiguity, which has an impact on quality, safety and care experience.

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Introduction

Earlier this year, the Westminster government announced the merger of NHS England into the Department of Health and Social care, with a 50% overall reduction in staff. It also called for Integrated Care Boards (ICBs) throughout England to make a 50% running cost reduction. But months on from these announcements, nursing staff across the country continue to face uncertainty about the future of their roles.

During this period, we have been engaging with members working in commissioning bodies, and they have strongly advised us of the dangers of not protecting these roles and functions from reforms and cost-saving measures. There would be huge risks arising from removing these roles from any future configuration of the commissioning, planning, leadership and oversight landscape.

Nursing-led activity in NHS England and ICBs

In Spring 2025, the RCN hosted a series of focus groups with members from ICBs and NHS England. We discussed the impact made by nursing staff, both in roles reserved for registered nurses and in roles where being a registered nurse is beneficial.

We spoke to nursing staff in a wide variety of roles, both in nursing teams and in roles which nursing was not mandatory but was beneficial. Examples of the types of functions undertaken by participants included:

- Safeguarding and oversight of incident responses
- NHS Continuing Healthcare (CHC)
- Demand management
- Support for networks of clinicians
- Education commissioning (for example, in key roles such as district nurses, health visitors and school nurses)
- Infection prevention and control
- Supporting health professionals with queries about immunisations.
- Designing and overseeing care pathways
- Arranging funding for practice-based learning
- Accreditation and recognition of additional qualifications

Participants described the challenges they had identified arising from the reforms and funding restrictions and outlined the risks for the safe and effective delivery of patient care. We identified a number of key themes from these discussions.

Nursing leadership, input and insight is vital to commissioning activities

Nursing staff told us of the unique leadership, input and insight which registered nurses bring to commissioning functions. This includes expertise on clinical safety, quality and patient care. They described the value that nurse education and nursing experience delivering patient care on the front line provides in shaping decisions about service coverage and delivery. This is beneficial in reducing the time for testing and refining plans.

Nursing leadership roles operate across the health and social care system, working in partnership with stakeholders to facilitate key transformation. The insight which registered nurses and nursing staff bring in partnership with colleagues without clinical backgrounds can help identify challenges with patient flow and pathways, contributing to high productivity, enhanced quality of care and patient/resident experience, cost reduction and savings.

Many of the government priorities focus on the management of conditions, along with prevention of worsening health. The nursing workforce can be closer to this in practice than other key roles, such as GPs, and can therefore provide useful insight to shape all parts of the pathway.

Losing nursing leadership and roles will impact patient safety

Nursing staff told us that they have already faced repeated restructures and that a lot of the nursing team feel very vulnerable. This is unsettling and is likely to be impacting on morale within the commissioning organisation.

Nurses working in ICBs and NHSE have established close partnership working with key stakeholders throughout the local area and health and social care system. The potential risk of losing these relationships will have a big impact on organisational memory, which will lead to negative outcomes for patients. It is the view of members working in ICBs and NHSE that the transition period needs to be significant in order to protect patients and safety.

Nursing staff often work in safeguarding roles, and consistency in these areas is vital to ensure that vulnerable people do not fall through the gaps due to the impact of reforms and cost saving measures.

Registered nurses and nursing staff add value beyond specific nursing teams and functions

Registered nurses are employed in roles outside nursing teams and functions and described using their nursing education and expertise and to shape wider work. Colleagues in non-nursing roles and functions draw on their insight and experience as registered nurses, to test and shape projects and initiatives.

Registered nurses may be the only clinician in the team, often used to give opinions to other members of the team and other projects. This may include useful nursing advice and can bring a different understanding to how services are commissioned. Nursing staff can draw on their own experiences of working in frontline services to shape support packages. This level of input would not be possible if a registered nurse was replaced with a non-clinical member of staff.

Nursing staff are concerned that a push towards 'removal of duplication' will remove independent scrutiny

Broadly, nursing staff told us that they didn't think there is inappropriate duplication between providers and commissioners. Participants acknowledged that there is some overlap between the ICB and NHSE regional teams. Often there is duplication upwards, even when roles have been resolving issues locally. This may include situations where the provider and commissioner work together to resolve a safeguarding or patient safety issue, and then require this to be reported to the regional team, who then have their own process.

Nursing staff raised concerns that a devolution of some ICB functions to providers would risk independent clinical scrutiny and oversight, and would remove checks and safeguards. This could lead to situations where the organisations who deliver poor services hold responsibility for addressing them. Nursing staff are keen to avoid this conflict of interest and maintain the clinical scrutiny role of ICBs.

Nursing roles in NHS England and ICBs

We also undertook a survey of nursing staff working in NHS England and Integrated Care Boards. The intention of the survey was to capture the range of their roles, responsibilities and contributions to key functions of commissioning bodies, to ensure that all involved in subsequent decisions have a clear understanding.

We had a total of 602 responses from across all regions in England. Almost three quarters of all respondents stated they work for an Integrated Care Board (n=442), and a quarter stated they work for NHS England (n=149). A small number (n=11) stated they worked for another organisation.

NHS England

Respondents employed by NHS England were asked to describe their role and contribution to the health and social care and patient care. They provided examples of their roles as frontline clinicians, leaders, advocates, innovators, and system enablers across every level of care.

Their contribution is both strategically significant and uniquely grounded in clinical experience, shaping, influencing, and assuring health and social care systems. Roles included quality and safeguarding managers, vaccine programme leads and education team members. They were also asked to describe what makes them proud of their work. Responses have been analysed and grouped into the following themes:

- Strategic leadership of programmes
- Workforce transformation and professional leadership
- Championing patient voice and equity
- System integration and transformation
- Clinical assurance and governance
- Enhancing productivity and value for money
- Bridging policy and practice

Strategic leadership of programmes

Respondents described how they lead or support national/regional programmes in areas such as Continuing Healthcare, immunisation and screening, safeguarding, learning disabilities and autism, digital health and workforce transformation.

Respondents told us how their unique contribution is centred on combining clinical insight with programme management and policy influence to drive large-scale improvement.

"A nursing perspective to a strategic commissioning team ensures patient journeys are at the heart of every pathway and building inclusion in as part of business as usual."

Programme Manager

"I ensure the commissioning of services and patient pathways that deliver equitable, safe, evidence based, sustainable, effective care resulting in the best outcomes and experience for the patient, keeping them free from harm."

Director

Workforce transformation and professional leadership

Respondents described how they help shape the future of the nursing profession by designing new roles (such as advanced clinical practice, digital nursing), developing workforce strategies and influencing education, training, and retention policies for the future and current workforce.

Their unique contribution centres on supporting a sustainable, modern, and skilled nursing workforce aligned to system needs.

"Quality assurance of a safe learning environment for our future workforce, encouraging inclusion within placements and developing a workforce of the future to deliver the care required by our population."

Head of Department

"Supporting disadvantaged/underrepresented groups into the workforce."

Lead in a regional team

"Knowing that what I do ultimately makes a difference for frontline nurses and patients. It isn't always as obvious as providing direct patient care but it can and often ensures improvement and a focus on provision of quality care."

Head of Department

Championing patient voice and equity

Respondents described how they embed health equity, personalised care, and co-production in national initiatives, using their clinical background to ensure patient involvement.

Their unique contribution rests on advocating for inclusive, person-centred care at the strategic level.

"I manage cases where people have significant needs and work with the people / representatives / providers to ensure needs are met, the person is involved in decisions and the most efficient and cost-effective package is provided."

Case Manager

System integration and transformation

Respondents described how they support providers, ICBs and other stakeholders to integrate care pathways, improve transitions and deliver transformation initiatives. Their unique contribution centres on acting as system integrators, connecting clinical, operational, and strategic imperatives.

"I work with multiple different providers from different systems and clinical backgrounds. I work to improve patient care across the region and also to support the nursing workforce and allow them to deliver the best patient care available."

Senior Manager

"I continue to use my nursing experience and expertise in a national role to make a difference for patients in a larger and broader scale. The work we do with providers ensures services and clinical teams integrate and deliver improvements and benefits to patients faster after their transaction."

Deputy Director

Clinical assurance and governance

Respondents described how they play vital roles in quality assurance, patient safety, safeguarding, and service reviews, by assessing whether providers are delivering safe, effective, and compassionate care. Their unique contribution is centred on acting as the clinical conscience of the system, holding providers to account on behalf of patients.

"An independent voice outside of Health provider pushing for improvements. Trusts have many priorities, the existence independent pressure outside of the provider, striving for assurance puts pressure on Trust to ensure they have all in order."

Designated Nurse

"...Most people don't know our role exists - but it would be noticed if it didn't. We advocate for patients and communities during the most horrific incidents and make decisions that people don't want to think about. Not everyone in my role is from a clinical background and I'm proud to use my clinical experience to ensure that patients are at the heart of every decision when planning for, responding to and recovering from incidents."

Head of Department

Enhancing productivity and value for money

Respondents described how they drive clinical quality and ensure that productivity initiatives are clinically and operationally viable. Their unique contribution derives from the pursuit of efficiency which never compromises care, and that ensuring that public investment delivers both economic and human value.

"By providing oversight and ensuring effective coordination, I help streamline processes and improve the efficiency of care delivery. This ensures that resources are used optimally and that patient care is consistent and of high quality. I also play a pivotal role in identifying, sharing, and implementing best practices, enhancing the quality of care and fostering a culture of continuous improvement and innovation."

Lead Nurse

"My role ensures patients are referred to the right service, at the right time, with the right level of clinical urgency. I help reduce inappropriate referrals, streamline patient pathways, and support primary care in making safe and effective decisions. This not only improves patient outcomes but also reduces unnecessary strain on secondary care and helps address health inequalities by improving access and responsiveness in the community."

Nurse Advisor

Bridging policy and practice

Respondents described how they bring clinical insight into national policymaking, commissioning, and transformation. They ensure that strategies are clinically credible, patient-centred and operationally realistic. Their unique contribution is centred on translating frontline experience into system-wide strategy.

"Support the implementation of the 10-year plan with a clinical lens to ensure capacity is maximised to avoid shortfalls in future workforce supply. Support reforms that provide the structure necessary to drive forward the 3 big shifts identified by the government which is crucial to building an NHS fit for the future."

Senior Leader

"My clinical experience supports translation of policy into practice and the embedding of learning from practice into policy. I provide support for policy makers to bridge gaps in language and understanding between frontline and policy makers. My role empowers patient leaders to continue working with professionals and is seen as a credible vehicle to bring policy and health professionals together."

Senior Manager

"Providing a national overview of care and advising government departments as a subject matter expert."

Senior Manager

Integrated Care Boards

Respondents were asked to describe their role and contribution to the health and social care and patient care. Nursing staff working in ICBs are clinical stewards of local systems but protectors of care quality, patient dignity, and professional standards. They ensure that local commissioning and transformation efforts never lose sight of the person at the centre of the system.

- Responses have been analysed and grouped into the following themes:
- Integration across health and social care
- Population health and inequality reduction
- Leadership of Continuing Healthcare (CHC)
- Enhancing productivity and value for money
- Professional leadership and workforce development
- Safeguarding and quality assurance
- Clinical leadership in commissioning
- Organisational change

Integration across health and social care

Respondents working in ICBs described how their roles ensure integration across the NHS, local authorities, private sector providers and the voluntary sector to design joined-up pathways, support multidisciplinary collaboration, and to improve transitions and reduce fragmentation.

The unique contribution they bring to integration is through connecting teams and systems through a shared focus on person-centred care.

"My role ensures that high quality evidence-based care that follows the local and national areas for improvement is shared across privately provided care home settings."

Liaison Nurse

"System convenor on issues affecting children and young people's health outcomes. Bringing together partners in complex health system to affect change, and integrating service provision. Advocating for children's health needs. Having an overall overview of the children's health and social care system which individual providers and local authority don't always have."

Manager

Population health and inequality reduction

Respondents working in population health and inequality reduction described how their roles deploy a public health lens to identify unmet needs and reduce disparities, working on local plans for health inequalities and access to services such as maternity services and immunisation. The unique contribution they bring is through applying clinical and community insight to population health, using data analysis, evidence-based policy and lived experience.

"Planning for future care services to meet the complex health needs of the local population, ensuring patient outcomes are met, embedding proportionate care and managing the public purse. Contract management and commissioning of services with local providers and ensuring we have the correct services provision available to meet demand/need."

Head of Department

"I have worked in the NHS for 30 years mainly in Acute Trusts and working for ICB / CCG is the most patient focused role I have ever held that can truly make a difference to patient care across systems."

Senior Manager

Leadership of NHS Continuing Healthcare (CHC)

Respondents working in CHC described how they ensure that assessments, appeals, care pathways and care quality are legally compliant, clinically justified, and delivered compassionately and consistently. The unique contribution they bring to CHC is through ensuring clinical integrity and fairness to complex funding and care decisions for vulnerable patients.

"I play a crucial role in upholding the principles of person-centred care and ensuring that individuals with complex, ongoing health needs receive care that is safe, effective, and tailored to their specific circumstances. I bridge the gap between clinical assessment, funding decisions, and the commissioning of appropriate care packages, ensuring that individuals' rights under the National Framework for CHC are upheld. I work collaboratively across health and social care settings to commission evidence-based care, contributing directly to better patient outcomes, reduced hospital admissions, and smoother transitions of care. My work supports system-wide sustainability by ensuring public resources are used efficiently and ethically, balancing the need for high-quality care with financial stewardship."

Commissioning Nurse

"Improving patient interactions with the AACC service and thereby improving their access to care at the right place, at the right time."

Coordinator

Enhancing productivity and value for money

Respondents described how they assist in improving productivity by providing care closer to home, reducing pressure on secondary care and delivering efficient use of NHS resources. Their unique contribution is centred on preventing hospital admissions and reducing readmissions through proactive management and through leading innovations in service delivery.

"I reduce the over prescription and restrictive care by working with the wider MDT, supporting colleagues' education and strategies. We have reduced costs by a million pounds in the last financial year in just 5 months, helping that money to be redirected to assist others by the NHS."

Nurse Assessor

"Making complex decisions and information easier to understand. I'm a change innovator and within 1 year have taken my team from 33rd to the highest performance in the country."

Senior Reviewer

Professional leadership and workforce development

Respondents working in professional leadership and workforce development described their roles across primary care, care homes, and community settings. The unique contribution they bring is through acting as system-wide nursing leaders, supporting and uplifting the profession across diverse settings.

"I bring together service providers - acute, community, primary care, the voluntary, community and social enterprise sector, academics and service users from across our sector to work collaboratively to make improvements to maternity and neonatal services."

Head of Department

"Developing new roles and pathways to support patient care. Developing the workforce to have the right skills and competence."

Head of Department

Safeguarding and patient advocacy

Respondents described their roles in safeguarding children and adults, including reviewing provider safeguarding incidents, allegations and serious case reviews and leading on the implementation of learning and policy. The unique contribution they bring to safeguarding is through acting as local clinical guardians, ensuring that care is safe, ethical, and accountable.

"I provide oversight of the safeguarding of children and their families across the locality and the local authority area. Providing both a joint statutory function with the other statutory partners but also providing a health challenge to partners as appropriate."

Designated Nurse

"Patient safety and safeguarding is an integral part of all work in the NHS, should be the golden thread of all workstreams. Safeguarding in the ICBs are not a duplication of other work, and enables a health system approach to working together. Taking this away would encourage providers to work in silo, increasing duplication and a waste of resources."

Deputy Designated Nurse

Clinical leadership in commissioning

Respondents described their roles in ensuring that commissioned services are clinically safe, evidence-based, and person-centred. They shape contracts and service specifications using frontline-informed insight, ensuring they reflect real clinical and patient needs. The unique contribution they bring to commissioning is hinged on embedding clinical intelligence into commissioning decisions while balancing financial and operational objectives.

"My breadth of experience and knowledge has enabled me to bring the children's services and leadership teams together, developing commissioning frameworks fit for the future. My clinical knowledge has allowed me to progress the national agenda with authenticity and enabling better service provision."

Associate Director

"Successfully influencing providers to improve quality systems to improve patient care. The assurance function ensure quality of care considerations when commissioning."

Quality Lead

Organisational change

While respondents were not asked directly about their experience or feelings towards organisational and system restructuring in the NHS, several took the opportunity to voice their concerns. We heard alarm from some about references to the elimination of bureaucracy as a rationale for proposed reorganisation and headcount reduction. In particular, they feel aggrieved that their roles could be seen as bureaucratic.

"I entered this role to help reach seldom heard voices to improve patient access, safety and outcomes in relation to deprivation. I'm not sure if I will be given the opportunity to do this now, and I definitely didn't leave my last role to undertake any of the bureaucracy that politicians refer to."

Senior Lead

"The government's rhetoric that we are bloated bureaucrats is a complete insult. This government is sadly trashing any goodwill by spreading lies and disinformation that I'm spending my time and expertise duplicating and pushing paper around."

Assistant Director

We also heard concerns that the nursing voice is not being fully heard in the process of organisational change. The survey has highlighted the depth and diversity of their work including and beyond direct patient care which must be recognised in future plans.

"It is important that quality improvement initiatives are led by clinical staff who understands the NHS as a system, its implications, barriers and politics. We clinicians are the voice for frontline staff. We understand patient pathways and how they impact on care and outcomes. Regardless of our role titles (which can change), it is important that the NHS is run by clinical staff primarily. This need to be emphasised in any restructure negotiations going forward."

Senior Manager

Conclusions

Following months of engagement with nursing staff, discussions with stakeholders, and observations of the chaotic implementation of plans at local and national levels, the RCN is clear that there are several significant challenges impacting the health and care system.

We do not have confidence that either The Westminster government, NHS England leadership or ICB leaders have fully appreciated the scale of risk, nor have they taken adequate steps to protect the public from the impact. There are a number of measures which must be taken immediately, so that nursing and patients can have assurance that the health and care system can operate safely and effectively.

Patient safety is at risk if nursing roles are lost

Many nursing staff working in commissioning bodies hold roles within quality and safety teams. These roles are key to providing scrutiny and assurance for patient safety and quality improvement. Teams like these are essential to providing the public with confidence that the services they engage with are being delivered safely and effectively. They investigate incidents and ensure that learning is generated from systemic failures.

These are not administrative roles, nor should they be perceived as 'bureaucracy' or duplication, as some media reports have portrayed. Nursing is a safety critical profession, key to ensuring high quality care and preventing harm. It must be protected to continue delivering this key oversight function, so that the public are not put at risk.

System leaders must take proactive steps to protect nursing roles from the impact of these cost saving measures and reforms, to protect the public and patient safety. While we are supportive of some of the measures outlined in the ICB Blueprint and the NHS 10 Year Health Plan towards enhancing the strategic oversight role, this should not come at the cost of providing consistent frameworks for local decision-making, based on nursing insight and leadership.

Some media reports and ICB plans have indicated a shift towards a broader executive clinical leadership role, without the requirement for the post-holder to be a Registered Nurse. We do not believe that this is an adequate substitute for the wealth of insight and expertise provided by a Chief Nursing Officer. A Registered Nurse on the board brings unique, strategic insight based on the wide-reaching expertise of the nursing workforce across the ICB, with a clear understanding of clinical and public health interventions and patient pathways. It is not possible for an allied health professional to replace this position.

Chief Nursing Officers represent patient safety and the nursing role in protecting and scrutinising this. We are concerned that ICBs which plan to make key strategic decisions without nursing involvement will overlook key safety, quality and experience indicators, and focus more heavily on cost-savings. This is a poor outcome for patients.

NHS England guidance published in July 2024 required ICBs to have a Director of Nursing appointed to the board. We think this is the right approach and remain disappointed that the Model ICB did not include this requirement. This shift is based on a cost-saving focus, rather than a prioritisation of patient safety and outcomes.

Nursing staff hold independent scrutiny roles in many ICBs. It is vital that these roles, often relating to safeguarding and patient safety, are not lost in an attempt to remove duplication. Scrutiny is vital to generating systemic learning and improving the overall quality and safety of health and care services. It is not appropriate for provider organisations to scrutinise themselves; nursing staff in commissioning bodies are best placed to do this.

- **ICB leaders, supported by the NHS England transition board, must ensure that nursing roles are not lost under the guise of 'cost-saving'. This includes Chief Nursing Officer roles and nursing functions within commissioning bodies. ICB leaders should take steps to provide assurance to nursing staff that their roles are not at risk.**
- **Independent scrutiny must be protected. Any proposed or planned changes to scrutiny functions should be communicated transparently, along with impact assessments and details of mitigations to protect the independence of scrutiny functions.**

The pace of change is too fast and will impact delivery of the NHS 10-year plan

Earlier in the year, we wrote to system leaders, voicing about our concerns relating to the timeframe within which ICBs were required to put together their plans for meeting cost saving targets. This window was too short for us to have assurance that nursing staff were being appropriately consulted on the scale and direction of change or that the impact on patients and the public was being adequately assessed. The implementation of these plans is also proceeding at pace, but it is not clear what the rationale for this speed is other than being financially driven, particularly given the potential risks to patient safety.

We are concerned that many plans are lacking necessary impact assessments, or engagement with wider staff, beyond those directly impacted by the changes already announced. Since these reforms were announced, the NHS 10 Year Health Plan has also been published, and we believe there is an inherent tension between the need for stability within the health and care system, the need to facilitate widespread transformation to meet national ambitions, and the uncertainty which currently permeates commissioning bodies.

To date there has been no routine sharing of any equality impact assessments, either in relation to the national proposals nor the organisation specific changes. Impact assessments can provide an opportunity for NHS organisations to fulfil their legal obligation and to effectively identify potential unanticipated consequences or otherwise, on groups of employees, as well as others, who have protected characteristics.

Impact assessments are also valuable for nursing staff to have confidence that they are not being disproportionately impacted by changes or proposals. In this situation, an impact assessment can support the organisation to identify their ability to deliver key statutory functions, typically held by nursing functions. This includes safeguarding, reducing inequalities and providing services for vulnerable groups.

- **All ICBs should be required to publish impact assessments, including equality impact assessments, regarding the changes they have identified, with a focus on the potential impact on patient and public safety and service quality, alongside the impact on the workforce.**
- **ICB leaders must ensure that the voices of nursing staff are heard in every stage of the decision-making process, to mitigate the risk to public and patient safety and ensure that plans are aligned with wider strategic change.**

The lines of accountability are becoming increasingly unclear

The RCN has consistently highlighted the lack of clear roles, responsibilities and accountability for workforce supply and planning in England. This picture becomes increasingly confusing as bodies such as Health Education England merge into NHS England, and then both subsequently are merged into the DHSC.

It is hard for the public to have assurance about the way in which decisions relating to service and workforce planning have been made when there is no transparency. These reforms are a clear example of disconnect between the identified needs of the service through the NHS 10 Year Health Plan, the needs of the workforce in the Long-Term Workforce plan, which has never been implemented, and the reality of the commissioning sector which is facing widespread cost-saving measures without clear impact assessments.

We urge the Westminster government to take this opportunity to provide clarity on the responsibilities and duties for workforce planning and supply, at local, regional and national level. This will help provide assurance that any reforms or cost saving measures can occur without impacting patient safety or service transformation.

The nursing workforce is the largest in the NHS, and as such it needs consistent leadership in both provider and commissioner bodies. It is unacceptable for local areas to put forward plans which do not include a Chief Nursing Officer on the ICB.

Registered nurse leadership is vital to delivering the ambitions of the NHS 10 Year Health Plan in England. ICB Chief Nursing Officers are best placed to understand the health and care needs of their populations and identify opportunities for joining up relevant parts of the patient pathway. Their unique expertise in developing systems for promoting health and enabling prevention means they will be vital in delivering the shift into the community.

Nursing staff typically make up the largest proportion of the workforce. ICB Chief Nursing Officers are accountable for all matters relating to the nursing workforce across the ICS, including ensuring the workforce is fit for purpose, which would be challenging for someone who does not understand the intricacies and complexities of the diverse range of nursing roles.

- **Legislation required to merge NHS England into DHSC must include provisions clarifying the roles, responsibilities, and accountability for workforce planning and supply.**
- **As DHSC merges with NHS England, they must establish a Government Chief Nursing Officer (CNO) post with parity to the Chief Medical Officer (CMO), participating in strategic decision-making as a member of the Departmental Board, reporting to the Secretary of State and accountable to the Prime Minister. The CNO office must share the key responsibilities of public health and emergency planning with the CMO office.**
- **All ICBs, or ICB clusters, must have a permanent Chief Nursing Officer role on the executive board, reserved for Registered Nurses.**

The threat of redundancy is harming the nursing workforce

For several months, nursing staff working in commissioning bodies have faced growing uncertainty regarding the long-term future of their roles and teams due to delays to wider system reforms. This continued lack of clarity is undermining the delivery of vital nursing functions and placing significant strain on the workforce.

Since the initial announcement of system reforms in March 2025, most of the nursing staff affected still have no definitive information about how these changes will impact their roles. While some changes are being progressed, there remains no clear plan or communication about the wider reform agenda, nor any rationale for the proposed voluntary redundancy scheme diverging from the terms and conditions outlined in the Agenda for Change handbook.

This lack of progress is not only irresponsible—it is also causing considerable stress and anxiety among nursing staff working in frontline commissioning roles. Moreover, it places ICB leaders in difficult positions—tasked with delivering efficiencies and transforming services, but without the guidance or support to operationalise reforms effectively. The Westminster government continues to press for rapid change yet fails to provide the practical direction needed.

It is essential that the Westminster government and NHS England engage urgently and meaningfully with relevant professional bodies and trade unions to resolve the outstanding issues delaying reform, including how proposed redundancies will be funded. Until this happens, reform is likely to remain at an impasse, with uncertainty continuing to disrupt long-term workforce planning. This pervasive anxiety is not only detrimental to staff wellbeing but also risks undermining the future capacity and stability of nursing services.

- **The Westminster government and NHS England must work collaboratively with trade unions and professional bodies to address the delays to system reforms and provide much-needed clarity to affected staff.**
- **Employers must ensure that all staff impacted by, or concerned about, reform-related uncertainty have access to appropriate health and wellbeing support. This is essential to mitigating the personal and professional toll of prolonged ambiguity, which has an impact on quality, safety and care experience.**

Next steps

The RCN is actively engaging with announcements and developments in this space and advocating for the nursing workforce for the delivery of safe and effective patient care. Our ongoing activities include:

- Supporting members to advocate for the value and contributions of nursing staff in discussions with senior leaders
- Writing to ICB leaders to make the case for a Chief Nursing Officer post in every organisation
- Engaging national stakeholders, including professional bodies and trade unions, to build support for our concerns and recommendations and influence change
- Facilitating engagement between senior system leaders and nursing representatives from ICBs, to discuss key nursing issues.
- Regional RCN offices in England are supporting members who are at risk of redundancy.
  www.rcn.org.uk/Get-Help/RCN-advice/redundancy-and-reorganisation

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

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