



Royal College  
of Nursing

2020 | International Year  
of the Nurse and Midwife

# Staffing for Safe and Effective Care in the UK

2019 report: Reviewing the progress of health  
and care systems against our principles

UK POLICY REPORT



# Acknowledgements

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# Contents

<b>Foreword</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>2019: an overview from our country directors</b>	<b>7</b>
<b>Securing accountability for workforce planning and supply - progress in 2019</b>	<b>9</b>
<b>Gaining assurance for workforce numbers - progress in 2019</b>	<b>14</b>
<b>Strategic Government approach for workforce planning and supply - progress in 2019</b>	<b>19</b>
<b>Securing sufficient supply and development of registered nurses to meet population needs - progress in 2019</b>	<b>24</b>
<b>A look ahead to 2020</b>	<b>28</b>
<b>References</b>	<b>30</b>

# Foreword

One thing which has struck me time and again in my tenure as Chief Executive and General Secretary is how often I am the only nurse in the room during conversations about the future of our health and care system. Even more concerning, I am aware of far too many decisions which are made without involving nurses at all. I'm sure this is something which frustrates all of you too.

We all know that one nurse makes an enormous difference. We advocate for our patients. If we don't speak up, who will?

At Congress 2019 I told you, my nursing colleagues, that you can expect me to speak truth both to power and to friends. So now I say this truth to you; we need to speak up. Boldly, and consistently. We should not accept bad decisions as inevitable when we can use our voices to challenge and secure what is best for people. We must advocate to make positive change for the people we care for.

There are so many examples in this report of our profession making real change; benefitting people for generations to come. But there is still so much more to do, and achieving our ambitions relies on us to speak out.

2020 is the Year of the Nurse and Midwife. This is our year.

Our year in which we must all speak truth to power. Our year to collaborate together in our nursing community, organise and advocate for ourselves, our patients and our population. Our year in which we support each other to ensure that our professional judgement is sovereign. Let's use our Code of Practice in a positive way to advocate; in our practice, in our working environments, for our patients, in our communities and with politicians.

The value and power of our advocacy is a force to be reckoned with.



A handwritten signature in black ink that reads "Dame Donna Kinnair". The signature is written in a cursive, flowing style.

**Dame Donna Kinnair,**  
Chief Executive &  
General Secretary,  
Royal College of Nursing

# Introduction

Looking back on 2019, it is clear to see that the nursing profession across the UK has had a significant positive impact on the future of our health and care systems.

We have contributed towards securing new health and care staffing legislation in Scotland, obtained a commitment for the expansion of the *Nurse Staffing Levels Act* in Wales, undertaken the first ever strike action in Northern Ireland and successfully lobbied for a commitment to increase nursing numbers in England, although this is not yet defined.

Any observer of the 2019 UK Government General Election will acknowledge this impact, with both nursing and the NHS consistently at the top of the agenda for discussion amongst candidates and the electorate. The public recognises that there are not enough nurses. When polled, 71% of respondents in the UK think there are not enough nurses to provide safe care to patients<sup>1</sup>.

In all countries of the UK, our nursing profession has worked in partnership with the public to move forwards on our influencing priorities. This includes members of the public standing in solidarity with striking members on the picket lines in Northern Ireland, writing to NHS leaders in England, lobbying parliamentarians to support legislation in Scotland and scrutinising the implementation of law in Wales.

For many years, nursing staff across the UK have been drawing attention to the gap between the current size of the workforce and that which is required to meet the health and care needs of the population. In all types of settings, nurses describe the impact which shortages and increasing demand have upon their ability to deliver safe and effective care. These testimonies are backed by academic research. The impact of these pressures upon patient safety, experience and outcomes, as well as upon the health and wellbeing of nursing staff is well documented.

We are clear on what is needed to alleviate these pressures. In 2017, we began to campaign for legislation in all parts of the UK. To give direction to these influencing priorities we set principles to fight for change across the UK<sup>2</sup>. We are clear that that staffing for safe and effective care is dependent upon these principles being fully embedded into legislation and practice in every country of the UK.

These principles, for all settings and in all sectors, are:

1. **accountability:** we want it to be clear whose job it is to make sure there are enough health and care staff to meet patients' needs
2. **numbers and skill mix:** we want the right number of health and care staff, with the right skills, to be in the right place at the right time - so patients' needs are met
3. **strategy:** we want a vision for tackling staff shortages in health and care settings, and making sure the health and care workforce helps meet the whole country's needs
4. **plans:** we want clear plans for getting the right numbers and skill mix of health and care staff, and we want checks to make sure they really happen
5. **education:** we want governments to educate enough nursing students and other health and care professionals, and develop existing staff, to meet patients' needs.

Health and social care are devolved issues in the UK, meaning there is divergence in the structure and approach between the governments in the UK. There will be differing approaches and tactics taken by the nursing profession each country. It means that progress will not occur at the same speed across the UK.

In this report, we outline the progress made in each country against these principles during 2019 and the role nursing staff played in achieving them. Alongside this, we set out what more is needed to deliver the principles in each country, and which activities our nursing community across the UK will prioritise next.

Whilst great progress has been made in some areas, and we should celebrate these successes, it is important that we recognise together that there is still a great amount of work to be done, in every country.

This is our first annual report, and we will continue to report every year while these issues remain a priority. Given the scale of the challenges we are facing, this work is long term, and is not just about securing law.

Reading this report has filled me with encouragement that nurses everywhere have the direction, expertise and momentum to take forward these priorities in 2020 and beyond. We have an exciting year ahead.



**Theresa Fyffe,**  
Chair of the RCN's  
UK Staffing for Safe  
and Effective Care  
programme board

# 2019: an overview from our country directors



**Pat Cullen,  
Director, RCN  
Northern Ireland**

2019 will be remembered as a momentous year for the nursing profession, particularly in Northern Ireland. For the first time in its history, members voted to take industrial action, including strike action, over safe nurse staffing and pay parity. Industrial action began in December 2019 and the first day of strike action took place on 18 December.

Nursing staff in Northern Ireland have, for many years, been urging decision makers to take effective action on nurse staffing levels in order to provide safe and effective care for the people of Northern Ireland. In the absence of accountable political leadership since 2017, these calls went unheeded.

Now, as a direct result of the action taken by the nursing profession, the newly-restored Northern Ireland Executive has committed to a framework agreement on safe staffing, as well as pay parity. We are currently developing a member consultation and ballot to explain the framework and seek the support of members for commitments that will help deliver safe and effective care in Northern Ireland. The commitments on safe staffing are testimony to the selflessness, passion and patient focus demonstrated at all times by our nursing staff, and of which we should all be proud.



**Theresa Fyffe,  
Director, RCN  
Scotland**

In 2019, the Scottish Government passed the ground breaking *Health and Care (Staffing) (Scotland) Act*<sup>3</sup>. Almost three years in the making, the Act is the first in the UK to set out requirements for safe staffing across both health and care services and most clinical professions.

At RCN Congress 2016 in Glasgow, First Minister of Scotland, Nicola Sturgeon MSP, announced her intention to introduce legislation for staffing for safe and effective care. Since that landmark Congress, our nursing profession in Scotland has worked to influence and shape the legislation for the benefit of patients, care home residents and members.

Campaigning by our nursing staff and the public across Scotland resulted in substantial changes to the legislation, with over 85% of our asks addressed in the final Act. The law sets out process for decision making on safe staffing and is clear about who is accountable for providing the right numbers of staff with the right skills to provide safe and effective care.



**Helen Whyley,  
Director, RCN Wales**

2019 has been an incredibly busy year for our nursing profession in Wales in regard to the campaign for staffing for safe and effective care.

We published a report looking at the implementation of the ground breaking *Nurse Staffing Levels (Wales) Act* which came fully into force in April 2018<sup>4</sup>. This contained high level recommendations for the Welsh Government and Health Boards looking at effective practice, the sustainability of the workforce and progress needed. The report was debated in the National Assembly for Wales and its significant contribution to policy development praised by all political parties.

We held regional summits with our members across Wales and established a network of safe staffing champions. We are now finalising an activist toolkit to support our activists to help members get the most out of the Act.

Our campaign to secure an extension of section 25B of the Act (the duty to calculate and take steps to maintain nurse staffing levels) has resulted in a commitment from the Government to extend this to children's inpatient wards<sup>5</sup> and

an investment of £1.23m in further work on extension. We have also secured an increase of 200 commissioned nursing student places from the Government<sup>6</sup>.



**Mike Adams,  
Director, RCN  
England**

2019 marked a landmark shift in the way in which we undertake campaigning activities. Early in the year, we launched the

collaborative; a new way of working which brings together members, reps, students and staff to design and plan our *Staffing for Safe and Effective Care* campaigning activities across all regions in England<sup>7</sup>.

The *NHS Long Term Plan* was published in January – an ambitious plan setting out the direction for future health services<sup>8</sup>. This plan is entirely dependent on the nursing workforce; particularly those working in mental health and in community settings. Shortly after it was published, a group was formed to develop an associated NHS workforce plan; the *NHS People Plan*, an interim version of which was published in the summer<sup>9</sup>. While we welcome recognition of the issues, this plan does not take into account either the needs of our social care or public health services workforces.

Following this, NHS England and Improvement published their proposals for changes to legislation to deliver the Long Term Plan<sup>10</sup>. This offered a real opportunity for our nursing staff to influence. Over 10,000 people wrote to NHS leaders urging them to include accountability for workforce planning and supply in their proposals back to Government about what is needed in legislation. This campaigning had real impact – NHS leaders have recommended that the Government review the national workforce roles and responsibilities<sup>11</sup>.

However, as 2019 ended, we are still awaiting the final *NHS People Plan* and the funding to implement it. There has been no green paper for social care, or any workforce plan. While a prevention green paper has been published, there

is no sign of additional funding or a workforce strategy to deliver its ambitions.

The new Government has committed to increasing the number of nurses and we await further detail on this. Alongside this we know that the Government is taking seriously our proposals relating to staffing and legislation; as Baroness Blackwood, Minister for Health in the House of Lords, stated that this was the case when asked directly in Parliament<sup>12</sup>.

There are clear opportunities for this to be resolved within the Parliamentary timetable that the Queen's Speech set out<sup>13</sup>. This included an *NHS Long Term Plan Bill*, which is where we would expect the issue of accountability for workforce planning and supply in England to be addressed.



# Accountability

## Securing accountability for workforce planning and supply - progress in 2019

*Principle one - Accountability: we want it to be clear whose job it is to make sure there are enough health and care staff to meet patients' needs.*

In all parts of the UK, we are seeking to secure a legal framework which gives clear roles and responsibilities at each level of decision making. This framework must set out how decision makers will be accountable for their contributions to workforce planning and supply. Decisions should be made based on an assessment of the health and care needs of the population.

Responsibility and accountability throughout the health and social care system should be made explicit and transparent. This clarity is needed for Government departments, commissioners of services, providers of services and regulators (those responsible for providing system assurance about the quality and safety of patient care). Relationships and responsibilities should also be made clear for the independencies between health and care and other sectors, such as education.

Legislation alone is not the end goal, but an important step in codifying the ways of working which support evidence-based decisions being made for the nursing workforce. Law gives a framework for changing relationships between different bodies, but culture change is also necessary to embed different ways of working.

In 2019, the Nursing and Midwifery Council (NMC) - the body which regulates the profession in the UK – published its draft strategy and asked for views. In response to this, we reasserted the demands of our nursing community in relation to staffing for safe and effective care, and urged them to take on a leadership role in speaking out about staffing levels and patient safety<sup>14</sup>.

### Northern Ireland

During 2019, progress on delivering safe staffing within the Health and Social Care system in Northern Ireland has been extremely limited due to the absence of the Northern Ireland Executive and Assembly. Without these devolved institutions in place, no new policy initiatives or legislation could be introduced.

During the year, our nursing staff in Northern Ireland took the momentous decision to take industrial action over safe nurse staffing and pay parity<sup>15</sup>. This was an extremely difficult decision for our nursing community, who did not wish to leave their patients but have felt compelled to act in order to secure a long-term solution on both these issues.

There has been considerable focus within Northern Ireland on raising public awareness over nurses' concerns on pay, terms and conditions, and, more importantly, how these impact upon patient safety and outcomes. A programme of public engagement events across Northern Ireland was delivered during May 2019<sup>16</sup>. This public engagement continued and intensified, particularly through the media and social media, as we moved towards industrial action later in the year.

Drawing the link between pay, staffing levels and patient outcomes has been particularly important in reinforcing the need for accountability in workforce planning and supply. Public engagement was particularly important both to ensure the people of Northern Ireland understood and supported the reasons for industrial action by our nursing staff and to build support for the measures needed to deliver safe and effective care.

As a direct result of the industrial action, including strike action, taken by our nursing profession in Northern Ireland during December 2019 and January 2020, the Northern Ireland Executive has now published a framework document outlining ministerial commitments on safe and effective care<sup>17</sup>. The Health Minister has committed to develop the case for safe nurse staffing at the earliest legislative opportunity. He has also committed to the full implementation and comprehensive funding of the Delivering Care policy directive across all practice settings, as well as significant increases to the number of pre-registration nursing places over the next three years and to the post-registration education budget. We are now preparing to inform, consult and ballot our nursing staff in Northern Ireland on this framework.

# Accountability

Throughout this industrial action, our nursing staff made it clear that their primary concern was the delivery of safe and effective care. They also made clear that their associated demand for pay parity was based primarily upon the need to enhance the recruitment and retention of nurses in order to secure safe staffing through enhancing recruitment and retention. Our nursing profession built significant public and political support for our demands, evidenced by the significant number of signatories to an online petition on safe staffing and the publication of the ministerial safe staffing commitments within four days of the restoration of the Northern Ireland Executive.

## The next steps:

Once we have completed our consultation and ballot on the ministerial safe staffing commitments, the priority is to hold the Department of Health and the Northern Ireland Executive to account to ensure that the commitments are expedited and delivered. This includes influencing to develop safe staffing legislation that will place the current Delivering Care policy directive on a statutory basis, as well as ensuring that commitments to increase the number of pre-registration nursing place and the post-registration nursing education budget are delivered.

## Scotland

Our most significant development this year was the passing of the *Health and Care (Staffing) (Scotland) Act*<sup>18</sup>. This Act has two important overarching provisions:

- the principle that the main purpose of staffing is to provide safe, high quality services and the best outcomes for service users
- a duty on NHS and social care providers to make sure that, at all times, there are suitably qualified and competent staff working in the right numbers.

The Act sets out how the overarching principles should be applied across health and social care, including in the commissioning of services. It also specifies different duties for health boards, councils, integration authorities and the Scottish Government to report publicly on compliance with the Act.

The Act includes putting people and staff at the heart of decision making, a strong professional voice for our nursing leaders to exercise their professional judgement in staffing decisions, a mechanism to ensure that decisions are based on robust, up-to-date data and evidence, and responsibility, accountability, real-time action and long-term planning.

Throughout our public campaigning phase, our members' voices were in the media, in parliament and on social media. During the final stages of the Act's journey through Parliament, our members worked closely with MSPs to ensure that amendments were in line with our priorities<sup>19</sup>. We had particular success at securing amendments which introduced NHS duties around skills mix, on real time assessment and escalation of risk, and reporting to board and monitoring compliance, and significantly a duty on the Scottish Government regarding the supply of appropriate numbers of clinical staff through the provision of undergraduate education. We also successfully influenced scrutiny and sanction duties, and reporting duties for boards and Government.

We also conducted focus groups with senior charge nurses from six NHS boards in both acute and community settings, to further establish and develop arguments for senior charge nurses being non-caseload holding<sup>20</sup>. This campaigning led to securing duties in the Act on NHS boards to ensure lead clinical professionals have the time and resources to lead their teams.

## The next steps:

It is important to recognise that securing legislation alone will not solve the challenges facing the nursing workforce in Scotland. We are now focussing on influencing the statutory guidance which will set out how the Health and Care (Staffing) (Scotland) Act will be implemented. As an example, one of the priorities will be to recognise the role of the senior charge nurse, following the Cabinet Secretary's acknowledgement of their unique contributions during the debate.

Other areas within guidance will include staffing tools and methods and escalation processes for raising concerns about staffing levels. Our members are vital to this, as the relationships and expertise generated during the Act's passage through Parliament will be essential to ensuring the guidance is in line with our priorities.

# Accountability

## Wales

The *Nurse Staffing Levels (Wales) Act 2016* has improved the culture of decision and policy making significantly in the NHS in Wales<sup>21</sup>. NHS health organisations are now regularly discussing how to achieve safe nurse staffing levels at board level and understand the link between nursing numbers, patient safety and the quality of care. Our nursing profession and nursing leadership has been profoundly strengthened as a result.

Prior to the Act, nursing as a profession or workforce did not feature regularly in the senior discussions where now our nurse directors have a stronger voice at board level with agenda space clearly recognised. In addition, the budget for nursing establishments are now more transparent and in the public domain.

NHS health boards have taken steps to improve the supervisory status of ward managers. They have also involved ward managers both in the implementation process and in the operational process of assessing levels of staffing required for safe and effective care.

We led the campaign that resulted in the *Nurse Staffing Levels (Wales) Act 2016*. From 2016 to April 2018 (when the Act first came fully into force) we worked hard to influence the production of national operational guidance, ensuring that it contained important safeguards such as supervisory status for ward managers, time for mentoring students and the involvement of frontline staff. During 2019 our nursing profession closely scrutinised the implementation process at national and local level ensuring that barriers were exposed and overcome.

In November 2019 we published a report showing our findings on the implementation process<sup>22</sup>. This report was launched at the National Assembly for Wales with over 100 nursing staff from across Wales in attendance. Assembly Members were so impressed by the influencing of our nursing staff that they held a special debate the following week to discuss the report and its implications.

## The next steps:

We want to see full supervisory status for all ward managers in the NHS in Wales. The All Wales Nurse Staffing Programme should provide a national picture of the supervisory status of ward managers in each health board<sup>23</sup>. Chief executives should be made aware of the evidence base of benefit to patient care and efficiency from achieving this requirement of the Act.

The Welsh Government needs to develop a national IT pathway to support consistent compliance with the data reporting requirements of the Act. Many of the health board reports indicate their current systems only record the staff allocated and not the actual staff on duty (eg, changes due to sickness). Some health boards note the introduction of new software to allow the recording of real time data whilst others refer to paper-based weekly or monthly recording of this important information.

The Welsh Government needs to develop the evidence base for the extension of section 25b of the Act to other clinical areas. This includes establishing nurse sensitive indicators as well as workforce planning tools for the Welsh context.

## England

There is currently no law in England which gives clear responsibility or accountability for workforce planning and supply for all parts of our health and care system.

In 2019, following the publication of the *NHS Long Term Plan*, NHS leaders announced that legislative change was needed in order to implement the plan<sup>24</sup>. The proposed package of legislative amendments included the merger of NHS England and NHS Improvement, closer working between commissioners and providers, and further steps towards integrating the health and care service. Although critical to the delivery of the *Long Term Plan*, clarifying duties for the workforce as part of service design was not included within the legislative proposals.

During 2019 we held a number of roundtables with stakeholders, parliamentarians and system leaders. We used these opportunities to test and develop our positions on accountability, and to influence them to adopt this position too. These

# Accountability

roundtables resulted in a widening breadth of public support from other Royal Colleges and trade unions for securing workforce roles and responsibilities in law.

We published a report called *Standing up for Patient and Public Safety* which included new analysis of survey data from nursing staff<sup>25</sup>. This demonstrated clear links between staffing levels, patient safety and service quality. The report made the case that legislation is the only solution to the challenges facing the nursing workforce in England, and that meaningful accountability cannot be secured through any other means. We reasserted the position of our nursing community in our submission to the NHS on the development of the patient safety strategy<sup>26</sup>. This position was also made in our response to the NHS Confederation's consultation on the role of integrated care systems in workforce development<sup>27</sup>.

NHS England and NHS Improvement engaged members of the public on their draft proposals for updates to existing legislation, with the aim of gaining broad cross-sector support. Following their engagement period, in direct response to the 10,000 submissions made by nursing staff and members of the public, NHS leaders recommended back to Government that the Government “review whether national responsibilities and duties in relation to workforce functions are sufficiently clear”<sup>28</sup>. NHS England and Improvement directly named the influence of our nursing community in making this happen.

This recommendation offers a clear opportunity for progress to be made with the new Government and is a fantastic win for the nursing profession. Parliament has confirmed that a draft Bill will be tabled within this parliamentary term, and we are ready to work with the Government to develop this legislation. This is the best opportunity to ensure that accountability for workforce planning and supply is made clear in law. Ensuring we have the right number of health and care staff, with the right skills, in the right place is an essential condition for the health and care service to begin delivering the ambitions of the *NHS Long Term Plan*. This legislation (*The NHS Long Term Plan Bill*) will

address several other areas which are required to remove barriers within the health and care system to allow the plan to be delivered.

We know that the Government is currently considering this. Baroness Blackwood, Minister for Health in the House of Lords stated “*we recognise the proposals that have come forward regarding staff safety and legislation; they are being considered at the moment*”<sup>29</sup>.

## The next steps:

In 2020, we will work to ensure that Government develops legislation which clarifies roles and responsibilities for workforce planning and supply, and secures clear accountability for ensuring there are the right numbers of staff across all health and care services. Nursing staff will directly campaign with MPs to ensure that as draft legislation goes through Parliament, it meets the expectations that our nursing community have set out for being included in law. Our members will continue campaigning to raise awareness amongst the general public and increase the pressure on politicians.



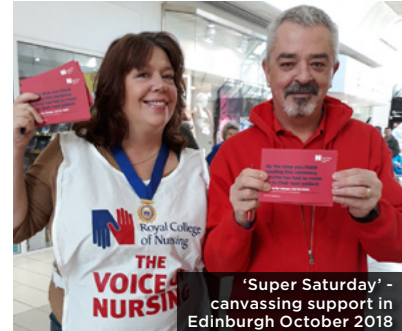
Outside the Scottish Parliament preparing for the final stage of the Bill process



Scottish Parliament Stage 3 debate day May 2019



'Super Saturday' - canvassing support in Edinburgh October 2018



'Super Saturday' - canvassing support in Edinburgh October 2018



Members & staff at Edinburgh's Christmas market October 2018



'Super Saturday' - canvassing support in Edinburgh October 2018



Our annual Reps' Conference was an opportunity to recognise our success influencing legislation and look ahead to implementation



'Super Saturday' - canvassing support in Glasgow October 2018



Scotland's reps showing support for the safe staffing campaign across the UK

# Numbers and skill mix

## Gaining assurance for workforce numbers and skill mix - progress in 2019

*Principle two - Numbers and skill mix: we want the right number of health and care staff, with the right skills, to be in the right place at the right time - so patients' needs are met.*

Within any framework that gives clear roles and responsibilities for decision making in health and care, it is also essential to have a system by which decisions about the workforce can be made. This allows everyone – including the public - to have assurance that there are the right number of registered nurses and nursing support staff with the right knowledge, skills and experience are in the right place at the right time.

Any decision about nurse staffing must be informed by: legislation, NMC requirements, national, regional and local policy, research evidence, professional guidance, patient numbers, complexity and acuity, the care environment and professional judgement. Financial resources and expenditure must be in place to fully fund and support the delivery of workforce plans and nurse staffing for safe and effective care.

Professional guidance for our nursing community is a priority to enable robust workforce planning and progression of the UK programme. To address this, we have taken steps to initiate work towards developing new professional guidance. The first step of this process was to undertake a review of existing professional guidance and gap analysis. This included elements of our existing work and that undertaken in collaboration with others.

Following this, a full literature review will be undertaken to learn from the experiences in other settings and countries. We will organise a structured expert reference group and utilise guidance produced by other Royal Colleges and national bodies to inform the principles, ensuring our guidance is appropriate and evidenced based.

### Northern Ireland

Without an Executive or Assembly in Northern Ireland in 2019, there has been no mechanism for providing assurance about nurse staffing within the health and care workforce. The safe staffing framework endorsed by the Northern Ireland Executive in January 2020 includes specific

commitments on the funding of an additional 300 pre-registration nursing places over the next three years and the restoration of the post-registration education budget to its previous 2008-2009 level (adjusted for inflation) before cuts were implemented by the Department of Health.

The Health Minister has also undertaken to provide comprehensive funding of the Delivering Care policy directive, with a specific financial commitment of £60 million over the next five years. There are currently 2,790 unfilled nursing posts within the HSC in Northern Ireland<sup>30</sup>, whilst agency nursing expenditure escalated from £23.5 million in 2016-2017 to £52.1 million in 2018-2019<sup>31</sup>. The safe staffing framework seeks to address both issues in promoting safe and effective care, as well as preparing the case for safe nurse staffing legislation.

This was the direct result of the industrial action, including strike action, taken by our nursing profession in Northern Ireland during December 2019 and January 2020. It also reflects the ways in which our nursing staff built public, professional and public support for their safe staffing demands, making it clear throughout the industrial action that these demands were equally, if not more, important than the demand for pay parity.

### The next steps:

Once our consultation and ballot on the safe staffing and pay frameworks have been completed, and if endorsed by our nursing profession, the priority is to hold the Department of Health and the Northern Ireland Executive to account in order to ensure the full delivery of the ministerial framework commitments. These include, primarily, working in partnership with the Department of Health and the Northern Ireland Assembly to ensure that safe staffing legislation is drafted and progressed at the earliest opportunity. In reaching the decision to suspend industrial action, we have made it clear that the publication of the safe staffing framework is simply the first step on a journey to deliver safe and effective care for the people of Northern Ireland.

# Numbers and skill mix

## Scotland

The *Health and Care (Staffing) (Scotland) Act*, secured in 2019, includes duties on NHS boards to use the ‘common staffing method’ in all areas where there are workforce and workload planning tools set out in legislation. This means the approved tools are to be used alongside other considerations – such as vacancies, skills mix, patient need, clinical advice and staff feedback – to set establishments and inform any service design.

For nursing, the NHS Scotland Nursing and Midwifery Workload and Workforce Planning (NMWWP) Programme tools are set out in the legislation to support decisions on setting establishments in a variety of service settings<sup>32</sup>. There is a duty on Healthcare Improvement Scotland to maintain and develop workforce and workload tools, and to review the common staffing method, in consultation with relevant trade unions and professional bodies and make recommendations for changes to government. In social care, the Act includes powers for the Care Inspectorate to develop and maintain staffing methods for care homes for adults, in the first instance.

We were successful in influencing the common staffing method as set out in the legislation in line with our positions. Working closely with opposition MSPs, we saw our amendments on professional judgement, authority for NHS nursing leaders to act to mitigate risk, and to note opposition to decisions included in the final Act. We secured duties on NHS boards to seek, have regard to and record professional advice, plus duties on boards to train staff in the common staffing method and escalation.

Throughout 2019, we have robustly engaged with the NHS Scotland NMWWP Programme, which has been refreshed as the Healthcare Staffing Programme (HSP) to reflect the multi-professional focus from the Act. Our nursing profession in Scotland is seeking workload tools for nursing that cover all clinical areas and we are encouraged to see prisoner health care and community mental health identified as new tools to be developed, plus further identification of workload tools development including for outpatients, palliative care, child and adolescent mental health services, and advanced practice. Effective development of these workload tools is a core underpinning of the provisions of the Act.

## The next steps:

We are actively involved from a professional and trade union perspective in the Scottish Healthcare Staffing Programme board and working groups on tools maintenance and development, and learning and education. The next steps for the HSP is a focus on prioritising and planning the work required to ensure existing workload tools remain contemporary, by overseeing regular review and updating of existing tools, and the development of new tools.

Proposals for this work include plans to explore the feasibility of developing second generation e-enabled workload tools and methodologies to calculate staffing requirements across Scotland, with the intention to explore development of tools to incorporate multidisciplinary perspectives.

However, we need to be assured that any new tool or methodology has a robust evidence base, and the validity and reliability of the tools will ensure that staffing levels enable nursing teams with the appropriate numbers and skills to deliver high quality, person-centred care to the population of Scotland in any setting.

## Wales

Nationally, we know that data in 2019 has highlighted gaps across our nursing workforce in Wales. There is a shortage of nursing staff working in care homes, with latest data indicating that the majority of nursing care is delivered by care assistants rather than registered nurses<sup>33</sup>. In NHS settings, we estimate that there are more than 1,600 vacant registered nurse posts<sup>34</sup>. These vacancies have led to an increased spend by NHS Wales on agency nursing – a rise of 24% from the previous year to £63.8m in 2018/19<sup>35</sup>.

The *Nurse Staffing Levels (Wales) Act 2016* puts a duty onto providers and commissioners of NHS care to ensure that sufficient nurses are employed to provide sensitive patient care in all settings. Section 25B specifies that in adult acute medical and surgical wards the nurse staffing is calculated according to a specific methodology, and patients must be informed of the required staffing level.

## Numbers and skill mix

In 2019, we identified that there were some IT issues which were hindering health boards from being able to comply with the data reporting requirements of the Act. We have made recommendations to the Welsh Government that a national IT pathway be developed to address this barrier<sup>36</sup>. This is particularly important to be able to understand trends in variance between planned and actual staff on shift, and then consequently in identifying if patients suffered any significant harm as a result of non-compliance with the nurse staffing level.

Across Wales we can see that investment has been made to increase staff in clinical areas covered by section 25B. We want to see more clinician areas covered by this section. In 2019 we successfully persuaded the Government to extend this section to children's inpatient wards. Now we are undertaking roundtable discussions with nursing staff from prisons, the community and care homes to develop content which can be used to influence decision makers.

### The next steps:

We will continue lobbying the Welsh Government to improve the IT available for health boards to monitor and report on nurse staffing levels, increase the number of ward managers who have supervisory status and extend section 25B of the Act to community nursing and mental health inpatient wards as the next priority. In addition, our priorities for health boards to actions will include better recruitment and retention policies and practices for our nursing staff, reduction in the use of agency staff and increasing access to continuing professional development.

### England

During 2019, our nursing workforce in England experienced further declines in several areas, particularly community settings. Over the last 10 years, the areas of concern with constant decreases of the number of nurses working in NHS trusts are; district nursing (-42.8%), school nursing (-28.5%), learning disability nursing (-41.4%), mental health nursing (-8.4%), and health visiting (-13.6%)<sup>37</sup>. These areas are particularly concerning due to the emphasis in the *NHS Long Term Plan* upon prevention and community support; priorities which are

completely dependent upon there being enough nurses.

There is no publicly available workforce data for the independent sector. This means that there is no way to describe the overall number of nurses and nursing staff working in NHS-funded services which are not delivered directly by the NHS, such as those delivered by private companies and charities. Outside of the NHS, there is some workforce data for around half of the providers in social care. This incomplete level of coverage limits scrutiny and opportunities to identify issues which impact upon patient care, and leave us unable to see what is really happening.

We are on several national clinical reference groups and *NHS Long Term Plan* delivery programme boards. We also work with the national arm's length bodies to discuss strategic workforce decision making, including influencing data collection within NHS contracts. While these relationships offer opportunities to influence, they are limited in their effectiveness by a lack of robust national workforce data covering the entire sector and population data.

In 2019, we began a review of learning disability (LD) nursing which focusses on workforce, education and practice. The aim of this is to generate consensus on the current state of our LD nursing workforce and make recommendations for interventions which would address challenges and improve workforce numbers. This is particularly important because of the proportion of LD nurses who work in the independent sector, and therefore there is limited data coverage nationally.

In September, we collaborated with the British Medical Association (BMA) and the Association of Clinical Psychologists (ACP-UK) to survey health care professionals working in the mental health specialty. The survey was sent to nursing staff in England and 390 mental health nurses responded. The BMA published a report highlighting the slow progress against government commitments to support and expand the mental health workforce in England, that staff are feeling they are at "breaking point" and their patients are not getting the care they need<sup>38</sup>.

We have worked with Royal College of Emergency Medicine to develop staffing guidance for emergency departments, which



# Numbers and skill mix

sets out the staffing configuration and levels of practice for nursing staff. This will be published in early 2020. This highlights the value of senior nursing leadership within frontline services. We have also updated and reconfigured a Baseline Emergency Staffing Tool (BEST)<sup>39</sup>, to allow it to be utilised within organisations directly as a standalone tool to support decision making.

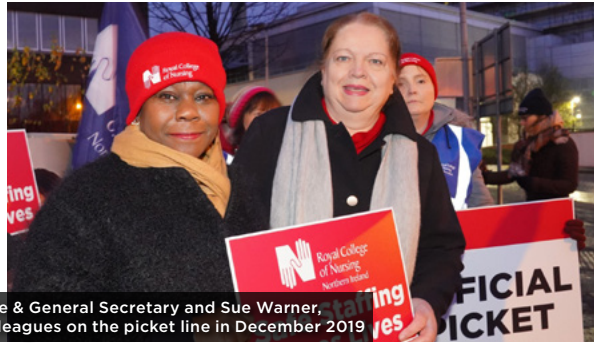
## **The next steps**

Currently, local insight from frontline staff is not published consistently or transparently across the system, and this means there is no national picture about trends relating to staff concerns which can be interrogated. There is a clear role for our nursing profession in terms of advocating for our patients and raising concerns about the staffing issues which are impacting patient safety and outcomes.

In 2020, a priority for our nursing profession will be to support each other to feel equipped to undertake this. England is now the only country in the UK which does not have a chief nursing officer within a government department. As such, we call for the return of a full-time chief nursing officer in Government at the heart of the Department of Health and Social Care to drive informed and effective decision making in Government policy.



Dame Donna Kinnair, RCN Chief Executive & General Secretary and Sue Warner, RCN Chair of Council join Northern Ireland colleagues on the picket line in December 2019



RCN Northern Ireland members on the picket line at Altnagelvin Hospital



Staff in good spirits at Craigavon Area Hospital



Northern Ireland members at Holywell Hospital



Pat Cullen, Director RCN Northern Ireland with members at Royal Victoria Hospital, Belfast



RCN President Anne Marie Rafferty supporting our Northern Ireland colleagues at Antrim Area Hospital



RCN Northern Ireland members on strike at South West Acute Hospital, Enniskillen



RCN President, Anne Marie Rafferty talking on camera at Antrim Area Hospital



The picket line at Musgrave Park Hospital

# Strategy and plans

## Strategic Government approach for workforce planning and supply - progress in 2019

*Principle three - Strategy: we want a vision for tackling staff shortages in health and care settings, and making sure the health and care workforce helps meet the whole country's needs.*

*Principle four - Plans: we want clear plans for getting the right numbers and skill mix of health and care staff, and we want checks to make sure they really happen.*

We are clear that in order to support robust decision making, a national workforce strategy which is underpinned by workforce plans, must be developed in each country.

Each workforce strategy should detail the overall aim, strategic objectives and required actions. There must be a clearly stated vision by the chief nursing officer as to how nursing contributes to population health. It should set out the objectives to be achieved to ensure that the vision is translated into action in all levels of the health and social care system.

Delivery of the workforce strategy requires responsibility and accountability for the development, approval and implementation of workforce plans, and monitoring of workforce trends against approved plans, to be made clear in each country. There needs to be transparency through consistently recorded and publicly reported data across health and care settings on the actual numbers and skill mix of nursing staff.

Although health and care are devolved issues, immigration is not, and the nursing workforce relies heavily on nurses from overseas. During 2019, we responded to the MAC consultation on the future immigration system<sup>40</sup>. We made the case that although the UK Government should invest in domestic supply, overseas recruitment is crucial to addressing workforce shortages in the short and medium term. We reiterated that any future immigration system must support health and care services' ability to recruit overseas staff by being fair and transparent, and by moving away from minimum salary thresholds and restricting numbers of visas with arbitrary caps, instead focusing on the genuine needs of the UK's workforce.

### Northern Ireland

While in 2018, the Department of Health in Northern Ireland launched a health and social care workforce strategy which set out a vision for workforce transformation by 2026<sup>41</sup>, during 2019, activities which took place in relation to this strategy were limited due to a lack of funding and executive leadership.

The Department of Health is responsible for developing workforce plans for nursing and midwifery, the most recent of which was published in 2015<sup>42</sup>. *Evolving and Transforming to Deliver Excellence in Care: A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015–2025)* contains the modelling, process and role and responsibilities for planning and commissioning enough nurses towards 2025. This document:

- sets out the education and training commissions that the Department of Health intends to make between 2015 and 2025
- explains the context and processes on which these decisions have been made
- provides the aggregate number of commissions and the trend increases and decreases within and between key groups and specialties
- highlights key trends and emerging themes from the wider health and social care system and other workforce plans that may have implications for service delivery in future years
- identifies key challenges that will need to be addressed in order to make improvements in workforce planning processes so that it better meets the future needs of patients.

The Health Minister has now committed to work in partnership with us and other health trade unions to develop a costed plan for the

## Strategy and plans

implementation of the Department of Health's Workforce Strategy 2026. He has also committed to a full design of an optimum workforce model by 2023. We have consistently highlighted the absence of effective workforce planning for nursing in Northern Ireland and will work with the Department of Health to ensure that this is addressed as a matter of urgency in order to build a nursing workforce which is equipped to deliver safe and effective care.

These commitments form part of the ministerial framework on safe staffing, endorsed by the Northern Ireland Executive and published as a direct consequence of the demands for safe and effective care articulated by our nursing profession during the recent industrial action, including strike action. They also reflect intensive discussions between us, other health unions and Department of Health officials prior to the finalisation and publication of the framework.

### The next steps:

Once our consultation and ballot on the safe staffing and pay frameworks has been completed, and if endorsed by our nursing profession, the priority is to influence at all levels, particularly within a political context, to ensure that the ministerial commitments are implemented. This includes, primarily, working in partnership with the Department of Health and the Northern Ireland Executive to ensure that the commitments are delivered and the nursing contribution to the transformation of health and social care in Northern Ireland is maximised.

### Scotland

Scotland's Chief Nursing Officer 2030 Vision, *Transforming Roles*, launched in 2017, highlighted the need for action across three main areas, personalising care, preparing nurses for future needs and roles and supporting nurses to achieve their potential and to care for themselves<sup>43</sup>. The *Transforming Roles* programme supports the delivery of this vision and is aimed at ensuring Scotland has the right nursing roles to meet current and future needs and that there are clear education and career pathways. We have played a key role in shaping the outputs from this programme to date, which has focused mainly on

community-based nursing roles including general practice and district nursing, and are actively contributing to the current work on the role of nursing in care homes.

The Scottish Government and the Convention of Scottish Local Authorities (COSLA) published the first integrated health and social care workforce plan for Scotland in December 2019<sup>44</sup>. We had maintained pressure on the Scottish Government to publish this plan, which was more than a year overdue.

We have been clear that while the plan takes the first steps towards modelling the health and care future workforce needs, it is light on detail behind how the projected workforce growth was established and the level of financial commitment required to deliver this.

The plan commits to a 12% increase in district nursing workforce over the next five years. This is a direct result of our work with Scottish Government to project the future district nursing workforce and our lobbying to deliver on this commitment.

We welcomed the plan's recognition of the important role the *Health and Care (Staffing) (Scotland) Act* will have on ensuring the appropriate number of suitably qualified and competent staff in place for the health, wellbeing and safety of patients.

### The next steps:

The results of the 2019 employment survey highlighted that our nursing staff across Scotland feel undervalued and frustrated at the pace of change.

We will continue to hold the Scottish Government to account on the delivery of the commitments within the integrated workforce plan and to highlight that there are simply too few nursing staff across Scotland's NHS and care homes.

We have been clear that the Scottish Government must ensure that health boards and care providers are properly resourced to be able to carry out their duties under the *Health and Care (Staffing) (Scotland) Act*. We will continue to maintain pressure on government around the implementation of the Act and work to ensure members are prepared to monitor and challenge the impact of the legislation.

# Strategy and plans

## Wales

The Welsh Government, in response to campaigning by us and other health organisations, moved to significantly strengthen workforce planning this year. This included the creation of Health Education Improvement Wales (HEIW) and consultation on the first national health and social care workforce strategy<sup>45</sup>. This strategy, soon to be published by the Welsh Government, is the first national health and social care strategy of the total workforce in Wales and was developed with Social Care Wales. The National Assembly is currently considering workforce planning amendment suggested by us to the Welsh Government draft *Quality and Engagement Bill*.

In 2019, we published *Nursing Numbers* which provided an overview of the nursing workforce in Wales alongside recommendations for the workforce strategy being developed by HEIW<sup>46</sup>. A key briefing for decision-makers was proactively issued ahead of the drafting of the consultation document. We gave evidence to the National Assembly suggesting a workforce planning amendment to the *Quality and Engagement Bill* which was supported by the BMA and other health organisations<sup>47</sup>. This suggestion was endorsed by the cross-party Committee Inquiry and is currently under discussion.

### The next steps:

The implementation report, *Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016* which we published in November 2019 outlines our recommendations for effective implementation by each health organisation and also contains nine national recommendations for the Welsh Government<sup>48</sup>. The most significant action the Welsh Government could take would be developing a national approach to nursing retention. More nurses leave the NHS than join. This rate of loss needs to be significantly slowed to protect patient care and the effective use of public finance – NHS Wales spent £63.8m on agency nursing in 2018/19; a rise of 24% since last year. This is the equivalent salary spend of 2,635 newly qualified nurses<sup>49</sup>.

The Welsh Government must focus on improving nurse retention through ensuring safe nurse staffing levels, access to professional

development, measures to support wellbeing, good rates of pay and flexible working opportunities. Many nurses in Wales have caring responsibilities for both young children and older parents, and would prefer to work for an employer where they have control over their working hours. The Welsh Government needs to set out how the NHS in Wales will increase the opportunities for flexible working as part of a national nursing retention strategy.

These national actions to improve the sustainability of our nursing workforce are necessary to ensure the successful implementation of the Act and that the resulting benefits for patient care are felt.

## England

Following the Government's announcement for additional funding for the NHS in the summer of 2018, in January NHS England and NHS Improvement published the *NHS Long Term Plan*. This plan sets out how the additional funding that was secured will be spent, and how health services will transform to meet the future needs of the population. The *NHS Long Term Plan* did not include a workforce plan. Several months later an interim *NHS People Plan* was published<sup>50</sup>.

This interim plan describes the challenges facing the NHS workforce, particularly the large-scale vacancies across nursing. There are also a number of pledges for the nursing workforce, for example, an additional 5,700 clinical placements for nursing students in England in 2019.

However, we have been clear that the final version of the plan must include clear, evidence-based interventions for growing and retaining the workforce, alongside sufficient funding to deliver these interventions. This is expected to be published in March 2020, however, this should not be developed in isolation from a robust assessment of the population needs and workforce requirements for social care and public health settings.

The development of the *NHS People Plan* is a clear example of why clear roles and responsibilities for workforce planning and supply needs to be entrenched in law in England.

## Strategy and plans

All decisions should be embedded in population need. Plans should be based on evidence and all parts of the health and care system should work collaboratively to design and implement solutions. There are elements of this type of working within the process of developing the *People Plan*, but embedding these working styles in law would ensure it becomes the ‘business as usual’ going forward.

We made this case to the Health and Social Care Select Committee. Dame Donna Kinnair gave oral evidence to their inquiry on NHS legislative proposals, stating “*We cannot go on thinking we can have the same number of nurses and just move them around and feel we can deliver a safe, quality NHS. This is why we need a commitment for accountability*”<sup>51</sup>.

In July 2019, the Government in England published a Green Paper (consultation document) on prevention. Prevention was also a key theme of the *NHS Long Term Plan*. With the aim of prioritising prevention, the Green Paper included a range of proposals for the health and care services (both NHS and non-NHS) and wider government policy in England<sup>52</sup>. In our response to the Green Paper consultation, we put forward the need for increased and sustained investment in public health provision and for prevention more broadly to be sufficiently funded<sup>53</sup>.

We highlighted the trends in decreasing numbers of nursing staff working in public health services in England over the last decade, which will have long-term implications for the health and wellbeing of the population. We also emphasised the wider nursing workforce crisis and argued that the vital role of the wider nursing profession to preventing ill health and promoting population health is being undermined by staffing pressures and shortages. We argued for meaningful action to address this crisis including accountability in legislation and funding commitments and action to increase nursing supply.

### The next steps:

We have been clear that the interim *NHS People Plan* did not meet the expectations of our members. There needs to be a fully costed and funded workforce strategy for the whole health and care workforce, not just those who work in the NHS. All supply for the nursing workforce, regardless of specialty or setting, comes from the

same routes. Therefore, in order to ensure that our nursing workforce supply is sufficient to meet demand, a workforce strategy needs to cover all parts of the workforce. Going forward, workforce planning should be integrated into wider service and finance planning.

Legislation will clarify the responsibilities of all players within the complex and multi-layered health and care system. In England, the supply of nursing students continues to be an issue due to the scale of the existing workforce shortages. This needs to be addressed in full, in response to projected population and service need so that supply can begin to address current gaps and work towards meeting future needs.

We continue to call on the Government to place a chief nursing officer in the Department of Health and Social Care. This level of responsibility and engagement with ministers, supported by nursing policy staff, would embed nursing expertise into the heart of health and care policy development.



RCN Wales FireSide Chat Event with RCN Wales Nurse of the Year Alumni Network



Vaughan Gething (AM) Minister for Health and Social Services talking to RCN members

Vaughan Gething (AM) Minister for Health and Social Services holding the RCN report *Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016*



RCN Wales staff and RCN Safe Staffing Champions following monthly meeting



Helen Whyley, Director of RCN Wales with two members at a Creativity in Nursing Workshop held at Ty Maeth



Helen Mary Jones AM (centre) discussing health concerns in Wales with a group of RCN Wales members



RCN Wales student members take a break after attending an RCN Wales library seminar

# Education

## Securing sufficient supply and development of registered nurses to meet population needs - progress in 2019

*Principle five - Education: we want governments to educate enough nursing students and other health and care professionals, and develop existing staff, to meet patients' needs.*

We are seeking to secure robust commissioning arrangements for pre- and post-registration education and development in each country. The specific system for securing adequate numbers of nurses and nursing staff will vary between countries, but any commissioning arrangement must be underpinned by credible assessment of supply and demand for the nursing workforce.

Responsibility and accountability for determining the requirement for education and development programmes, at pre- and post-registration level, to meet the requirements detailed in workforce plans must be specified.

### Northern Ireland

Northern Ireland retains a commissioned model for education places for which the Department of Health theoretically works in partnership with the Health and Social Care Board (HSCB), HSC trusts, local commissioning groups (LCGs), integrated care partnerships (ICPs) and independent sector organisations. The Department commissions pre-registration nursing and midwifery education in Northern Ireland from three providers; the Queen's University of Belfast, the University of Ulster and the Open University. Competition for pre-registration places remains high, with courses consistently oversubscribed.

The Northern Ireland Health and Social Care Workforce Strategy 2026<sup>54</sup> commits the Department of Health and health and social care providers to monitoring workforce trends and issues effectively, as well as taking proactive action to address these issues before problems become acute. This has not been implemented. Delivering an effective and measurable nursing workforce planning process is a key requirement for the nursing profession.

The safe staffing framework endorsed by the Northern Ireland Executive in January 2020 includes specific commitments on the funding of an additional 300 pre-registration nursing places

over the next three years and the restoration of the post-registration education budget to its previous 2008-2009 level (adjusted for inflation) before cuts were implemented by the Department of Health. We are committed to holding the Department of Health and Northern Ireland Executive to account, ensuring that these commitments are met and, in the case of pre-registration commissioned places, kept under constant review and revised upwards if needed to deliver safe and effective care.

### The next steps:

We will hold the Department of Health and the Northern Ireland Executive to account in ensuring that these commitments are met and, in the case of pre-registration commissioned places, kept under constant review and revised upwards if needed to build nursing workforce capacity and deliver safe and effective care.

### Scotland

The commissioning process for pre-registration nursing and midwifery education student numbers led by Scottish Government is an annual cycle, which results in recommendations to the Cabinet Secretary for Health and Sport and to the Cabinet Secretary for Education and Lifelong Learning. The 2019 Scottish Government process focussed on intake targets for 2020/21 with the majority of these students graduating in 2023 and 2024.

We participate in the stakeholder reference group, along with representatives from education, employers, and other trade unions. Our nursing profession has influenced each stage of the process, ensuring robust analysis of data modelling and influencing the direction of travel for uplifts to nursing student numbers, within the context of drivers including: sustainability of education provision, demands on clinical placements, workforce pressures, including the significant gap between the number of nursing staff health boards and other sector employers



# Education

need to meet the rising demands on our health and social care services, and the nurses available to fill these posts.

In December 2019, the Scottish Government confirmed a 5% increase to nursing and midwifery student numbers for 2020/21, formally announced as part of the Health and Social Care Integrated Workforce Plan<sup>55</sup>.

We successfully influenced the duties in the *Health and Care (Staffing) (Scotland) Act* on Scottish ministers regarding nursing supply that the Scottish Government must to take ‘*all reasonable steps*’ to ensure registered nursing supply, with an annual report to the Scottish Parliament on this once the Act is implemented.

## The next steps:

The commissioning process in Scotland for pre-registration nursing education highlighted that further work was required to better understand several issues:

- geographical variation – differences in demand, considering options to attract students from areas of undersupply, and retention of students in particular regions once qualified
- attrition rates, the reduction of which would help meet long-term service needs
- dual intake/multiple exit points – considering ways to get people into the workforce more than once a year balanced with the need to retain high quality student experience.

We will participate in the stakeholder work exploring these issues and the opportunity to progress this work prior to next year’s discussions on intake numbers.

## Wales

In 2019, our campaigning secured an increase of 200 commissioned student nursing places from the Welsh Government and a commitment to keep the nursing student bursary until 2023<sup>56</sup>. Nursing staff met to discuss education policy throughout 2019 and ensured the topic had a high profile in our influencing work.

We responded robustly to restructuring consultations in two higher education institutions in Wales and secured the future of nursing education. Alongside this, we also responded with evidence to the national review of the education commissioning process. The resulting report by auditing company KPMG to the Welsh Government agreed with our recommendations.

## The next steps:

We want to see a national approach in Wales to nursing apprenticeships, widening access so that a nursing degree can be obtained in a number of flexible ways, including distance learning, to maximise the possibilities for students. Nurse prescribing needs to be expanded significantly to match the skills of future graduates. We also want to encourage the use of technology, innovative clinical placements, welsh language and intra-professional learning.

Nursing research and nurses working in research need to have a stronger career framework to support the development of clinical academic careers and to embed research into nursing practice. The Welsh Government should fund more nursing research to support the profession’s development.

## England

In late 2018, we commissioned the production of independent economic modelling for the additional investment that is needed to generate an increase in the supply of registered nurses<sup>57</sup>. This content has formed the basis of our influencing for 2019. This work was critical in helping to win the argument that more nursing students are needed and helped us share costed approaches to student funding in order to press the case for change. We had this work updated in late 2019 and this was again essential in informing the approach with the Government.

Ahead of the 2019 Spending Round (a one-year emergency budget), Chief Executive & General Secretary, Dame Donna Kinnair, wrote to the Chancellor of the Exchequer, Rt. Hon. Sajid Javid MP, calling on him to invest at least £1 billion a year into nursing higher education for living costs, tuitions fees and training<sup>58</sup>. To support this, an online action for our nursing community

# Education

to tweet the Chancellor was deployed yielding a large number of people taking actions.

In terms of continuing professional development (CPD), at the Spending Round the Chancellor announced £210 million for nursing education in England. This was an additional £150 million, providing a £1,000 central training budget over three years for each nurse, midwife and allied health professional working in NHS-provided services<sup>59</sup>. Our expectation is that funding should provide for all our nursing workforce in all publicly-funded health and care settings.

In 2019, our nursing staff have seen the emergence of a government and system leaders' consensus on the need for a significant number of new nurses, with the undergraduate supply route being the fastest and most effective way to achieve this aim. Nursing, and funding for nursing students featured in campaigning from all the main political parties during the general election.

In December 2019, the new UK Government announced new student funding for nurses in England<sup>60</sup>. This package included a non-means tested maintenance grant of £5,000 for every pre-reg nursing student from September 2020 onwards. Additional packages of up to £3,000 will be made available for some students. This represents a first win for the student-led *Fund our Future* campaign. However, we continue our calls for student financial support to meet actual living costs and to cover tuition fee payments.

## The next steps:

The first Government announcement of funding for nursing students of £5,000 to £8,000 a year is a start. There is a need for a fully-funded package of student support that includes both maintenance support which is responsive to student need and also tuition fee support<sup>61</sup>. Our nursing profession will continue campaigning on this issue.

We will work with stakeholders to identify solutions and levers to increase the supply of nursing places at university. This will allow us to call for Government intervention to ensure an 'end to end' investment that encourages people to study nursing, frees up as many university places as possible and ensures that people are supported once they join the workforce.

The Government's CPD funding announcement represents a very small relative increase when considered in the context of years of budget reductions for Health Education England. It is also not based on population need. There is a need for a significant increase in the amount of money available. We will continue to scrutinise the Government's announcement of a new £1,000 CPD budget for every nurse to ensure that it is fully funded, reflective of actual student need and for all nurses regardless of setting or employer.



The giant letters to Health Secretary Matt Hancock signed by RCN members at Congress 2019



RCN South East members spreading the safe staffing message



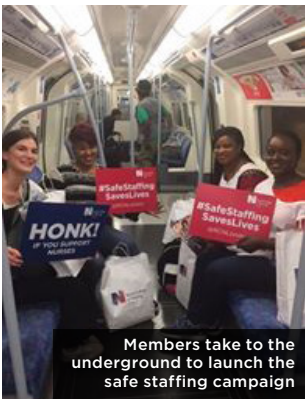
Lancaster and Fleetwood MP Cat Smith met RCN members in Blackpool



RCN collaborative members show solidarity for nurses in Northern Ireland



RCN President Anne Marie Rafferty and RCN London members at a safe staffing parliamentary drop in session, July 2019



Members take to the underground to launch the safe staffing campaign



RCN student committee members



Nottinghamshire's Assistant Coroner Laurinda Bower meets RCN Nottingham branch members and RCN Regional Director Sheila Marriott



Members from RCN London take safe staffing messages to the public



RCN North West Regional Director Estephanie Dunn joins BBC Breakfast to talk about the safe staffing campaign



RCN members campaign outside St Thomas' Hospital in London



RCN London members campaigning outside Tooting Broadway Station in central London



RCN collaborative members meet MPs at Westminster

# A look ahead to 2020

## Activities in all parts of the UK

Early in 2020, we are repeating our UK staffing survey that we ran in 2017<sup>62</sup>, to further develop the evidence base on the scale of workforce challenges and the impact upon patient and public safety. This provides a great opportunity for our nursing community to share their lived experience and describe how staffing shortages affect their work and wellbeing. The results of this survey will be used to influence decision makers across the UK to make the changes that we are calling for. This survey launched on the 16 January 2020.

In 2020 our nursing community will work together in all parts of the UK to share learning from the progress which has already been achieved. Applying this learning is key to ensuring that further progress is made in each country. This will lead to more robust positions being developed. These positions will then be used by our nursing staff to influence decision makers and engage the public across the UK.

Alongside this, we are also undertaking a project to understand the experiences of nursing associations across the world when campaigning for and implementing nurse staffing legislation. This will directly inform our priorities and objectives within in-country campaigns for staffing for safe and effective care legislation.

Our nursing community will continue to campaign for a fair and transparent immigration system which allows the right numbers of international nurses to come and work in the UK in a manner that adheres to the principles of ethical international recruitment, whilst supporting growth in domestic supply.

## Looking ahead in Northern Ireland

We are currently preparing a consultation and ballot on the safe staffing framework published by the Health Minister in direct response to the demands articulated by our nursing staff during their recent industrial action. The priority during 2020 is to hold the Department of Health and the Northern Ireland Executive to account for the full delivery of the commitments set out in the ministerial framework. This work includes direct involvement to develop safe staffing legislation. We will also continue to monitor and analyse

nursing workforce data in Northern Ireland in order to assess the effectiveness of the measures being taken to promote safe and effective care, and take immediate action where required.

## Looking ahead in Scotland

The passing of the *Health and Care (Staffing) (Scotland) Act* has been the starting point for the next phase of our work to ensure effective legislation in Scotland. There is a long road to navigate before the legislation comes into force – statutory guidance is being written and organisations and staff have to prepare for change. And legislation alone will not deliver a sustainable health and care workforce.

We will continue to influence and shape the guidance and secondary legislation required to support implementation. There are also many other issues we are working to influence to ensure the Act can make a real difference – from student numbers to workplace culture and challenge the Government to ensure that health and care services are properly funded to be able to meet their duties under the act. The engagement of our members is key to getting this right.

## Looking ahead in Wales

We have ambitious plans for our campaigning as activity is ramped up ahead of the Wales Assembly elections in Spring 2021. We intend to continue supporting our members and hosting training events across the country, as well as producing materials for use on by our members on the frontline. We will have a particular focus in 2020 on raising concerns and influencing locally to increase the supervisory status of ward managers.

Alongside this, nursing staff will carry on campaigning for the further extension of section 25B of the Act to community nursing, health visiting, mental health and care homes. Nursing staff in Wales can sign up to be e-champions and receive a regular newsletter with information on the campaign along with access to the website where there are more resources on the campaign.

## Looking ahead in England

Early in 2020, we will focus on supporting our members to build relationships with new politicians and parliamentarians to gain commitments for our manifesto priorities. We will also work with decision makers to influence any health or care legislation which is put forward, to ensure it delivers on our asks relating to accountability for workforce planning and supply.

We will also focus on securing full tuition support for our nursing students and to ensure that the maintenance grant is responsive to actual needs. We are publishing an updated report and recommendations on student funding in February.

We will work with other stakeholders to highlight that while there is a new grant for nursing students, the prospect of taking on a large amount of tuition fee debt still creates a barrier for many prospective students.

Alongside this, we will continue to influence the development of the *NHS People Plan*, and once published we will scrutinise the content and support its implementation and delivery.

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