

Unlocking the potential of the Ten Year Health Plan: nursing is the key

Introduction

Despite a challenging financial context, it is widely accepted that investment in the NHS delivers economic growth.ⁱ This is not always about developing new initiatives but also investing in and scaling up what already works, and as the ever-present and safety critical staff group the nursing profession truly knows what works. This paper sets out how nursing holds the solutions to the challenges facing the NHS and with proper investment and empowerment can deliver the government's three shifts.

However, for this to be successful it is essential that the important decisions needed to be made for the Ten Year Health Plan to be meaningful are not shied away from. This is particularly important given the government's plans to abolish NHS England and embark on major structural reform. It is important that the strengthened accountability of government for the delivery of NHS services is properly defined as part of these reforms, particularly around workforce supply and retention.

Alongside this, there will be no long term success for the NHS without a corresponding long-term plan for social care. The interface between the two systems currently contributes to unnecessarily long hospital stays, even where social care capacity is available. Similarly, health and care do not exist in a vacuum. There are many factors that contribute significantly to population mental and physical health and there must therefore also be a genuine cross-government effort to address the determinants of health.

Nursing is the key

The nursing profession is the key to unlocking the government's three shifts. Whether treating long term conditions in specialist clinics in primary care, leading public health programmes or using digital tools to monitor patients and coordinate their care, nursing staff are the constant in a fragmented health and care system.

The ultimate symptom of a broken NHS and social care system is the practice of treating patients in inappropriate and non-clinical spaces, including 'temporary escalation settings', compromising both their safety and their dignity. This practice, referred to as 'corridor care' has become normalised to an alarming degree. A recent RCN survey found that:

- 67% of more than 5000 respondents reported having to deliver care in inappropriate settings;
- 62% of these said that this took place in an actual corridor;
- 67% said that care and safety were compromised.

The Ten Year Health Plan must include a clear commitment to eradicating corridor care. This will be a clear success measure that the Plan can be judged against and will signal that the shifts to prevention and to the community are being achieved.

Despite their expertise, and their unrelenting dedication, nursing staff have been asked to do more with less, and make personal sacrifices, in ways that no other part of the healthcare workforce has. The need for a national nursing strategy has never been more

urgent as it is now. The risks of consistently devaluing the largest part of the health workforce are now being realised. Since 2021, the number of UK-educated nursing staff who left the NMC register within the first 10 years of joining has increased by 43%.^{ii, iii}

It's time to put this right, by listening to the profession when it says it holds the solutions to achieving the government's ambitions for health, many of which are set out in this paper. By creating an enabling infrastructure that empowers them to deliver; and by properly valuing and rewarding nursing staff for the essential role they deliver.

Hospital to community

Despite repeated commitments to move care into the community, successive governments and policy makers have been unable to make this a reality. The Plan offers an opportunity to change this. Now is the time to empower the community sector and enable community nursing to lead the way.

The nursing profession leads a significant number of healthcare services in community settings, including people's own homes, primary care and care homes. It is well placed to identify solutions and services that, with investment, will reduce avoidable admissions to hospitals and length of stay.

The Plan should establish an infrastructure that empowers community nursing to make local decisions and expand nurse-led services. Specialist community nurses support people with long-term conditions to manage their health and deliver care that helps avoid hospital admissions and readmissions. District Nurses are specialist registered nurses leading teams of nursing and healthcare staff and work in partnership with General Practice. They assess care needs for those discharged from hospital, lead wound and continence care, support catheter management, administer complex medications and immunisation, and may specialise in palliative care, which with adequate investment can be delivered in the community.

However, despite this crucial role, Lord Darzi's report found that since 2016 "the number of district nurses (nurses who have completed additional training to become specialist community practitioners) has actually declined."^{iv} Current service planning often results in unmanageable caseloads, with our members telling us that district nursing teams can have more than 300 patients in their care.

While the overall size of the nursing workforce in England has grown slowly in recent years, this growth has been outstripped by rising levels of need and demand.^v Despite ongoing national rhetoric about moving care into the community, the Darzi report cited a decline in nursing roles in community services between 2009 and 2023, despite increased demand. Current NHS-employed workforce data shows the following change since 2009^{vi}:

- A 46% decrease in the number of district nurses
- A 52% decrease in the number of community matrons
- A 48% decrease in the number of nurse consultants

The number of registered nurses working in social care has also declined by more than 17,000 nurses since 2012.^{vii}

Not only has there been a national decline, RCN analysis^{viii} also found significant regional variation in NHS community nursing workforce. For example, the North West has the highest proportion of district nurses, accounting for 26% of the total NHS district nursing workforce; the Midlands and London each employ 19%; while the East of England has only 5%.^{ix} This suggests a postcode lottery in England with regard to access to the type of healthcare in the community that can prevent avoidable hospital admission and reduce lengths of stay.

While the 2023 NHS Long Term Workforce Plan (LTWP) set out ambitions to expand public health and community nursing (by increasing training places for health visiting by 74% by 2031/32, for district nurses by 41% and for school nurses by 28%^x) there was no clear implementation plan for these ambitions, nor funding confirmed to translate this into action. It is very clear that more specialist community nurses are needed to deliver the ambitions of the Plan. Investment in creating additional roles, and in incentivising nursing staff into this career pathway, is needed urgently.

Social care nursing will also impact the delivery of this shift, with just under 3,000 nursing vacancies in England^{xi} it is unclear how the community sector will be strengthened without a long-term solution for stabilising social care.

The Plan is also an opportunity to explore how community nursing is essential to the delivery of neighbourhood health, which emphasises ‘home first’ care. This approach relies on primary and secondary care clinicians supporting individuals at risk of hospital admission.^{xii} Nursing roles should be central to delivering a neighbourhood health agenda, both through the provision of specialist care for long term conditions (including mental health, learning disability and neurodevelopmental conditions), and providing continuity of care and rehabilitation as part of step down from hospital care.

If the shift from hospital to community is to be a reality, community settings must be attractive places to work and potential incentives to encourage nursing staff to move into these parts of the system should be explored. This should include all the important aspects of valuing the workforce, including pay commensurate with experience and responsibilities, and safe working conditions. It will also be particularly important that nursing education reform reflects the intention of this shift by increasing opportunities for placements in community settings, and support should be provided to universities and healthcare providers to put this in place.

While increasing community workforce numbers is needed to deliver this shift, this cannot be at the detriment of acute sector. There is no way around some ‘double running’ of services while changes are made. Realising this ambition therefore requires the political will to invest the upfront costs of building capacity in the community.

Sickness to prevention

The value of focusing on prevention is well rehearsed. Prevention can support reduced rates of illness, premature mortality and create a healthier population. This can in turn contribute to reducing pressure on the health and care system, increasing productivity and economic activity.^{xiii} This is even more apparent when considering the future projections for the population, with an ageing population, the growing burden of disease and more people living with multiple complex conditions.^{xiv}

The nursing profession is pivotal to public health and prevention. Community nursing staff see the individual, and their life, through a holistic lens. When afforded the time they are able to identify specific risks to individuals and their families, and take action to link in wider agencies to support them. This is the kind of prevention that has a real impact on the social determinants of health.

This kind of nursing-led prevention, however, is only possible when caseloads are manageable and the administrative burden placed on nursing staff is reduced. The reality is that community nursing is becoming task-oriented due to the sheer volume of patient lists and inefficient systems. Through the creation of more community nursing posts, covering smaller geographical areas, and by improving digital systems, nurses will be able to return to a focus on treating the whole patient.

Strong local public health services are also key to achieving this shift. However, public health services in England have been subject to significant spending cuts: the public health grant has been cut by 28% on a real terms per person basis since 2015/16, and the cuts disproportionately affected those living in the most deprived areas of England,^{xv} who also tend to have poorer health and higher rates of hospital admissions^{xvi} and attendances at Accident and Emergency.^{xvii}

Specialist public health nurses, School Nurses and Health Visitors undertake additional education and training to carry out health and developmental screening, provide sexual education and sexual health services, administer immunisation programmes, among other types of health education, promotion and protection.^{xviii} Yet, specialist public health nursing roles have also experienced significant declines since 2009, which clearly need to be addressed:^{xix}

- The number of Qualified School Nurses has decreased by 24%.
- The number of Health Visitors has decreased by 30%.^{xx}

Furthermore, rising rates of poverty in the UK^{xxi} and the impacts of the cost-of-living crisis increase ill health and inequalities and increase the demand for health and care services.^{xxii} For example, hospital admissions data shows a direct correlation between higher levels of deprivation and higher emergency admissions.^{xxiii}

The Plan must include clear commitments to increase investment in prevention, not just reiterate past rhetoric. This investment should be particularly targeted in areas which are proven to have high impact such as children and young people; addressing key risk factors for ill health such as smoking, physical activity and diet and focused on specific diseases.^{xxiv}

The RCN believes that there must be a cross-departmental national strategy for improving health and reducing health inequalities, including action to address the wider determinants of health.

Analogue to Digital

Lord Darzi's report specifically referenced the absence of digital tools commonly seen in private sectors in the NHS –giving the examples of mental health and district nursing services missing out on investment in known solutions. A 2023 survey carried out by the Queen's Nursing Institute (QNI) reported that nurses routinely faced digital challenges such as connectivity issues (reported by 74% of respondents), problems with the battery

life on NHS-issued laptops, and software issues such as authentication challenges, juggling multiple platforms, a lack of integration, and repetition of data entry^{xxv}.

It is resoundingly clear that investing in the basic digital and IT infrastructure must be prioritised if the NHS is to be in a position to embrace the potential of more innovative solutions. The issue of interoperability between digital platforms, across systems and even within trusts, can often mean time that could be focused on patient care is lost. Addressing this by implementing clear requirements for interoperability should be one of the first priorities of the Plan.

A cultural shift in digital leadership with nursing at the heart would also ensure that digital processes are improved in ways that liberate nursing time to focus on patient care, such as exploring the role of artificial intelligence in improving risk management efficiency.

Alongside investing in digital transformation, there is a need to improve digital proficiency within the health and care workforce and provide support to teams adopting new systems. We are clear that quality standards must be set for simulated learning methods being used within the nursing education pathway, which will likely require significant national investment in supporting technologies..

Broader digital transformation is also key to reducing the administrative burden often taken on by nursing staff. While there are no specific costings available to outline exactly how much funding is needed to fully achieve digital transformation in the NHS, the consensus is that the £2bn allocated in last year's Spring budget is very unlikely to be sufficient^{xxvi}.

Prioritising and valuing the nursing profession

It is crucial now that the nursing profession starts to feel valued after experiencing so many disparities for so long. Good will cannot and should not be relied on or expected anymore.

Nursing pay is a critical factor in retaining experienced nursing staff within publicly funded health and care services. Since 2010, real-terms pay declines of up to 27% have been documented across nursing pay bands. There are disparities too in pay progression for different health professions. Midwives and paramedics progress to band 6 upon completion of a preceptorship period, whereas many nursing staff remain at band 5 for significant proportions of their careers despite being highly experienced and regarded as senior nurses.

It is essential that urgent and meaningful action is taken to resolve the nursing workforce supply and retention crisis. The domestic nursing supply pipeline must be strengthened in order to deliver the number of registered nurses into the profession that are needed. Latest figures show a 19% decrease in acceptances to nursing courses since a peak in 2021, while the number of people applying for nursing degrees has fallen 21.4% since the 2021 peak.^{xxvii}

Coupled with the decrease in applications, a high attrition rate means many nursing students in England do not complete their degree courses. The RCN has calculated that on average, 21% of nursing students leave their nursing degree courses without attaining a nursing qualification.^{xxviii}

We are also increasingly concerned about rising numbers of newly qualified nursing staff leaving their roles within the first five years of a nursing career, citing burnout, poor pay and unsafe working conditions. There has been a 67% increase in those leaving in the first 5 years. If this data trend continues, by 2029, 11,000 nursing staff will have left the profession without spending a decade in the job.

Reducing the flow of early career nurses leaving the workforce would allow for some stability upon which plans can be made to work towards the three government shifts. Offering a student loan forgiveness package for new graduates, upon a number of years of work in a publicly funded health and care service, would provide great benefits for retention and would likely attract additional applicants to study nursing.

RCN commissioned analysis found that registered nurses with student loans are willing to commit to 7-10 more years in a role that offers student loan forgiveness compared to a role that does not, highlighting its potential as a powerful retention tool.. This policy intervention could unlock £1.162bn per graduate cohort based on an additional 65,005 nurse-years worked in the NHS.^{xxix}

The workforce crisis has been exacerbated by the long-term absence of clear government accountability for the supply and retention of the workforce. The upcoming reforms to NHS England present an opportunity to rectify this and for the government to take back responsibility for ensuring adequate supply of staff to provide safe and effective care. Alongside this, the refreshed LTWP should be progressed with urgency. It must be fully-funded, joined up with the education sector and based on updated modelling aligned with the intentions set out in the Plan.

There is an opportunity right now to put nursing at the heart of the health and care policy making. The Chief Nursing Officer for England should sit within the Department of Health and Social Care, alongside the Chief Medical Officer and the government must waste no time in delivering a Ten Year Health Plan that fully values the nursing profession. To do this, the government should:

- Commit to the eradication of corridor care in the Ten Year Health Plan as a clear success measure to judge the plan against;
- Publish a fully-funded refreshed Long Term Workforce Plan, based on updated modelling aligned with the intentions set out in the Plan and strengthen government accountability for workforce supply and retention;
- Produce and deliver a national nursing strategy that addresses long standing barriers for supply and retention across all nursing roles and specialisms;
- Place the Chief Nursing Officer at the heart of government, alongside the planned Chief Medical Officers;
- Implement student loan forgiveness for nursing graduates working in publicly funded services to address early career attrition;
- Produce and deliver a parallel Plan to deliver a strong and stable social care sector and aligned long-term vision for this sector;

- Deliver a cross-departmental national strategy for improving the nation's health and reducing health inequalities, including action to address the wider determinants of health;
- Commit to building capacity in nurse-led community and public health services to meet the needs of local populations;
- Invest in the basic technology requirements of the NHS to enable the adoption of digital innovation and appropriately harness the possibilities of artificial intelligence;
- Deliver a substantial, restorative pay rise for nursing, and central funding for registered nurses to progress from band 5 to band 6 after a period of preceptorship.

END NOTES

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ⁱⁱ NMC registration data reports (2024) Available at [Registration data reports - The Nursing and Midwifery Council](#)

Nursing and Midwifery Council (2024) *Registration data reports*. Available at: <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/> (Accessed: 31 March 2025).

ⁱⁱⁱ [Huge increase in nursing staff quitting early poses risk to NHS reforms | News | Royal College of Nursing](#)
Royal College of Nursing (2024) *Huge increase in nursing staff quitting early poses risk to NHS reforms*. Available at: <https://www.rcn.org.uk/news-and-events/news/uk-huge-increase-in-nursing-staff-quitting-early-poses-risk-to-nhs-reforms-111124> (Accessed: 31 March 2025).

^{iv} [Independent Investigation of the National Health Service in England](#)

Darzi, A. (2024) *Independent Investigation of the National Health Service in England*. Department of Health and Social Care. Available at: <https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf> (Accessed: 31 March 2025). ((DT NOTE: appears to be a repeat)

^v [NHS Workforce Nutshell | The King's Fund](#)

Mallorie, S. (2024) *NHS workforce in a nutshell*. The King's Fund. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/nhs-workforce-nutshell> (Accessed: 31 March 2025).

^{vi} [NHS Workforce Statistics, November 2024 Staff Group, Care Setting and Level.xlsx](#)

NHS Digital (2025) *NHS Workforce Statistics, November 2024: Staff Group, Care Setting and Level*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/november-2024> (Accessed: 31 March 2025)

^{vii} <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Workforce-estimates.aspx>

Skills for Care (2024) *Workforce Estimates*. Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data-old/Workforce-intelligence/publications/Workforce-estimates.aspx> (Accessed: 31 March 2025).

^{viii} NHS Workforce Statistics – November 2024. Available at: [NHS Workforce Statistics - November 2024 \(Including selected provisional statistics for December 2024\) - NHS England Digital](#)

NHS Digital (2025) *NHS Workforce Statistics - November 2024 (Including selected provisional statistics for December 2024)*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/november-2024> (Accessed: 31 March 2025).

^{ix} This analysis was limited to the NHS workforce data available, which does not include those health visitors and school nurses who are commissioned by local authorities to a range of providers, including the NHS, charities, local authorities, the private healthcare providers and community interest companies. The RCN has consistently highlighted concerns about the lack of workforce data for those nursing staff employed outside of the NHS as prohibiting a full and accurate understanding of the workforce. This must be addressed as a matter

of urgency to inform the LTWP refresh and provide a robust picture of workforce capacity to support the delivery of the 10-year plan for the NHS.

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^x NHS England (2023) [NHS England » NHS Long Term Workforce Plan](#)

NHS England (2023) *NHS Long Term Workforce Plan*. Available at: <https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/> (Accessed: 31 March 2025).

^{xi} [The state of the adult social care sector and workforce in England, 2024](#)

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^{xii} [NHS England » Neighbourhood health guidelines 2025/26](#)

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^{xiii} Public Health England (2019) *PHE Strategy 2020-25*. Available from: <https://www.gov.uk/government/publications/phe-strategy-2020-to-2025>. [Accessed 15th May 2024]

Public Health England (2019) *PHE Strategy 2020–2025*. Available at: <https://www.gov.uk/government/publications/phe-strategy-2020-to-2025> (Accessed: 15 May 2024).

^{xiv} Health Foundation (2023) [Health in 2040: interactive chart projections - The Health Foundation](#) [Accessed 15th May 2024] (DT note: LINK IS BROKEN)

^{xv} Health Foundation (2024) Investing in the public health grant What it is and why greater investment is needed. [Investing in the public health grant](#)

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^{xvi} Health Foundation (2024) Investing in the public health grant What it is and why greater investment is needed [Investing in the public health grant](#) [Accessed 15th May 2024] (DT note: this is a repeat of the previous one)

^{xvii} [Inequalities in Accident and Emergency department attendance, England - Office for National Statistics \(ons.gov.uk\)](#) [Accessed 15th May 2024]

Office for National Statistics (2023) *Inequalities in Accident and Emergency department attendance, England: March 2021 to March 2022*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/inequalitiesinaccidentandemergencydepartmentattendanceengland/march2021tomarch2022> (Accessed: 15 May 2024).

^{xviii} [Public Health Nurses – The Queen's Nursing Institute](#)

Queen's Institute of Community Nursing (2025) *Public Health Nurses*. Available at: <https://qicn.org.uk/nursing-in-the-community/work-of-community-nurses/public-health-nurses/> (Accessed: 31 March 2025).

^{xx} NHS Workforce Statistics – November 2024.. Available at: [NHS Workforce Statistics - November 2024 \(Including selected provisional statistics for December 2024\) - NHS England Digital](#)

NHS Digital (2025) *NHS Workforce Statistics – November 2024 (Including selected provisional statistics for December 2024)*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/november-2024> (Accessed: 31 March 2025).

^{xxi} **UK Poverty 2024: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation (jrf.org.uk)** [Accessed 15th May 2024]

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^{xxv} <https://qni.org.uk/wp-content/uploads/2023/02/Nursing-in-the-Digital-Age-2023.pdf>

Queen's Nursing Institute (2023) *Nursing in the Digital Age: Using Technology to Support Patients in the Home*. Available at: <https://qicn.org.uk/wp-content/uploads/2023/02/Nursing-in-the-Digital-Age-2023.pdf> (Accessed: 31 March 2025).

^{xxvi} <https://www.kingsfund.org.uk/insight-and-analysis/blogs/spring-budget-game-changer-nhs-technology>

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^{xxvii} **UCAS (2024)** *UCAS Undergraduate End of Cycle Data Resources 2024*. Retrieved from <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-end-cycle-data-resources-2024>.

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^{xxviii} The RCN has calculated that the attrition figure for nursing students is 21%. This figure has been calculated based on actual attrition in 2017/18, 2018/19, and 2020/21. We have excluded the years prior to 2017 due to the impact which the bursary was likely to be having upon students remaining on their courses. We have also excluded the first year of the pandemic (2019/20) due to very high attrition relating to the impact of COVID.

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^{xxix} [Fixing the Leaking Pipeline | Publications | Royal College of Nursing](#)

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