

The Nursing Workforce

IN SCOTLAND



Royal College
of Nursing
Scotland

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The Nursing Workforce in Scotland

The staffing crisis facing Scotland's health and care services has never been more apparent. Three years on from the start of the COVID-19 pandemic, service recovery has been slow and the winter just past has been recognised as the worst on record for NHS services. Staff shortages are impacting on the quality and safety of care across all services – in acute hospitals, GP surgeries, care homes and communities. Audit Scotland's report on the NHS in Scotland 2022 identified workforce capacity as the biggest risk to NHS recovery (Audit Scotland, 2023).

In November 2022, RCN members in Scotland, and across the UK, took the historic step of voting in favour of strike action – the first time in the College's 106-year history. RCN members were clear that they were prepared to take a stand for their patients and their profession.

The subsequent negotiations with Scottish government secured a commitment to a Ministerial Nursing and Midwifery Taskforce to recommend actions to address the challenges facing Scotland's nursing and midwifery workforce.

The trends set out in this report underline that urgent action is required to ensure there are sufficient numbers of registered nurses and nursing support workers to deliver safe and effective care across all health and care settings. The Scottish government and employers must do more to retain our existing experienced nursing workforce and to attract the workforce of the future.

This is the case across health and care. In responding to the Scottish government's proposals for a National Care Service, RCN Scotland has taken the view the focus should be on improving existing health and care services and

growing the nursing workforce rather than embarking on expensive and disruptive structural reform.

The Ministerial Taskforce, a direct result of the RCN's campaigning, is much-needed recognition of the nursing workforce crisis. It presents a significant opportunity to have the professional bodies, education establishments, workforce experts and government working together to identify how we can support our existing experienced nursing staff and make nursing a career of choice once again.

When they come, the recommendations from the Ministerial Taskforce must be backed by investment and the workforce planning decisions based on evidence and modelling of demand rather than affordability.

In the longer term, there needs to be an open and honest discussion about the ongoing level of investment and new ways of working that will be required to meet the growing demands on our health and care services.

The RCN will hold the Scottish government to account on its commitment to do more to value and retain our existing experienced nursing workforce and to attract the workforce of the future.

In this report we highlight how expanding our highly skilled and dedicated nursing workforce must involve sustainable domestic recruitment and retention planning and implementation that rapidly makes a significant step towards turning the tide of ever-increasing vacancies. The recommendations in this year's report set out in more detail how RCN Scotland believes these broader objectives can be achieved.

Recommendations

The Royal College of Nursing Scotland recommends:

1

Scottish government must ensure the Ministerial Nursing and Midwifery Taskforce delivers funded, timely, meaningful and sustainable actions that make a positive difference for the nursing profession, including developing and implementing a detailed nursing retention strategy.

2

In partnership with the trade unions and other professional bodies, the Health and Care (Staffing) (Scotland) Act must be implemented in full by April 2024, and be accompanied by the investment and resources to allow health and care employers to meet their duties under the Act. An accurate, transparent baseline must be published before April 2024 to enable trend data to emerge over time.

3

Scottish government and employers must ensure that registered nurses and nursing support workers, wherever they work, have fair pay, good employment terms and safe working conditions that reflect their safety critical role. Future pay awards should be restorative, recognising that for over a decade, nursing pay has failed to keep pace with the rising cost of living.

4

Scottish government must deliver on its commitment to review Agenda for Change to support recruitment, sustainability and retention.

5

Scottish government must take steps to grow the domestic nursing workforce by continuing to increase the number of nursing student places and expanding the routes into nursing, including implementing the recommendations that come from the Ministerial Nursing and Midwifery Taskforce.

Recommendations

The Royal College of Nursing Scotland recommends:

6

Scottish government must ensure that nursing students have adequate financial support to allow them to prioritise their education, cope with the rising cost of living and complete their studies without falling into financial hardship.

7

NHS Scotland must complete and publish an evaluation of the consistency of application and effectiveness of the current nursing and midwifery workload and workforce planning tools and take steps to address any inconsistencies identified.

8

The clinical skill, contribution and impact of registered nurses in community, social care and primary care services must be recognised. Action to increase the number of registered nurses in these settings must be prioritised over large-scale structural reform.

9

Funding for Scotland's care home sector must acknowledge the increasing clinical need of residents and the requirement for the skills and knowledge of registered nurses within the sector.

10

The data being used to inform workforce planning must be improved. This includes addressing the gaps in the workforce data for NHS, social care and general practice, as well as making health and care activity data publicly available to ensure this informs workforce planning.

Review of Nursing Workforce in Scotland report 2022 recommendations

The Nursing Workforce in Scotland report 2022 (RCN Scotland, 2022a) highlighted how the COVID-19 pandemic had made workforce pressures that existed before the pandemic worse. The report's 10 recommendations set out urgent action that the RCN believed was required to 'ensure there are enough registered nurses and nursing support workers to deliver safe and effective care across all settings' (RCN Scotland, 2022a).

It is fair to say that progress to date against the recommendations has been limited.

The most obvious step forward was publication by the Scottish government of a timetable for implementation of the Health and Care (Staffing) (Scotland) Act 2019. The recommendation called for a timetable to be 'set out as a matter of urgency' and, following a meeting with members at RCN Congress in Glasgow last June, the then Cabinet Secretary for Health and Social Care announced the timetable. Under the timetable, the Act is due to be implemented in full by April 2024.

Progress against the other nine recommendations has been slow or non-existent.

No progress has been seen against the recommendation for a Scottish government and employer-led review of workforce planning assumptions. While provision from the Scottish government for a rise in investment in health and care services is due to kick in in 2023/24, in the past 12 months health and care employers have not had the investment needed to be able to improve staffing levels or skill mix. Nursing student intake numbers remain stagnant and there has

been no increase in the levels of financial support to widen access to courses and make sure financial hardship does not impact on students' ability to complete their course. District nurse vacancies remain at near record highs and their role continues to be undervalued without new investment in community nursing teams in health and care. The Scottish government has made no significant changes to the publicly available data for activity in health and care, although it has published its health and social care strategy (Scottish government, 2022a), which, amongst other things, seeks to improve the availability and accuracy of data for those delivering services.

District nurse vacancies remain at near record highs and their role continues to be undervalued without new investment in community nursing teams in health and care.

Some progress is discernible against four of the recommendations. The RCN and other health trade unions have had negotiations with Scottish government and NHS employers on pay for staff on Agenda for Change terms and conditions. RCN members voted to reject offers for 2022/23, however, the Scottish government imposed a pay award in January 2023 after members of other health trade unions voted to accept an offer made in December 2022. The RCN's strong mandate for strike action secured further negotiations and members voted to accept the subsequent offer which included a percentage pay rise for 2023/24, a one-off payment in recognition of the RCN's dispute and a commitment to review the Agenda

for Change framework. The RCN recommends that nursing staff should be paid Agenda for Change pay rates as a minimum wherever they may work.

In social care, the Scottish government is committed to increasing the social care minimum wage to £10.90 per hour, which will be an improvement for some nursing support workers. To support the implementation of the Health and Care (Staffing) (Scotland) Act 2019, development work on a 'staffing method framework' has taken place, with testing of a suite of resources which care providers can use to determine staffing requirements; and, in the 2023/24 Scottish government budget, £4.7 million has been allocated for 'nursing workload and workforce capacity', including funding to support development of planning methods and tools for social care. For mental health, the Scottish government has committed to publishing a mental health workforce plan, but publication is awaited. Finally, the Workforce Data Information and Intelligence Improvement Programme was established to improve the quality and coverage of health and care workforce data.

The 10 recommendations from 2022 were evidence of just how complex a task it is to get the health and care workforce right and the scale of the problems that need to be fixed. Twelve months on it is very clear that the fix is going to take years of concerted action.

Workforce challenges

Retention

In the context of unprecedented demand for nursing services, the nursing workforce is in crisis. There are high and rising numbers of vacant posts, not enough new staff entering the profession, and

a long lead-in time for domestic recruitment. Too many nursing staff are leaving the profession, across all career stages, from newly registered nurses leaving after only a few years in nursing, to those choosing to retire earlier than previously intended. Too few are joining to replace those that leave. At the same time, the demand for health care services continues to increase.

It is vital that the Scottish government deploys a range of interventions to improve nursing workforce retention, alongside action to boost domestic nursing supply. This must include retaining more of the existing workforce to provide greater stability for health and care services and to begin to address Scotland's nursing staffing crisis.

It takes a minimum of three years to educate a newly registered nurse, which means that even if there were to be a significant increase in nursing student places at Scottish universities, there is a time lag between starting to study and joining the workforce as a registered nurse. Also, not all nursing students complete their courses and progress into a career as a registered nurse.

Retaining nurses is more than a numbers game. More than simply persuading nurses to remain in their job, the Scottish government and employers must do more to recognise the value in the expertise of the nursing profession, and the intrinsic value of the increased autonomy and proficiency that skilled, highly educated professionals continue to contribute throughout their careers. For every nurse who leaves the profession, valuable experience and expertise are lost. Many of those leaving will also have additional qualifications and experience of working in specialist roles.

In 2017, the Scottish government published its Nursing 2030 vision, a strategy to prepare a nursing workforce ready and able to meet people's needs by 2030 (Scottish government, 2017). It included a commitment to provide clear and exciting career opportunities and

trajectories for nurses. Instead, nurses in Scotland are telling us that there are not sufficient opportunities to progress. While the strategy acknowledges that nursing has taken on new responsibilities, nurses have seen their pay decline in real terms over the last decade. Furthermore, the 2030 vision recognises that when registered nurse staffing levels fall, patient safety and outcomes decrease, and patient mortality increases. Despite this, we are currently seeing alarming moves to substitute registered nurses with nursing support workers in response to high numbers of registered nurse vacancies.

Our members have told us clearly that feeling undervalued, concerns about low staffing levels and workplace pressures are key reasons for wanting to leave nursing.

In addition to addressing the fundamental issues of safe staffing and fair pay, Scotland urgently requires a nursing retention strategy to retain the skilled and experienced nursing staff that Scotland desperately needs. We have called for urgent action on retention (RCN, 2023) and believe that such a strategy must cover a range of areas.

Nursing retention strategy

Areas for action

- Career progression and development, including protected time for learning
- Health at work, including a focus on adequate time and facilities for breaks
- Flexible working opportunities throughout an individual's career
- Support for nurses in the early stages of their career
- Improve working culture and staff wellbeing
- Improve employer engagement and communication with staff
- Increase nursing student retention so that more students complete their degree course

Nurse supply

At a time when the nursing workforce should be expanding to respond to rising pressures, Scotland is facing a nursing workforce supply crisis that is not being addressed by current Scottish government policy.

The shortfall of new nursing students starting their degrees in 2022 means there will be fewer newly registered nurses entering the workforce in 2025 than determined as needed by Scottish government student intake planning (see *Trends in nursing student numbers* section). This means the gap between the number of registered nurses needed and those entering the workforce is set to widen unless rapid action is taken to grow and retain the domestic nursing workforce.

In its NHS Recovery Plan 2021-2026, the Scottish government promised to publish a national workforce strategy that would include key workforce targets (Scottish government, 2021). In March 2022, the National Workforce Strategy for Health and Social Care in Scotland included commitments to grow the NHS workforce over the next five years by 1%, or 1,800 whole time equivalents (WTE), in addition to projected required growth (Scottish government, 2022a). However, although the workforce strategy alluded to existing and future workforce challenges, it did not directly acknowledge that in the short term, any workforce growth will only help towards filling vacancies rather than providing additionality.

There is a further challenge associated with matching well-intentioned government strategy with sustainable policy implementation. Scottish government policy includes international recruitment to help meet its commitments to recruit more health and care staff in Scotland. The national workforce strategy sets out a commitment for new international recruitment targets annually and coordinated recruitment through a new Centre for Workforce Supply. However, in 2022 actual nurse

recruitment from overseas fell well short of the original target of 1,000, which was revised to 750 in the Scottish government's Winter Resilience Overview 2022/23, published in October 2022 (Scottish government, 2022b). NHS Scotland health boards have collectively recruited around 200 nurses from overseas. With 4,100 registered nursing vacancies in Scotland (NES, 2023a), this recruitment represents just 4.8% of current vacancies. Even if the target of 750 overseas nurses had been reached, this would only have the potential to plug less than a fifth (17.9%) of the registered workforce gap created by vacancies.

In its NHS in Scotland 2022 report, Audit Scotland reported that NHS boards had expressed concerns over their ability to cover all the costs required to meet international recruitment targets, and over the value for money international recruitment offers to increase the registered workforce (Audit Scotland, 2023).

Against the background of a global shortage of nurses, the International Council of Nurses (2022) has called on governments to plan and invest in growing the domestic production of nurses to meet the health system demand. International recruitment must not, therefore, be seen or portrayed as a solution to the current recruitment and retention challenges facing the nursing profession in Scotland. International recruitment targets must be set, revised and reported on in ways that are transparent and meaningful. Any measurement must take account of retention, with particular focus on the experience of internationally educated nurses to support their wellbeing.

It is clear, then, that expanding our highly skilled and dedicated nursing workforce must involve rapid, sustainable domestic recruitment and retention planning and implementation to turn the tide of ever-increasing vacancies. In our recommendations to this report, we highlight that more work must be done to incentivise talented people to start

At a time when the cost-of-living crisis is putting pressure on nursing students, newly registered nurses, mid-career nurses and prospective nurses who are currently in other professions, we cannot understate the importance of fair pay for highly trained graduate professionals.

their nursing careers. Increases in the bursary and allowances package in line with the cost of living should be provided for all nursing students, to encourage more people to take the undergraduate degree route into a nursing career. Other routes into nursing degree programmes (for example, Higher National Certificate (HNC) students and students with the certificate in higher education) should also be further expanded to provide wider access to nursing as a career.

At a time when the cost-of-living crisis is putting pressure on nursing students, newly registered nurses, mid-career nurses and prospective nurses who are currently in other professions, we cannot understate the importance of fair pay for highly trained graduate professionals. Ultimately the main incentive for prospective nurses will be joining a profession where pay is commensurate with the demands of the role and the level of education required.

Substitution of registered nurses

The failure in the current supply of registered nurses in Scotland to meet the growing demands and complexity of health care that is required, is not only a result of an insufficient pipeline or an inability to retain experienced nurses; it is a symptom of poor planning and a lack of recognition of the highly skilled, safety critical nature of nursing.

At times when the supply of registered nurses has not met demand the focus

¹During a period of registered nurse shortages, the Nurses Act 1943 established a new nursing role for the profession. The state enrolled assistant nurse (SEAN) (prior to 1961) or state enrolled nurse (SEN) was established and required completion of a two-year programme as opposed to the three-year programme for registered nurses. Enrolled nurse education was phased out during the 1980s and finally ceased in 1992.

often shifts to exploring different solutions. An example of this is enrolled nurse-type roles,¹ which were introduced in the past at times of high demand for nurses and inadequate workforce supply (Hickman and Leary, 2020), but the current nursing workforce crisis should not drive this type of workforce planning.

Research shows that there is a direct link between staff having the time to care and positive patient outcomes (Aitken et al., 2018; Blegen et al., 2011; Griffiths et al., 2014; Park et al., 2012; Twigg et al., 2023), and between nursing skill mix and the quality of patient care (Aiken et al., 2017; Griffiths et al., 2016; Griffiths et al., 2019; Lasater et al., 2021)

While these studies highlight that having the right number of both registered nurses and nursing support workers positively impacts on the quality of care, they also demonstrate that substituting registered nurses with nursing support worker roles has a negative impact on quality of care and patient outcomes. For example, one study showed that in some settings, every patient added to a registered nurse's workload is associated with a 7% increase in mortality, and substitution of a registered nurse with a nursing support worker is associated with a 21% increase in mortality (Aiken et al., 2018). This indicates a significant increase in the risk of patient deaths as a consequence of substitution.

The evidence of the negative effect of substitution is clear; what is less clear is to what extent this practice is currently happening in Scotland. The RCN has had feedback from members that registered nurse establishments² are being reduced to fund the appointment of band 4 roles within hospital and community teams. Responses to an RCN survey from members in Scotland highlighted that nursing students and nursing support workers were being used to fill staffing gaps with more than a quarter of respondents reporting that nursing support staff were being expected to fulfil the duties of registered nurses (RCN Scotland, 2022b).

Staffing for safe and effective care

The Health and Care (Staffing) (Scotland) Act 2019 will come into force from April 2024. This legislation sets out requirements for safe staffing across health and care services in Scotland.

Effective implementation of the Act is expected to address some of the workforce challenges in the NHS and care homes. However, the Act itself is not a single solution to the nursing workforce crisis in Scotland.

The Act places a duty on all NHS and care providers to make sure there are always suitably qualified and competent staff working in the right numbers to ensure safe and effective care. To provide high-quality, compassionate care to their patients and residents,

The staggeringly high number of nursing vacancies in Scotland must be addressed with urgent action before the Act is fully implemented in April 2024.

nursing staff need to work in supportive, nurturing environments. They need and should expect a culture of learning and continuous development, with investment in and protected time for learning and development, and safe staffing levels that is the norm right across the public and independent sectors, not the exception.

If implemented well, provisions within the Act should ensure that nursing staff can raise concerns about staffing levels without fear of repercussions. The statutory guidance that will accompany the Act will provide further clarification of the robust reporting arrangements with which health and care providers must comply. This will include requirements for publishing and submitting reports to Scottish ministers, who in turn will lay the reports before the Scottish parliament annually.

² Establishment is the funded number of posts made up of staff in post and vacancies.

The COVID-19 pandemic significantly increased pressure on community health and social care services.

This ground-breaking safe staffing legislation – the first of its kind in the UK to cover both health and care – will only make a long-term positive difference for the nursing profession, and those who rely on their care, if services have the nursing establishment they need. The staggeringly high number of nursing vacancies in Scotland must be addressed with urgent action before the Act is fully implemented in April 2024. The Act provides tools to facilitate safe staffing levels across health and care, but its successful implementation relies entirely on retaining and recruiting more nurses.

The Act requires NHS boards to seek clinical advice when making staffing decisions and to establish clear reporting and escalation processes for concerns. The importance of valuing and listening to the clinical expertise of registered nurses as part of staffing decisions cannot be underestimated.

The ongoing ministerial scrutiny of how the duties introduced in the Act are being met must be sufficiently robust, timely and meaningful to ensure that data and evidence inform future government policy for staffing health and care services. RCN Scotland is calling for an accurate, transparent baseline to be published before April 2024 to enable trend data to emerge over time. To measure improvement, an agreed starting point that aligns with the implementation of the Act is required.

National Care Service

The proposed creation of a National Care Service (NCS) for Scotland stems from a genuine desire to improve social care outcomes for people in Scotland (Scottish government, 2022c). The way adult social care

currently operates in Scotland is not fit for purpose and a radical overhaul is required to meet the increasingly complex care needs in social care.

The skills, experience and commitment of the registered nursing workforce employed within social care settings to provide high-quality, person-centred care will be crucial to improving care outcomes. International evidence demonstrates that a stable workforce of registered nurses in care homes delivers positive outcomes for residents as well as improved quality of life (Dellefield et al., 2015).

The COVID-19 pandemic significantly increased pressure on community health and social care services. Despite this, the data demonstrates that the increasing clinical care needs of those using social care services has not been matched by increasing numbers of registered nurses working in care homes. Instead, workforce retention is a growing problem that directly affects the ability of the remaining workforce to consistently provide safe levels of care.

Nursing is likely to be the largest staffing group within the proposed NCS. There is currently a nursing workforce crisis in Scotland that requires further investment and robust, long-term workforce planning to develop a sustainable workforce for the future. The interface between the NHS and the proposed NCS remains unclear, with no plan in place to address the nursing workforce shortages that risk leaving the NCS desperately understaffed at its inception. Both the NHS and the social care sector are facing recruitment and retention challenges while experiencing unprecedented pressure, with the overall size of the social services workforce decreasing despite increased service demand (SSSC and Care Inspectorate, 2022). The implementation of the Health and Care (Staffing) (Scotland) Act 2019 is inextricably linked to the ambition behind the NCS Bill to improve the quality and consistency of social work and social care in Scotland.

The NCS Bill as it currently stands does not provide the level of detail required to understand fully the potential impact on the nursing profession in Scotland of this major structural change to the commissioning and delivery of social care services in Scotland. The scope of the proposed NCS is wider than originally envisaged (Scottish government 2022c) and the intention is to move some community health services into the NCS.

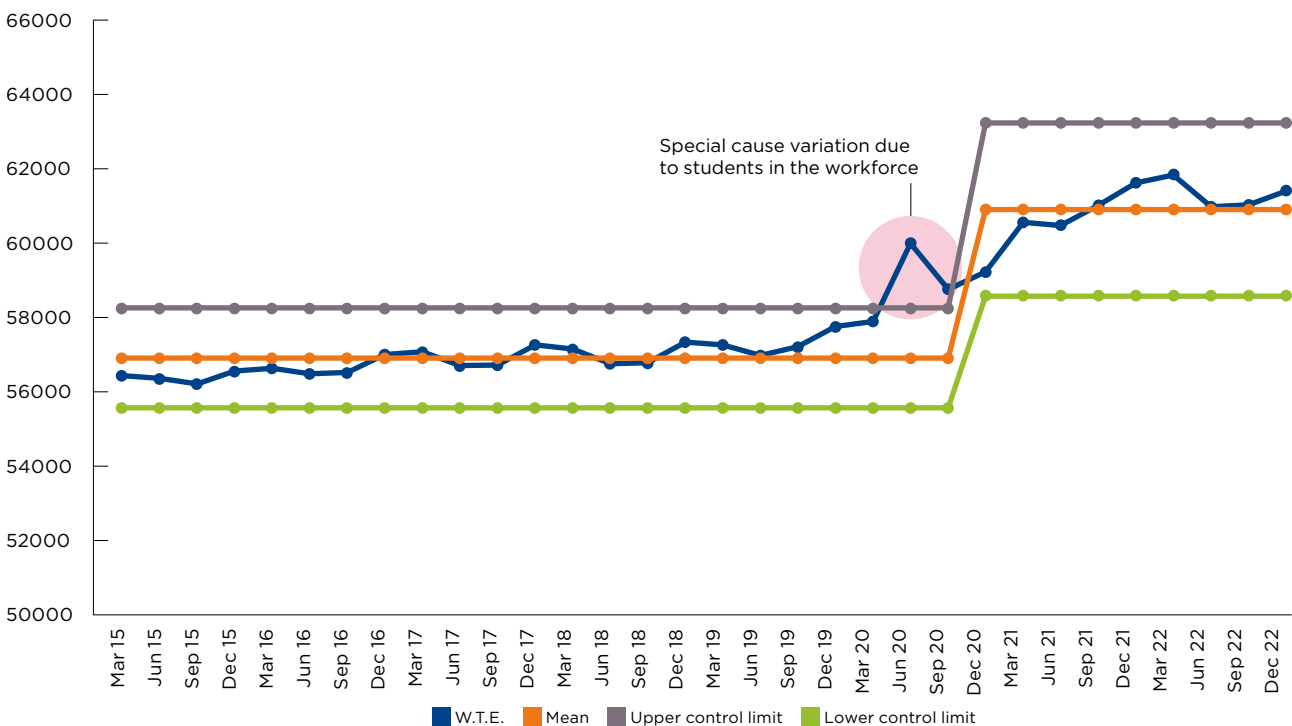
The Bill is a framework intended to lay the foundations for an NCS, which means that much of the detail about how it would operate in practice is not clear. RCN Scotland has serious concerns around the lack of detail and has successfully called for the Bill's progress through the Scottish parliament to be paused. We have also called for the Scottish government to take more time to engage with stakeholders and develop more detailed plans before taking forward legislation.

Nursing workforce data trends

Trends in the NHS nursing workforce

In the two years to the end of December 2022, there was a period of overall increasing growth in the NHS Scotland nursing workforce. However, growth peaked in March 2022 and recently published data highlights that there are over 230 fewer nursing staff in post in December 2022 than one year before, a 0.4% decrease (Fig. 1). At no point has the planned establishment been achieved; in fact, the increase in vacancies indicates that the gap between

Figure 1: NHS Scotland nursing staff in post WTE, 2015-2022



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

planned staffing and actual staffing is widening.

Regular fluctuations do occur throughout each calendar year, however, recent trends warrant further exploration. Following a sharp increase in registered nurses in post during the pandemic, which included an increase in fixed-term contracts and vaccination programme staffing, the beginnings of a downward trend are visible over the nine months to September 2022 (Fig. 2). What is of concern is that it is a steeper decline than regular fluctuations each calendar year. The uplift in registered nurses in post in the last quarter of 2022 does not necessarily mark an improvement, as this was expected reflecting the cycle of newly registered nurses joining the workforce each autumn and peaking each December. The registered nurse workforce has typically declined steadily over the following nine months reaching

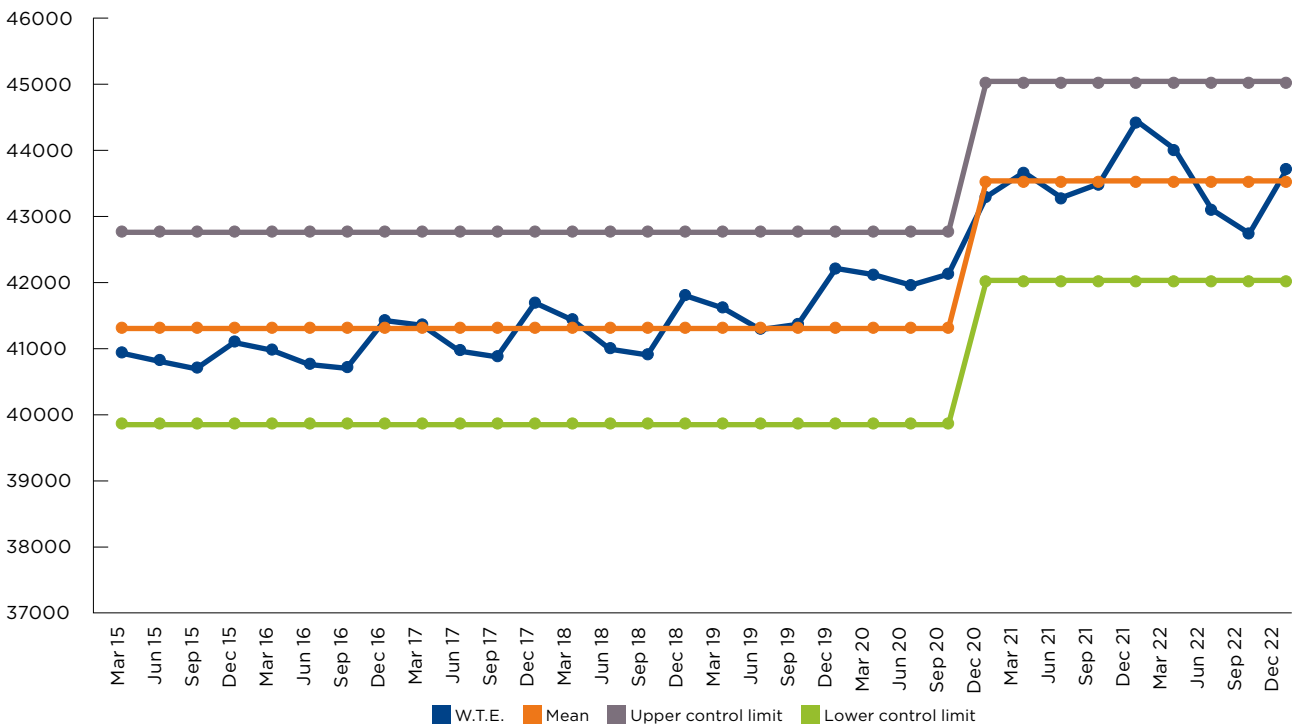
The uplift in registered nurses in post in the last quarter of 2022 does not necessarily mark an improvement.

the lowest points between June and September each year.

In contrast, the nursing support worker trend has been going in the opposite direction (Fig. 3). Following a period of stability until March 2020, nursing support worker staff in post have seen a significant sustained increase over the last two years. The increase in the last quarter of 2022 reflects the known nursing support worker fluctuations each year as the WTE staff in post peak in September each year with a corresponding decline in December.

There has also been a shift in the Agenda for Change grade profile for nursing support workers in post in NHS

Figure 2: NHS Scotland registered nurses in post WTE, 2015-2022



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Scotland (Fig. 4). The decline in band 2 nursing support workers in post and an increase in band 3 staff is largely due to a rebanding of roles following negotiation and partnership working by the RCN and other trade unions progressing a national process to assess band 2 staff against new national band 2 and band 3 nursing support worker job profiles.

The decline in band 2 nursing support workers in post and an increase in band 3 staff is largely due to a rebanding of roles following negotiation and partnership working by the RCN and other trade unions.

As noted above, the overall number of nursing support workers in post remained relatively stable until March 2020. The number has increased subsequently by 11.8%, with a reduction in band 2 posts and a resulting rise in band 3 posts. However, 30% of the growth has been in band 4 roles, with the potential for some of the growth in band 3 posts being individuals who are currently paid as band 3 while training for band 4 posts. Peaks in the number of band 4 posts in September 2021 and 2022 could be accounted for by newly registered nurses waiting for their NMC PIN being temporarily paid at band 4.

Between 2017 and 2022, there were increases in the number of nurses working in health visiting (3.2%), mental health nursing (5.1%) and paediatric nursing (7.4%), with larger percentage increases in the district nursing (13.5%) workforce. However, the number of nurses working in adult nursing has fluctuated with an overall decrease of 2.1%, and in the key area of learning disability nursing, registered nurse numbers have declined by 7.5% (Tab. 1).

Nursing support worker numbers have increased across many specialties, including almost doubling in district nursing (49.3% increase). However, numbers have decreased in health visiting (3.0% decrease compared with the increase for registered nurse

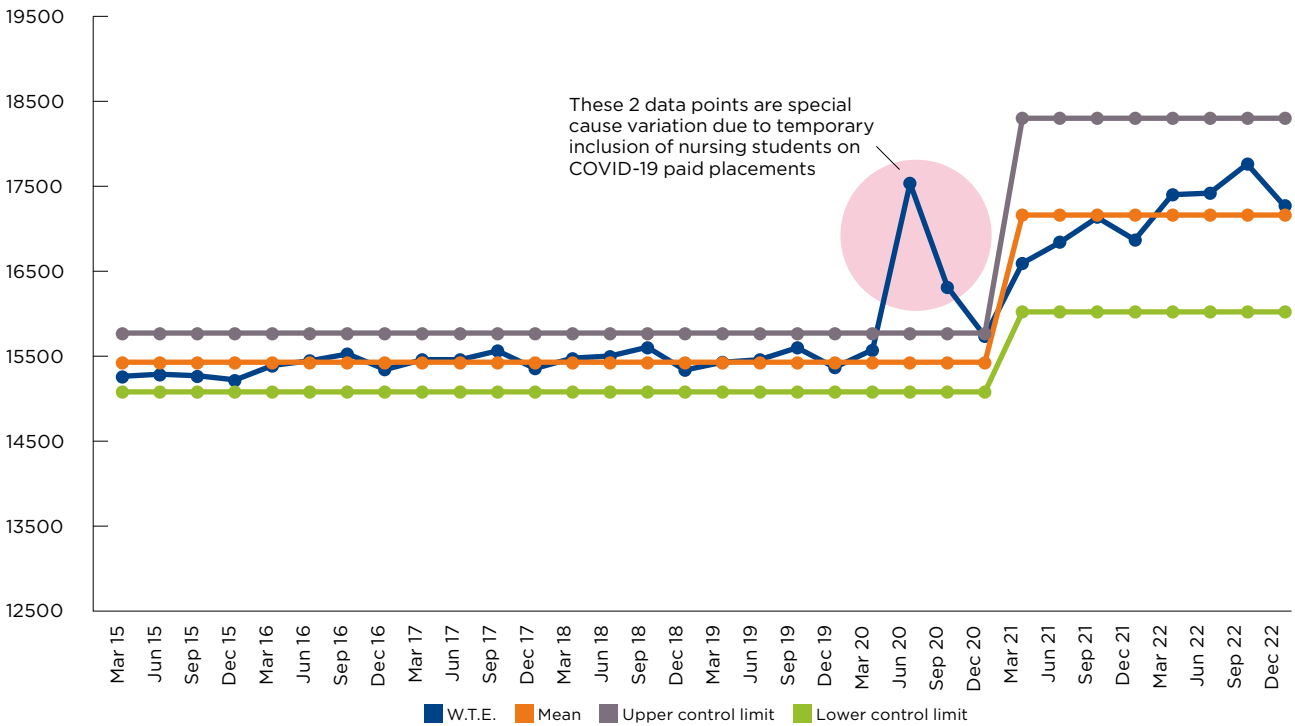
numbers), and in learning disabilities nursing where numbers have decreased by a fifth (20.6% decrease) (Tab. 2).

While variations may reflect regional and local workforce and recruitment challenges, questions also remain as to the influence of financial considerations on workforce planning.

A comparison between registered nurses and allied health professional (AHP) staff in post (Fig. 5) highlights differences in the Agenda for Change band profiles. These differences highlight significant variance in band mix when comparing the nursing workforce with midwifery and AHP workforces. This excludes health visiting where the RCN successfully achieved a rebanding resulting in 81% of the workforce at Agenda for Change band 7. The data demonstrates that 30.7% of the nursing workforce is employed at bands 2–4, compared to 20.3% for midwifery and 16.1% for AHPs. The biggest proportion of the nursing workforce (37.6%) is employed at band 5 (entry point for registered professionals) compared to 8.6% for midwifery and 13.5% for AHPs. Both the midwifery and AHP workforce have 71% at band 6 or above compared to 32% for nursing. Allied health professionals have a higher proportion of posts at bands 8–9 (5.5%), compared to nursing and midwifery, with 2.5% and 2.1% respectively. This suggests that there is an inequitable and inconsistent application of the Agenda for Change profiles, with nursing knowledge and skills being undervalued when compared with midwifery and AHP knowledge and skills.

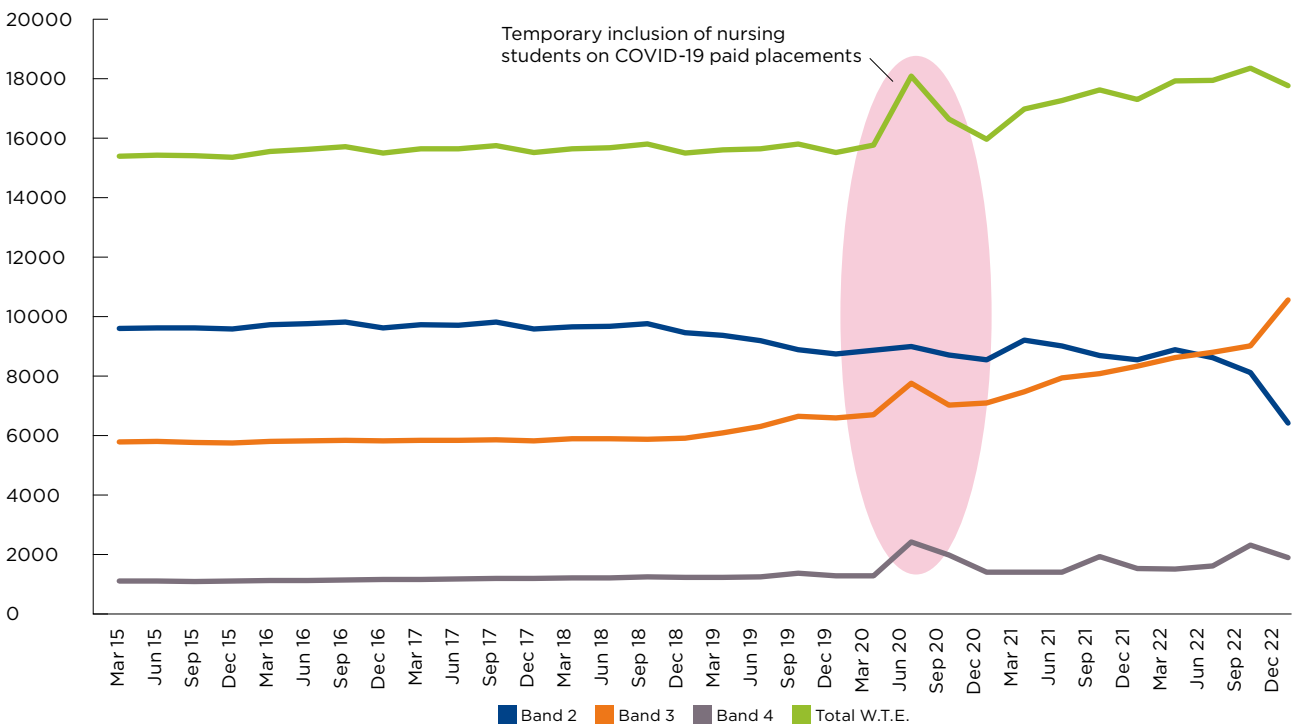
The numbers of registered nurses and nursing support workers who can potentially leave nursing in the next five to 10 years continues to be of concern. In 2022, 22.0% of the NHS nursing workforce was aged 55 years and over in comparison to 15.6% in 2012 (headcount). With a median average age of 47, 30.0% of nursing support workers were aged 55 and over, while for registered nurses the median age was 42 with a fifth (18.6%) aged 55 and over (Fig.6).

Figure 3: NHS Scotland nursing support workers in post WTE 2015-2022



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Figure 4: NHS Scotland nursing support workers in post by Agenda for Change band 2015-2022



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Table 1: NHS Scotland registered nurses in post by selected work area WTE 2017-2022

	2017	2022	Change 2017-22	WTE change 2017-22
All	41706	43798	5.0%	2092
Adult	24615	24087	-2.1%	-528
District nursing	2818	3199	13.5%	381
Health visiting	1856	1916	3.2%	60
Learning disabilities	652	603	-7.5%	-49
Mental health	6542	6877	5.1%	335
Paediatric	1564	1680	7.4%	116

Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Table 2: NHS Scotland nursing support workers in post by selected work area WTE 2017-2022

	2017	2022	Change 2017-22	WTE change 2017-22
All	15347	17506	14.1%	2159
Adult	9936	11351	14.2%	1415
District nursing	625	933	49.3%	308
Health visiting	268	260	-3.0%	-8
Learning disabilities	486	386	-20.6%	-100
Mental health	2856	3046	6.7%	190
Paediatric	490	508	3.7%	18

Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Since 2012 the age profile changes in the workforce have been most pronounced for community nursing, particularly in health visiting and district nursing, and for mental health nursing and learning disabilities nursing (Fig. 7).

The age profile of the nursing workforce has implications both for supporting individual older nurses and nursing support workers in work and to return to work. Focusing on retaining or replacing this depletion of clinical skill and experience is a key challenge (Buchan et al., 2020).

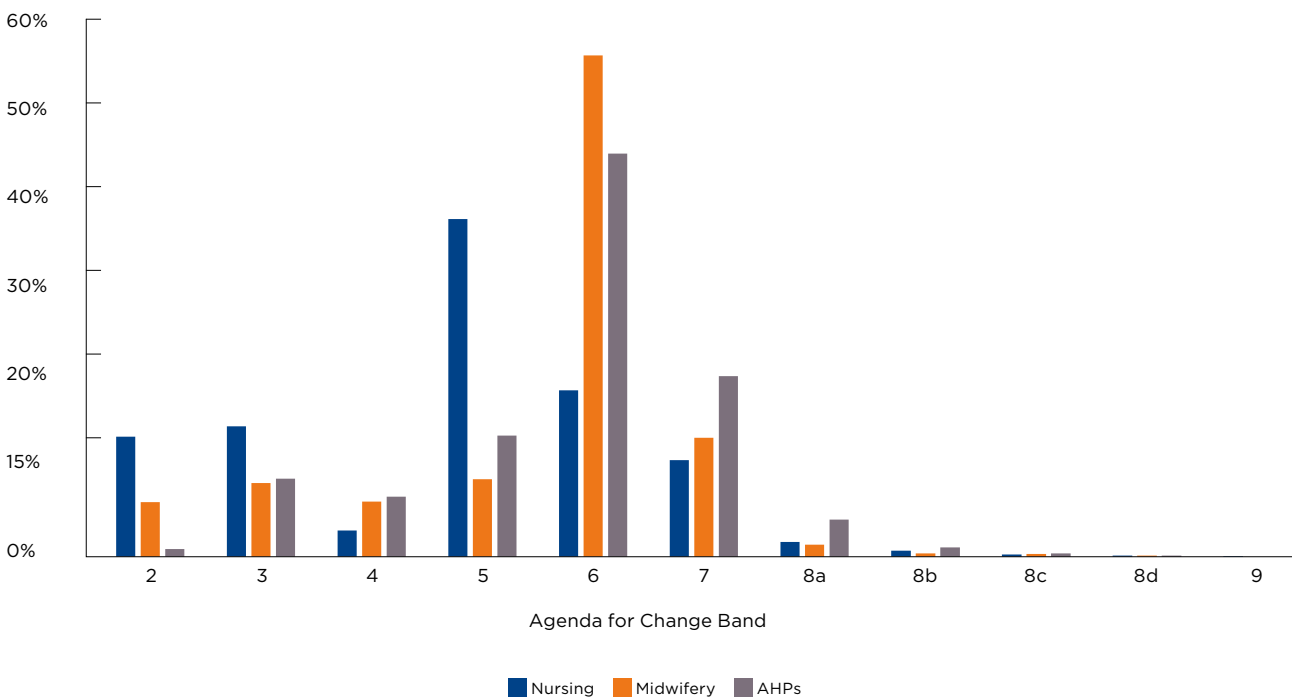
However, retirement is not the only factor prompting those leaving nursing. A comprehensive review of the evidence on supporting nurses and midwives to deliver high quality care (The King’s Fund, 2020) found the key drivers of nursing attrition to be: staff shortages resulting in pressures; workload and work schedules; pay; support during education and on entry into the nursing

The age profile of the nursing workforce has implications both for supporting individual older nurses and nursing support workers in work and to return to work.

workforce; and bullying, harassment and discrimination experienced in the workplace. The consequences of these experiences are early retirement, reduced ability, and intention to quit. In responses to the RCN’s employment survey for 2021 (RCN, 2022), RCN Scotland members told us that:

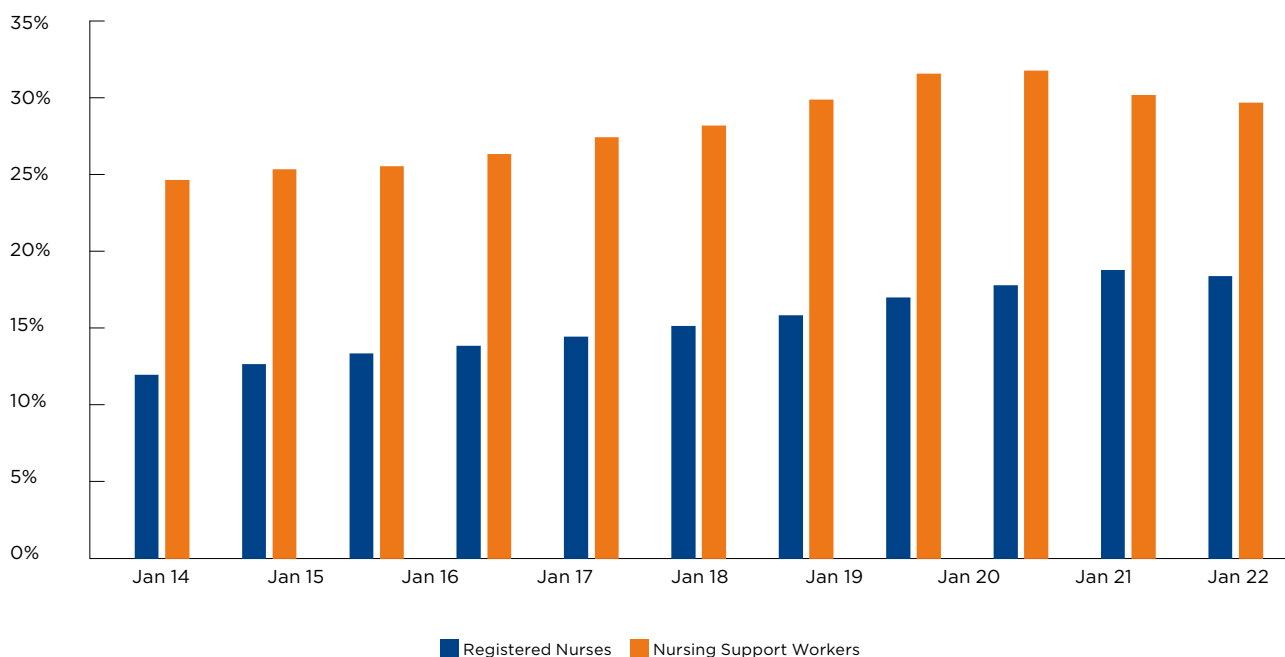
- 73% worked over their contracted hours at least once a week, with almost 40% doing so most shifts. Over half said these additional hours were unpaid.
- 72% were under too much pressure at work.

Figure 5: NHS Scotland nursing, midwifery and allied health professions staff in post by Agenda for Change band in NHS Scotland, December 2022



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Figure 6: NHS Scotland registered nurses and nursing support workers aged 55 and over 2012 to 2022 (headcount)



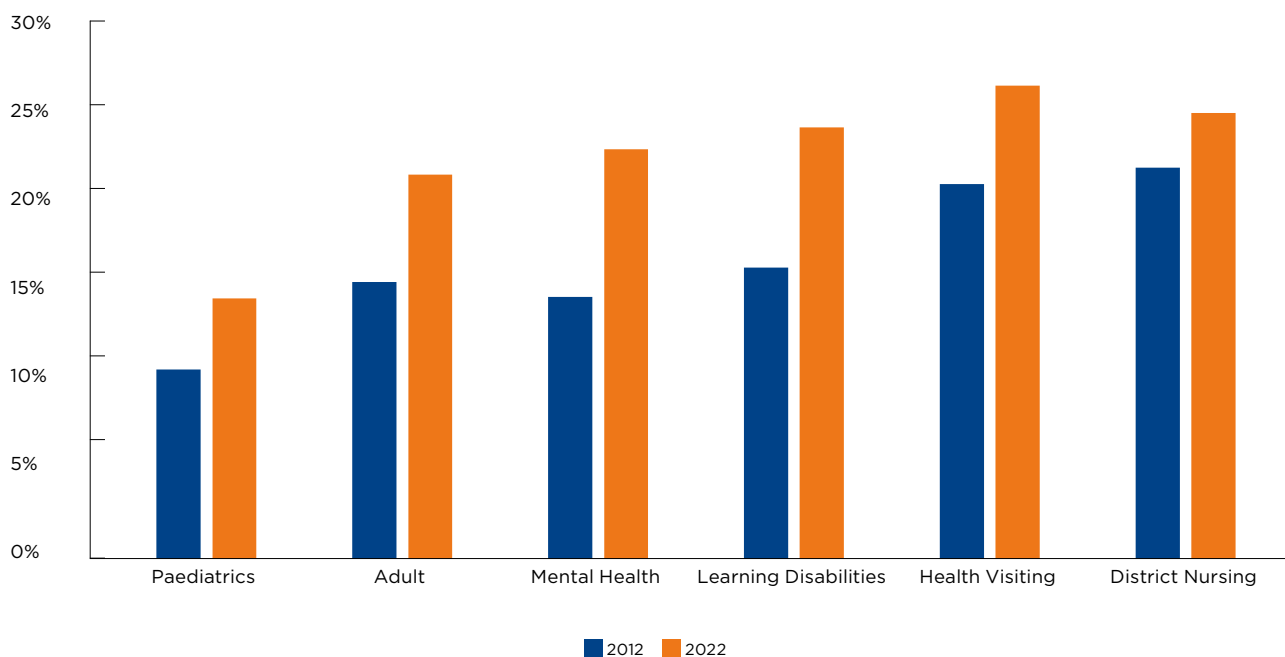
Source: NHS Education for Scotland NHS Scotland Workforce Statistics

- Less than half (48%) were happy with their working hours and only a third (34%) felt able to balance their work and home lives.
- Six in 10 stated they were actively planning on leaving or thinking about leaving their job (this compares to 38% who reported in 2020 that they were thinking of leaving nursing). Feeling undervalued (75%), concerns about low staffing levels (65%) and feeling under too much pressure (64%) were the most common reasons for wanting to leave their current job.
- Less than half stated they would recommend nursing as a career.
- 70% had experienced verbal abuse by patients/service users or relatives and

Six in 10 stated they were actively planning on leaving or thinking about leaving their job.

- 36% had experienced physical abuse.
- 37% experienced bullying by colleagues.
- Over half felt there were not sufficient opportunities to progress in their current role.

The clinical pressures during the waves of the COVID-19 pandemic led to some choosing to delay leaving or retiring. The number of registered nurses leaving the NHS in Scotland reduced over the pandemic from around 3,000 in the year to March 2020, falling to 2,772 in the year to March 2021, the lowest level for eight years (headcount) (NES, 2023a). However since then, the number of leavers has increased to 4,238 in the year to March 2022, the highest number of registered nurse leavers in one year over the past 10 years. The turnover rate (headcount) has increased from 5.8% in 2021 to 8.5% in 2022. During the same year, nursing support workers also left NHS Scotland at the highest levels for a decade, with 3,516

Figure 7: Percentage of NHS nursing staff aged 55 and above, 2012 and 2022

Source: NHS Education for Scotland NHS Scotland Workforce Statistics

leaving in the year to March 2022, more than double the previous year and with a turnover rate of 17.2% compared with 8.9% in 2021 (headcount).

The impact of working during the COVID-19 pandemic, workforce pressures and pension changes may all be pushing many to leave nursing earlier than they might have been considering previously.

In Scotland there was a 13% increase in the number of nurses who left the Nursing and Midwifery Council (NMC) register in the 12 months to September 2022 – 2,690 nurses left the profession in this time, 314 more than the previous 12 months (NMC, 2022a). Although the total number of nurses on the NMC register in Scotland increased by 195 in the year to September 2022, there are currently over 4,100 registered nurse vacancies in Scotland's NHS alone (NES, 2023a).

Each year the NMC conducts a survey of those who have left the permanent nursing register. Of those surveyed in Scotland, around half (48%) cited

retirement as a reason for leaving. Changing personal circumstances, too much pressure and the negative impact of workplace culture were other top reasons given for leaving (NMC, 2022b). NMC data shows that 11% of those leaving the register in Scotland in the 12 months to September 2022 had been on the register for less than 10 years. A further 14% of leavers in the same period left after being on the register between 10 to 20 years.

There were increases in every age group over 2022 in the number of registered nurses leaving the NHS in Scotland, including increasing numbers in their twenties, thirties and forties (Fig. 8).³ Also of note is that the number of leavers aged 50-59 dropped during the pandemic, with a subsequent increase over the last year of those now leaving.

The number of nursing staff who left NHS Scotland due to voluntary resignation (excluding retiring) has doubled from 2021 to 2022, increasing from 754 to 1,466, while those retiring

³Freedom of information request to NHS Education for Scotland, 15 September 2022.

increased by 20% (from 1,560 in 2021 to 1,878 in 2022).⁴

Trends in the social care nursing workforce

Access to robust nursing workforce data for social care is limited.

The Scottish Social Services Council (SSSC) uses a job function classification to identify nurses working in the sector, then grosses up the figures to give an estimated annual workforce. For this reason, the SSSC state that these figures and trends should be viewed with some caution (SSSC, 2022a).

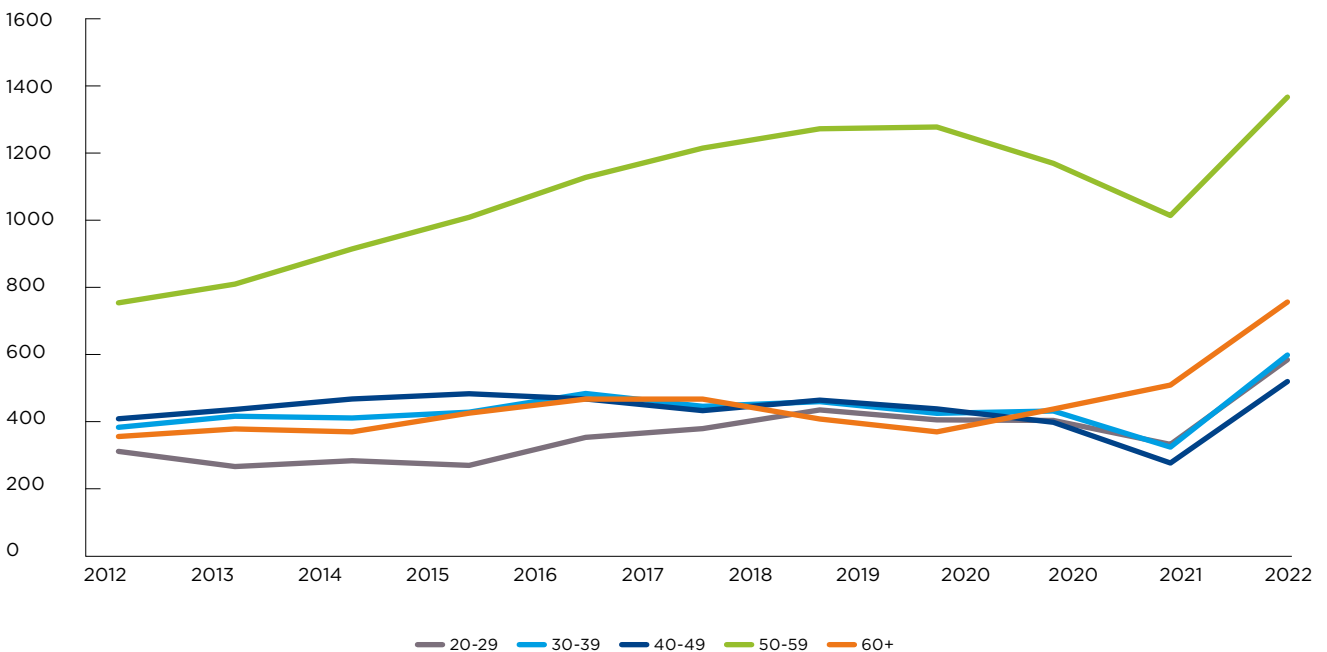
Detailed social care workforce statistics are needed for registered nurses and nursing support workers, including WTE and headcount, vacancies, and age profile, to enable workforce planning. In addition, the most recently available data is for 2021 and the time lag in the collection and publication of data must be addressed.

An estimated total of 6,970 nurses work in independent or social care in Scotland (SSSC, 2022a). Over half (56%) of those employed in the sector who have to register with the SSSC are directly employed in care homes for adults. A further four in 10 (39%) are employed by nursing agencies who supply significant numbers of nursing staff to NHS, independent and social care settings.⁵

Of the approximately 3,900 registered nurses understood to be working in care homes for adults, the majority are employed by the private sector (93%). The Public Health Scotland (PHS) Care Home Census for Adults in Scotland (PHS, 2022a) tells us that on 31 March 2022, 92% of all care home residents (that is, long stay, short stay and respite residents) were in older people care homes. It is clear, therefore, that most nurses working in social care are doing so in older adults' care homes.

An estimated 33,480 care workers are working in care homes for adults (SSSC, 2022b). This number had been more

Figure 8: Number (headcount) of registered nurses who have left the NHS Scotland workforce in the year ending 31 March by age group



Source: Freedom of Information request to NHS Education for Scotland

stable compared to that of registered nurses and grew by 0.7% over the five years between 2015 and 2020, however, between 2020 and 2021 numbers fell by 4.5% (Fig. 9).

With 3,880 registered nurses and 33,480 care workers, only 10.4% of the workforce are registered nurses. The proportions of this combined workforce have been shifting over the past decade moving from registered nurses being one in eight (13.4%) in 2012 to one in 10 (10.4%) in 2022.

Trend data shows that, in the last five to 10 years care homes are becoming fewer in number, larger and more likely to be run by the private sector (PHS, 2022a). The care home for adults workforce across all staff groups has been decreasing with a reduction of 5.9% since 2012 and this workforce is now the lowest since SSSC started reporting workforce data (SSSC, 2022a). There are over 1,400 fewer registered nurses in care homes for adults since 2012, a 27% decrease (Fig. 9). The most recently published data shows that care worker numbers have decreased by 4.5% in the last year (Fig. 10) whereas the number of registered nurses decreased by 8.3% (SSSC, 2022a, 2022b).

The care home sector is decreasing in size, with 20% fewer care homes for adults than 10 years ago. 1,051 care homes for adults were registered with the Care Inspectorate in 2022 including 800 care homes for older people (PHS, 2022a). There were 13% fewer care homes for older people and 3% fewer registered places in care homes for older people in 2022 than 10 years earlier. The estimated number of residents in care homes for older people decreased by 9% over the decade.

While the workforce has been changing, clinical need is increasing and complex. Over the 10 years to 2021/22 there was a 15% increase in the estimated number of admissions for long-stay residents to care homes for older people, with an increase from 59% to 62% of long-stay residents in care homes for older people living with

dementia (PHS, 2022a). Admissions for short-stay residents in care homes for older people increased by 72% over the decade.

In its National Workforce Strategy for Health and Social Care in Scotland, the Scottish government recognises the need to grow the social care workforce through recruitment and retention (Scottish government, 2022a). Calls for parity of esteem in pay, terms and conditions for those who work in social care, together with flexible career opportunities that recognise the increasing complexity of our ageing population's care needs, form a core part of discussions about the creation of an NCS for Scotland. However, the need for investment in community nursing to help deliver the

Of the approximately 3,900 registered nurses understood to be working in care homes for adults, the majority are employed by the private sector (93%).

Scottish government's policy ambition of supporting more people closer to home is immediate. It cannot wait for structural reform or transfer of functions and powers from integrated joint boards (IJBs) to proposed new care boards within the NCS.

With more people dying in their homes or in care homes, the community nursing and social care workforce will increasingly be providing and supporting palliative care. Registered nurses provide leadership and oversight to nursing support workers within the wider team.

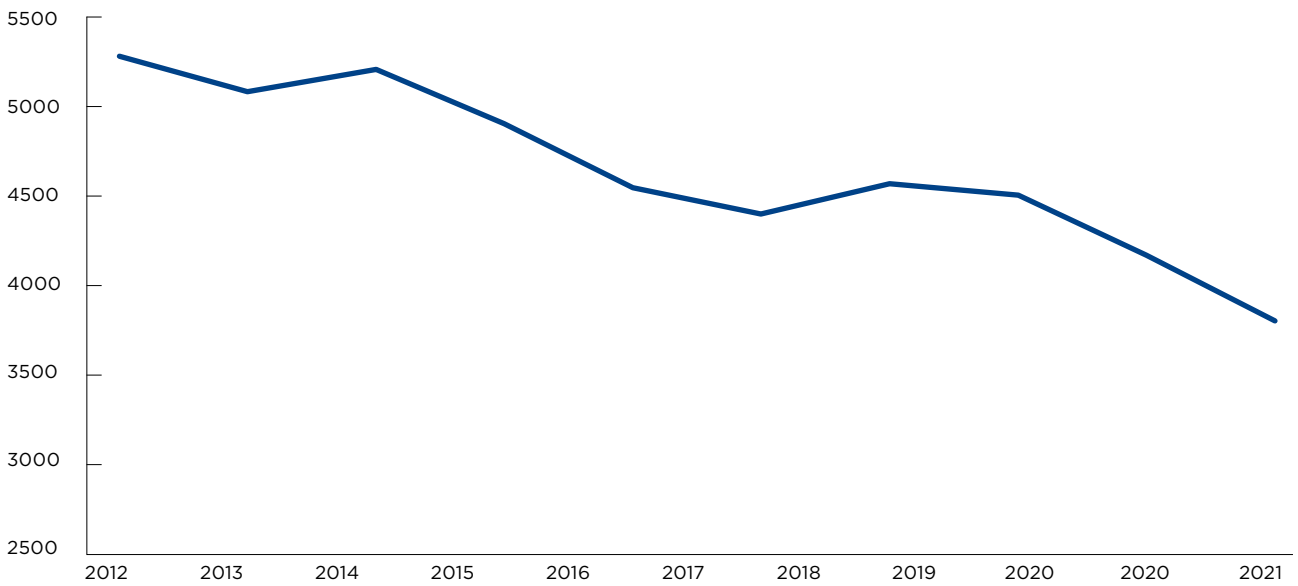
We are calling for further recognition of and investment in the registered nurse role across community, social care and primary care services to ensure the workforce reflects increasing clinical need and changing models of care.

As clinical care needs increase, so too does the need for the vital role of registered nurses in care homes. Although there are currently limited studies in the United Kingdom, analysis of registered nurse staffing levels in UK community settings, including care homes, reported nursing staff were

⁴Freedom of information request to NHS Education for Scotland, 15 September 2022.

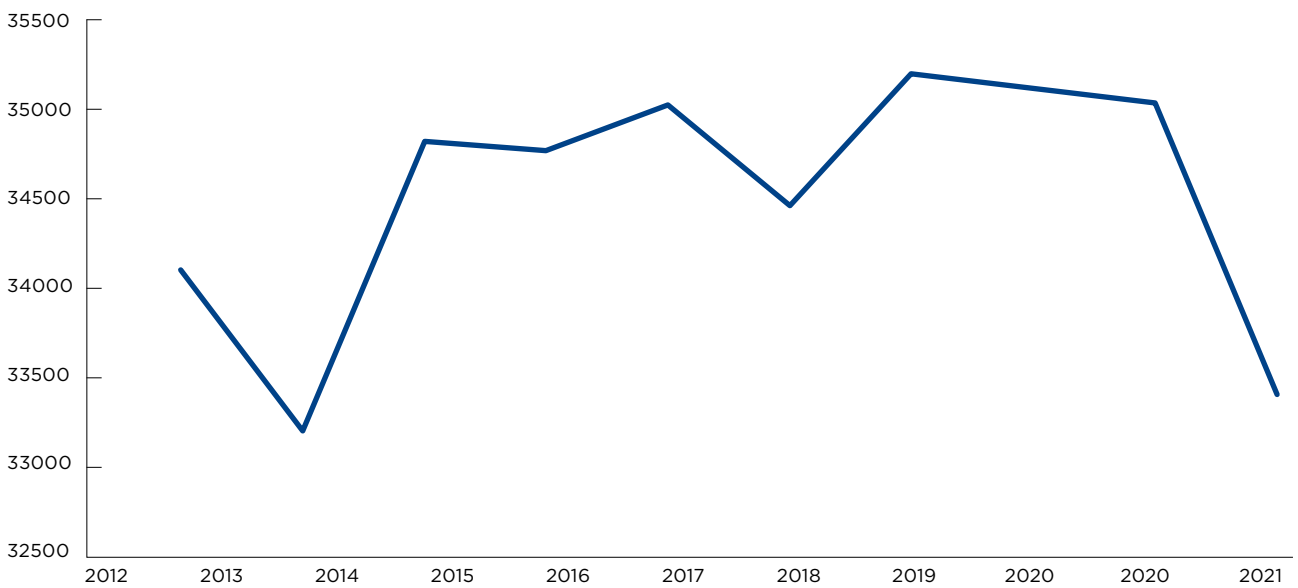
⁵Nursing agencies are private companies which introduce and supply registered nurses to NHS health boards, social care and voluntary sector health care providers and to the NHS in Scotland

Figure 9: Estimated number of registered nurses in care homes for adults, 2012-2021 (headcount)



Source: Scottish Social Services Council

Figure 10: Estimated number of care workers Class 2 & 3 in care homes for adults, 2015-19



Source: Scottish Social Services Council (SSSC)⁶

Table 3: General practice nursing workforce trends

	2013	2015	2017	2019	2019-2022		
					2022	% change	Number change
Nurse headcount	2125	2175	2297	2465	2414	-2%	-51
Nurse WTE	1420	1455	1541	1690	1689	0%	0.5
Health care assistant headcount	575	710	787	627	479	-24%	-148
Health care assistant WTE	300	365	399	410	317	-23%	-93

Source: Public Health Scotland, Information Services Division⁷

unable to deliver necessary care as the proportion of registered nurses fell below the planned number (Senek et al., 2020a). This further emphasises how crucial it is for improved quality of care and quality of life for residents and patients to actively avoid substituting non-registered staff for registered nurses, in all health and care settings.

While the Scottish government's ambition is to create a 'new narrative' for social care support (Scottish government, 2022a), this intention must be addressed with a firm and measurable commitment to further investment and recruitment to the registered nurse role within care homes to ensure the workforce reflects increasing clinical need.

Trends in the general practice nursing workforce

Another area in which data is limited is general practice nursing. Although updated statistics have been published in the past year, figures are not complete due to partial practice returns and estimated figures. There have also been gaps in data provision - the last National Primary Care Workforce Survey was in 2017 and the publication of the first results from 2019 General Practice Workforce

⁶Nursing support workers can be approximated using Class 2 and Class 3 care staff job function codes in the SSSC data visualisation for care homes for adults. Job titles include senior carer, carer and care assistant.

⁷The general practice nursing workforce is estimated based on population of practices returning data via the GP Data Collection Tool.

Survey were delayed and published in 2021.

An estimated 1,690 WTE nurses were working in general practice in 2022, with no WTE change from 2019 although there has been a decrease in headcount (PHS, 2021, 2022b). However, PHS report a 24% decrease in the headcount and WTE of health care assistants with an estimated 479 health care assistants (headcount) and 317 (WTE) in general practices in Scotland in 2022 (Tab. 3).

While the new survey reports and dashboards from PHS resume reporting on this essential workforce, further action is needed to robustly gather this data across the breadth of general practice to enable appropriate planning for the general practice nursing workforce and to include in wider planning for the future nursing workforce.

Trends in nursing student numbers

Although demand for registered nurses is increasing, there is a risk that trends in nursing student education indicate further gaps and shortages may affect the future workforce and delivery of health and care.

In 2022, 3,950 applicants were accepted onto undergraduate nursing courses at Scottish universities, compared to 4,290

Table 4: Number of acceptances into undergraduate nursing courses in Scotland

	2019	2020	2021	2022	Difference 2022-2021		Difference 2022-2019	
					%	number	%	number
Number of acceptances	3760	4365	4290	3950	-8%	-340	5%	190

Source: UCAS

in 2021 – a drop of 340 (-8%) (UCAS, 2022) (Tab. 4). The total number of applicants also fell by 8%, adding to the workforce crisis of the future. While some change may be expected following the exceptional demand for courses during COVID-19 as students were inspired to pursue nursing as a career, the number of students beginning their nursing journey is lower than predicted.

Ministers concluded following the nursing student intakes process, which the RCN influenced, that the overall intake for all undergraduate nursing and midwifery programmes should be increased by 8.7% in 2022/23 to meet the expected future demand for registered nurses. However, targets were not met for adult nursing, mental health nursing, learning disabilities nursing or for children's nursing (SFC, 2022).⁸ For mental health nursing this was the second year in a row that the actual number of students was less than the recommended intake to ensure appropriate numbers of registered nurses will graduate and enter the workforce.

Overall, there were nearly 600 fewer nursing students starting university in autumn 2022 than the Scottish government's recommended intake target of 4,536 (SFC, 2022). There are particular shortfalls of new nursing students in learning disabilities where there are 40% fewer students than planned (66 fewer students), in mental health nursing with 16% fewer students (139 fewer students), and in adult

Significant underinvestment in nursing students caused by the 20% reduction in student places that took place from 2010/11 to 2012/13 continues to impact workforce numbers.

nursing where 12% fewer students than planned began degree courses in autumn 2022 (367 fewer students) (Fig. 11).

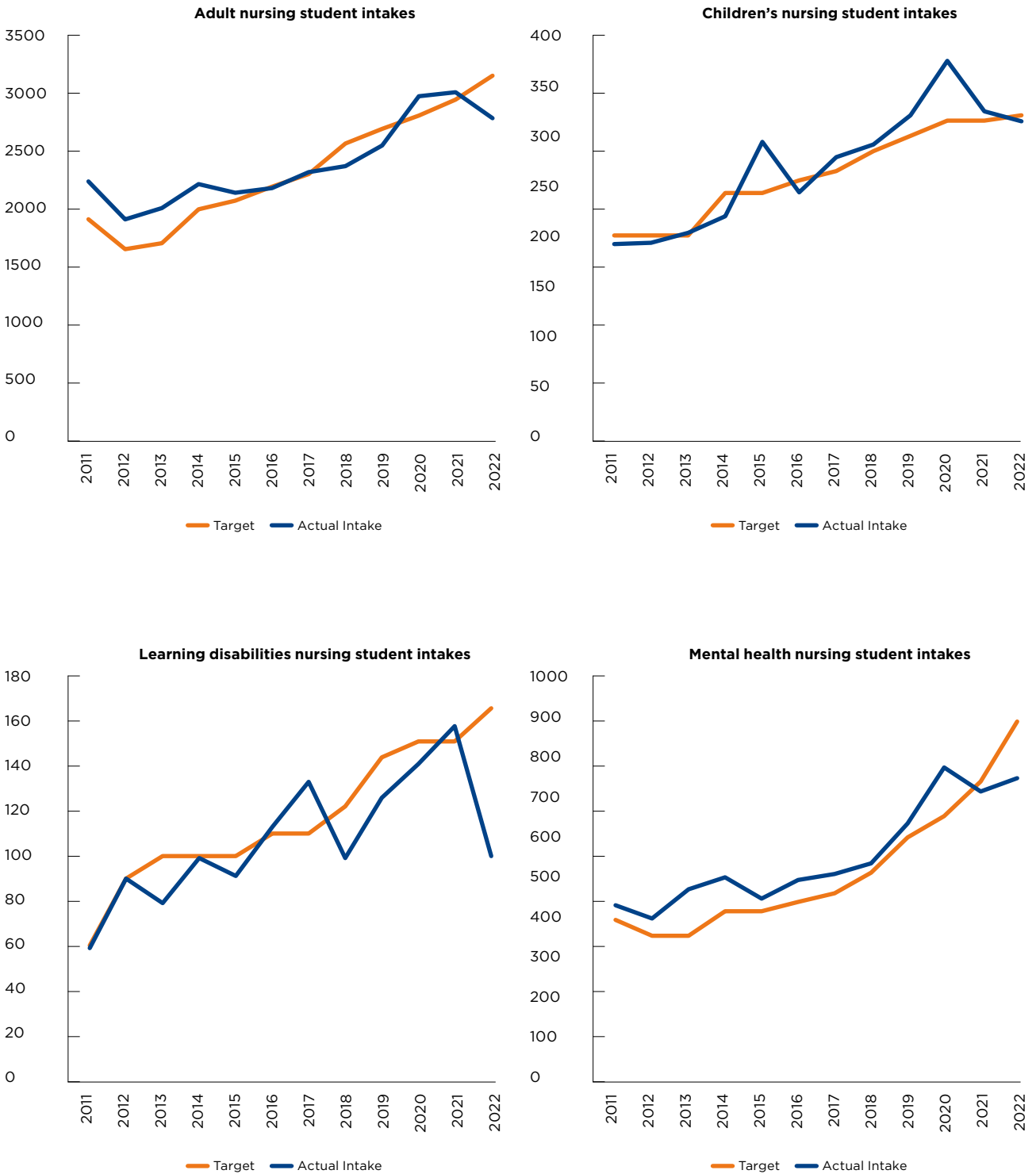
Significant underinvestment in nursing students caused by the 20% reduction in student places that took place from 2010/11 to 2012/13 continues to impact workforce numbers. Increases in the six years to 2018/19 in adult nursing and mental health nursing simply returned intake for these courses to the levels prior to 2010.

Not all nursing students complete their courses and progress into careers as registered nurses. Although there have been improvements in course completion rates for some degree programmes, of the nursing students due to complete their degree in 2021, 9% did not complete their course with a further 15% still active but not yet graduated (Fig. 12) (NES, 2023a).

At a time of wider workforce challenges, this important supply line into the workforce faces further uncertainty. UCAS figures released in February 2023 provided a snapshot of the number of applicants so far for courses which begin in autumn 2023 (UCAS, 2023). The number of applicants for nursing courses in

⁸In addition, data supplied by NES for Freedom of Information request, 6 February 2023.

Figure 11: Comparison of nursing student planned intakes and actual number of starters



Source: NES, 2023b, plus data provided by NES by email on 12 December 2022; Scottish Funding Council, 2022

Scotland is down 24% compared to the same point last year - the biggest drop in applicants for nursing across the UK. By the January deadline, 5,070 people had applied to study nursing in Scotland, compared to 6,690 at the same point last year (Tab. 5). This is the second year in a row where applicants have decreased, and the number of applicants at this point in the cycle is below pre-pandemic levels. While there are still months left in this year's application cycle, these figures provide a worrying snapshot and follow last year's cycle which saw acceptances onto undergraduate nursing courses at Scottish universities in 2022 fall.

Figure 13 highlights that despite increases from additional nursing student numbers, demand continues to outstrip supply even when the variance is at the lowest each year pre-pandemic (that is, December) as newly registered nurses enter the workforce. This is not sustainable. While the longer-term trend for funded posts and registered nurses was continuing upwards, the gap leapt to above 4,000 WTE registered nurses in September 2021 and has remained at this high level since then (NES, 2023a). The gap has widened now to over 4,100 WTE registered nurses. Posts have not been filled, and a further concerning trend during 2022 is the decrease in both registered nurses in post while the establishment is also dropping. There are seasonal variations, however the decline over the last year has been steeper.

⁹Data by 'country of provider' looks at the different provider countries to which applicants have applied. Each applicant can apply to multiple providers in multiple countries. As the applicant is counted once for each provider country they have applied to, the total will be greater than the number of applicants.

Vacancies

Thousands of registered nurses are missing from health and care teams across Scotland, impacting on the safety and quality of patient care and putting even more pressure on staff who are already working extra unpaid hours to cover gaps and going home feeling that they are unable to provide the quality of care they want.

NHS vacancies

As at 31 December 2022, 5,662.9 nursing posts (WTE) were vacant (NES, 2023a). Nursing vacancies in NHS Scotland have continued at between 8% and 9% of the workforce throughout 2022, with a record high of 9.6% in December 2021.

There are 1,920.1 WTE long-term NHS nursing vacancies, more than double the number five years ago (Fig. 14). The rate has been rising steadily since the end of 2020. This is evidence of the increasing pressure on the supply of nurses and nursing support workers to fill the gaps. More than 4,100 WTE registered nursing posts are vacant, a rate of 8.7%. Sixty-five per cent of the registered nurse posts vacant for three months or more in December 2022 were Agenda for Change band 5 registered nurse posts.

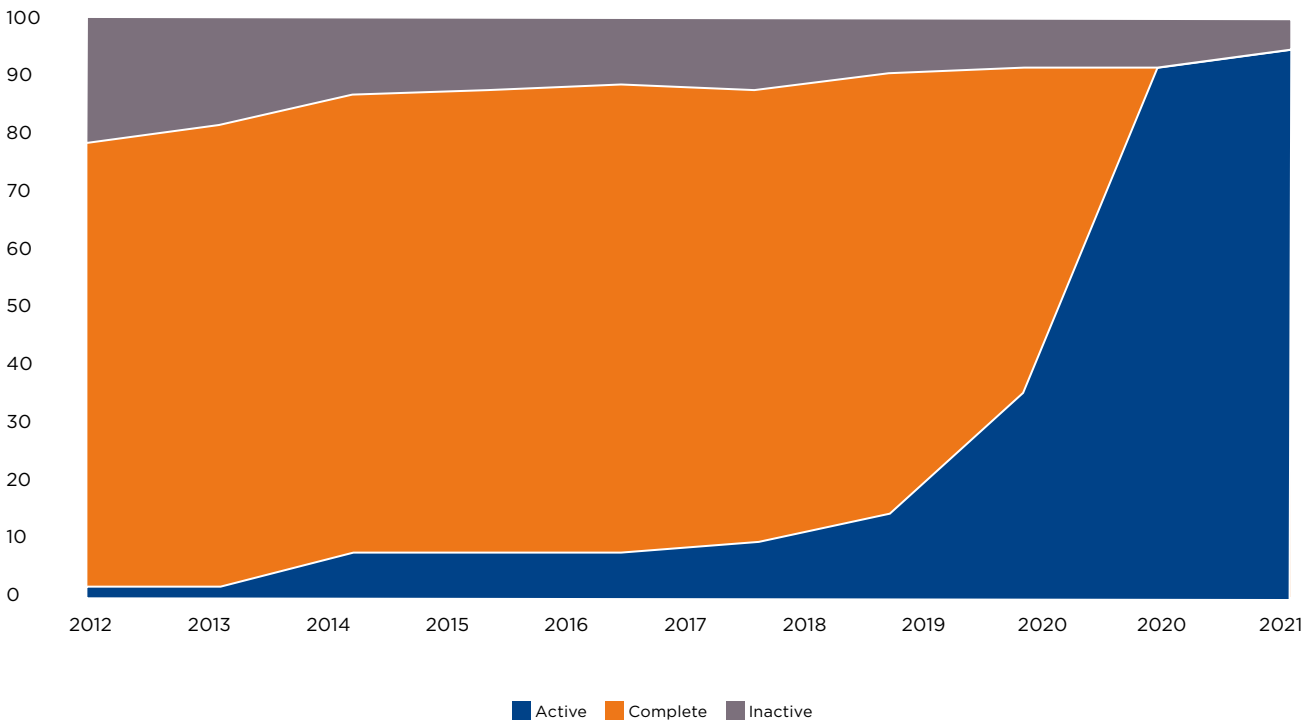
Vacancy rates are higher in every Agenda for Change band in December 2022 compared with before the pandemic (Tab. 6). Vacancies in registered nursing include one in 10 (10.4%) band 5

Table 5: Number of applicants to nursing courses to providers⁹ in Scotland

	2019	2020	2021	2022	2023	Difference 2022-2023		Difference 2019-2023	
						%	number	%	number
Number of applicants	6,140	6,410	7,920	6,690	5,070	-24%	-1,620	-17%	-1,070

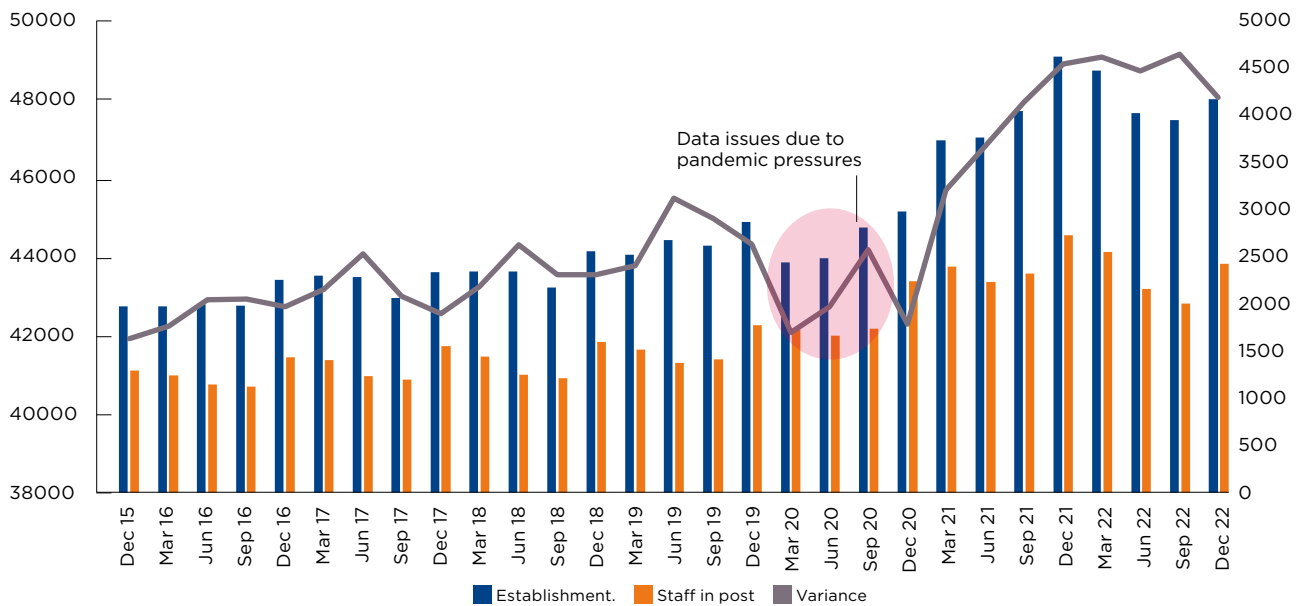
Source: UCAS

Figure 12: Progression of nursing students on the three-year pre-registration degree programme



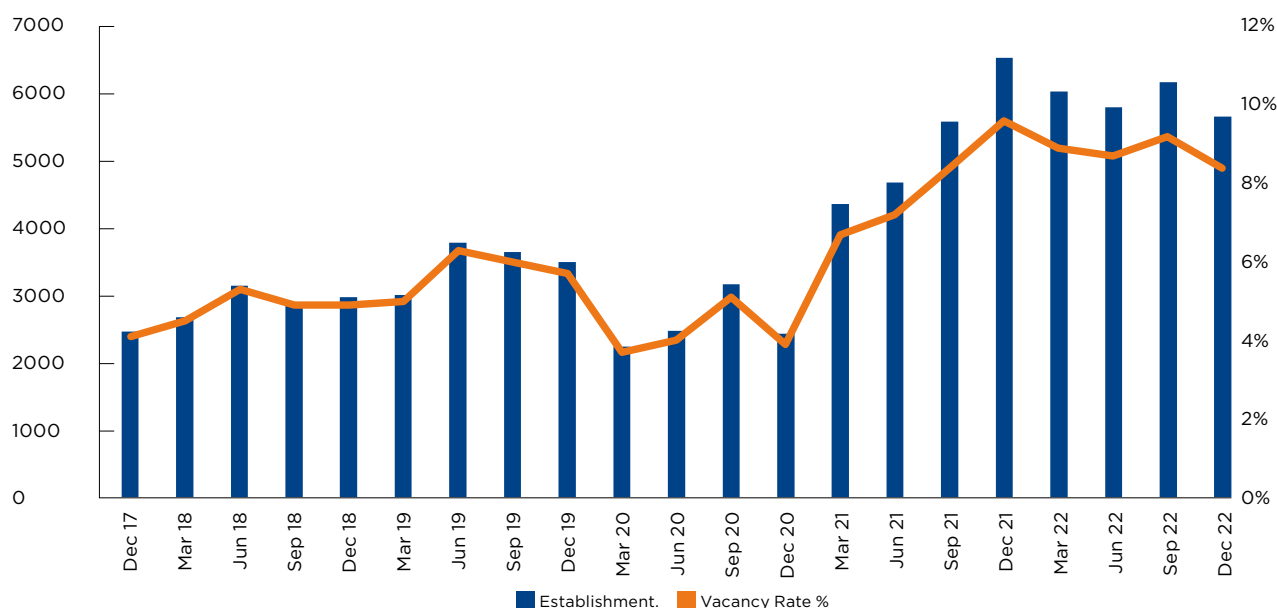
Source: NHS education for Scotland NHS Scotland workforce statistics

Figure 13: Variance between NHS Scotland registered nurse establishment and staff in post, 2015-22



Source: NHS Education for Scotland NHS Scotland workforce statistics¹⁰

¹⁰No national NHS Scotland vacancy figures were published by NHS Education for Scotland for March, June and December 2020. This was because reduced data was reported on vacancies from NHS boards due to the COVID-19 pandemic.

Figure 14: NHS Scotland nursing vacancies WTE and vacancy rate

Source: NHS Education for Scotland NHS Scotland workforce statistics¹¹

Table 6: Percentage of NHS Scotland nursing vacancies by Agenda for Change band, December 2019 & December 2022

Agenda for Change band	Nursing support workers			Registered nurses			
	2	3	4	5	6	7	8
2019	5.9	4.4	6.9	6.6	5.5	4.2	4.3
2022	10.3	6.3	6.9	10.4	7.7	6.0	4.5

Source: NHS Education for Scotland. NHS Scotland workforce statistics

registered nurse posts and 7.7% of band 6 registered nurse posts. Among nursing support worker roles, vacancies include one in 10 (10.3%) band 2 posts.

The vacancy rate for registered nurses varies in the different specialties: district nursing is highest at 11.3%, 10.8% in public health nursing, 9.5% in mental health nursing, 9.3% in paediatrics, and 8.6% in adult nursing (8.6%). For nursing support workers, the highest vacancy rates were in district nursing (14.5%) and school nursing teams (11.6%), followed by mental health nursing (7.6%) and adult nursing (7.3%).

¹¹No complete national NHS Scotland vacancy figures were published by NES for March, June and December 2020. This was because reduced data was reported on vacancies from NHS boards due to the COVID-19 pandemic. Workforce figures for September 2020 included nursing students on paid clinical placements as part of the COVID-19 pandemic response, so show a temporary increase in establishment and staff in post, which affects the vacancy rate calculation.

Vacancy rates were higher than the overall NHS Scotland vacancy rate (8.4%) in seven NHS boards in December 2022 – including employers across the north, east and west of Scotland.

Care home vacancies

As our population ages, the skills, competencies and availability of the registered nursing workforce employed in care homes will (as described in *Trends in the social care nursing workforce* section) become even more important. Despite this, in care homes for older people, 64%

of services had nursing vacancies in December 2021 compared with 48% the previous year (SSSC and Care Inspectorate, 2022). This represents a 16% increase in nursing vacancies at a time when pressure on the system, in part but not wholly because of the impact of COVID-19, has never been higher.

Care providers continue to raise concerns about the ability to recruit nurses. With a 17.9% nursing vacancy rate in care homes for adults, and 16.2% nursing vacancy rate in care homes for older people there is a significant and increasing nursing workforce gap in this sector.

This problem is not new. Everyone in Scotland who receives nursing care deserves to have their care provided by the right numbers of nursing staff with the appropriate skills, competencies, and education. It will take decisive action by Scottish government, supported by targeted funding, to make nursing roles in care as attractive to staff as the roles in other sectors. This includes, for example, parity on pay, terms and conditions with nursing staff in the NHS; protected time for continuing professional development (CPD); and clear career pathways for nursing staff working in the sector.

An evidence-based methodology for determining safe and effective staffing in the care home sector must be developed as part of the Care Inspectorate's staffing method framework. Without an evidenced-based methodology for determining staffing, without a duty on government ministers for the supply of staff for the sector, and without the appropriate clinical advice from registered professionals, the current nursing workforce pressures faced by the care home sector will not be meaningfully addressed by Scotland's safe staffing legislation. As such, residents' clinical care needs are at risk of being unmet (RCN Scotland, 2020). This will be vital for ensuring that funding reflects clinical need and the

An evidence-based methodology for determining safe and effective staffing in the care home sector must be developed as part of the Care Inspectorate's staffing method framework.

correct staffing numbers and skill mix needed to meet these needs.

General practice nurse vacancies

With a 11.7% vacancy rate¹² for nurses among general practices who responded to the General Practice Workforce Survey in 2022 (PHS, 2022b), nurse vacancies were reported by 26% of general practices. Nineteen percent of practices which completed the survey reported vacancies for general practice/treatment room nurses, and 10% reported vacancies for advanced nurse practitioners.

Increased reliance on bank and agency staff

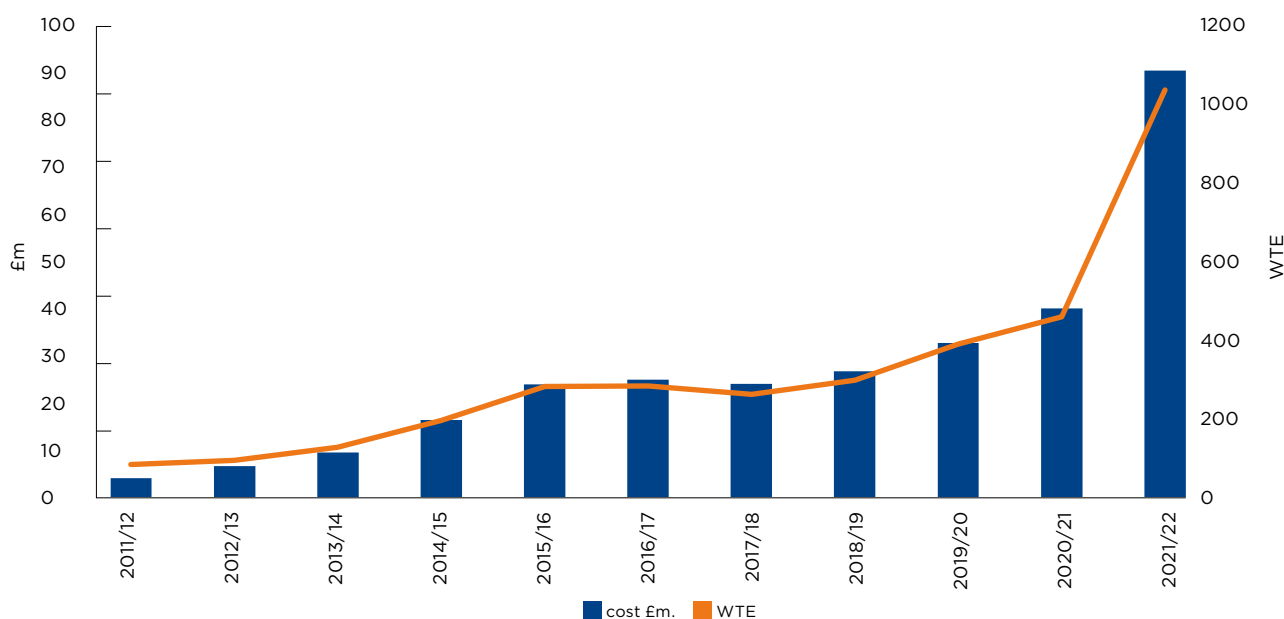
To fill the gaps in the nursing workforce, the use of staff from agencies has increased dramatically, rising to the equivalent of 1,018 WTE nursing and midwifery staff in 2021/22, up from 450 WTE in 2020/21. The cost in 2021/22 was £88.8m, more than double the cost the previous year (NES, 2023a). Indications this year from nursing agency spend by NHS Scotland suggest that the average monthly spend over the last year is above the rate during 2021/22; and that the cost from April to December 2022 has already exceeded the cost the previous year by 30.9% to reach over £116.3m.¹³

Over the past 10 years, agency use has continued to increase, with the hours worked by agency nursing staff in NHS Scotland equivalent to between 260–290 WTE in each of the four years prior to

¹²General practice nurse vacancy rate is calculated by Public Health Scotland as vacant nurse hours by total nurse hours.

¹³Information from NHS NSS via working group.

¹⁴Reduced data on nursing and midwifery agency cost and hours were reported in March 2020 due COVID-19 pandemic pressures.

Figure 15: NHS agency total cost and WTE each year, trend 2011/12-2021/22

Source: NHS Education for Scotland NHS Scotland workforce statistics¹⁴

the pandemic which is more than triple the use in 2011/12 (Fig. 15). While NHS Scotland has held a long-term objective of a reduction in temporary agency expenditure (Scottish government, 2006, 2010), with a refreshed objective to reduce costs, this continues to be a cost pressure for the majority of NHS boards.

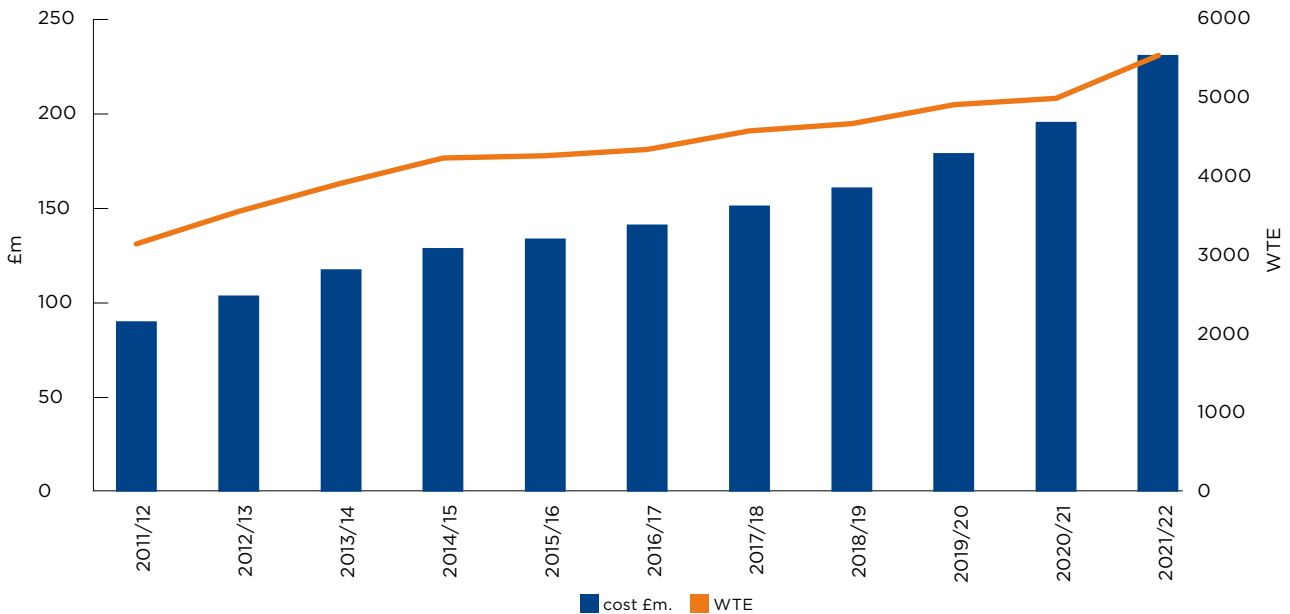
Use of NHS bank staff has continued to grow year on year, rising to the equivalent of 5,569.1 WTE in 2021/22, over 500 WTE more than the previous year (Fig. 16). When bank nursing is combined with agency nursing use, the equivalent of 6,587 WTE bank and agency staff were used in NHS Scotland in 2021/22, a 20.4% increase over the year. This was at a cost of £321m, a 36.0% increase compared with the year to March 2021 (NES, 2023a).

This data is only the shifts that have been filled by bank and agency staff, so does not represent a true reflection of demand for short-term supplementary staffing. There will be a proportion of requested shifts left unfilled or filled by existing staff doing additional hours or overtime.

Temporary staff may fill staffing gaps, and there will always be times when some supplementary staffing (is required to minimise the risk to patient care, for example, when there is an unexpected spike in sickness absence.

Temporary staff may fill staffing gaps, and there will always be times when some supplementary staffing (bank, agency, additional hours or overtime) is required to minimise the risk to patient care, for example, when there is an unexpected spike in sickness absence. But increased reliance on supplementary staffing particularly bank and agency is not sustainable. It adds to clinical risk (Kalisch and Williams, 2009; Senek et al., 2020b), may result in a lack of continuity of care for patients; it puts increasing pressure on existing nursing staff and affects their morale; and it leads to even more financial pressure when budgets are already extremely tight. Without the willingness of staff to work additional hours, the NHS would grind to a halt. But the fact remains that nursing staff should

Figure 16: NHS nursing bank cost and WTE each year, trend 2011/12-2021/22



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

not be forced to take on additional hours via health board nurse banks or nursing agencies, to make ends meet; or because they feel the need to support hard-pressed colleagues working with fewer staff than required. Quarterly published reporting on bank and agency nursing use and cost in the NHS would assist with transparency. The Scottish government commitment to a review of Agenda for Change as part of the 2022/23 NHS pay settlement includes a review of the rates of pay, allowances and overtime for supplementary staffing. The review must deliver standard overtime rates for all additional hours worked by substantive NHS employees, including bank hours, with the intent to fairly reward NHS staff while also stemming the accelerating reliance on costly agency.

Without the willingness of staff to work additional hours, the NHS would grind to a halt. But the fact remains that nursing staff should not be forced to take on additional hours via health board nurse banks or nursing agencies, to make ends meet.

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