

Royal College of Nursing Spring Budget 2023 Representation to HM Treasury

With a membership of half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the United Kingdom and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.

The RCN promotes priorities for nursing and patient safety, works closely with wider professional bodies and trade unions, and lobbies governments and other bodies across the UK to develop, influence and implement policy that improves the quality of patient care.

1. Introduction

- 1.1 The Spring Budget 2023 is being delivered in the context of the ongoing cost-of-living crisis which is significantly impacting on health and wellbeing. This includes essential goods and services being/becoming unaffordable or harder to afford and increasing levels of anxiety and stress, with people on lower incomes most affected by the higher cost of living.ⁱ
- 1.2 Across the UK, health and care services are under acute pressure, with unprecedented levels of demand, and growing waiting-times and backlog for treatment. In some cases, this is leading to further deterioration in health and wellbeing and exacerbating existing health inequalities as evidence shows that people living in more deprived areas are waiting longer for planned treatment.ⁱⁱ
- 1.3 Health and care systems across the UK are facing a deepening workforce crisis which is gravely impacting patient safety. Nursing is particularly affected with over 57,000 vacant posts in the NHS across the UK,ⁱⁱⁱ while too few people are entering the profession and too many nursing staff are leaving.
- 1.4 For the first time in history, thousands of nursing staff have taken part in strike action to demand fair pay and government action to address the staffing crisis and protect patient safety. Across all sectors, pay for nursing staff must reflect their unique and highly-skilled contribution, as well as address the years of underfunding nursing staff have experienced while remaining committed to their profession in the face of unprecedented challenges – particularly throughout the ongoing COVID-19 pandemic.
- 1.5 Good health is vital for economic productivity and a healthy economy. The UK Government should make health and wellbeing a central priority for the Spring Budget 2023. This must translate into significant investment in health and care and taking the necessary actions to address the nursing workforce crisis which are set out in this representation. Investment is urgently needed to support short-term and longer-term workforce planning in each country of the UK, to improve recruitment and retention and to ensure that there are the right numbers of staff in the right place at the right time to deliver safe and effective care.

2. Barnett Formula

- 2.1 The current cycle of one-year budgets hinders long term planning. Moving to multi-year budgeting would enable devolved governments to make progress on issues such as workforce planning and transformation. For example, this was set out in the New Decade, New Approach Agreement in Northern Ireland but this has not yet been implemented because of a failure to form an Executive and an ongoing budget crisis.
- 2.2 The RCN calls for greater transparency from the UK Government over methods for establishing funding for devolved administrations, and for allocations to accurately reflect and speak to the level of investment required to deliver quality implementation of effective policy and funding in each country. There must be greater transparency from the UK Government on the impact of funding announcements for the devolved nations.
- 2.3 The UK Government must provide greater transparency on how consequential funding is calculated, and transparency is also required for spending. This applies to ring-fenced funding intended for workforce, including for pay rises, in any NHS funded services, including GP provided primary care and other independent providers.

3. Nursing pay

- 3.1 Nursing pay in publicly funded health and care services is the only lever available to government that would have an immediate impact on retention. Nursing staff are already long overdue a pay rise that recognises their value, skills and expertise. Analysis by London Economics showed that the value of salaries of experienced nurses have declined by 20% in real terms over the last ten years.^{iv} This means nurses are effectively working unpaid one day a week compared to 2010 and many are facing extreme financial hardship.^v
- 3.2 This real terms fall in pay has left the nursing workforce vulnerable to the current cost of living crisis, leading many in the profession to seek extra shifts, overtime or second jobs to make ends meet, and using food banks.^{vi} In 2021, the RCN employment survey found that three quarters of all respondents (74.1%) reported regularly working beyond their contracted hours at least once a week; 37.6% do so several times a week and 17.4% report working additional hours on every shift or working day.^{vii}
- 3.3 Pensions form a significant part of nursing staff's total reward as pension amount to differed pay. Over the last 10 years nursing staff have seen their pension provision diminish and many nursing staff are now required to work longer, pay more, and get less pension on retirement. The diminished pension benefit places greater pressure on nursing staff and increases the urgency of a fully funded, inflation-beating pay award.
- 3.4 Without direct and imminent intervention on nursing pay, nursing staff will continue to leave the profession to seek better paying jobs. Nursing staff across the UK voted to take strike action in their fight for a fair pay rise – making clear that they are no longer willing to work for little remuneration.
- 3.5 The RCN is currently in dispute over the 2022-23 pay award, which failed to address both the impact of over a decade of below inflation pay awards and current cost of living pressures. The RCN called for a restorative pay award to address the workforce

crisis, as well as national Retention Premia Payments and Recruitment Premia Payments. We also called for this award to be fully funded and backed by consequential funding for devolved administrations. The RCN continues to call for meaningful negotiations to settle this dispute and at the time of submission had further strike dates planned.

3.6 Our dispute is in answer to the real terms decline in the value of nursing salaries since 2010. This decline has led to chronic workforce shortages across all areas of the UK, all NHS organisations and in all nursing specialities. It is for this reason that the RCN has called for a national recruitment and retention premia for the nursing workforce to stem the damaging losses of nursing staff in the NHS.

3.7 The UK Government has consistently stated that any money for a pay rise for staff must come from existing budgets. This means that decision makers are faced with a choice between delivering services or paying staff fairly. Clearly this ‘trade-off’ is short-sighted and detrimental to patient care – it leaves services without the staff they need to deliver safe and effective care. We therefore call on the UK Government to provide new and additional funding to pay for a fair pay rise for staff, on top of existing funding allocations for services.

3.8 Additional funding should not be perceived by the Government as a ‘cost’; analysis by London Economics identified that 81% of the Exchequer costs of a 10% pay rise for Agenda for Change staff would be recouped.^{viii} This is achieved through additional taxes and cost savings through better retention of staff. There is also a reduction in student loan write-offs.

3.9 Paying nursing staff fairly is also likely to reduce costs faced by employers. Currently, high levels of vacant posts are filled by a combination of bank and agency staff. Both these groups have additional costs compared to substantive staff. Increasing salaries is likely to increase retention, reducing the numbers of vacant posts. This in turn will reduce the dependency on agency staff.

3.10 The cost of agency nurses under the NHS price cap of 55%, set by NHS England (which takes into account holiday pay and on-costs) is around £4,200 per year less than the cost of a 5% + RPI pay rise.^{ix} However, the price cap is regularly exceeded through use of the ‘break glass’ clause. The true additional cost of agency staff is estimated at three times the cost of a 5% + RPI pay rise (£21,300).^x

3.11 The RCN rejects the argument that a higher pay award for NHS staff would cause a wage-price spiral. This notion has been discounted by many economists, including the International Monetary Fund which stated that “an acceleration of nominal wages should not necessarily be seen as a sign that a wage-price spiral is taking hold.”^{xi} In reality, wages try to catch up with prices in inflationary episodes and this episode of high inflation is being caused by external shocks.

3.12 Average regular pay growth for the private sector was 7.2% in September to November 2022, and 3.3% for the public sector.^{xii} This clearly shows a pay rise for public sector staff would not act as a signal or catalyst for pay rises in the private sector. Private sector wage rises are independent responses to labour market indicators and cost of living pressures.

- 3.13 NHS pay should not be used as a tool to manage inflation or finances. It should be set to ensure that the appropriate number and mix of staff are recruited, retained and motivated.
- 3.14 There must be at least parity of pay, terms, and conditions with NHS Agenda for Change for registered nurses and nursing support workers in all health and care organisations, as well as improved investment for access to further training, development and clear career pathways.
- 3.15 Nursing is a safety-critical profession, and the Government cannot afford to lose nursing staff in the context of a workforce crisis. It should take immediate action to settle the dispute over the 2022-23 pay award. Nursing staff have shown their anger over the pay award by voting for and undertaking industrial action across the UK and polling shows that this is overwhelmingly supported by the public (65% of those polled support nurses taking strike action).^{xiii}
- 3.16 The RCN calls on all governments to deliver fully funded government health and care workforce plans to ensure long-term nursing supply, retention and recruitment to meet the needs of the population. These plans should include specific measures on supply, recruitment, retention, and remuneration of nursing staff, both in the public and independent sectors, covering health and social care in all settings. Some of these measures will require additional funding to implement.
- 3.17 Alongside this, governments must also publish independently verifiable assessments of health and care nursing workforce requirements to meet the needs of the population and address health inequalities, and these should underpin workforce planning. Assessment must be based upon the RCN Nursing Workforce Standards and include an evaluation of health inequalities across geographies, services and settings, considering where health needs are greatest. Funding should match this level of identified need.

4. Nursing workforce retention

- 4.1 Fair pay, safe working conditions and sufficient staffing levels are key to retention. Without a pay rise, the UK and devolved nation governments risk further attrition within the workforce, leading to gaps and vacant posts, ultimately putting patients and the public at risk.
- 4.2 Nursing staff shortages across the UK were already severe, sustained and unresolved prior to the pandemic. The scale of the issue continues to be of serious concern, with nursing vacancies at a record high – currently over 61,000 within the NHS and social care across the UK.^{xiv} Therefore, the UK and devolved nation governments must take steps to invest in ensuring that there is a sufficient and sustainable supply of domestically trained nursing staff, without over-reliance on international recruitment, which is unsustainable and potentially unethical.
- 4.3 The 2021 UK-wide RCN employment survey^{xv} - completed by registered nurses, health care support workers, students and nursing associates working across all areas of health and social care – found almost six in ten respondents (56.8%) are considering or planning on leaving their current post. This was strongest among nursing staff working in NHS hospital settings, and the main reasons given for thinking about leaving were feeling undervalued and experiencing too much pressure.

4.4 These factors suggest there will likely be a continued increase in the numbers of nurses leaving the UK register over the next few years. A key indicator of the lack of sustainable workforce planning in the UK is vacant registered nursing posts in health and care services. Vacancies, which were temporarily reduced due to service closures and nurses returning to service during the pandemic are now increasing at a scale and pace of real concern.

4.5 This is already evident in the NHS registered nurse vacancies in England. The most recent NHS Vacancies data (September 2022) shows that there are currently 47,496, this is a vacancy rate of 11.9% in the NHS in England.^{xvi} Over the last two years the COVID-19 pandemic has further highlighted the fragility of our health and care systems across the UK, including a significant lack of strategy and preparedness, particularly in terms of workforce resources.

4.6 Significant workforce data gaps prohibit a full understanding of what is happening across health and care services, everywhere in the UK. There are significant data gaps across the UK for what is occurring within services outside of the NHS, particularly those provided by the independent sector, social care and public health. Furthermore, vacancy data on independent sectors is not currently publicly available. Evidence demonstrates how registered nurse staffing levels directly impact the safety and quality of patient care, including decreased patient mortality and reduced hospital admission.^{xvii}

4.7 In practice, high levels of vacant posts lead to additional expenses for employers to fill the gaps. New analysis commissioned by the RCN revealed that in England – as an example - a significant pay rise for nursing staff would be far more cost-effective than the existing situation. The analysis also shows the cost of international recruitment per nurse is 2.4 times the cost of giving a 17.3% pay rise to an experienced nurse – £16,900 as opposed to £7,100.^{xviii}

5. England nursing supply- investment in nursing higher education

5.1 There are currently 47,496 registered nurse vacancies in England alone – the highest figure since records began.^{xix} Nursing staff are vital to patient safety, and we cannot afford to lose another single professional.

5.2 In 2017 the UK Government removed the funding for nursing students in England - replacing the nursing bursary with student fees and loans. Government's stated intention of the bursary removal was to lift the cap on the numbers who could enter the system and open up a market-led approach. Instead, this change resulted in three years of lower nursing applications and stagnating numbers of acceptances.

5.3 In England, increases in students accepted onto nursing courses were seen in 2020 (27% higher than in 2019) and 2021 (1% higher than 2020)^{xx}. This is due to the interest sparked by the pandemic and the introduction of a living costs grant.^{xxi} The increase has not proved sustainable – with the numbers of students accepted onto nursing programmes in 2022 falling by 10% since 2021 figures.^{xxii}

5.4 To stimulate growth in domestic nursing supply in England, the UK Government should fund tuition fees and living costs for all nursing, midwifery, and allied health care students. Fees should be reimbursed, or current debt forgiven for nursing, midwifery

and allied health graduates impacted by the removal of the bursary in 2017, either through upfront payment or through reimbursement such as a forgivable loan system. Funding for tuition fees would future proof the profession against changes to the student loans system and ensure interest in nursing careers to deliver enough new nurses into the system to tackle chronic workforce shortages and disproportionate numbers of nurses retiring.

5.5 To be effective, higher education funding models must be accompanied by a complete package for students including a living-costs grant that reflects the true cost of living and access to hardship payments.

5.6 There must be sufficient dedicated funding for Continuous Professional Development (CPD) and improved access for all registered nurses and nursing support workers, in all health and care settings, alongside pay progression and career development opportunities. Funding of CPD by governments must be based on modelling of future service and population-based need.

5.7 Ministers must hold accountability for the provision of workforce supply to meet identified needs, based on a transparent assessment of population demand, including health inequalities. This will provide confidence to patients, staff, and the public that there are enough nursing staff to provide safe and effective care in all types of publicly funded health and care services. The RCN has consistently called for this to be resolved through legislation. but there has been no progress and the workforce crisis has deepened, with insufficient supply of nursing staff to meet demand.

5.8 International nursing staff make vital contributions to the health and care sector in the UK, with just under 1 in 5 (19%) of registered nurses in the UK having trained internationally.^{xxiii} Growth in the NMC register can be largely attributed to internationally trained nurses - latest NMC data shows that between April 2022 and September 2022, of 23,598 new joiners to the NMC register, 49% had trained overseas.^{xxiv}

5.9 The RCN is concerned by the UK Government's increasing over-reliance on international recruitment and increasing evidence of unethical recruitment practices. The RCN's recently commissioned analysis by London Economics found that the additional costs of internationally recruiting a nurse is approximately £16,900 more than the cost of retaining a nurse – and 2.4 times the cost of a 5% + RPI pay rise (which was estimated to be £7,100 including on-costs).^{xxv}

6. No recourse to public funds

6.1. Hostile migratory policies such as the no recourse to public funds (NRPF) condition applied to migrant workers and those without indefinite leave to remain, is a key risk to internationally educated nurses' financial stability and should be ended with immediate effect. RCN members consistently report the negative impact that no recourse to public funds has on their lives and the lives of their families. Those with an NRPF condition attached to their visas are unable to access necessary social security benefits that assist with the additional costs of raising children. The Work and Pensions Committee identifies families with NRPF as at high risk of living in insecure and crowded housing.

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6.2. Nursing staff already make invaluable contributions to patient care as well as a significant financial contribution towards our public services through taxes and national insurance, and the Government should commit to ending this policy and extending public funding for those without indefinite leave to remain.

7. Public health in England

7.1 The COVID-19 pandemic underlined the importance of robust public health services. It also exposed and amplified the significant health inequalities that exist in England, including in relation to life expectancy, healthy life expectancy, the prevalence of disease and the risk factors for preventable ill health.^{xxvii}

7.2 Despite this, funding for public health services and interventions in England has been subject to significant spending cuts, despite increased demand. The public health grant which funds local authorities to commission essential public health services has been cut by 24% on a real-terms per capita basis since 2015/16, with the cuts disproportionately affecting those living in the most deprived areas of England, who also tend to have poorer health.^{xxviii} Funding cuts and underinvestment have impacted on the vital public health services provided by local authorities to promote wellbeing and prevent ill health, including smoking cessation, sexual and reproductive health, health visiting, school nursing, substance misuse and weight management.

7.3 In the Spending Review 2021, the Government committed to maintain the public health grant in real terms until 2024/25.^{xxix} However, the Health Foundation has highlighted that higher than expected inflation means it is already set to fall in real terms in 2022/23 and estimated that restoring the public health grant to its historical real-terms per person value – and accounting for both cost pressures and demand levels – would require an additional £1.5bn a year in 2022/23 price terms by 2024/25 (the final year covered by the Spending Review).^{xxx}

7.4 Furthermore, for several years there has been a pattern of the public health grant allocations being announced at a very late stage, which increases the difficulty for local authorities to plan and deliver effective services. Short term, one-year budgets also make it difficult to plan for the longer term.

7.5 Without adequate and sustained investment in public health, the Government risks falling short of achieving its own ambitions including the levelling up mission to improve healthy life expectancy and reduce inequalities^{xxxi} and the Sustainable Development Goals.^{xxxii}

7.6 The RCN is clear that the Government must deliver an increased, sustainable, long-term funding settlement for local public health based on a robust assessment of population needs, that supports efforts to embed prevention and reduce health inequalities. Funding for public health must be sufficient to provide fair pay, terms, and conditions for all public health nursing staff. It is also vital that the Government commits to a cross-government strategy to improve health and reduce health inequalities.

8. Social Care

8.1 There is an urgent need for additional, sustainable, long-term investment in the social care sector, a recognition within service planning for people of all ages, and an opportunity to keep couples and families together. Specific attention should be given to learning disability services, mental health services and the needs of both old people and children and young people within social care.

8.2 The RCN is calling for a long-term funding settlement for social care settings in all parts of the UK, based on a robust assessment of population needs.

8.3 Overall funding for social care must be sufficient to provide fair pay, terms and conditions for all nursing staff. Investment levels must also fund staffing for safe and effective care in all social care settings. Funding should consider wider health promotion and prevention, which nursing staff are key to, and which can allow earlier identification and intervention for individuals.

8.4 The proposed UK Shared Prosperity Fund must respect the devolution settlement and the role of the national governments as the developer and distributor of these funds in each country, to ensure effective policy and investment.

9. Mental health

9.1 We are seriously concerned at the falling numbers of the overall mental health nursing workforce, which has declined by 5% in September 2022 since September 2009, equating to 2,047 fewer mental health nurses employed in England by the NHS.^{xxxiii} The rise in demand for mental health services is not being matched by a long-term investment in the nursing workforce that takes into account population and workforce needs. The number of learning disability nurses on the Nursing and Midwifery Council (NMC) register in England has been declining in recent years. There are currently 13,097 learning disability nurses on the register, a decline of 1% (-187) in the last year alone.^{xxxiv}

9.2 We urge the UK Government to allocate significant additional funding to support the implementation of mental health service provision to meet the mental health needs of the population. This must be based upon a robust assessment of population needs and include additional funding for expansion of the mental health, learning disability and social care nursing workforce.

9.3 We are concerned that the long-awaited mental health strategy for England has now been shelved, in favour of a major conditions' strategy, which is unlikely to cover the breadth and complexity of mental health issues faced by the population without targeted funding and a well-equipped mental health workforce.

9.4 The Joint Committee on the draft Mental Health Bill made several recommendations to the UK Government on the need for adequate funding to deliver the proposed reforms.^{xxxv} These include ‘a revised impact assessment to take account of changes in the workforce and the economy since the original assessment was published’ and ‘a comprehensive implementation and workforce plan alongside the Bill.’

10. Official Development Assistance

10.1 The UK has reneged on its leadership in international development by cutting Official Development Assistance (ODA) spending to 0.5% of Gross National Income (GNI) at a time where investment in international development, particularly in global health, is needed more than ever. The UK Government must re-affirm its commitment to global health and reinstate the ODA budget to 0.7% of GNI which would bring the UK back in line with the United Nations target.^{xxxvi}

For more information, please contact the RCN Public Affairs Team at publicaffairs@rcn.org.uk.

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ⁱⁱ Kings Fund (2021) *Tackling the elective backlog – exploring the relationship between deprivation and waiting times*. Available at: [Tackling the elective backlog – exploring the relationship between deprivation and waiting times | The King's Fund \(kingsfund.org.uk\)](#)

ⁱⁱⁱ Northern Ireland health and social care (HSC) *Workforce vacancies September 2022* (2022) <https://www.health-ni.gov.uk/articles/staff-vacancies>; NHS Scotland Workforce September 2022 (2022) <https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/06-december-2022-workforce/>; RCN Wales Nursing in Numbers 2022 September 2022 (2022) <https://www.rcn.org.uk/Professional-Development/publications/wales-nursing-numbers-english-pub-010-524>; NHS Vacancy Statistics – England September 2022 (2022) <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey>

^{iv} London Economics (2022) *A decade of pay erosion: The destructive effect on UK nursing staff earnings and retention*. Available at: <https://londoneconomics.co.uk/wp-content/uploads/2022/10/LE-RCN-Pay-campaigning-comms-FINAL-report-SENT2CLIENT-27-10-2022.pdf>

^v London Economics (2022) *A decade of pay erosion: The destructive effect on UK nursing staff earnings and retention*. Available at: <https://londoneconomics.co.uk/wp-content/uploads/2022/10/LE-RCN-Pay-campaigning-comms-FINAL-report-SENT2CLIENT-27-10-2022.pdf>

^{vi} Nursing Times (2023) Charity reports more than 500 nurses using food banks. Available at: [Charity reports more than 500 nurses using food banks | Nursing Times](#)

^{vii} RCN (2021) *RCN employment survey 2021*. Available at: <https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2021/December/010-075.pdf>

^{viii} London Economics (2022) *A decade of pay erosion*. Available at <https://londoneconomics.co.uk/wp-content/uploads/2022/10/LE-RCN-Pay-campaigning-comms-FINAL-report-SENT2CLIENT-27-10-2022.pdf>

^{ix} NHS England (2022) *Reducing Expenditure on NHS Agency Staff: rules and price caps*. Available at: www.england.nhs.uk/reducing-expenditure-on-nhs-agency-staff-rulesand-price-caps

^x RCN (2022) *Investing in Patient Safety and Outcomes*. Available at: [Investing in Patient Safety and Outcomes | Publications | Royal College of Nursing \(rcn.org.uk\)](#)

^{xi} International Monetary Fund (2022) *Wage-Price Spirals: What is the Historical Evidence?* [Wage-Price Spirals: What is the Historical Evidence? \(imf.org\)](#)

^{xii} ONS (2023) *Labour market overview, UK: January 2023*. Available at: [Labour market overview, UK - Office for National Statistics \(ons.gov.uk\)](#)

^{xiii} RCN (2022) *Public support for nursing staff going on strike is at its highest*. Available at: [Public support for nursing staff going on strike is at its highest | News | Royal College of Nursing \(rcn.org.uk\)](#)

^{xiv} Northern Ireland health and social care (HSC) *Workforce vacancies September 2022* (2022) <https://www.health-ni.gov.uk/articles/staff-vacancies>; NHS Scotland Workforce September 2022 (2022)

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- ^{xxii} UCAS (2022) *UCAS Undergraduate Sector End of Cycle Data Resources*. England Country of Provider Available at: [UCAS Undergraduate sector-level end of cycle data resources 2022 | Undergraduate | UCAS](#)
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