Royal College of Nursing

Investing in Patient Safety and Outcomes

Health and care nursing workforce and supply in England

POLICY AND POSITION STATEMENTS

Acknowledgements

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Report authors

Adriana Castro-Ayala, Antonia Borneo, Elsie Hayford, Jessica Holden, Emily Maynard, Rosalind Stainton, Emily Taylor and John Tse.

Contributors

Anna Argyrides, Victoria Jayne, Shelley Lovesay, Emily Poyser and Nick Spears.

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1. Foreword

People in England expect to receive safe and effective health care, when they need it, now and for generations to come. Our NHS, however, is in crisis. Nurse vacancy rates have reached record levels; sickness absence is rising due to stress and burnout; demand on health and care services has never been higher; waiting lists have risen above 8 million for the first time; waiting times at overstretched A&E departments are unacceptable; and ambulances are piled up, unable to hand patients over due to chronic understaffing in our hospitals.

The nursing profession has to rely on policy makers to ensure that health and care service providers have access to the workforce they need to deliver safe and effective care. But while there is no sustainable domestic labour market in England, the UK government still appears to expect the health and care system to undertake effective workforce planning.

The new Chancellor of the Exchequer has himself acknowledged the extent of the crisis, saying early this year, "Persistent understaffing in the NHS poses a serious risk to staff and patient safety, a situation compounded by the absence of a long-term plan by the government to tackle it."

The domestic supply of nursing staff has failed to keep pace with demand, posing the greatest ever risk to England's publicly funded health and care services.

Yet, the UK government continues to ignore this crisis. Last year, it rejected an amendment to the Health and Care Act, which would have required the Secretary of State for Health and Social Care to publish independently verified assessments of current and future workforce numbers every two years. The amendment – voted down by government - was tabled by Jeremy Hunt MP.

The UK government also chose to reject the opportunity identified by the RCN to enshrine legal accountability for workforce provision with the Secretary of State for Health and Care. This legislation, now passed into Act, does not set any expectations for how workforce planning is defined or understood in terms of assessing requirements of health and care systems to meet the needs of the population, nor what the UK government should be directly accountable for.

UK government policy continues to fundamentally compromise patient safety and deter people from joining the nursing profession. The number of new recruits accepted onto student nursing courses is declining and vacancies are being filled by existing NHS nursing staff who work additional bank or agency shifts to supplement their income.

The new Secretary of State for Health and Social Care has failed to acknowledge the need for urgent action on this crisis, including rejecting any notion that the nursing profession should be supported with pay reflective of expertise.

The staffing crisis in nursing will not be resolved until the profession receives fair pay for the expert, safety-critical care it delivers. Year after year of real-terms pay cuts demonstrate just how little value the UK government places in the nursing profession and the subsequent damage its policies are having on patient care.

2. Executive summary

Our society needs more new registered nurses than ever before, as demand continues to outstrip workforce growth within the health and social care system in England. Record NHS nursing vacancies are currently reported, two and a half years after the start of a global pandemic, in a context of unprecedented demand. Nursing in social care is also in crisis, with increased workloads and almost 40% fewer nurses than 10 years ago (Skills for Care, 2021a).

Assessing the workforce requirements of health and care services in England and designing policy to create the nursing labour market that is able to meet these requirements should be top priority for the UK government. Key to generating sustainable, domestic nursing supply, is proportionate action to increase the numbers of new registered nurses. Yet the latest data shows there will be 2,000 fewer graduating from education in 2025 than there will be in 2024, exactly when we need growth (UCAS, 2022). As of March 2022, 48% of new NMC joiners are internationally recruited, with the vast majority appearing to move to England (NMC, 2022a).

In 2021, the UK government committed to a World Health Assembly resolution to strengthen nursing and midwifery through investments in education, jobs, leadership and service delivery (WHO, 2021a). This resolution was supported by the publication of the World Health Organization's *Global Strategic Directions for Nursing and Midwifery* (WHO, 2021b).

However, the UK government is not upholding this commitment in England. Rhetoric on the unresolved workforce issues has been disingenuous in focusing on short-lived peaks in registered nurse numbers linked to the COVID-19 pandemic. A continuing inadequate response by policymakers on education, pay, staffing and professional development fails to address the true risk to provision of safe and effective health care - public and patient safety and outcomes.

Nursing pay in publicly-funded health and care services is the only lever available to government that would have an immediate impact on retention. Nurses working in the NHS have seen salary levels cut by up 20% in real terms between 2010 and 2022. In effect this means working one in five days unpaid compared to 12 years ago. Since 2010-11, the salary rates for all spine points on the Agenda for Change have declined in real terms. The erosions of real pay have been substantial. A large proportion of nursing staff are employed at the top pay point of each individual Agenda for Change band, with particularly large numbers situated at the top of bands 5 and 6 – where salary levels have declined in value by as much as 20% (band 4, point 17; band 5, point 23) and 21% (band 6, point 29) in real terms.

Moreover, UK government proposals for higher education reform, expected to come into effect for the 2023/24 academic year, will disproportionately disadvantage nursing graduates financially. In practice, these proposals represent an even greater pay cut as registered nurses will ultimately be paying back more than higher earning graduates, for a longer period of time. Due to accruing interest over what is likely to be a large, unpaid balance, nurses will make higher repayments every year[1] over a longer period – many never paying off the full amount.[2] For women in nursing roles in the NHS in England, the

1 For male nursing graduates, average repayments are expected to increase by £17,600 (from £24,400 to £42,200); for female nursing graduates, the increase stands at £15,300 (from £10,700 to £26,000).

2 The repayment period ends at age 56 under the current system and age 66 under the Augur system

average increase stands at £15,300 - up from £10,700 to £26,000.[3] For men in the NHS, repayments are expected to increase by £17,600 - up from £24,400 to £42,200.

There is a significant risk therefore that those considering a nursing career in England will be disincentivised due to low earning potential, along with a student loan balance they can never pay off. The RCN is clear that the proposals must not be applied to the nursing profession.

The RCN has, over several years, updated independent modelling of options for UK government-funded nursing tuition fees in England to spell out the implications of having introduced loans, and the impact this has on recruitment and retention. In the view of the RCN, the current system is not fit for purpose. For example, a loan forgiveness model offers a significant, affordable opportunity to incentivise the recruitment of more nursing students, and to improve nursing retention in publicly-funded health and social care services.

It is time for the government to invest in patient safety and outcomes by taking credible and sustainable action on nursing supply and retention.

For the first time in the political history of the UK, the Secretary of State for Health and Social Care also holds the Deputy Prime Minister portfolio. Together with the Chancellor of the Exchequer and the Prime Minister, there is a unique opportunity to rectify what successive leaders and administrations have failed to do – to invest in the health and care workforce in order to meet the health and care needs of the people of England. The RCN has identified the following urgent priorities for UK government action in England:

- the creation of a full-time chief nursing officer (CNO) role at the heart of the UK government's Department of Health and Social Care, with parity to the role of the chief medical officer, to drive informed and effective decision making across government. Providing expert advice within policy-making structures in UK government, although centred in the Department of Health and Social Care, with the ability to work across other government departments. In support of this, nursing leadership roles should be embedded throughout all legislated health and care structures, as well as within executive and decision-making functions
- an independently verified assessment of future health, social care and public health workforce numbers and skill mix needed in England, based on the projected health and care needs of the population for the following five, ten and twenty years. Assessment must reflect the RCN *Nursing Workforce Standards* (RCN, 2021a) and must include an assessment of health inequalities across geographies, services and settings, considering where health needs are greatest
- government-funded tuition fees and living costs grants for all nursing, midwifery and allied health care students, to incentivise new nursing students for sustainable nursing supply. Fees should be reimbursed, or current debt forgiven for nursing, midwifery and allied health, either through up-front payment or through reimbursement such as a forgivable loan system. The proposed funding reforms to wide higher education must not be applied to nursing higher education

3 RCN commissioned analysis undertaken by London Economics

- an above inflation pay rise for nursing staff on NHS Agenda for Change of at least 5% (using the July 2022 figure for Retail Price Index of 12.3%), to improve retention of the existing nursing workforce and ensure that nurses are adequately paid for the highly skilled and safety critical work they do. There must be at least parity of pay, terms and conditions with NHS Agenda for Change for registered nurses and nursing support workers in any health and care organisation, as well as improved access to further training, development and clear career pathways
- an investigation into the causes of, and real time data capture, for attrition in nursing higher education, and addressing systemic pressures, such as resourcing requirements of health and care service for teaching and clinical placement capacity
- urgent measures to address unethical practice in international recruitment of nursing workforce to the UK, including from low-income countries. This should include clear steps for ensuring all international recruitment adheres to UK and global codes for ethical recruitment, and UK government accountability for recruitment practices by health and care organisations across the country
- there must be transparency through consistently recorded and publicly available data across all publicly-funded health and care settings, regardless of sector, on the actual numbers and skill mix of registered nurses and nursing staff.

3. Workforce requirements of health and care services

Addressing workforce shortages and ensuring that there are the right numbers of registered nurses and nursing staff with the right skills in the right place at the right time, is vital to ensure that everyone can access safe and effective health and care services. It is also fundamental to improving health equity. Currently unmanageable vacancy rates and unprecedented demand for services have further increased following the COVID-19 pandemic, which continues to also bring existing health inequalities into sharper focus, with some groups more vulnerable than others to infection, serious illness, and death (Public Health England, 2020).

There is a strong body of evidence demonstrating the necessity of good quality nursing workforce planning to meet changing health care needs of the population. The patient outcomes most impacted by registered nurse staffing numbers are mortality, care quality, missed care and 'adverse events' (such as medication errors or the onset of pressure ulcers) (Griffiths P et al., 2018). There is also evidence of a positive association between an appropriately planned nursing skills mix and patient safety outcomes (Kushemererwa D et al., 2020).

A recent report highlights that continuing with the current 'status quo' scenario (not improving service provision nor increasing health care funding and workforce in line with demand) whilst managing population growth, ageing and the increased burden of chronic disease will result in hospital activity growing substantially over the next 15 years, with emergency admissions almost doubling over the same period (Institute of Fiscal Studies, 2018).

The population of people aged over 65 years old in England is projected to increase between 2017 and 2040 by 49% (from 10 million to 14.9 million) (Age UK, 2019). Health care requirements increase with age, with health care costs increasing steeply from around 65 years (ONS, 2018). This is likely to be linked to the increased likelihood of older people being disabled and experiencing multiple chronic and complex health conditions. 29% of adults aged 60-64 in England have two or more chronic conditions, rising to almost half of those aged 75 years and over (Age UK, 2019).

The number of people aged over 85 years old – who are most likely to need health and care services – is projected to rise even more rapidly, nearly doubling from 1.4 to 2.7 million over the same period (ONS, 2018). Between a quarter and a half of people over 85 are estimated to be frail, and frailty is linked to a greater risk of hospitalisation, long hospital stays, unplanned re-admission to hospital and care home admission. It is also estimated that there will be 1.35 million people living with dementia in England by 2040 (up from around 748,000 in 2019), with the sharp rise mainly due to the growth of the older population (LSE, 2019).

The number of older people who are understood to need social care and support services – whether publicly or privately funded – is projected to grow from 657,000 in 2015 to nearly 1.2 million by 2040 (Age UK, 2019). A&E attendances rose across all age groups between 2010/11 and 2017/18, however attendance rates increased particularly sharply amongst those aged 65 to 79 – by 50% – and aged over 80 – by 45% (Age UK, 2019). The NHS alone – notwithstanding social care needs of the population - now faces an extreme backlog with record levels of people waiting for treatment, which will take years to clear whilst demand continues to rise (BMA, 2022).

Evidence shows that workforce shortages disproportionately affect more deprived areas, where health needs are greatest (Health Foundation, 2021). People living in the most deprived areas of England now have a life expectancy which is nearly a decade shorter than people living in the least deprived areas (ONS, 2022). Life expectancy at birth for females in England in the 10% most deprived areas is lower than the overall life expectancy in all countries, except Mexico, included in an analysis by the Organisation for Economic Co-operation and Development (Health Foundation, 2022).

In relation to healthy life expectancy – the average time spent in 'good' health - there is an even bigger gap of almost 19 years between the most and least deprived areas in England (ONS, 2022). Where there are gaps in access, some groups may receive inappropriate care or lower quality or effective care which can lead to poorer experiences and health outcomes, thereby exacerbating health inequalities (Kings Fund, 2022).

Credible responses to demand for health and care services require recognition and understanding of the significant inequalities in health outcomes, risk factors, experiences of and access to health and care services between different groups of people. These include variation in access, experience and outcomes across different geographical areas in England, across socio-economic factors and across specific characteristics, including ethnicity and disability.

Registered nurse leadership roles in all health and care structures, and in UK government, are necessary for the accurate assessment of health and care workforce requirements. Nursing leadership must be represented in all national and regional health and care system structures, in recognition of their unique expertise in developing systems for enabling prevention, promoting health and supporting populations. There is evidence that the leadership of senior registered nurses within health services is associated with improved patient mortality (Zaranko, B et al., 2022).

Health and care stakeholders have long been expecting publication of an updated *Framework 15*, setting out the drivers for health workforce requirements in England over the next 15 years. This was last updated in 2017 (HEE, 2017), and the government did not respond then with a costed and funded cross-government health and care workforce strategy. This updated approach is intended to underpin any workforce planning, including the UK government's *Long-Term Workforce Plan for England* expected in Autumn 2022. However, the RCN has significant concerns that political support for this work is non-existent, and development has been continually deprioritised over the last year.

Strategic, demand-led workforce supply and retention planning, based on assessment of population need and informed by data on health inequalities, must be a priority for the UK government. Its assessment of population demand must consider unmet need, as well as the requirements of more deprived areas and population groups where health needs are greater.

The RCN is joined by wide-ranging stakeholders in demanding that the UK government is made accountable for a fully-funded health and care workforce plan that is based on accurate projections of current and future demand. To date, this call has gone unheeded and key opportunities to introduce greater transparency and accountability rejected by the UK government.

4. Current trends in nursing workforce and supply in England

Chronic under-investment in the nursing workforce in a context of ever-increasing need has become a prevailing matter of concern for the health and care sector in England. High nursing vacancy and leaver rates, record sickness absence and increasing demand paints a picture of patient care in crisis, and the need for action to resolve unsustainable pressures on nursing staff has never been more urgent.

The data presented in this report largely relates to NHS hospital, community and general practice settings, as workforce reporting by independent, charity and private sector health and care providers is not mandatory, even when publicly-funded. In the absence of robust system data, workforce estimates from Skills for Care, the leading source of workforce information for the adult social care sector in England, give an indication of the workforce trends in adult social care. We have also presented, where applicable, the nursing student intake trends for the pre-registration nursing education fields: adult, children, learning disability and mental health.

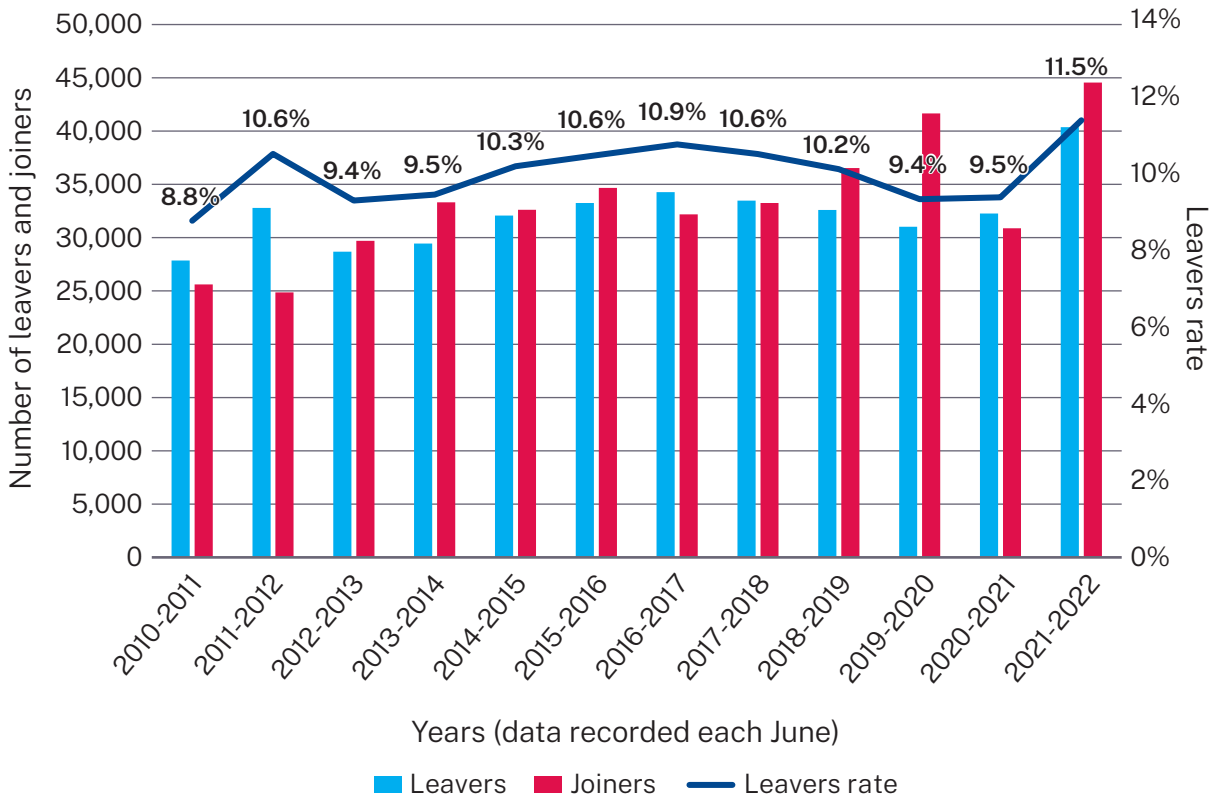
NHS services

After a decade-long real terms NHS pay decrease and sustained staff shortages (RCN, 2022a), low morale and a working environment deprived of investment and resources, tens of thousands of registered nurses are leaving nursing at the very moment we cannot afford to lose a single professional (RCN, 2022b).

The RCN is concerned that the Secretary of State for Health and Social Care's 'plan for patients' fails to acknowledge the nursing workforce crisis or introduce a long-term plan. Instead, the plan for patients references 'progress' made as part of the government's 50,000 Nurses Programme – which does not constitute a long-term workforce plan and is not sufficient to ensure the health system has the registered nurses and nursing staff that are needed to deliver safe and effective care (DHSC, 2022).

Figure 1 shows that the headcount numbers of leavers and joiners to England's NHS hospital and community health services have fluctuated since 2010, with similar levels exiting and joining within each year for several of the years shown. The leavers rate also mirrors this fluctuation and in the past year, it has climbed to its highest level with a leavers rate of 11.5% (NHS Digital, 2022).

Figure 1: NHS in England - Registered nurses and health visitors leavers and joiners

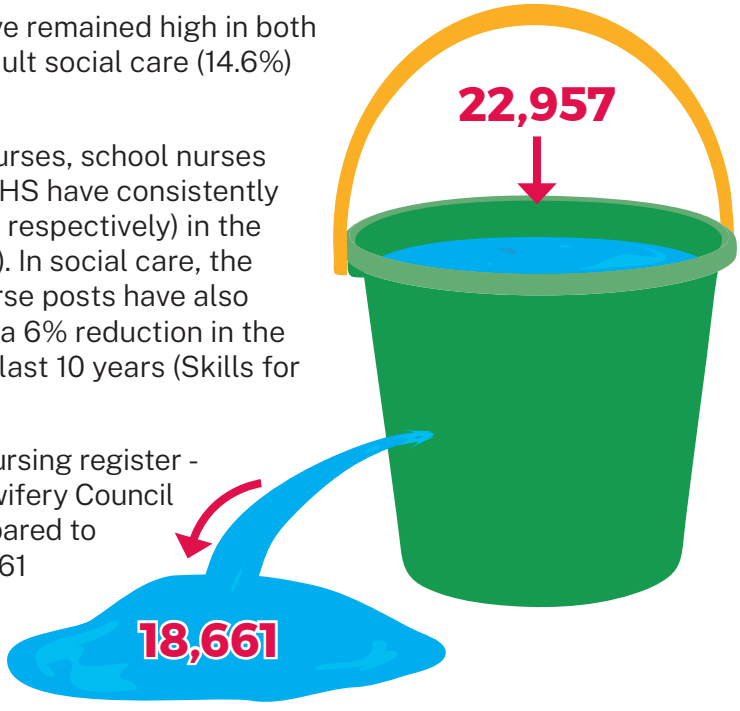


Source: NHS Digital workforce statistics (England)

Registered nurse vacancy rates have remained high in both NHS services overall (11.8%) and adult social care (14.6%) (Skills for Care, 2022).

The number of learning disability nurses, school nurses and health visitors working in the NHS have consistently decreased (-2.6%, -2.3% and -6.9% respectively) in the last year alone (NHS Digital, 2022a). In social care, the estimated number of registered nurse posts have also been significantly decreasing, with a 6% reduction in the last year, and 37% reduction in the last 10 years (Skills for Care, 2022).

Nurses in England are leaving the nursing register - maintained by the Nursing and Midwifery Council (NMC) - in increasing numbers compared to previous years. By March 2022, 18,661 nurses had left the register in England (4,337 more than in 2021), counteracting the 22,957 joiners in 2022 (NMC, 2022a).

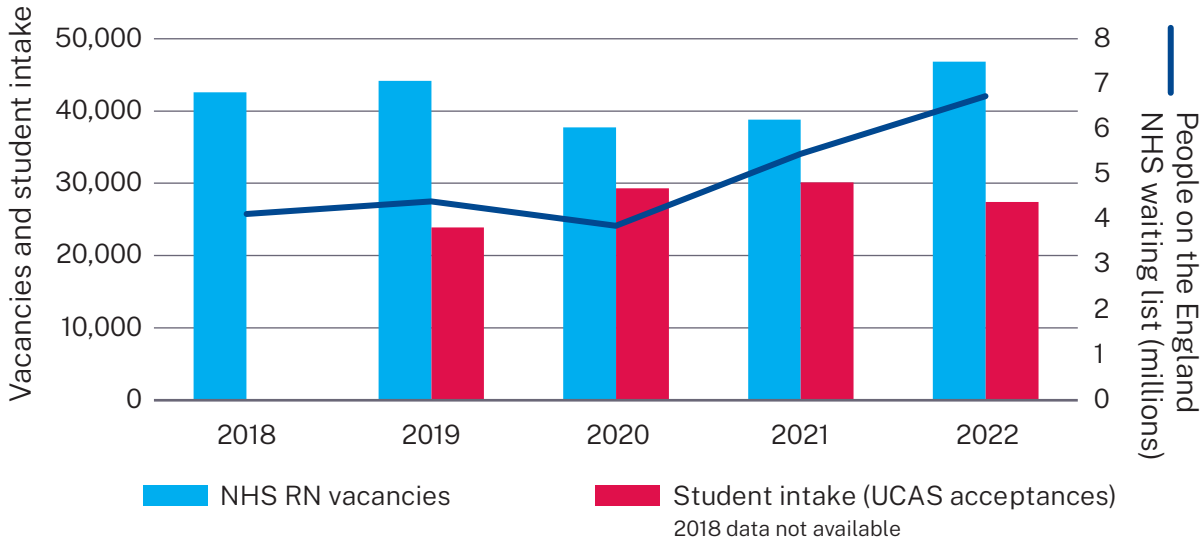


Workload pressures, pay and staff shortages have had a profound impact on nursing staff as the impact of the COVID-19 pandemic has hit the profession, with almost six in 10 (56.8%) RCN employment survey respondents across the UK considering or planning leaving their current post in 2021 (RCN, 2021b). Intention to leave was strongest among nursing staff working in NHS hospital settings; the main reasons they gave were feeling undervalued and experiencing too much pressure (RCN, 2021b).

The reality is that most registered nurses now go into work expecting to experience unsafe staffing levels. The RCN's most recent data indicated that 75% of shifts did not have the planned number of nurses (RCN, 2022c). In 2020, 73% of nursing staff surveyed by the RCN said that staffing levels on their last shift were not sufficient to meet all the needs of their patients safely and effectively. In 2022, this has risen to 83% (RCN, 2022c). The increase in the number of nursing staff reporting unsafe staffing levels is incredibly concerning, particularly when demand for care is at record levels and recent figures demonstrate an unexpected increase in excess deaths in England (Hussain, 2022).

Figure 2 shows the pipeline of students accepted on to nursing degree courses where the data is available. This shows a peak of around 30,000 students in 2021 yet a decline in the most recent year. This is in the context of an increasing trend in registered nurse vacancies in the NHS of around 46,800 in 2022 and continually growing waiting lists for treatment on the NHS, with around 6.7 million people needing care in 2022.

Figure 2: England registered nursing workforce and supply



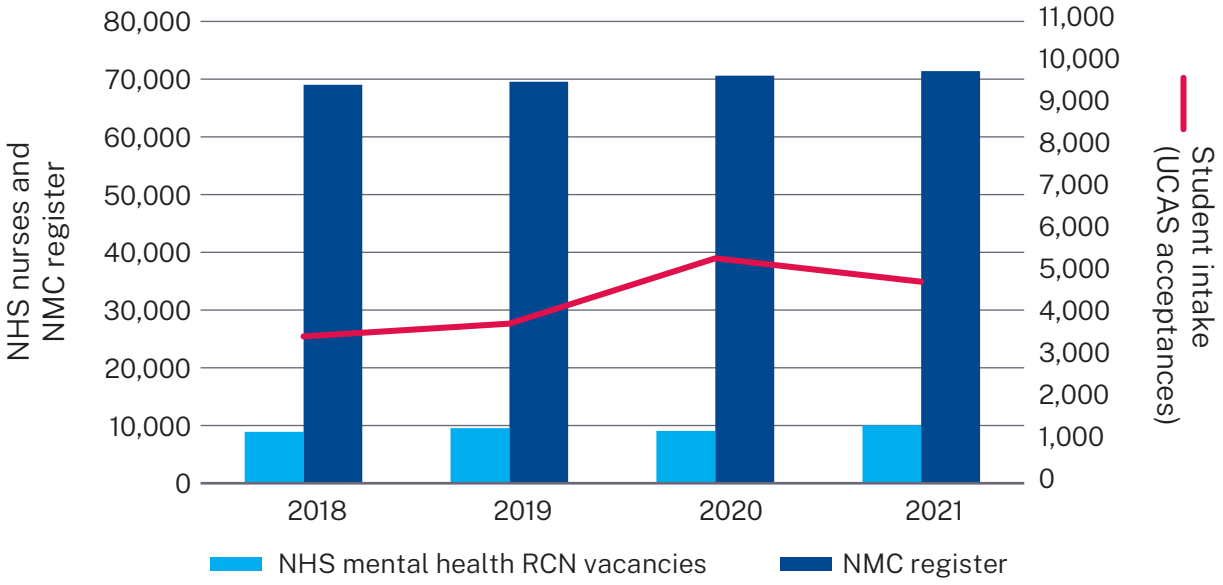
Source: NHS Digital workforce and vacancy statistics (England) and Universities and Colleges Admissions Service (UCAS)

These trends suggest that demand for hospital services and nursing staff is outstripping the domestic, UK educated supply pipeline, therefore increasing workload and demand pressures, and potential burnout, on those nurses currently working health and care services. This also has a direct impact on patient care, as it means that services do not have enough nurses to meet the needs of those on a growing waiting list, now and in the future.

The RCN is particularly concerned by the UK government's increasing over-reliance on international recruitment and increasing evidence of unethical recruitment practices. As of the last 12 months to March 2022, more than one in four (29%) of people joining the NMC register in England are trained internationally (NMC, 2022a). International nurses make vital contributions to England's health and care sector, however, there is insufficient assurance from government that the recruitment practices currently being used to plug the gaps in England's nursing workforce are sustainable, or ethical.

Figure 3 shows that the number of students accepted on to mental health nursing degree courses has fluctuated over the past four years, with a decline from around 5,300 to 4,800 from 2020 to 2021 (UCAS, 2022).[4] While the NMC register figures show a year-on-year increase in the number of registered mental health nurses to around 72,500 in 2022 in England, there has been a marked fluctuation in vacancies in this sector. The latest vacancy data from NHS Digital shows 13,254 registered nurse vacancies in the mental health sector in England.

Figure 3: Mental health nursing workforce and supply



Source: NHS vacancy statistics (England), NMC Register and UCAS

Staff shortages across mental health services must be seen in the context of unprecedented demand for health care. The pressure on services has been further exacerbated by record numbers of people (including children) seeking mental health support during the COVID-19 pandemic, and a significant backlog as services have struggled to keep up with demand (Royal College of Psychiatrists, 2022).

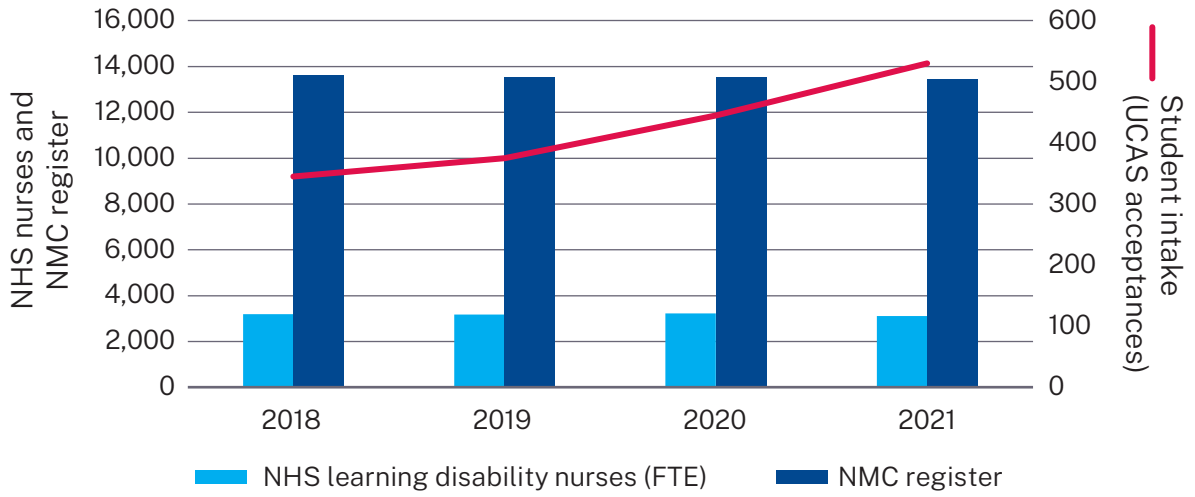
4 The latest available data point from RCN analysis of UCAS End of cycle data 2015 to 2021, Available at: ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-sector-level-end-cycle-data-resources-2021

RCN analysis of UCAS data is based on filtered data provided by UCAS, which includes only individuals applying or being accepted onto pre-registration nursing courses. UCAS's publicly available data also reports on applicants and acceptances to top-up courses for nurses already on the register.

This is impacting the accessibility and quality of services, leading to long waits for care and people having to travel significant distances to access care – with inevitable detriment to health outcomes.

Figure 4 shows that whilst in the NHS the number of registered learning disability nurses is stable at around 3,000 across the years, and the NMC reports around 13,000 learning disability nurses for the same period in England, the intake of students to this field of nursing is low with only 530 students accepted on to learning disability nursing degree courses in 2021.[5]

Figure 4: Learning disability nursing workforce and supply



Source: NHS Digital (England), NMC Register and UCAS

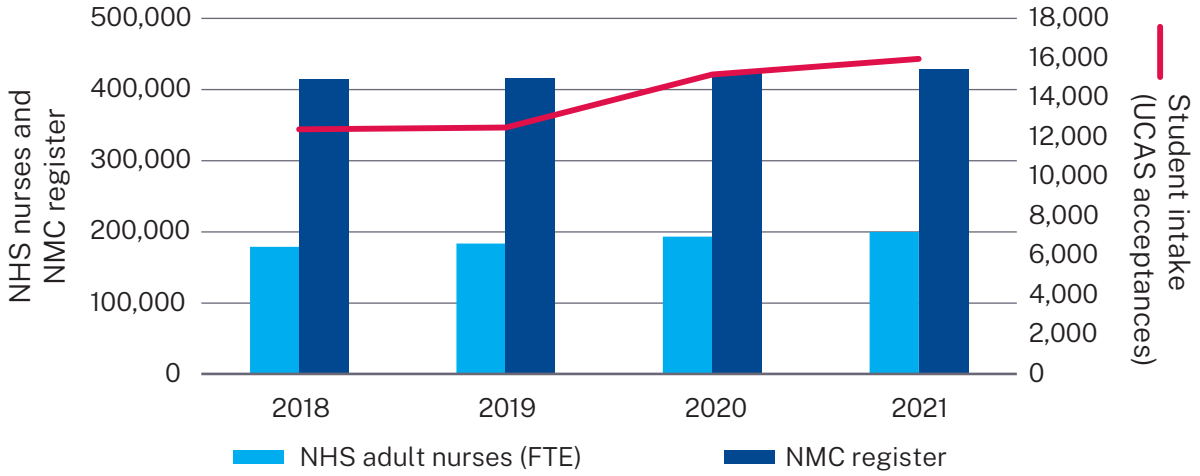
People with learning disabilities are particularly at risk of lower early mortality, with a reduced life expectancy of 17 years for women in the general population and 14 years for men. People with learning disabilities face significant inequality of outcomes, with increased risk of avoidable death, with as many as 50% of deaths being from either a treatable condition or a preventable occurrence. Furthermore, people with learning disabilities are more likely to have serious health conditions, such as congenital heart disease or respiratory illnesses (NHS Digital, 2020).

The RCN has previously highlighted the chronic shortage of learning disability specialist registered nurses, and the need for urgent growth to keep up with health care needs (RCN, 2021c). Latest figures from NHS Digital, show the continuing decline in the number of learning disability nurses working in NHS hospital and community services in England, now at a record low of 3,034. This is 45% fewer compared to September 2009, (from 5,553 to 3,034 in June 2022).

5 RCN analysis of UCAS end of cycle data 2015-2021. Filtered dataset provided to the RCN - overall source data available at: ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-sector-level-end-cycle-data-resources-2021

Figure 5 shows students of adult nursing increasing from 12,390 in 2018 to around 16,000 by 2021.[6] Workforce numbers for the NHS and those registered by the NMC as adult nurses in England have also gradually increased year-on-year, to around 200,000 and 437,000 respectively in 2021. These trends show a relatively stagnant growth in the adult nursing workforce, against a backdrop of increasing demand to meet patient need now and in the future.

Figure 5: Adult care nursing workforce and supply



NHS Digital (England), NMC Register and UCAS

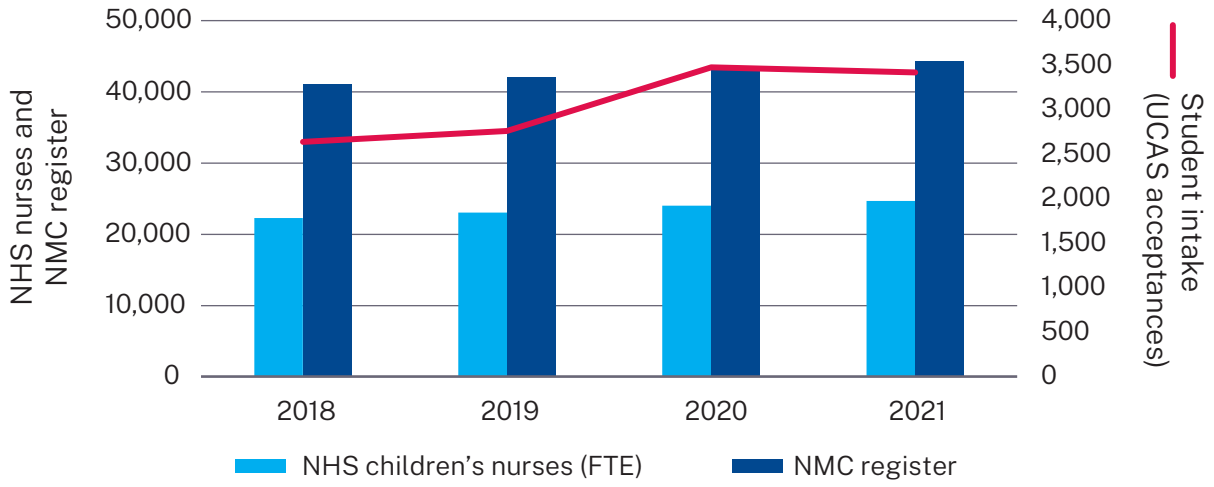
Adult care nursing staff make up a large proportion of the nursing workforce, and work in a wide range of settings – including hospital wards, outpatient units, clinics, community settings, residential nursing homes, prisons, emergency helplines and general practice.

With current waiting times for treatment at record levels (the latest backlog figure for the NHS in England is seven million) (NHS England, 2022a), shortages in the adult nursing workforce will have a significant impact on the time it takes to address the backlog in health care provision, and on the quality of patient care delivered (BMA, 2022).

6 End of cycle data for 2022 will be publicly available in January 2023.

Figure 6 shows that children's nursing is a slowly improving picture. Student intake into this field of nursing has largely increased year-on-year from 2,640 students in 2018 to 3,420 by 2021. Meanwhile, workforce numbers show that the NHS registered children's nurses have gradually increased for the years shown to around 25,000 by 2021, and similarly NMC registered nurses in this field in England have increased to around 45,000 by 2021.

Figure 6: Children's nursing workforce and supply



Source: NHS Digital (England), NMC register and UCAS

Children and young people's services are currently under unprecedented pressures. Referral to treatment waiting times for children are at the highest levels on record, with 100,000 more children waiting to be seen in April 2022 compared to April 2021 (RCPCH, 2022).

This means that far too many parents, carers, children and young people are unable to access valuable knowledge, skills, support and guidance in order to best enable their family's health and wellbeing, with key opportunities for prevention being missed.

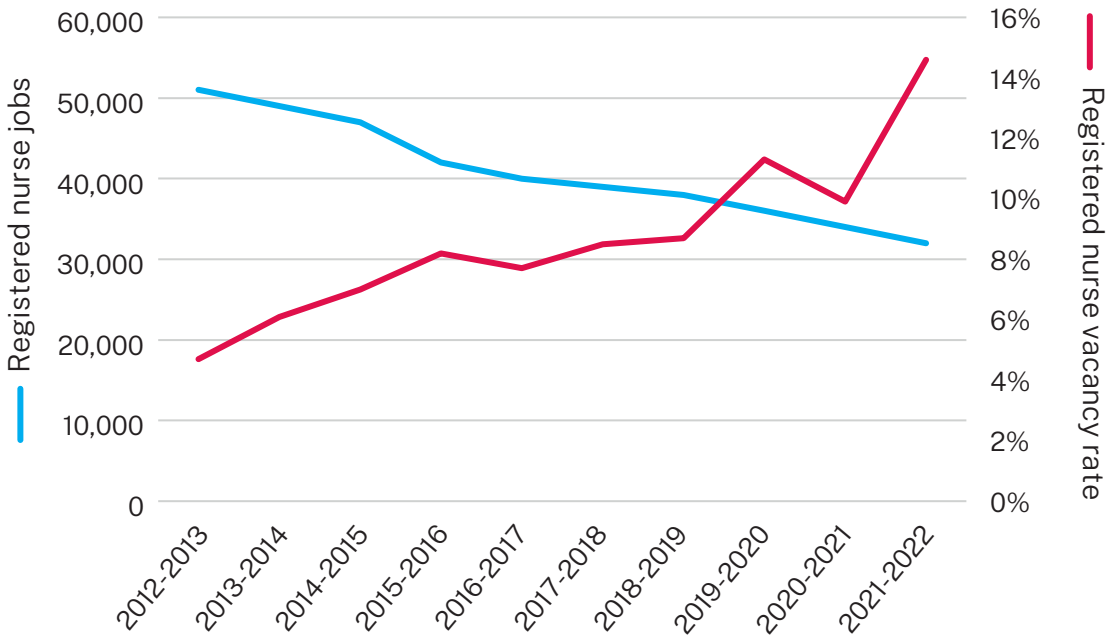
Independent sectors

The UK government's recruitment and retention policies for England have historically overlooked registered nurses in publicly-funded independent sectors, including social care.

The social care nursing workforce comprises registered nurses from all four nursing education streams: adult, children, learning disability and mental health. However, there is a lack of complete workforce data in the public domain, as most registered nurses in social care are employed by independent sector providers, even where services are commissioned by national and/ or local authorities. Without regularly published national workforce data, the RCN relies on data collected by bodies such as Skills for Care and the Care Quality Commission (CQC). Skills for Care use data from the Adult Social Care Workforce Data Set (ASC-WDS), which includes workforce data on those working in local authorities and CQC regulated services. Approximately half of the workforce are recorded in the ASC-WDS, and Skills for Care use this to create workforce models and estimates of the whole adult social care workforce.

Pay for registered nurses employed in social care is often significantly less than their NHS counterparts, and there is no national pay structure (Nursing in Practice, 2021). Access to training and development is limited, as are meaningful opportunities for career progression. The CQC reports that recruitment challenges have led to services ceasing to provide nursing care, leading to the relocation of residents to other over-stretched services (Care Quality Commission, 2022). This is likely to be causing retention issues now, by adding further pressure to the workload of other registered nurses.

Figure 7: Adult social care nursing workforce in England



Source: Skills for Care. Workforce estimates

As shown in Figure 7, there are around 32,000 registered nurses currently employed in adult social care, which is down from 51,000 in 2012/13, a drop of 37.3% (Skills for Care, 2021b).

This is against a backdrop of largely increasing vacancy rates in this sector which has reached 14.6% by 2021/22, from 4.7% in 2012/13. This decrease in workforce numbers and increase in vacancies are within the context of the rising need for support from social care services. In practice, this will lead to increased unmet health needs in social care settings and subsequent additional demand in health services.

The number of nurses on the NMC register with specialist qualification who are university lecturers or practice educators has decreased by 28% since March 2017, from 3,606 in 2017 to 2,589 in 2022 (NMC, 2022b). There was a slight increase in the number of teachers (11% or 378 more) since 2017, when there were 3,544 nurses registered as ‘teachers’ on the NMC permanent register in England. Given the significant drop in university and practice educators, there is likely to be considerable current and lasting impact on quality and capacity of education not only for future nurses but also those nursing professionals accessing continuous professional development (CPD) courses.

A 2019 census of academic staff in health faculties across the UK uncovered high turnover of staff and difficulty recruiting to nursing, midwifery and allied health lecturer roles, and concern about high proportions of staff approaching retirement age, with over a third aged between 50 and 51 years (Council of Deans, 2020).

The number of registered nurses working in NHS general practice in England has grown at a relatively steady rate since the publication of workforce data began in 2015, to the current total of 16,706 full time equivalent (FTE) nurses as of August 2022 (NHS Digital, 2022b). This is a small growth of 2% in the last year (+252) and of 10% since the first publication of data in September 2015 (+1,509). There has been growth in specific roles within general practice such as advanced nurse practitioners (+3% in the last year and +52% since 2015 to a total of 3,970). However, there has been a decline in the number of nurse specialists by 4% in the last year (from 498 to 474) and by 17% since 2015 (from 574 to 478). Nurses working in general practice tend to be in older age groups, with over a third (35% or 8,500 nurses) of the workforce being age 55 and over, meaning a significant proportion are likely to retire in the next 10-15 years. This presents significant risk to the health outcomes of the population of England, who due to increased health care needs, will need far greater capacity in general practice in the long term.

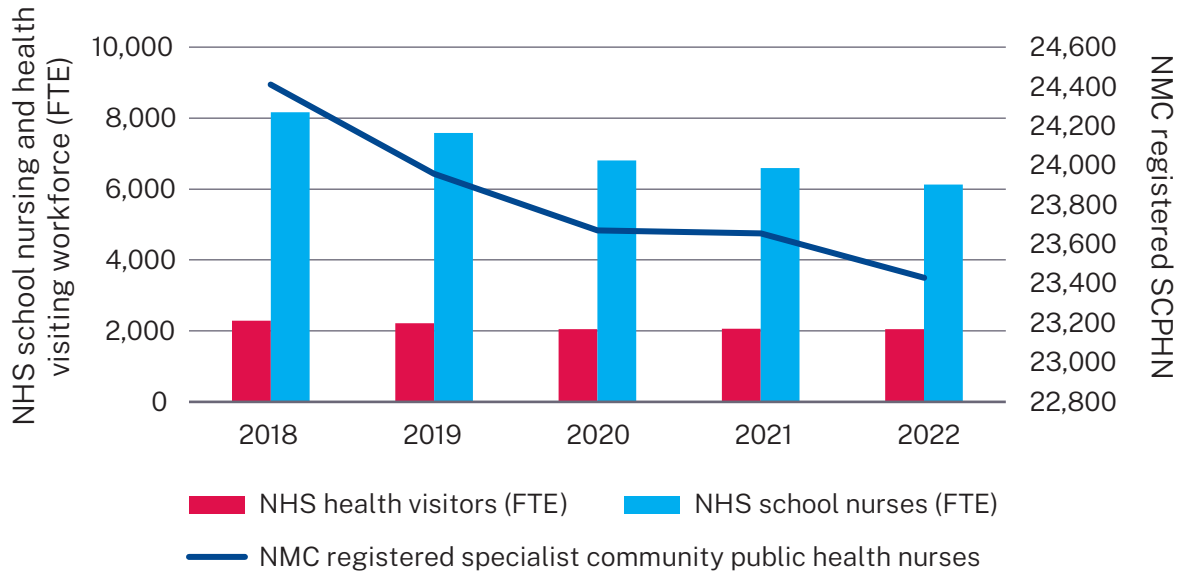
Public health nursing

Public health nurses are registered nurses and/or midwives who have undertaken further dedicated education to specialise in areas of public health, such as sexual and reproductive health. Some undertake training to become a specialist community public health nurse (SCPHN) as a health visitor, school nurse, occupational health nurse or family nurse and join the NMC register as a SCPHN (Nursing and Midwifery Council, 2017).

Public health nursing staff work in a diverse range of settings, including some who are employed within the NHS. However, many public health nursing staff are employed outside of the NHS in local authority public health commissioned contracts where workforce data is not routinely or consistently captured or reported. This results in a shortage of data on the public health nursing workforce which inhibits a comprehensive understanding of the capacity, trends and needs in this vital part of the health and care workforce, who are critical to such a wide range of services and health outcomes.

As shown in Figure 8, between March 2018 and March 2022, the number of SCPHNs on the NMC register in England decreased by 981, representing a 4% decrease, while the number of health visitors and occupational health nurses on the NMC register fell by 6% in that period (NMC, 2022). The number of school nurses employed by the NHS has declined from 31.4% since September 2009 and the number of health visitors in the NHS has fallen by 6.9% compared to last year (NHS Digital, 2022c).

Figure 8: Public health nursing workforce



Source: NHS Digital (England) and NMC Register

Reductions in the public health nursing workforce are deeply concerning given the critical role that specialist public health nurses play in preventing illness and promoting and protecting public health. Reduced workforce capacity must be viewed within the context of public health services in England being under significant pressure due to funding cuts, increasing demand and the ongoing impacts of the COVID-19 pandemic (Health Foundation, 2021).

Nursing shortages undermine the safety and effectiveness of critical prevention services, with the declining health visiting workforce linked to increasingly unsustainable caseloads and workloads and a 'postcode lottery' of services (Institute of Health Visiting, 2021).

Action to grow and strengthen the public health nursing workforce is needed, as part of broader workforce planning for the whole health and care workforce, that addresses growing health inequalities (ONS, 2022) and is based on assessment of current and future population needs. This includes ensuring that the public health system can provide pay, terms and conditions of employment which are attractive to recruit and retain expertise. Public health nurses working outside of the NHS must have access to the same terms and conditions, training, development, and support as colleagues working in the NHS.

5. Government policy - impact on nursing supply and retention

In 2021, the UK government committed to uphold the World Health Organization's *Global Strategic Directions for Nursing and Midwifery*, which states that nurse graduates must match or surpass health system demand (WHO, 2021). Recent estimates show that without additional policy intervention and workforce planning, the nursing workforce will grow more slowly than it is currently or will decline, with a projected supply-demand gap of 140,600 nurses (full time equivalent) in the NHS by 2030/31 (The Health Foundation, 2022).

In the most recent House of Commons Health and Social Care Committee report on workforce recruitment, training and retention in health and social care, a cross-party group of politicians state that the NHS and the social care sectors in England are facing the 'greatest workforce crisis in their history' (Health and Social Care Committee, 2022). The committee says that the 'clearest and most urgent need' is action on workforce planning, with a recommendation for the Secretary of State for Health and Social Care to publish objective, transparent and independently audited reports on workforce projections for health and social care that cover the next five, ten and twenty years. They also said that this should include current staffing levels, future staff projections, and an assessment of whether sufficient numbers are being trained in each profession, specialty and sub-specialty. This recommendation exactly aligns with and supports the RCN's calls for legal workforce accountability for government (Health and Social Care Committee, 2022).

Nursing expertise within complex systems is critical to ensuring decisions are made in the best interests of patients. A full-time chief nursing officer should be sited within the Department of Health and Social Care within UK government, supported to work across government departments. Unbelievably, despite the importance of this expertise and scale of the workforce, the requirement for registered nurse leadership is not consistently in place throughout formal local, regional and national decision-making structures within health and care in England. Where some had been previously been codified into structures, in recent changes through the Health and Care Bill, the government chose not to create nursing leadership roles within the newly legislated integrated care boards, but instead, removed them.

The UK government also chose to reject the opportunity identified by the RCN to enshrine legal accountability for workforce provision with the Secretary of State for Health and Care, as well as for workforce assessment and planning for England into the recent Health and Care Bill. This legislation, now passed into Act, only requires the Secretary of State for Health and Social Care to set out how workforce planning is organised in England. It does not set any expectations for how workforce planning is defined or understood in terms of assessing requirements of health and care systems to meet the needs of the population, nor what the UK government should be directly accountable for with regards to generating a nursing labour market for safe and effective health care provision in England.

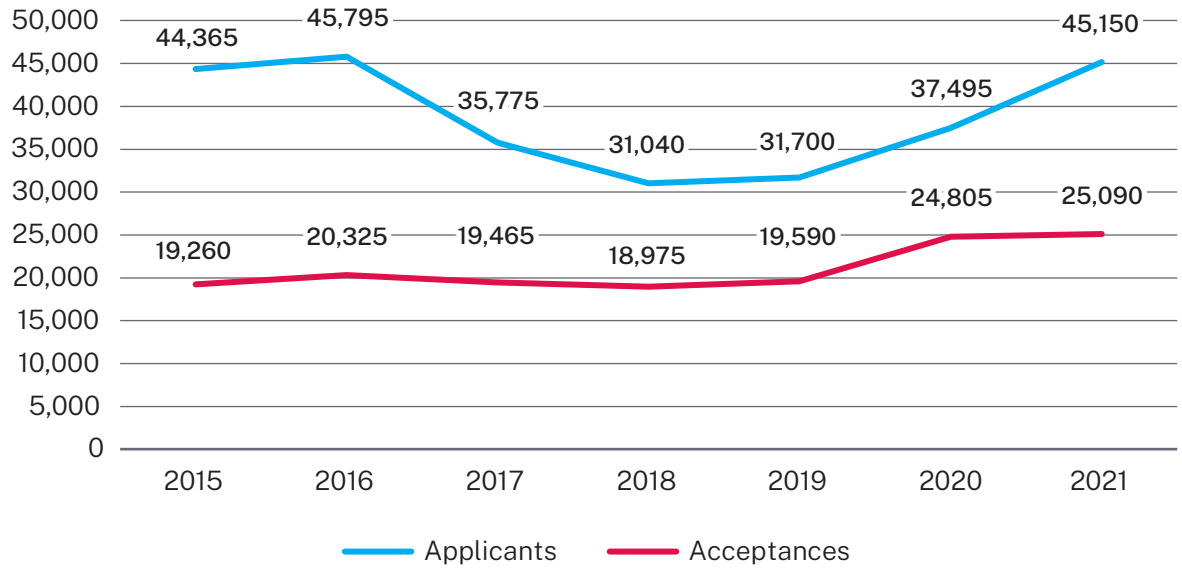
The RCN is clear that health and care systems in England cannot fix the nursing workforce shortage without intervention and investment by the government. Policy and funding solutions to generate immediate and sustained growth in domestic nursing supply is crucial to meet growing demand for health and care services in England, now and in the future. It is a high risk and low responsibility approach for the UK government to continue to promote disproportionate international recruitment, as the primary source of growth, with little understanding of global impact, or sustainability in deeply uncertain times.

Only the nursing pre-registration degree route provides the necessary scale and speed of domestic growth that is required to address and sustain supply requirements. To increase uptake and retention of undergraduate nursing students, financial barriers must be removed, and new recruits should be incentivised to join and stay in the profession.

Nursing degree apprenticeships also provide a route into nursing where people can train to nationally recognised standards and earn as they learn. This model supports those who cannot pursue a full-time university course, and who are likely to be already working in a support role in the health or care system. It must be noted that degree apprenticeships also require time learning in clinical placements, for which there is already significant pressure on services to provide. There are also barriers to health and care providers as employers releasing staff to study time and placements as the apprenticeship levy does not extend to paying for backfill them. The UK government has acknowledged that nursing degree apprenticeships alone will not solve the nursing workforce crisis or improve access to nursing for those from disadvantaged backgrounds (Health Committee, 2018).

In 2017, the UK government removed a centrally commissioned approach to nursing higher education, introducing student loans based on the belief that the market would drive meaningful levels of participation and produce a sufficient labour market (HM Treasury, 2015). As illustrated in Figure 9, this policy was not successful in generating the growth in nursing supply identified as needed at that time. In January 2020, the UK government introduced as an incentive a maintenance grant of £5,000 (up to £8,000 in limited circumstances) for eligible undergraduate and postgraduate pre-registration nursing students. This saw an increase in acceptances onto nursing degree courses, demonstrating the role of financial support in recruiting new nursing students. However, this maintenance grant amount is not sufficient for supporting nursing students with the true costs of living.

Figure 9: Applicants and acceptances to pre-registration nursing courses in England (2015-2021)



Source: UCAS End of cycle data (2015-2021)

Most recent publicly available UCAS data indicates that the number of acceptances to nursing degree courses has fallen by 9%, compared to this time last year (UCAS, 2022). This indicates that the uplift in acceptances to nursing courses experienced in 2020 and 2021 was temporary, likely to be an effect of greater public awareness of nursing during the COVID-19 pandemic.

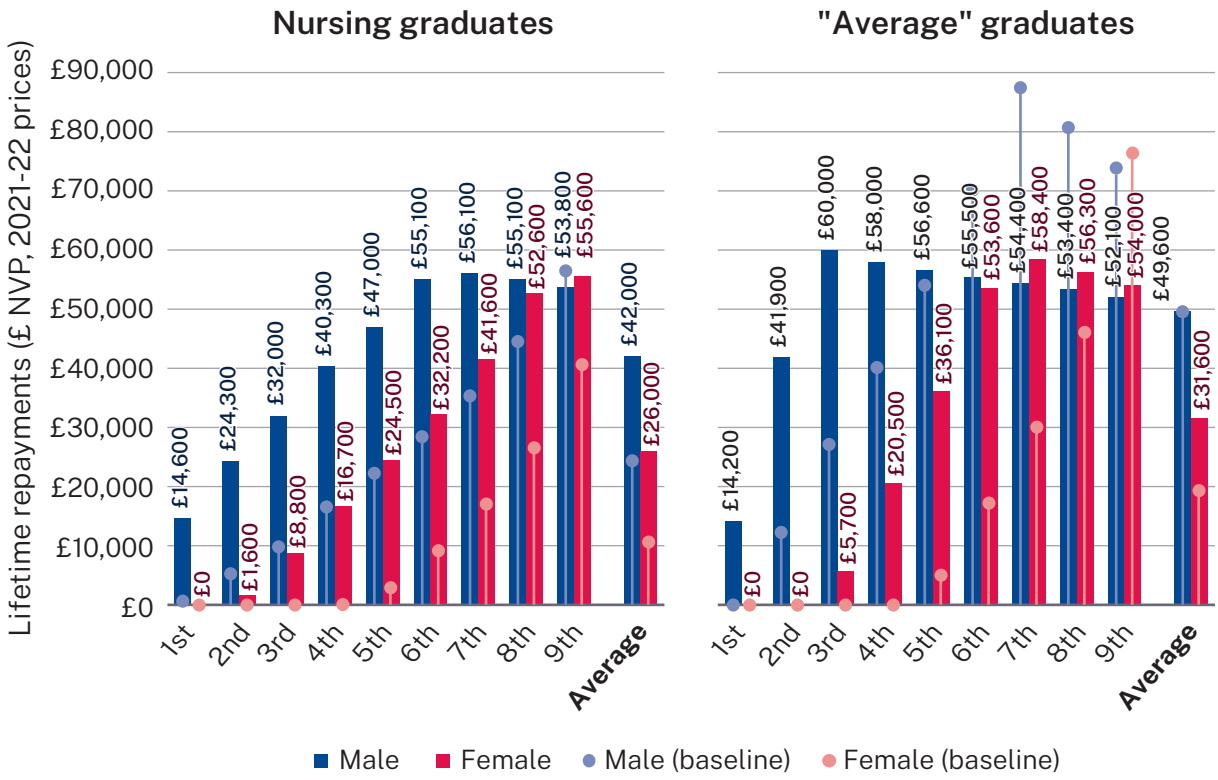
Government proposals for wider higher education reform in England will have a detrimental impact on recruitment and retention of nursing students, if introduced as expected in 2023-24. In February 2022, in response to the 2019 Philip Augar review of post-19 education and funding (DfE, 2019), the Department for Education (DfE) released a policy statement on higher education funding and finance (DfE, 2022). This set out a series of further reforms to higher education across the board, including lowering the student loan repayment threshold and increasing the threshold with Retail Price Index (RPI) thereafter - instead of average earnings growth which would be a higher repayment threshold. Proposals also include an extension of the repayment period for all higher education students as well as the extension of the loan repayment period to 40 years - an increase of ten years. There are several important issues with the proposed higher education funding system to consider:

- positive real interest rates appear to harm graduates. However, in reality, they are one of the few means available to retain the highest earning graduates in repayment for longer. Removing real interest rates therefore benefits only the highest earning graduates
- extending the repayment period only affects individuals that have not repaid their full loan (such as low and middle-income graduates)
- reducing the repayment threshold (both directly and through a change in the uprating mechanism) has ambiguous effects depending on earnings. The highest earning graduates – who are already expected to repay their loan – repay earlier, resulting in lower total repayments
- low and middle-income graduates are not expected to repay their full loan, and thus make higher repayments over the entirety of the repayment period.

Those benefiting from these proposals will be the highest earners. Cuts to interest rates will see the highest earners paying off loans more quickly. Those who can afford to pay their fees upfront will also benefit, due to the freeze in the maximum tuition fee, making it significantly cheaper in real terms compared to before, especially with soaring inflation. Such graduates will also avoid all the interest payments, paying in far less to the system overall.

The lowest earners never finish paying an ever-increasing bill for their higher education, while higher earners pay back a smaller bill, faster. Due to the disproportionate impact of these proposals on low to middle income graduates, this system has been referred to as a “stealth tax” (Times Higher Education Supplement, 2022). The proposals have been deemed deeply regressive, since they disadvantage professions which draw from typically undervalued and underpaid communities – including women – such as nursing (ONS, 2021). Figure 10 demonstrates the impact on nursing graduates compared with ‘average’ graduates from all higher education courses.

Figure 10: Total loan repayments: nursing graduate and 'average' graduates



Note: deciles show the distribution of the data where it has been split into ten equal parts, ranging from the lowest level of loan repayment (1st decile) to the highest levels (9th decile). Source: London Economics. Analysis provided for the RCN

Should these proposals be implemented, the vast majority of nursing graduates – particularly women, who earn less than men - will not earn enough to repay their loan in the repayment period. In England, as of the last 12 months to March 2022, the proportion of women in the registered nurse workforce is 88% (486,852) (NMC, 2022c). In England in 2021, 90% (22,505) of placed higher education nursing student applicants were women and 10% (2,580) men.[7]

Due to accruing interest over what is likely to be a large, unpaid balance, nurses will make higher repayments every year[8] over a longer period – many never paying off the full amount.[9] For women in nursing roles in the NHS in England, the average increase stands at £15,300 - up from £10,700 to £26,000.[10] For men in the NHS, repayments are expected to increase by £17,600 - up from £24,400 to £42,200. In percentage terms, expected repayments made by female nurses will increase by approximately 142%, while expected repayments made by male nurses will increase by approximately 72%.

7 RCN analysis of UCAS end of cycle data 2015-2021. Filtered dataset provided to the RCN - overall source data available at: ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-sector-level-end-cycle-data-resources-2021

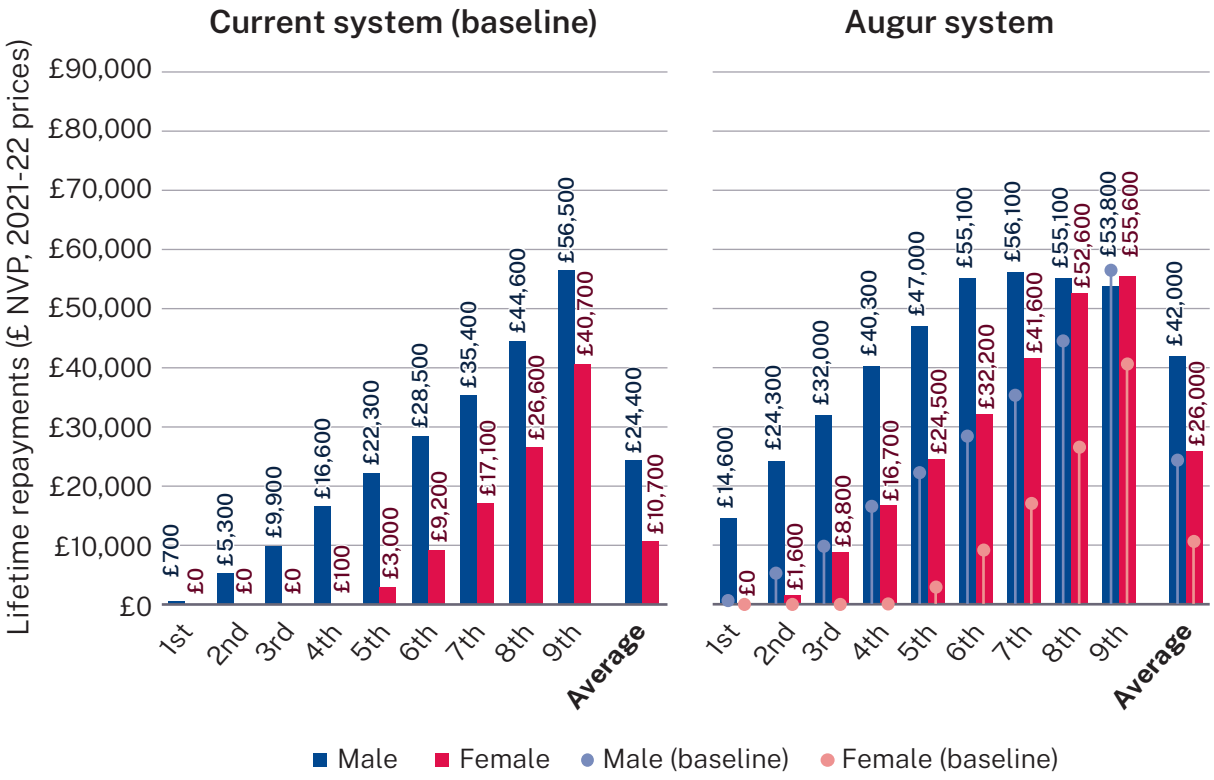
8 For male nursing graduates, average repayments are expected to increase by £17,600 (from £24,400 to £42,200); for female nursing graduates, the increase stands at £15,300 (from £10,700 to £26,000).

9 The repayment period ends at age 56 under the current system and age 66 under the Augur system

10 RCN commissioned analysis undertaken by London Economics (2022)

Male nurses remain in employment for a longer period of time, and have higher earnings than female nurses. Figure 11 illustrates the impact on total loan repayment for nursing graduates according to their earnings.

Figure 11: Loan repayment profiles for current funding system and under proposed post-Augur system



Note: deciles show the distribution of the data where it has been split into ten equal parts, ranging from the lowest level of loan repayment (1st decile) to the highest levels (9th decile). Source: London Economics. Analysis provided for the RCN

Financial barriers and incentives are likely to play a role in recruitment and retention of students as well as the graduate workforce. 61% of applicants are from what the Office for National Statistics (2021) classifies as 'intermediate' (such as secretary, personal assistant, call centre, clerical worker, nursery nurse) or 'routine and manual occupations', (such as postal worker, machine, operative, security guard, sales assistant, cleaner, porter, packer, labourer, waiter/waitress, bar staff) (Social Mobility Commission, 2021).

Nursing students are also less able than students of other subjects to take paid work while studying, due to the heavy demands of learning in clinical placements for half of their study time. The role of finance as a significant disincentive to joining and staying in nursing education – or as a potential incentive – should not therefore be underestimated.

Nursing courses continue to demonstrate high levels of attrition, with some estimates as high as one in three students dropping out (Nursing Standard, 2022). An RCN (2021) survey of nursing students in England found that 65% of students were having difficulty

in completing their studies due to placement availability. 71% also reported these delays in completing their placements hours caused them financial pressure, with 60% reporting these delays stopped them completing their course on time.[11]

Further impacts of the delays to completing clinical placements hours ranged from reducing the variety of practice experience across different clinical environments, through to preventing the chance to develop academic and leaderships skills. Taken together, the results suggested that there is cause for concern as delayed graduation means delayed entry into the workforce. The financial and personal pressures on a large proportion of students had a negative impact on their wellbeing, which had implications for sickness and ultimately on safe staffing and attrition.

Also concerning was the fact that the quality of learning may have been compromised by the limited variety and opportunity for professional development, particularly around academic and leadership skills. This may have impacted a successful transition to the role of newly registered nurse and supports the need for robust preceptorship.

The RCN therefore finds existing UK government policy on nursing supply to be insufficient and proposed policy for further higher education reform deeply regressive. These proposals, coupled with a failure to properly incentivise new nursing students or to properly remunerate nursing staff does the opposite of encouraging people to join and stay in the nursing profession.

11 An online survey was distributed to RCN student members taking undergraduate (except first year) and post-graduate nursing degree courses between 11 May through to 25 May 2021. The survey received 1,335 responses.

6. Investing in patient safety and outcomes

Nursing higher education

Since the introduction of loans for nursing degrees, the RCN has been clear that any UK government action to stimulate growth in nursing supply should include either full reimbursement of tuition fees, as well as forgiving current tuition debt for all nursing and midwifery students, as well as abolishing future self-funded tuition fees for all nursing and midwifery students (RCN, 2018). The RCN has also consistently said that universal, living maintenance grants need to reflect actual student need in terms of living costs so students can focus on their studies without experiencing financial or emotional hardship.

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. The UK government must take wider action to understand the risks of nursing student attrition and to identify and address systemic pressures, such as teaching and clinical placement capacity and the financial difficulty facing nursing students.

The RCN (2018) commissioned and published cost-benefit modelling by London Economics of two potential alternatives to the student loan system: a tuition fee and living costs grant, or loan forgiveness.

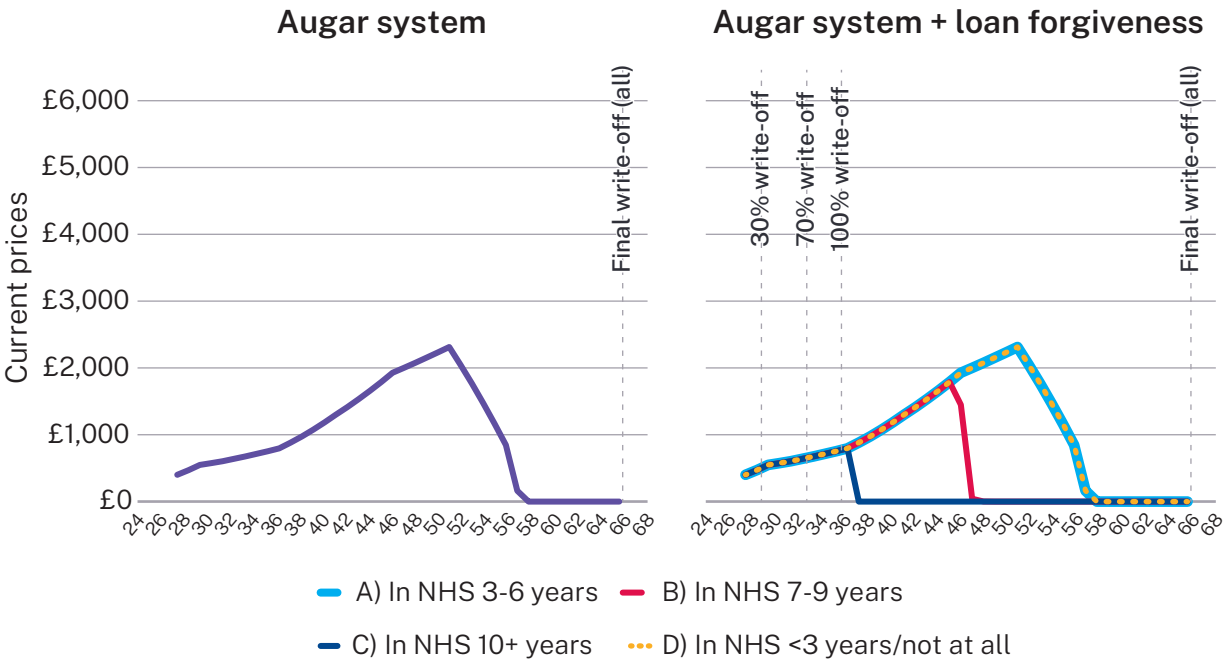
Through a loan forgiveness model, nurses working in public sector services for 10 years or more would have their entire outstanding loan balance written off 10 years post-graduation, thus making the lowest loan repayments overall and becoming student loan debt-free early in their careers. This model is based on 30% of the loan balance written off after three years, 70% after seven years and 100% after 10 years.

Further RCN (2019) commissioned analysis, following changes to the UK government accounting rules required by the ONS, found the loan forgiveness model to be even more affordable than it had been previously. The deficit arising from the loan write-off in the final year of the repayment period would be much smaller, amounting to only £332m (as compared to £1,198m in the existing student loan model). This is based on a lower overall loan balance (due to abolishing student-paid loans), as well as from the fact that parts of the total loan balance would already be 'forgiven' intermittently (we demonstrated this at three, seven and 10 years post-graduation) (RCN, 2019).

This is a potentially high impact, incentive to join the nursing profession and stay working within the public sector in England. The benefits of this – demonstrated in Figure 12 - are particularly significant for female nursing graduates, even more so, should further higher education proposals by UK government be introduced that disproportionately negatively impact on female graduates. This is also a relatively affordable solution for UK government to implement.

Figure 12: Loan repayment profiles – by age – for female nursing graduates

Lifetime loan repayment profiles (by age) for **female** full-time first degree nursing students, 5th decile only, by time spent in the NHS



Source: London Economics. Analysis provided for the RCN

- Note that, in this example for female nursing graduates on the 5th income decile, the early loan forgiveness would have **no benefit** for female graduates staying in the NHS for only three-six years.
- This is because their annual repayments would be too low to ever repay the full balance, over the entire 40-year repayment period. As a result, the repayment profile for these graduates is the same as for graduates working in the NHS for less than three years (or not at all).

Nursing pay

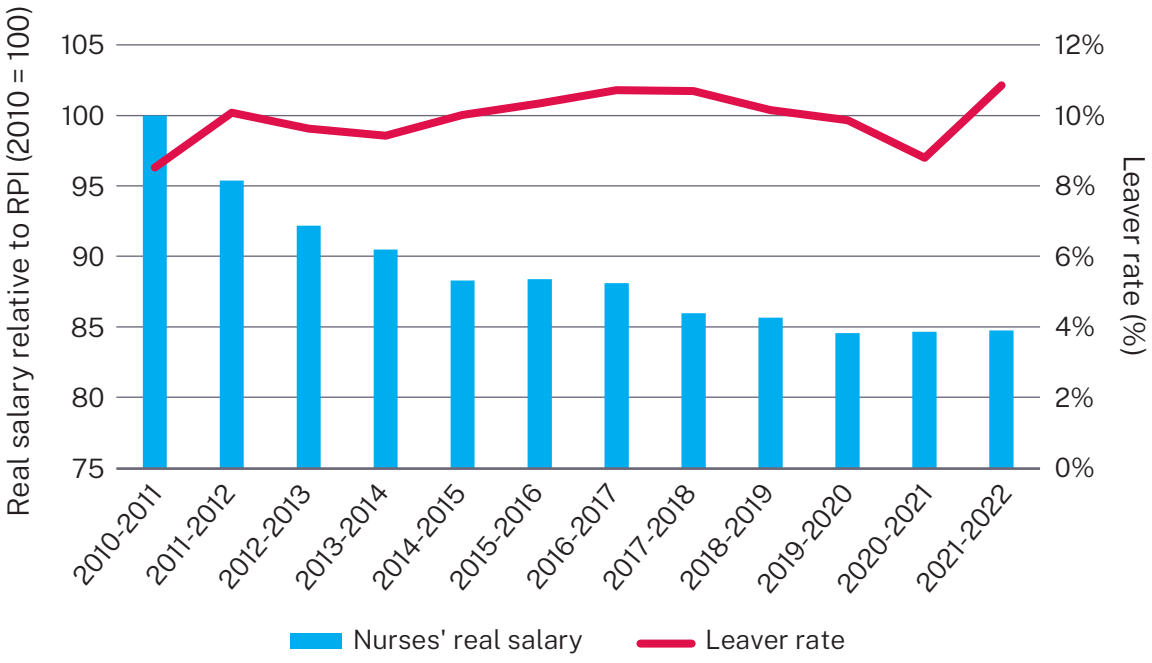
Analysis clearly reinforces the fact that nursing staff are underpaid and undervalued for complex, safety-critical work. The RCN is therefore resolute in the view that nursing pay must be significantly improved in all sectors, including the NHS and social care. Fair and appropriate pay is the only policy lever available for immediate impact on nursing retention, and the UK government must not lose any further time in taking action.

In analysis commissioned by the RCN, London Economics investigated the correlation between nursing pay and the rate at which registered nurses leave the NHS in England.[12]

12 RCN commissioned analysis undertaken by London Economics (2022).

Figure 13 shows that from 2010-11 to 2021-22, real salaries for NHS nurses relative to RPI decreased substantially (by over 15%). At the same time, the NHS leaver rate increased by 2.33% (from 8.52% to 10.86%). Fewer registered nurses left the NHS during the pandemic. Even when the 2020-21 datapoint is excluded, there is still a continuation of the correlation between leaver rate and pay until 2021-22. Whilst pay isn't always the primary reason given by nurses for leaving the profession, this analysis indicates that there is a strong relationship.

Figure 13: Leaver rate for NHS nurses and health visitors, compared to index of nurses' salaries relative to RPI (2010 = 100), 2010-11 to 2021-22



Source: London Economics analysis (2022) commissioned by the RCN

The London Economics analysis clearly sets out that salaries of nursing staff have not kept up with inflation over the last decade. A large proportion of nursing staff are employed at the top spine point of each individual Agenda for Change band, with particularly large numbers situated at the top of bands 4, 5 and 6. Since 2010-11, the salary rates for all spine points on Agenda for Change have declined in real terms.

The erosions of NHS Agenda for Change real pay are substantial. A large proportion of nursing staff typically sit at the top spine point of each individual Agenda for Change band, with particularly large numbers of registered nurses situated at the top of bands 5 and 6 – where real salaries have declined by as much as 20% (band 4, point 17; band 5, point 23) and 21% (band 6, point 29) in real terms. Compared to salary levels in 2020, a 20% real terms pay cut is the equivalent of working a day a week unpaid.

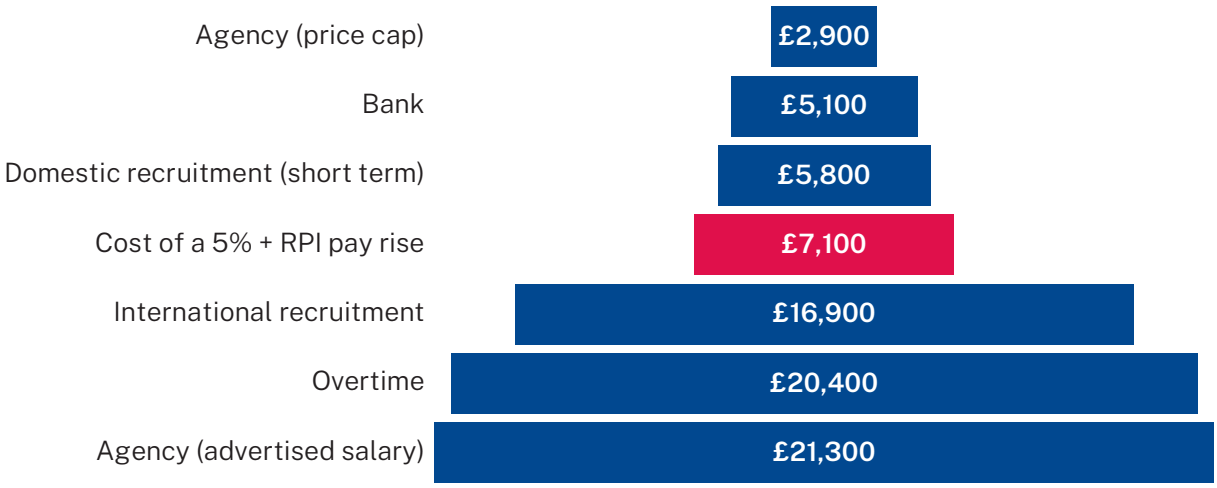
Nursing staff are finding it harder to afford key expenses without a meaningful, above inflation, pay rise. The RCN also commissioned analysis comparing pay with inflation. In cash terms, a nurse's salary at the top of band 5 in has increased by between 7.6% and 9.2% in the UK, since April 2020. During this time typical UK-wide household inflation has raised by almost 12.9%. This rate is higher still for 'unavoidable' expenditure such as housing and fuel, at 17.1%.

Analysis also finds that the cost of a pay rise at 5% above inflation is significantly lower than the costs which arise from recruiting to fill registered nursing vacancies (see Figure 14). This analysis is based on the salary of nurses at the top of band 5 (spine point 23 – 2021-22 rates) in England, which represents the 'typical' member of the nursing profession. The costs examined are a mixture of one-off costs (such as recruitment costs), annual costs (such as bank/agency/overtime costs), and sunk costs (such as graduate training). The analysis also considers all relevant on-costs incurred by employers (including National Insurance contributions and pension contributions). Findings show that the cost associated with a 5% + inflation (RPI in July 2022, the point at which the pay award was made), based on 2021-22 salary rates in England is significantly lower than the cost of filling a vacancy in the long term.

The cost of international recruitment - the UK government's main strategy for boosting registered nurse numbers in England - is 2.4 times the cost of giving a 5% + inflation pay rise to a typical nurse considering leaving the profession (£16,900 vs. £7,100). 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 (NHS England, 2022b). However, the price cap is regularly exceeded through use of the 'break glass' clause. The true cost of agency staff is estimated at three times the cost of a 5% + RPI pay rise (£21,300).

For NHS trusts that can fill vacancies using only bank nurses, this option is less expensive (£5,100) than a 5% + RPI pay rise (£7,100). However, not all shifts are covered by bank nurses, so the true cost of managing nursing shortfalls is likely to be much higher because of the more common mix of bank and agency staff used to cover vacancies. Assuming that half of vacant shifts are undertaken by bank nurses and half by agency nurses, the average annual cost of a temporary nurse is £13,200 higher than the baseline 2021-22 salary rates, and £6,100 higher than the cost of a 5% + RPI pay rise.

Figure 14: Cost of 5% + RPI pay rise and cost of filling a nursing vacancy (vs baseline of 2021-22 salary rates)



Source: London Economics analysis (2022) commissioned by the RCN

UK government can provide a pay increase for nursing staff with immediate impact on retention. The RCN does not accept rhetoric of governments that a fair and substantial pay increase for nursing staff is not affordable.

In the current context of sustained high nursing workforce vacancy rates, increased pressure on the health and care service, rising numbers of absences and registered nurses leaving the profession, the RCN is clear that the UK government is more than overdue in exercising accountability and delivering a fully-funded health and care workforce plan for England.

The UK government's forthcoming *Long-Term Workforce Plan* should include the following actions for the government itself, as these are beyond the control of the health and care systems in England:

- the establishment of the role of chief nursing officer on par with the chief medical officer who is supported to hold leadership and provide expert advice within the UK government's Department of Health and Social Care. Nursing leadership roles should be embedded throughout all legislated health or care structures, as well as within executive or decision-making functions
- an independently verified assessment of future health, social care and public health workforce numbers based on the projected health and care needs of the population for the following five, ten and twenty years. Assessment must reflect the RCN (2021a) *Nursing Workforce Standards* and include an assessment of health inequalities across geographies, services and settings, considering where health needs are greatest
- government-funded tuition fees and living costs grants for all nursing, midwifery and allied health care students, to incentivise new nursing students for sustainable nursing supply. Fees should be reimbursed, or current debt forgiven for nursing, midwifery and allied health, either through up-front payment or through reimbursement such as a forgivable loan system. The proposed funding reforms to wide higher education must not be applied to nursing higher education
- an above inflation pay rise for nursing staff in the NHS of at least 5% (measured by RPI), to improve retention of the existing nursing workforce and ensure that nurses are adequately paid for the highly skilled and safety critical work they do. There must be at least parity of pay, terms and conditions with NHS Agenda for Change for registered nurses and nursing support workers in any health and care organisation, as well as improved access to further training, development and clear career pathways
- action to understand the risks of nursing student attrition and to identify and address systemic pressures, such as resourcing requirements of health and care service for teaching and clinical placement capacity
- measures to address potentially unethical practice in international recruitment. This should include clear steps for ensuring all international recruitment adheres to UK and global codes for ethical recruitment, introducing bilateral agreements – with the involvement of national nursing associations – to ensure international recruitment is mutually beneficial.

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