



RCN Submission to the Pay Review Body 2024-25

1. Introduction

1.1 The NHS is in crisis and at the heart of that crisis is the recruitment and retention problems beleaguering the nursing workforce. The NHS can neither recruit nor retain nurses and that is negatively impacting patient outcomes and necessitating the use of agencies to supply emergency temporary labour diverting billions of taxpayer money away from patient care. It has also resulted in an over reliance on international recruitment as the domestic supply is limited. Only by investing in the nursing workforce will this crisis be abated; pay and nursing career progression are two mechanisms by which to do so.

1.2 There are currently more than 40,000 nursing vacancies in the NHS in England alone and as set out in the evidence below, dissatisfaction among the nursing workforce has never been higher with almost a third thinking of leaving or in the process of doing so. Leaver rates are at a historic high and recruitment simply cannot keep pace with turnover providing an extremely unstable transient workforce tasked with maintaining the health of the nation.

1.3 The RCN has highlighted to the PRB many times that the nursing workforce is a predominantly female profession (90%) of whom many are members of the global majority. In terms of the NHS nursing workforce, NHSE confirmed in June 2023 that Agenda for Change Band 5 comprises the largest number of staff and 42% are nurses or health visitors. As nursing is the single largest occupational group within the Agenda for Change pay and grading structure this means that women and those from the global majority are in the main anchored at Band 5 thus creating both a gender and ethnicity pay gap which is ever increasing.

1.4 Other professions within the Agenda for Change pay and grading structure have automatic progression after a period of time, akin to preceptorship, after which they automatically progress from Band 5 to Band 6 as provided by Annex 20 of the national terms and conditions handbook. This is not available to the nursing workforce. Providing such a gateway would increase recruitment, retention and motivate the workforce which is one of the PRB's considerations.

1.5 Nurses and nursing want a career framework that enables them to reach the top of their profession if they so wish. If supported to undertake training, complete continuing professional development (CPD) and with the appropriate mentoring and supervision, nursing staff should be able to aim for consultant status similar to their medical colleagues. However, at present, that aspiration is limited due to budgetary constraints and other structural impediments.

1.6 Save for achieving promotion, which is disproportionately more difficult for those with caring responsibilities and for members of the global majority, many nurses remain at Band 5

for the duration of their careers. The PRB must acknowledge the structural barriers that exist within the Agenda for Change pay and grading structure and unlock the potential to recognise and reward nursing fairly. It is the nursing support worker, student nursing community and the newly qualified, who require supervision or support from registrants for their work or learning experience, that are frequently without adequate supervision (as a result of high levels workforce vacancies and extreme demands on the system) that provide much of the clinical care. This is not the case in other safety critical professions and is a dangerous operating system only serving to increase the cost of harm to the public purse. Realigning the workforce through a renewed planning strategy to ensure those with the most expertise remain closest to patients will improve patient outcomes and reduce clinical negligence bills. Safe staffing ratios would also achieve a similar result and reduce mortality rates as has been the case in Australia, Canada and the USA.

1.7 Although helpful that alternative routes into nursing have been established in relation to apprenticeships and Nursing Associates, funding remains a barrier and nursing must remain a graduate degree profession. However, the collapse in university applications for student nursing courses, repeated again in the UCAS figures for the January 2024 deadline, is reflective of the reticence with which nursing is now viewed as a career and that is in the main due to pay, lack of career progression and an absence of safe staffing. Nursing must be reclaimed as a career of choice to shore up the NHS and the PRB can make recommendations of substance to facilitate that.

1.8 The RCN undertook new analysis of findings from a Freedom of Information (FOI) request sent to NHS trusts across England, which received 182 responses from 202 trusts. The analysis by the RCN found hospitals spent a total of £3.2bn between 2020-22 to cover gaps in rotas of nurses and nursing support staff to keep wards open. Threequarters of the vacancies in the NHS could be filled if the money had been redirected to hiring permanent staff. The money spent on agencies could have provided the salaries of 30,956 permanent full-time equivalent nurses (FTE) paid at the top of a Band 5 salary (£34,581). By providing the nursing workforce with the appropriate recognition and reward, vacancies would reduce and as such the agency spend. NHS Employers could provide their staff with appropriate over time rates as provided in section 3 of the national terms and conditions handbook and avail those rates to their bank workforce. Many employers refuse due to budget constraints. However, this would reduce the need for agency spend which is extremely likely to increase without any measures to curtail it and the NHS will continue to operate a false economy.

1.9 The RCN historic vote for industrial action across the UK in 2022 and 2023 demonstrated the level of anger across the RCN membership, not just with the 2022-23 NHS pay award, but with the many years of underfunding, neglect and lack of investment in the NHS nursing workforce. Faced with yet another below inflation pay award which failed to make up for 13 years of stagnant wage growth, it is not surprising that so many members voted to take strike action for the first time in their nursing careers.

1.10 This vote reflected members' outrage regarding the 2022-23 award, after a succession of poor pay awards. A decade of pay restraint has stripped all resilience to cope with a cost-of-living crisis, made all the worse by yet another below inflation pay award. It also reflects nursing frustration with the Agenda for Change pay and grading structure which does not reflect the modern demands of nursing.

1.11 The job evaluation scheme which underpins the current pay spine is 20 years old and the national nursing profiles are no longer reflective of current nursing practice. The development of nursing practice and delivery of health care has progressed dramatically since its inception and the system has stood still not recognising the complexities of modern health care and

acuity of care required. Although they are currently being reviewed as part of the nursing and midwifery profile review, this process has been ongoing for almost three years, and it is not expected to complete for at least two further years which will not address the immediate recruitment and retention crisis in nursing. Furthermore, no funding has been allocated to address any future amendment of the profiles such that employers can uplift member salaries. We have witnessed this in respect of the roll out of the new Agenda for Change Band 2 and 3 profiles and employers are simply refusing to review their workforce on those bands as they have no budget to support salary uplifts to the next grade. We anticipate the same problem and on a larger scale in respect of the nursing and midwifery profiles which will cause yet further industrial unrest. This could have been avoided if the service had maintained the workforce's job descriptions when roles have significantly changed over time as nursing has in all guises, but it has failed to do so.

1.12 The service, without exception, has failed to maintain capacity to undertake job evaluation locally. There are insufficient job evaluation practitioners, named job evaluation leads, no consistency checking and no protected time for partnership working to maintain the system which means it is failing nursing. Although new profiles may be rolled out, there is no capacity in the service to deliver a review locally or fund any movement within the grades.

1.13 This is why we requested a commitment from the Government to explore an entirely separate nursing pay spine and given the structural barriers that persist with the Agenda for Change pay and grading structure, how this could be addressed is by way of a new pay structure outside Agenda for Change. We will respond to Government on that consultation in due course.

1.14 PRB itself queried in its 34th report whether Agenda for Change accurately reflects the relative job weight of the realities, complexities, and development trajectories of nursing as a modern graduate profession, best to enable the recruitment, retention and motivation of nurses in the short and medium term. We have said and continue to say it does not. The nursing workforce urgently needs a unique solution to ensure the workforce and ultimately the NHS is maintained and the PRB is uniquely placed to provide such recommendations.

1.15 However, PRB must also be aware that RCN members are in complete disillusionment with both the PRB pay determination process and the PRB as an institution, an institution that was established to uphold independence, transparency and fairness. Continued restrictions placed on the PRB remit have caused RCN members to call into question the independence and efficacy of the institution.

1.16 The RCN has contributed to the PRB process over many years, on the understanding among all parties that recommendations would be based on an independent and balanced view on the evidence provided. However, the nursing workforce is facing both a cost of living and a retention crisis and the warning signs have been in clear sight for many years as highlighted by the RCN. There are staff shortages in all parts of the NHS and all parts of the UK and nursing staff are leaving in record numbers. The RCN and others have raised the alarm in a succession of workforce reports and PRB submissions over many years, yet all warnings have been ignored. During the last 13 years, nursing staff have faced a series of under inflation pay awards in parallel with increasing demands and additional responsibilities above their current pay grade to maintain patient safety such that the profession is at breaking point.

1.17 Notwithstanding the commitment to review the NHS Agenda for Change pay setting process, which formed part of the government's 2022-23 additional offer and the 2023-24 award, this has not yet occurred. Therefore, although the RCN is submitting evidence as part of the 2024-25 pay round and commits to playing a full role in the process, we will also use this

as an opportunity to raise the flaws in the current arrangements. Further evidence relating specifically to Wales and Northern Ireland is submitted separately. We repeat our ask that the PRB upholds its remit to provide an independent, balanced recommendation based on the evidence. However, we must give notice that our longer-term support for the PRB process and institution of pay determination is conditional. We urge the PRB to fully consider its original purpose and principles and undertake to work with us to find a way of ensuring the pay determination process is fit for purpose and fair for all parties and offers the unique solutions it is capable of to address the crisis in the NHS and the crisis in nursing.

2. What we are asking for

2.1 At the time of this submission, the RCN remains in dispute regarding the 2022-23 and 2023-24 pay awards. We call on the PRB to support our claim and to reopen those pay rounds.

2.2 We repeat our call for an immediate national nursing Recruitment and Retention Premia to address the chronic and increasing nursing workforce shortages faced across the UK in all NHS areas and specialties.

2.3 In respect of 2024-25 we again request a substantial and an above inflation pay rise for nursing that delivers pay justice to one of the lowest paid professions in the public sector and is predominantly female. Only by awarding a substantial and an above inflation pay rise will this begin to restore nursing pay. As our recent London Economics report identified, due to a decade of pay stagnation, our members are experiencing on average real terms 29.4% reduction in salary, and this must be rectified. It is within the PRB's gift to make these recommendations and by shying away from the historical context we have outlined above; this only serves to reinforce our lack of faith in this system as a means of influencing nursing pay. Regrettably, if the PRB continues to ignore the past and makes no efforts to resolve the issues that blight nursing pay for future generations, the RCN will withdraw from the process entirely.

2.4 In addition to the above, the RCN calls on the PRB to make recommendations regarding career progression for nursing (such as automatic progression) and to confirm that Agenda for Change in 2024 does not accurately reflect the relative job weight of the realities, complexities, and development trajectories of nursing as a modern graduate profession, best to enable the recruitment, retention and motivation of nurses in the short and medium term. As PRB queried and highlighted at section 5.56 of its 34th report.

3. Economic outlook and inflation

3.1 Last year saw RPI inflation hit a high of 14.2%. The outlook has improved, with RPI standing at 5.2% in December 2023, and this downward trend is welcome. However, the legacy of wage stagnation in combination with the cost-of-living crisis will not end once inflation reaches a normal rate. Higher prices are now built into members' expenditure and their living standards are not rising because inflation is lower than it was. Food prices are 25% higher than they were in 2021, and while household energy prices have dropped over the last year, they are still 21% higher than they were two years ago.¹

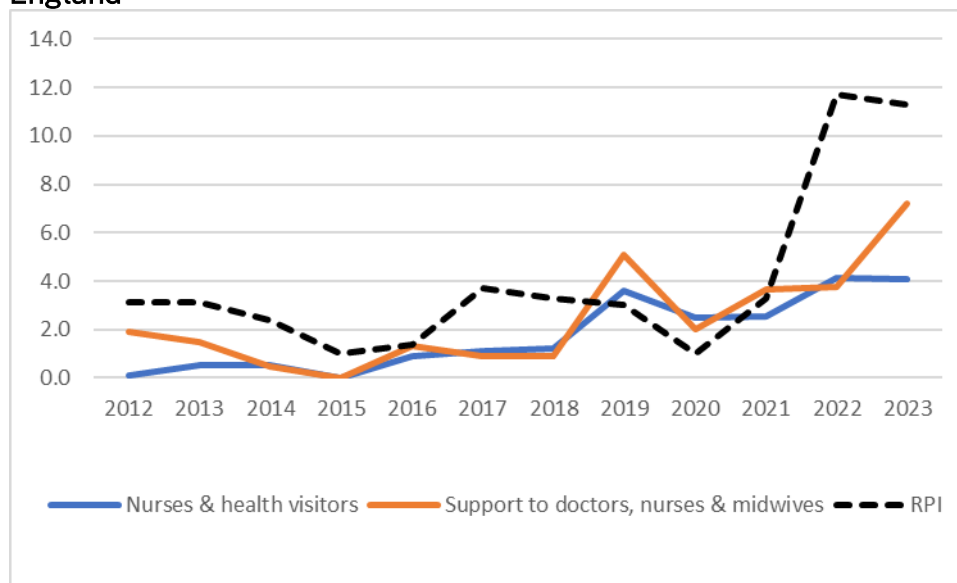
3.2 2023 saw highest levels of nominal wage growth since 2001 across the economy. Most economists agree that growth will continue into 2024 and that this trend is driven by the cost-

¹ [ONS Cost of Living Latest Insights](#), December 2023

of-living crisis rather than by labour market conditions. Just as private sector pay rises are the result of workers' demands to offset the rising prices that are eroding their pay packets in real terms, NHS nursing staff need a substantial above inflation pay rise to prevent living standards falling further behind.

3.3 Figure 1 shows annual average earnings growth for NHS nursing staff in England between 2012 and May 2023, which includes overtime, shift work overtime, shift work payments and geographical allowances against annual inflation. Earnings growth has failed to keep up with the cost of living, with the cumulative effect being that nurses and health visitors have seen an average 29.4% real terms gap, while nursing support workers have lost 20.4% on total earnings.

Figure 1: Annual growth in average total earnings: nursing staff employed in the NHS in England



Source: NHS Digital; Office for National Statistics RPI All Items Index

3.4 Recent data from the OECD provides an analysis of wage levels among full-time nurses employed in hospitals in terms of both the relative value compared to the national average and in terms of purchasing power parity (Figures 2 and 3)².

3.5 Figure 2 shows that full-time nursing earnings in relation to the national average across the UK are lower than most European countries and less than the OECD average. Figure 3 demonstrates that full-time nursing staff in the UK earn less than the OECD average in terms of purchasing power parity and significantly less than countries such as Australia, Canada and the USA. The UK is clearly losing its way in relation to how it values nursing staff.

² OECD (2023) [Health at a Glance: Europe](#)

Figure 2: OECD analysis: remuneration of hospital nurses, ratio to average wage, 2021 (or nearest year)

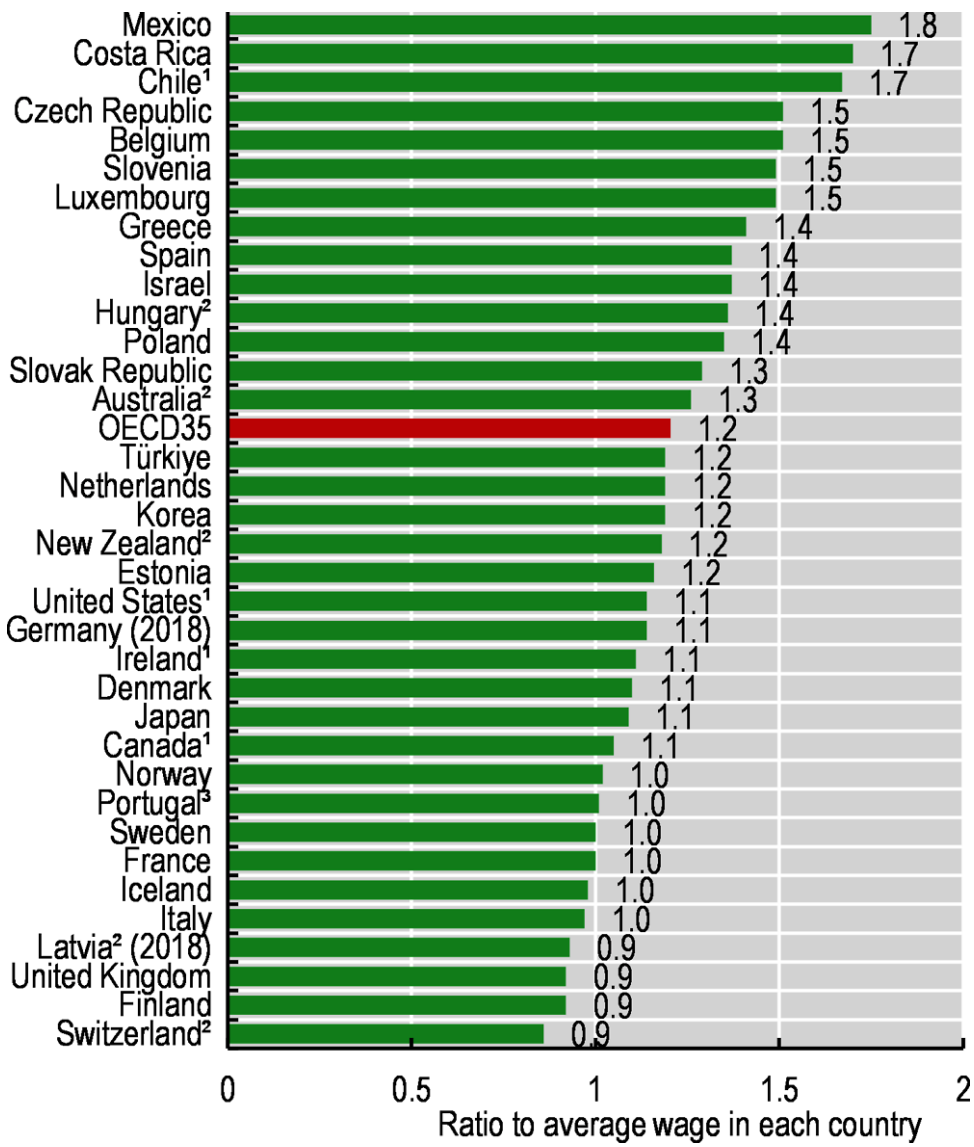
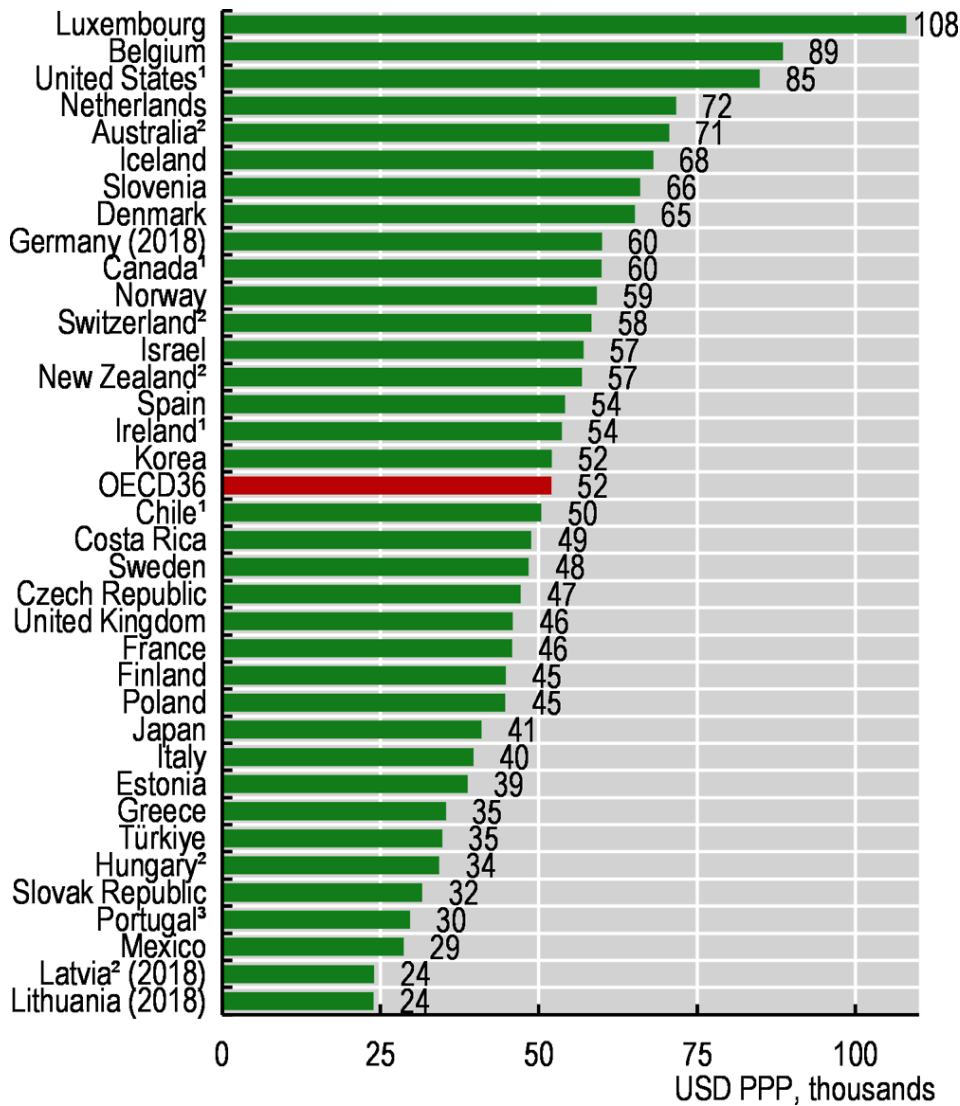


Figure 3: OECD analysis: remuneration of hospital nurses, USD PPP, 2021 (or nearest year)



Source: OECD, Health at a Glance: Europe 2023

NHS nursing staff are under financial pressure

3.6 The pressures facing the nursing workforce are both manifold and well documented. The RCN and others have clearly set out the crisis facing the NHS and nursing staff. In previous PRB submissions and other reports, we have drawn attention to the extent and impact of unsafe staffing levels; nursing staff working unpaid overtime and unable to take breaks; staff leaving due to unsustainable workloads, long working hours, and lack of flexibility; limited opportunities for career progression all capped by a pervasive feeling of being undervalued. These problems are worsening day by day and are contributing to the retention crisis set out below in section 4.

3.7 Expecting NHS nursing staff to cope with acute staff shortages, in addition to the already high demands of the job is harming their wellbeing and risks retention. Indeed, the King's Fund warns that the shortages are counterproductive, both now and in the future³. The King's Fund

³ The King's Fund (2022) [NHS staffing shortages: Why do politicians struggle to give the NHS the staff it needs?](#)

assert that the NHS spends too much time today trying to find staff when they could be providing patient care. And looking to the future, any “NHS leaders wishing to develop new and more efficient and effective models of care, and different ways of staffing them, will find a lack of ready, available and willing health care professionals to help them do so.”

3.8 This submission focuses on the economic impact of successive below inflation pay rises since 2010 which have left nursing staff vulnerable to the cost-of-living pressures facing the UK. The cumulative real terms fall in pay on its own has led to recruitment and retention challenges for the NHS nursing workforce. Combined with rising prices, ongoing attacks on pay, terms and conditions from within the NHS have left nursing staff with little resilience to cope with the economic assault from outside.

3.9 Tables 1 and 2 demonstrate the impact of financial pressures on NHS nursing staff, with two thirds stating they have cut back on food and travel costs and almost two in ten stating they regularly skip meals. Among actions taken to meet everyday living expenses, nursing staff are regularly using credit cards while a third work extra hours or undertake bank work to make ends meet.

3.10 Table 3 shows the level of dependence on extra earnings through unsocial hours pay (32.3%), bank or agency work (30.2%) and overtime pay (17.4%) showing that a significant proportion of respondents cannot survive on basic pay alone.

Table 1: Thinking about cost-of-living pressures, have you done any of the following in the last few months?

Cut back on food or travel costs	65.9%
Regularly skipped meals	18.4%
Missed or been late with rent or mortgage payments	8.5%
<i>Struggled with childcare costs</i>	8.0%

Source: NHS respondents to the 2023 RCN Employment Survey

Table 2: Have you done any of the following to meet everyday living expenses?

Used credit cards for day-to-day expenses	44.3%
Worked extra hours in main job	35.7%
Worked bank or agency	35.7%
Borrowed money from family or friends	23.9%
Taken out a loan	17.6%
Taken a second or third job outside nursing	5.2%
Taken a mortgage holiday	2.5%

Source: NHS respondents to the 2023 RCN Employment Survey

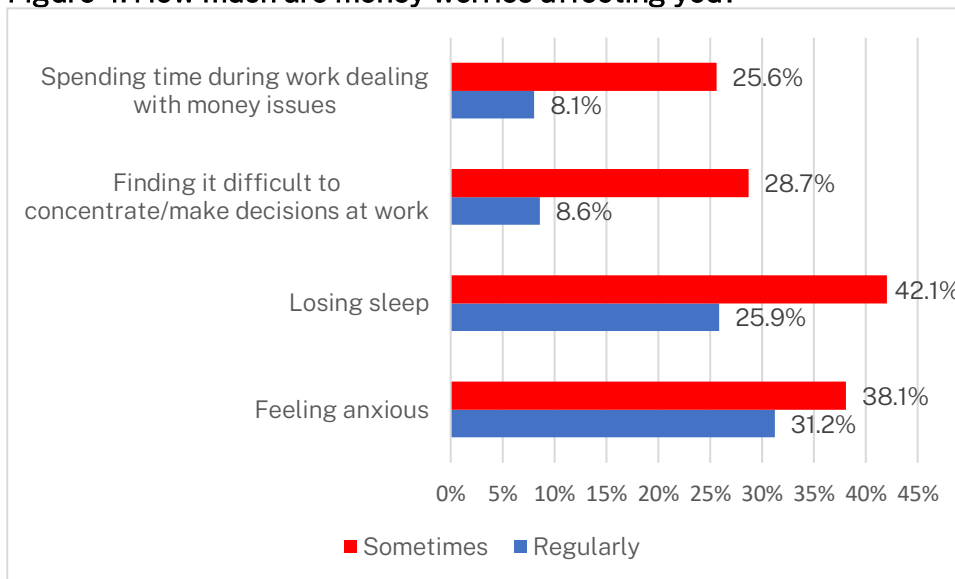
Table 3: Are you dependent on any of the following additional payments to keep up with your living expenses?

Unsocial hours pay	32.3%
Bank or agency nursing	30.2%
Overtime in your main job	17.4%
Other additional work to your main job	5.6%
On-call / stand-by pay	3.4%

Source: NHS respondents to the 2023 RCN Employment Survey

3.11 The impact on nursing staff mental health is made clear in Figure 4, with one in three (31.8%) stating that money worries are regularly making them feel anxious and a quarter (25.9%) are regularly losing sleep.

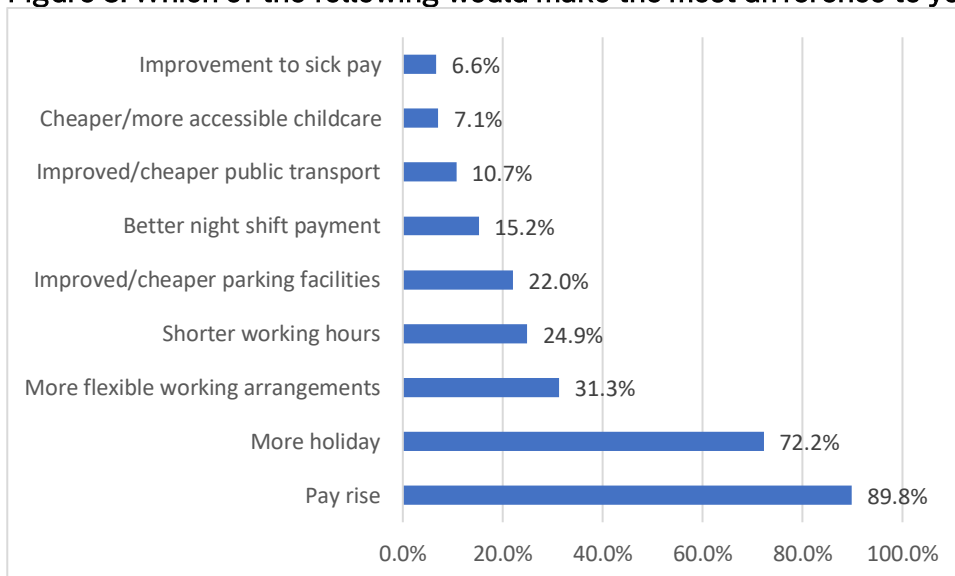
Figure 4: How much are money worries affecting you?



Source: NHS respondents to the 2023 RCN Employment Survey

3.12 Respondents to the 2023 survey were asked which change would make the most difference to them. Overwhelmingly, the most popular answer was a pay rise (89.8%) showing the strength of feeling among nursing staff.

Figure 5: Which of the following would make the most difference to you?



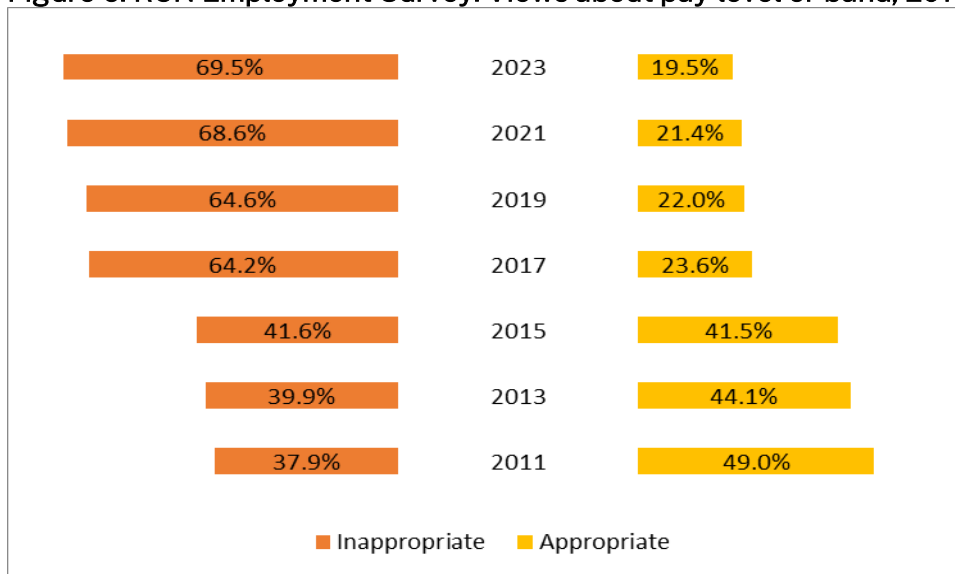
Source: NHS respondents to the 2023 RCN Employment Survey
Respondents asked to provide up to three answers.

Dissatisfaction with pay among nursing staff

3.13 Figure 6 shows findings from the 2023 RCN Employment Survey and indicates that dissatisfaction around pay levels or banding has gradually been growing since 2011, with over two thirds (69.5%) of members working in the NHS stating that their pay level or band is inappropriate, compared to 37.9% in 2011. Just one fifth (19.5%) view their pay as appropriate compared to half (49%) in 2011.

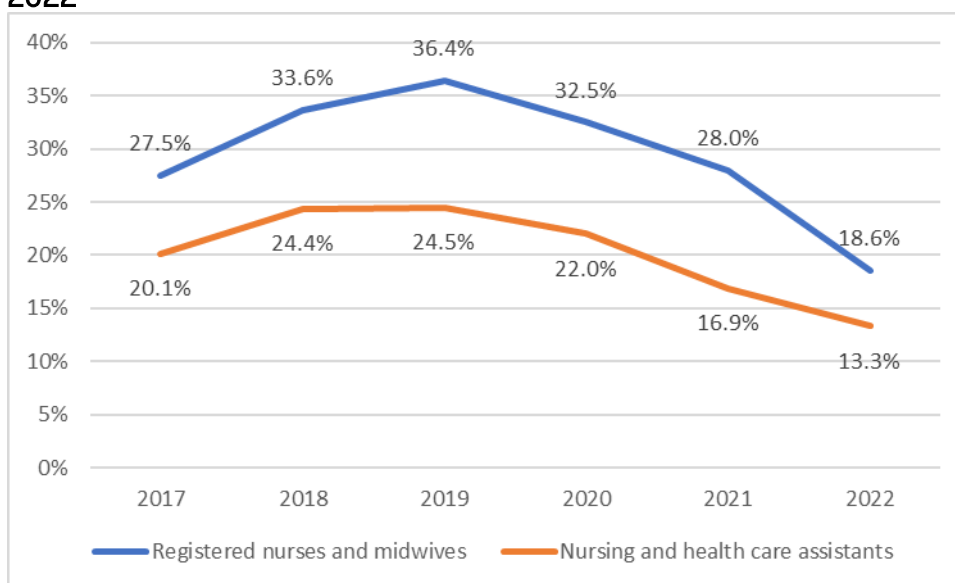
3.14 These findings echo those from the latest NHS Staff Survey in England in Figure 7 which show that levels of satisfaction with pay have plummeted among nursing staff since 2019. Figure 7 indicates that there was a 17.8 percentage point drop among nurses and midwives and a 11.3 percentage point drop among nursing and health care assistants between 2019 and 2022 expressing satisfaction with their pay.

Figure 6: RCN Employment Survey: Views about pay level or band, 2011-2023



Source: NHS respondents to the 2023 RCN Employment Survey

Figure 7: NHS Staff Survey for England: Levels of satisfaction with pay level or band, 2017-2022



Source: NHS Staff Surveys 2017-22

Cost pressures affecting nursing staff

3.15 Nursing staff are facing pressure from a combination of factors, including rising prices from unavoidable expenditure and freezes in the income tax threshold, as highlighted below.

3.16 While the fall in National Insurance contribution rates from 12% to 10% equates to an increase in take home pay, this is offset by the decision to freeze tax bands. For instance, an NHS nurse employed at the top of Band 6 is paying (after pension contributions) an extra £251 a year in income tax than if the allowance had risen by 10% from £12,570 to £13,827 in April 2023. This will be compounded by the decision to freeze the allowance until 2028.

Housing costs

3.17 The Bank of England base rate was at a historic low of 0.1% in December 2021, but by December 2023 had reached 5.25%. This is the highest level for 15 years. The Resolution Foundation calculates that 1.5 million households are due to reach the end of their fixed-rate deal in 2024 and will see their annual mortgage bill rise by £1,800 on average, and many others will remain locked in to expensive fixed-rate deals secured over the past year.⁴

3.18 Tenants in rental accommodation are also facing rising costs, with prices seeing the biggest annual increase in eight years, as recorded by the ONS⁵. Rents paid by tenants across the UK rose by 6.2% in the year to December 2023, adding to the cost-of-living pressures faced by NHS nurses.

Pensions

3.19 Cost of living pressures are contributing to members opting out of the NHS Pension Scheme. Data from the NHS Business Services Authority shows that in the 12 months to July 2023, 6,000 and 8,000 members were leaving the scheme every month. Among reasons given for opting out, 30% stated affordability (30%) and a further 31% stated they were temporarily opting out due to other financial priorities.

3.20 This trend is borne out among the RCN membership. Nine in 10 (92%) respondents stated they belong to a pension scheme, and of those a small number (2.3%) said they had already opted out of the scheme, while a quarter (25.8%) said they were thinking about opting out. Among the other responses provided in the survey, 83 said they had previously opted out of the NHS Pension Scheme at some point in their careers, while another 47 said that they had recently considered opting out but had ruled the decision out for now.

Table 4: Have you considered opting out of the pension scheme to help meet your living costs?

No	68.4%
Yes - I'm thinking about opting out	25.8%
Yes - I have already opted out	2.3%
Other	3.4%

Source: NHS respondents to the 2023 RCN Employment Survey

⁴ Resolution Foundation [The Macroeconomic Policy Outlook Q1 2024](#)

⁵ [ONS Index of Private Rental Housing Prices, UK: December 2023](#)

NHS salary levels are not enough to support a decent standard of living

3.21 According to the Minimum Income calculator, a single earner with one child of primary school age needs an annual income of £35,559 to support a decent standard of living⁶. A single earner with one child aged between two and four years old needs an income of at least £32,859 while a single earner with no children needs a minimum income of £29,541. This means the majority of nursing support workers and many registered nurses are locked out of achieving a decent standard of living on Agenda for Change salaries.

4. Recruitment and retention

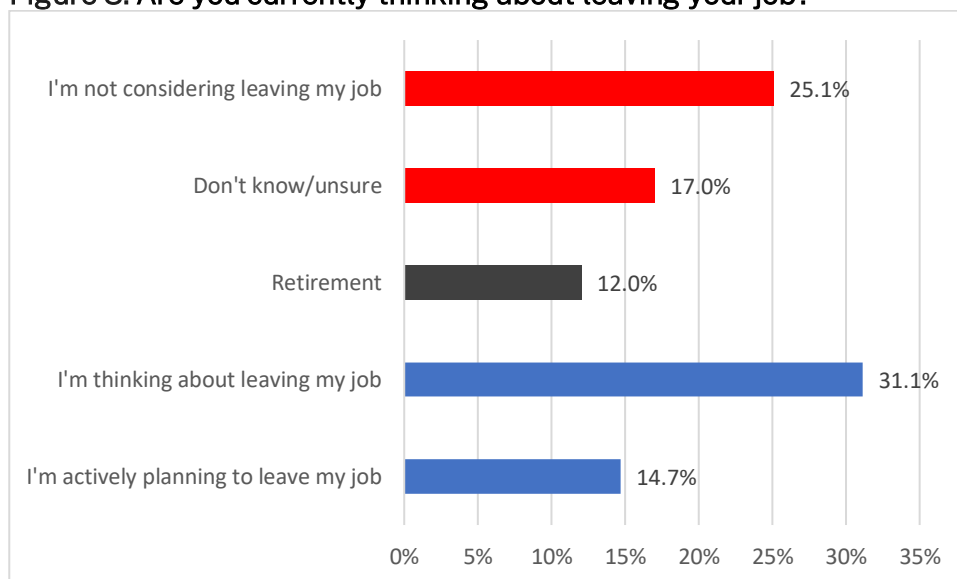
4.1 Looking at the main route into the registered nursing workforce, UCAS data shows that across the UK, the number of applicants to nursing courses fell by 13.4% in 2023, compared to 2022 (from 56,155 to 48,625). This means that 7,530 fewer individuals opted for a career in nursing. Compared to 2021, at the peak of the COVID-19 pandemic, the number of applicants fell from 59,860 to 48,625 (18.8% or 11,235 fewer applicants)- this includes both UK and international applicants.

4.2 Acceptances to nursing courses across the UK also declined markedly this year, by 10.6% compared to last year (from 29,440 to 26,330), including both UK and international applicants. This means that 3,110 fewer individuals could potentially qualify as registered nurses in 2026 compared to 2025.

4.3 In terms of retention, Figure 8 indicates that three in 10 (31.1%) respondents to the RCN survey who work in the NHS state they were thinking of leaving their job, and a further one in seven (14.7%) actively planning to leave their job. Table 5 shows that the reasons for leaving among these respondents are primarily push factors - including feeling undervalued and exhausted, working under too much pressure in environments with too few staff - rather than pull factors such as seeking promotion.

⁶ [Minimum Income Calculator \(2022\)](#) Figures based on public views about a minimum standard that nobody should fall below. It shows how much income is needed to buy a 'basket' of goods to let someone participate in society.

Figure 8: Are you currently thinking about leaving your job?



Source: NHS respondents to the 2023 RCN Employment Survey

Table 5: What are the main reasons for you thinking about leaving?

Feeling undervalued	32.3%
Too much pressure	28.8%
Feeling exhausted	28.0%
Staffing levels are too low	27.5%
Levels of pay are too low	26.9%
Not enough managerial support	21.8%
Can't give level of care to standard I would like	21.5%
My own stress levels	20.3%
Too much paperwork/bureaucracy	16.3%
Looking for a new challenge	8.4%
Seeking promotion	8.0%
Retirement	6.5%

Source: NHS respondents to the 2023 RCN Employment Survey

Respondents allowed to choose multiple answers

4.4 Table 6 indicates the strength of feeling among those respondents who indicated they were considering or planning to leave their jobs, with just over a third stating they would prefer a completely different job outside of the NHS and outside of nursing. Just one quarter (25.6%) stated they would prefer a different nursing job within the NHS.

4.5 Respondents were allowed to pick more than one option, with around a third stating they were thinking about different options, both nursing and non-nursing jobs in and outside of the NHS. However, further analysis shows that many respondents thinking about leaving are focused on one area of employment and that for a quarter (23%) their only consideration is a completely different job outside the NHS, indicating the high level of dissatisfaction with nursing as a career.

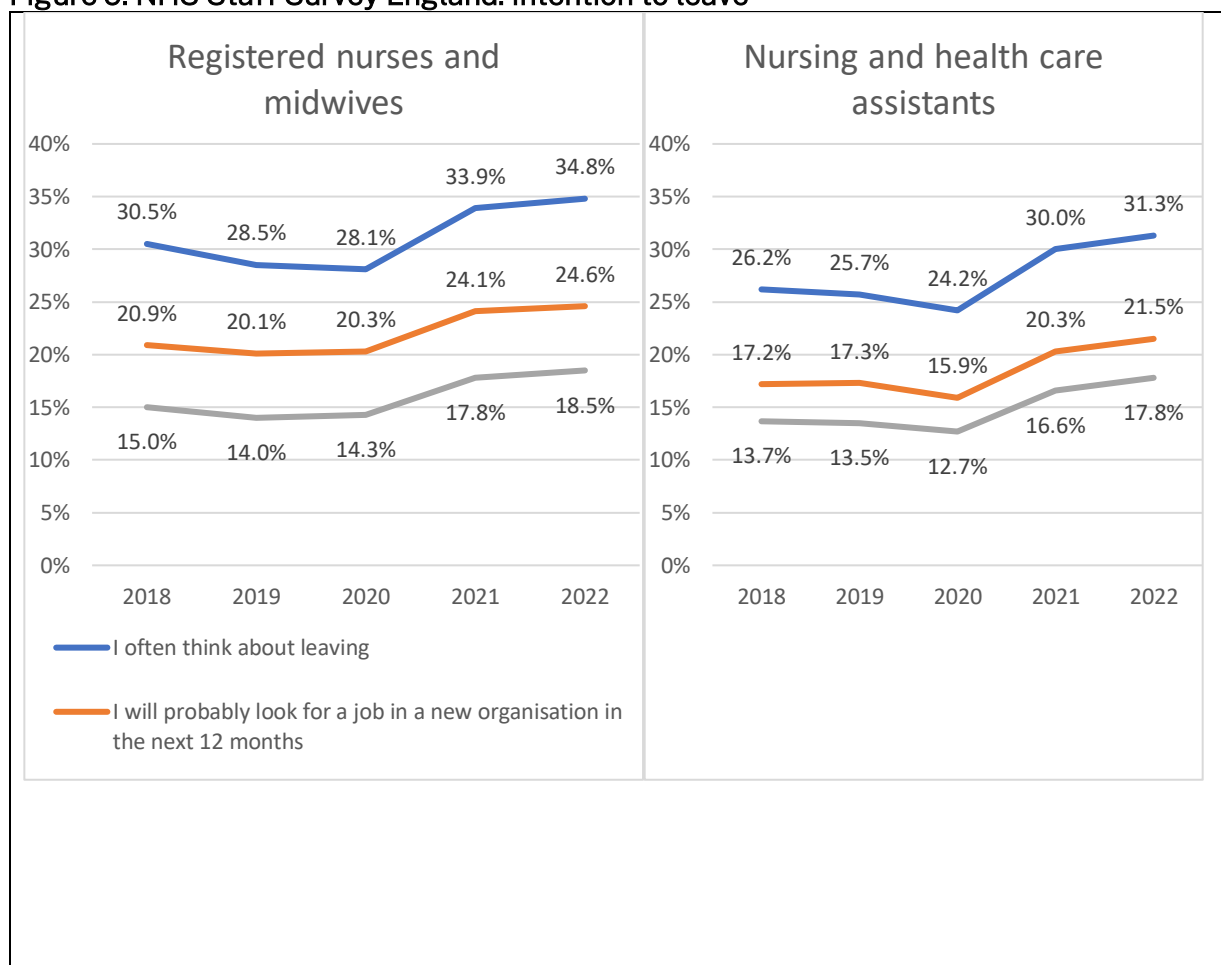
Table 6: Where would you consider? (respondents allowed to choose more than one option)

A completely different job outside nursing	35.6%
Another nursing role in the NHS	25.6%
Retirement	14.2%
Another nursing role outside the NHS	13.5%
Bank/agency nursing work	10.3%
Working abroad	8.2%
A non-nursing role in the NHS	7.9%
A health care role outside the NHS	7.3%

Source: NHS respondents to the 2023 RCN Employment Survey

4.6 Results from the 2022 NHS Staff Survey in England also show increasing numbers of NHS nursing staff articulating their wish to leave their jobs. Figure 9 shows a 7.1 percentage point increase in the proportion of registered nurses and midwives, stating they ‘often think about leaving’ between the 2020 and 2022 surveys, with a similar rise (6.7 percentage points) among nursing and health care assistants. Rises of a similar scale are shown in the numbers of nursing staff stating they would probably look for a job in a new organisation in the next 12 months and those stating they would leave as soon as they could.

Figure 9: NHS Staff Survey England: Intention to leave



Source: NHS Staff Surveys 2018-22

Why retention matters

4.7 The importance of retention has been highlighted in several recent reports which demonstrate the impact of nursing levels on patient safety. For instance, a longitudinal study of nursing staffing and inpatient mortality led by Imperial College demonstrates that when fewer nurses are on shift, patients have an increased chance of missed care, longer stays and in-hospital deaths.⁷ Meanwhile, a further study undertaken by the University of Southampton shows that low baseline staff levels with a high use of flexible staff are not cost-effective and do not solve nursing shortages.⁸ Similarly, a more recent study undertaken at the University of Surrey suggests that in hospital care, excessive staff turnover may generate pressure on the remaining workers leading to lower quality of patient care.⁹

4.8 The 2022 King's Fund government-commissioned report on waiting lists asserts that years of denying funding to the health service and failing to address its growing workforce crisis have left it with too few staff. This has led to a backlog of care and growing waiting lists across the whole of the UK. To turn this situation around, the NHS needs enough staff who are valued, well rewarded, well managed and well remunerated.

Vacancy data

4.9 Vacancies across the NHS are both geographically and occupationally widespread, across all NHS organisations and all nursing occupations and specialities.

4.10 In Wales, the vacancy rate for registered nursing, midwifery and health visiting staff stood at 10.7% and 9.7% for support staff in June 2023¹⁰. Figure 10 indicates that the vacancy rate for registered nurses and midwives in Northern Ireland has grown steadily from a low of 7.4% in September 2020 to 10.7% in September 2023¹¹. Among nursing support staff, the vacancy rate has grown from a low of 4.0% in June 2020 to 8.0% in September 2023.

⁷ [Nurse staffing and inpatient mortality in the English National Health Service: a retrospective longitudinal study](#) (Zaranko, B et al, 2022) BMJ Quality and Safety

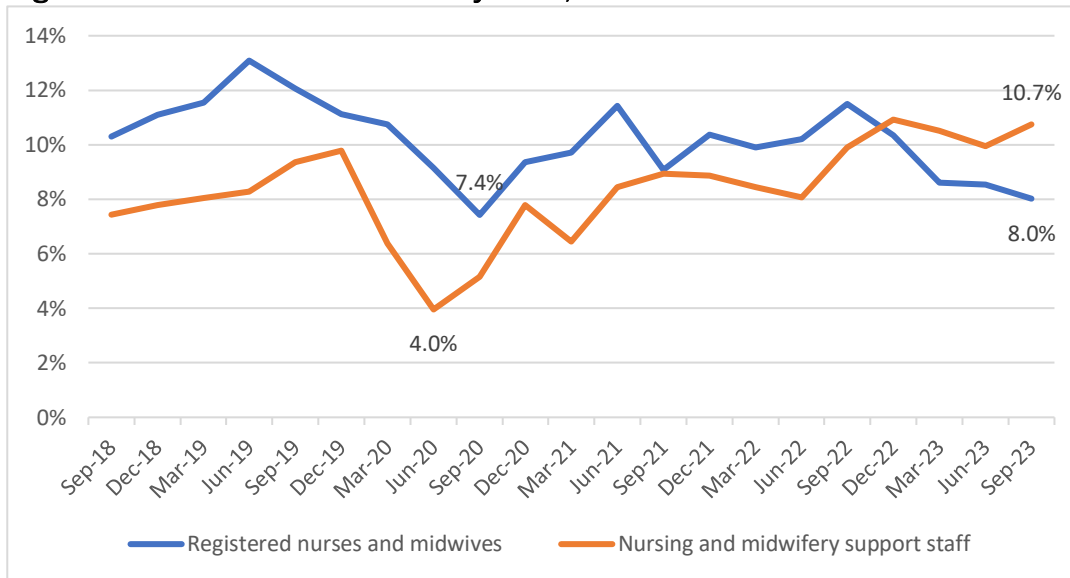
⁸ [Beyond ratios - flexible and resilient nurse staffing options to deliver cost-effective hospital care and address staff shortages: A simulation and economic modelling study](#) (Griffiths et al, 2021)

⁹ [Staff Engagement, Coworkers' Complementarity and Employee Retention: Evidence from English NHS Hospitals](#) IZA Discussion Papers, October 2022

¹⁰ [NHS staff \(gov.wales\)](#)

¹¹ Department of Health (2022) [Northern Ireland health and social care workforce vacancies](#)

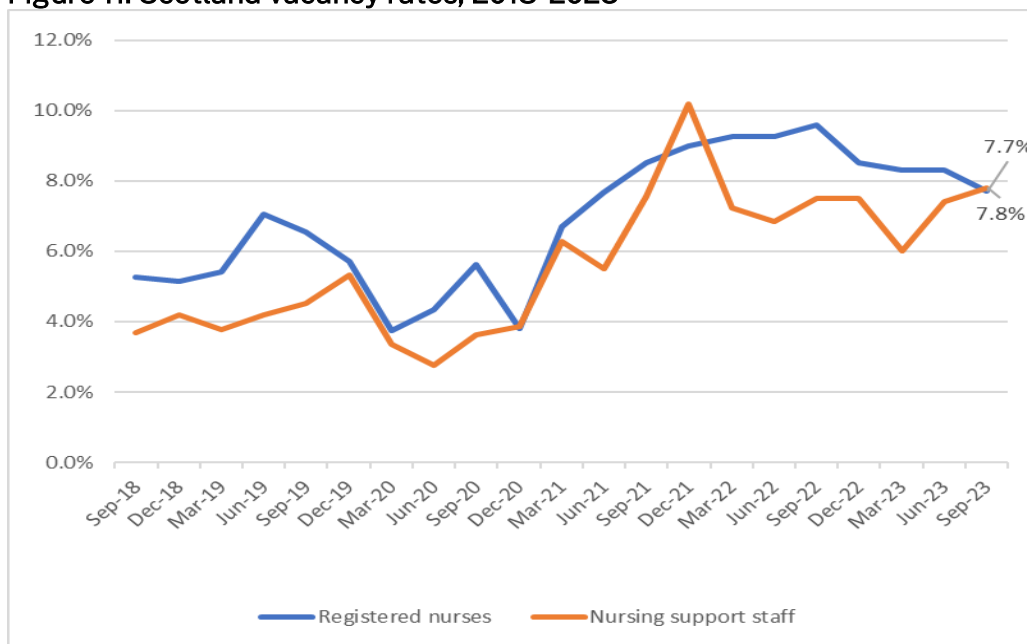
Figure 10: Northern Ireland vacancy rates, 2018-2023



Source: Northern Ireland health and social care workforce vacancies

4.11 Figure 11 shows a similar picture for Scotland, with a vacancy rate of 7.7% for registered nurses and 7.8% for nursing support staff in September 2023.

Figure 11: Scotland vacancy rates, 2018-2023



Source: NHS Education for Scotland

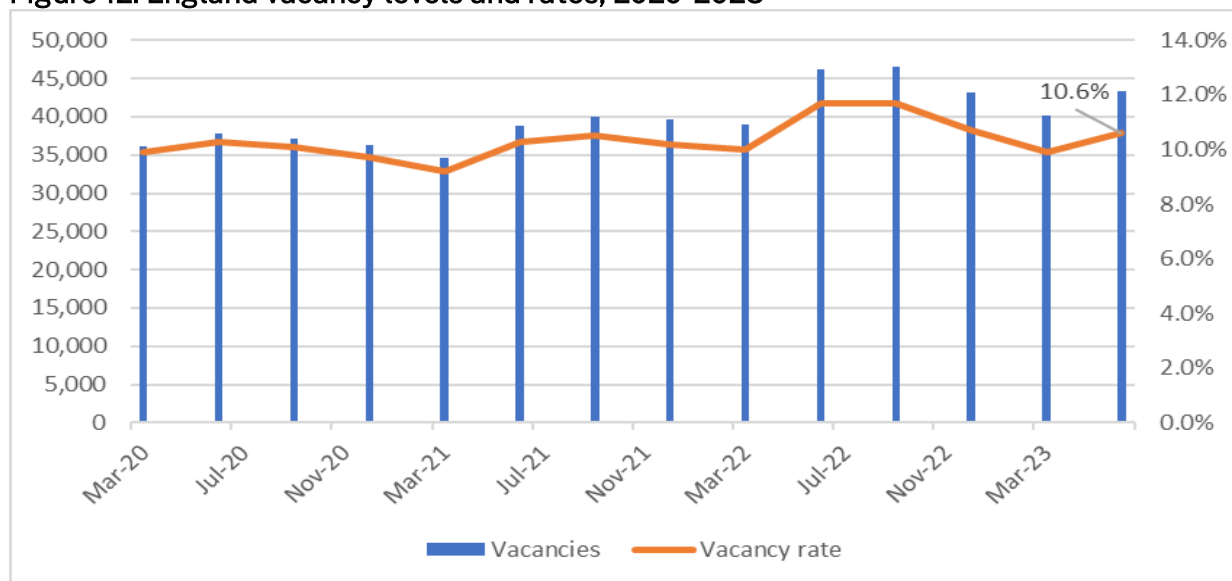
4.12 In England, the level of vacancies among registered nurses peaked at 46,607 FTE in the second quarter of 2022-23 and had slightly fallen to 43,339 by the first quarter of 2023-24¹². The vacancy rate has stood around or above 10% since the first quarter of 2021-22.

4.13 This vacancy data does not show the level of deployment of temporary staff who fill many vacant posts. In England, agency spend increased to £3.5bn in 2022-23, compared to £3bn the

¹² NHS Digital (2022) [NHS Vacancy Statistics](#)

previous year, and around £2.4bn in the previous four years. Spending on bank staff (£5.8bn) together with that on agency staff made up 11.6% of all employee expenditure in 2022-23.

Figure 12: England vacancy levels and rates, 2020-2023



Source: NHS Digital, Vacancy Statistics

NHS Long-Term Workforce Plan (England)

4.14 The RCN believes that the 2023 plan lacks the detail and funding necessary to address the challenges facing the nursing workforce. The Institute for Fiscal Studies (IFS) estimates that there would need to be funding growth of between 3.1% and 3.4% per year, compared with previous growth estimated at 1.1% between 2009 and 2020, in order to enable the increased growth in the workforce set out in the Plan¹³. The IFS state that the workforce plan must be supported by a return to the long-term average funding growth rate of 3.6%, compared with lower average rates seen in recent years (2.4% since 2009)ⁱ.

4.15 The plan also failed to take into account neither the impact of increased staffing on the pay bill or the need to secure real terms wage increases that are necessary to recruit and retain staff in the NHS.

4.16 The RCN believes that the transparency shown in the plan around the scale of workforce shortages is a positive step, as well as its commitment to growth in the domestic supply of nursing staff requires significant growth. However, this recognition and transparency follows years of staffing shortages and lack of action.

4.17 The plan states that among nursing staff, by 2036/37 there will be a 37,000 FTE shortfall in community nurses compared to a 6,500 FTE shortfall in 2021/22. It goes on to say that the current shortfall in mental health nursing is of particular concern, with the greatest vacancy rates in inpatient services, impacting on patient safety and quality of care. The total mental health nursing shortfall will reach 15,800 FTEs in 2036/37. The learning disability nursing shortfall will grow to 1,200 FTEs and for critical care nurses it will be 4,200 in 2036/37, up from 3,800 FTEs now.

¹³ Institute for Fiscal Studies [Implications of the NHS workforce plan.](#)

4.18 However, this modelling is not based on projections of demand, factoring in changing health and care needs in the population, the impact of the economic crisis on health inequalities, nor any potential impact of climate change, population migration or other factors.

NHS England itself has warned that the NHS is dealing with exponential demand growth from population increases and ageing, but this growth is 'met by a system with insufficient capacity whether workforce or beds or diagnostics.'¹⁴

4.19 The RCN also has concerns about the lack of reference to reforming the measurement of staffing levels or reporting workforce data. Current publicly reported data does not reflect the true size and shape of the nursing workforce, with temporary staffing not clearly captured to show whether posts are covered by bank or agency staff (which has implications for safety), or to reflect potential double counting of the same staff. The plan indicates that 114,000 FTE bank staff are required with the NHS to meet the level of demand, however, there is no discussion of *how* these additional staff will be achieved. For some staff the flexibility they require can only be achieved through agency or bank-only contracts.

4.20 The RCN believes that the Government must address also support the workforce through increased financial support and incentives for nursing students. Tuition fees and living cost grants in line with the cost of living must also be provided for all nursing, midwifery and allied health care students to incentivise more people to take the undergraduate degree route into a nursing career.

¹⁴ [NHS England Annual Report and Accounts 2022/23](#)

5. Conclusion

5.1 For all the reasons and evidence referenced above, the RCN is calling for a substantial and above inflation pay rise to address the worsening nursing workforce crisis and the long-term reduction in the value of nursing pay.

5.2 We urge the PRB to demonstrate its independence and recommend a substantial pay increase above inflation. Only a pay award at this level, will begin to restore lost earnings caused by successive years of below inflation pay uplifts and deliver pay justice for nursing.

5.3 Our evidence overwhelmingly demonstrates that the nursing workforce is in an ever-worsening crisis and downward spiral.

5.4 The PRB can stop this crisis by making recommendations that will support recruitment and retention of nursing staff. Therefore, we call on the PRB to recommend immediate measures to implement national Retention Premia Payments and Recruitment Premia Payments for the nursing workforce as a matter of urgency and priority.

5.5 Without a substantial and above inflation pay rise and a significant recruitment and retention package nursing confidence in the Agenda for Change structure will be entirely lost and the nursing workforce, who are the backbone of the NHS, will continue to be decimated.

5.6 In conclusion, the RCN also calls on the PRB to make recommendations regarding career progression for nursing (such as automatic progression) and to confirm that Agenda for Change in 2024 does not accurately reflect the relative job weight of the realities, complexities, and development trajectories of nursing as a modern graduate profession, best to enable the recruitment, retention and motivation of nurses in the short and medium term.

February 2024

Publication code: 011 478