



Royal College  
of Nursing

**INVEST IN NURSING**

**INVEST IN PATIENTS**

**INVEST IN SOCIETY**

RCN ENGLAND GENERAL ELECTION MANIFESTO 2024

# THE SCALE OF THE NURSING CRISIS

11%

of adult social care nursing jobs vacant.

30,000

nursing vacancies in the NHS.

OVER 675,000

nurse and health visitor days lost to sickness absence in December 2023.

-10%

how much less nurses working in UK hospitals earn than the national average salary.

# IT TAKES A REMARKABLE PERSON TO WORK IN NURSING.

Nursing staff are with us from the moment we enter the world, to the moment we leave it. They are with us throughout our lives, providing care when we need it most, showing extraordinary dedication and professionalism.

That's why the public trusts nursing staff more than any other profession. They understand our value, our commitment, and our expertise.

Yet, the profession continues to be understaffed. There are more than 30,000 NHS nursing vacancies across England and several thousand in social care. Last year in England, nursing staff received the lowest pay rise in the public sector.

Nursing staff are stretched to their limit. Overworked, underpaid, at breaking point.

That's why this must be a nursing election. When you invest in nursing, you invest in patients, you invest in society. We're asking political parties and candidates for their passion and political will to bring our health and social care services back from the brink.

The Royal College of Nursing is proud to represent more than half a million members across the UK. We can't stand by and accept more broken promises or inaction. Historic strikes over the past two years have emboldened our members. We're ready to make our voices, those of our patients and communities heard loud and clear.

Nursing staff are rightly angry, but we have the solutions to provide the profession with the fresh start it needs. During this election campaign we won't hold back in speaking up for our members and the patients they devote their working lives to care for.

The public value nursing staff. Patients value nursing staff. We ask you to do the same.

# OUR TOP 12 PRIORITIES

## WE WANT THE UK GOVERNMENT TO:

1. Give all nursing staff a substantial pay rise and introduce automatic band 5 to 6 pay progression for NHS nurses.
2. Introduce safety-critical nurse-to-patient ratios in all care settings.
3. Provide legal protection for people raising concerns about unsafe staffing.
4. Fund mental health support for all nursing staff, provided by every employer.
5. Eradicate corridor care, and force reporting of it.
6. Commit to government-funded nursing degrees with a job guarantee for graduates.
7. Revoke legislation restricting the right to strike.
8. Protect the title 'nurse' in law.
9. End exploitation of health and social care workers and properly fund the sector.
10. Provide sufficient funding for continuing professional development.
11. End punitive immigration policies which affect internationally educated nursing staff.
12. Increase overseas aid spending to tackle global nursing shortages.

# THE POLITICAL CHANGE WE NEED

## Value nursing staff

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The health and care sector is in crisis. The NHS can neither recruit nor retain nursing staff, while nursing staff working in the independent health and social care sectors are too often employed on second-rate contracts with lower pay and poorer terms and conditions compared to nurses working in the NHS.

Analysis by the RCN found that between 2020-22, to cover the gaps in the nursing workforce, the NHS in England spent £3.2bn to keep wards open. The money spent on recruiting temporary staff via agencies could have provided the salaries of nearly 40,000 permanent full-time equivalent nurses paid at the top of a Band 5 salary (£34,581).

Nursing is a majority female profession and one of the most ethnically diverse professions too. That makes the injustice of nursing pay a gender and race issue. Many of our members are part of the global majority.

For nursing staff working in the NHS, the Agenda for Change pay structure is holding them back from progressing their careers and being paid for the skilled jobs they do. Three quarters of our members are on the two lowest pay bands possible for registered professionals in the NHS. Many end their nursing careers on the same salary band they started on, amassing decades of experience but seeing no significant uplift in pay or career development. Their pay doesn't reflect the safety critical patient care they provide or incentivise them to stay working in the NHS. The nursing profession and the health of the nation can't afford to lose another single nurse.

Nursing staff deserve to be equipped with a robust framework of workplace rights, one that mirrors the gravity of the responsibilities they shoulder. They should be able to enter their place of work with their heads held high, confident in the knowledge that they will be treated with fairness, dignity, and respect. An empowered nursing workforce is good for patients, the very individuals whose wellbeing RCN members tirelessly advocate for every day.

Little over a year ago, RCN members voted for historic strike action in every part of the UK and it was more than just a pay rise. Their fight was for patient safety and to protest against chronic staff shortages, long working hours, unsustainable workloads and limited opportunities for career progression. To address this, we need a new pay structure for nursing. This must be aligned to a new nursing career framework to allow professional development of nursing staff that is similar to the medical workforce in the UK, and the nursing workforces in the US, Australia and the Republic of Ireland.

Meanwhile, there has been a further erosion of the right of nursing staff to take part in lawful industrial action across the country.

## WE WANT:

- A fully funded, substantial, restorative pay rise for all nursing staff and automatic band 5 to 6 pay progression for registered nurses working in the NHS on Agenda for Change contracts.
- Funding for free car parking for NHS staff, alongside the expansion of sustainable travel options.
- A pay structure that delivers pay justice for all nursing staff and supports career progression.
- Registered nurses, nursing associates and nursing support workers in all health and care organisations to have at least parity of pay, terms, and conditions with NHS nursing staff on Agenda for Change contracts.
- An equitable approach to pension taxation and contributions, as well as minimum standards for the independent sector.
- The Strikes (Minimum Service Levels) Act and 2016 Trade Union Act to be revoked every section, without exception and an end to draconian restrictions on the right to strike.
- Legislation to allow for the use of secure online voting for all statutory ballots conducted by trade unions and the comprehensive expansion of employment rights.

## Guarantee safe and effective care

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Nursing staff provide highly skilled and life-saving care. It takes a remarkable person to do this day in, day out. The dedication, professionalism and expertise of nurses is the foundation of our health and care system. Without them there is no health service.

But increasing demand, rising workloads, and a workforce shortage means nursing staff have little choice but to provide care in unsafe conditions. A single nurse can be left responsible for up to 20 patients on a shift, with some of this care provided on beds stationed in corridors or cupboards. No nurse wants to provide care in these conditions.

The evidence is clear. The relative risk of death increases by 3% each day a patient experiences a registered nurse staffing shortage on a hospital ward. We need staffing levels that protect nursing staff and patient safety.

That's why there must be limits on the safety-critical maximum number of patients per registered nurse in every UK health and care setting. Other professions recognise that ratios like these are necessary for safety, including childcare and animal kennels yet this same protection isn't afforded to nursing staff and their patients. The government should be ultimately responsible for ensuring patient care is provided in safe conditions by the appropriate number of nursing staff.

Increasing demand, rising workloads, and a workforce shortage means nurses have little choice but to provide care in unsafe conditions, including the unacceptable practice of treating patients in inappropriate places such as corridors, waiting rooms and store cupboards.

Safe nurse staffing must be considered in the long-term too. The profession needs to grow to keep up with demand. Getting more nurses trained and working must be a priority. We're seeing falling numbers of people enrolling on nursing courses, resulting in an increased reliance on overseas nursing staff or agency/bank staff which costs the NHS billions per year. This must be turned around. Policies such as writing off nursing student loans, and proper living cost grants would help better support the nursing workforce of tomorrow.

## WE WANT:

- Professionally and legally enforceable nurse-to-patient ratios, with a safety-critical maximum number of patients per registered nurse in every health care setting.
- Corridor care to be eradicated and mandatory public reporting of each incidence to be introduced.
- Government accountability for nursing workforce planning and supply enshrined in law, with ministers accountable for having enough staff to meet the health needs of the population based on transparent assessments which address inequalities.
- The 'nurse' title protected in law.
- Legal protection for people raising concerns about unsafe staffing levels.
- Sufficient funding for continuing professional development (CPD) based on projections of future service and population needs. CPD should be factored into paid hours for nursing staff with funds to cover the shifts of those training.
- Prioritisation of and investment in the three-year undergraduate nursing degree as the primary route into nursing to ensure nursing supply meets demand for health care and the over reliance on international recruitment is ended. This should include abolishing self-funded tuition fees for all nursing, midwifery, and allied health care students and introducing universal, living maintenance grants that reflect actual student need, with a job guarantee for graduates.
- Parity for the chief nursing officer role and the chief medical officer in the Department of Health and Social Care to ensure the postholder has a meaningful role in government decision making.

# Better health for everyone

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Health inequalities run deep in the UK. These are seen in lower life expectancy, increased risk of long-term health conditions, and sickness absence. Successive governments have promised to prioritise prevention and yet failed to deliver on this, perpetuating short-term planning and funding cycles. Good health is vital to supporting people in work and for the benefit of the wider economy. If people are unhealthy and impacted by poor health due to deep-rooted inequalities, they're less able to work, be productive and contribute to the economy.

Nursing staff don't just work in hospitals or health centres, they work in the heart of communities, often using innovative ways to promote good health, prevent illness and look after some of the most underserved groups. The way most of this work is funded in England through the local government public health grant is not enough. This grant has been cut by 24% in real terms since 2015/16, with cuts impacting people living in the most deprived parts of the country. Smaller budgets mean increased workloads and fewer resources for nursing staff working in health visiting and school nursing, sexual and reproductive health, smoking cessation, and drug and alcohol services to name a few.

The broken social care system can no longer go on. People are unable to get the care they desperately need in the communities they live. Patients are getting stuck in hospital, with nowhere to immediately go. Meanwhile nursing staff working in social care are paid amongst the lowest in the whole profession and nurses coming from overseas are being targeted by unethical recruitment practices leaving them in thousands of pounds of debt.

As the older population keeps growing, the next government must grasp the nettle and provide social care with the long-term funding settlement it desperately needs.

## WE WANT:

- Health prevention and health equity to be a priority across government and a national strategy for improving health and reducing health inequalities, including action to address the wider determinants of health.
- Secure, long-term funding for public health, based on assessment of population needs (current and future) and the resources (including workforce) required to improve population health and reduce health inequalities.
- Long-term funding for a sustainable social care workforce, with pay parity, and secure working conditions to provide stability for these lifeline services.
- An Older People's Commissioner for England and Scotland to advocate for the rights and issues of older people as we have in Wales and Northern Ireland.
- Legislation to ban all LGBT+ conversion therapy practices.

## Safe and supportive workplaces

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Reports of nursing staff being attacked at work are commonplace. The number of calls the RCN receives from distressed members in these circumstances has risen in the past few years. Nurses are being hit, punched, and spat on while working long 12-hour shifts with few breaks. They're overworked, under pressure, and left broken with little care shown to them as they care for others.

Nursing is a majority female profession, with a racially diverse workforce. Misogyny, gender-based violence, and racism continue to be daily experiences for many nursing staff. There should be zero tolerance of discrimination in any form.

If nursing staff aren't being looked after and protected from harm, their ability to properly look after patients is seriously compromised. No member of the nursing profession should go to work and experience violence or harassment.

The knock-on impact of this is burnout. Higher rates of sickness. Patients unable to access the care they need and many nursing staff eventually leaving the profession.

Sticking plasters and short-term wellbeing projects aren't enough to give nursing staff the support they need. No matter where a nurse goes to work – whether that be in a hospital, in the community, or a care home, wellbeing support and resources should be available. These should promote equality and diversity practices in the workplace and support patients with protected characteristics, including LGBT+, neurodiverse, and disabled patients.

Many of the buildings where our members provide lifesaving and crucial care are crammed at best and crumbling at worst. Nursing staff are forced to take breaks in cupboards and manage the continued threat of asbestos which was historically used in the construction of these buildings.

Exploitation that targets internationally educated nursing staff and their colleagues must be stamped out. Staff report being tied into contracts through hefty penalty fees and paying extortionate sums to rogue recruitment agencies to find work. These practices have no place within our health and care system.

## WE WANT:

- Fully funded, accessible and effective mental health and wellbeing support, including occupational health services provided by every employer for all nursing staff working in the NHS and other health and social care settings.
- Violence and abuse towards nursing staff to be tackled, including racist and other discriminatory language or behaviour.
- Race equality strategies, including specific actions for public sector bodies and services, to transparently design out bias, racism, and wider discrimination for people with protected characteristics.
- An end to exploitation of health and social care workers, with a cross-departmental inquiry with ministerial oversight to identify levels of exploitation followed by robust action.
- Health and social care employers to comply with labour standards, with rogue employers and agencies held to account for non-compliance. The Gangmasters and Labour Abuse Authority should be granted powers to regulate the care sector, which should be properly funded.
- Findings of the cross-party Work and Pensions Committee report into the Health and Safety Executive's (HSE) approach to asbestos management implemented, including setting a deadline for the removal of asbestos in non-domestic premises within 40 years.

## Be a global health leader

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The clock is ticking on a series of goals agreed by the United Nations. By 2030 the Sustainable Development Goals aim to increase health coverage, end the HIV/AIDS epidemic, and expand access to lifesaving vaccines – but the world is not on track to deliver. Progress is stalling and the UK has cut its overseas aid budget with serious consequences for the health of people in some of the poorest parts of the world, many of whom are facing the biggest impact from global warming and conflict.

The World Health Organization estimates that an additional 9 million nurses and midwives will be needed by 2030. Cuts to international development to support countries in other parts of the world have come at a time when investment in the global nursing workforce is critical in post-pandemic recovery and to achieve global health goals.

At the same time, the UK has become increasingly reliant on international recruitment. Thousands of nursing staff have been recruited from countries with critical workforce shortages to plug the gaps in the domestic workforce. That's despite organisations including the International Council of Nurses and World Health Organization making clear this should not be happening. In the context of global nursing shortages, the UK's reliance on international recruitment is both unethical and unsustainable.

The RCN is proud to represent members who come from across the world, who share a passion to provide the highest quality of care, but international recruitment must be done on an ethical and sustainable basis. The UK must do more to avoid exacerbating nursing shortages in low- and middle-income countries and ensure that migration is beneficial to both origin and destination countries.

Internationally educated nursing staff continue to make an invaluable contribution to the nursing profession here, but hostile immigration policies make the UK an increasingly unattractive place to live and work. There must be an end to divisive anti-migrant rules, including spiraling visa and settlement costs, limits on dependent visas and the no recourse to public funds condition that those without indefinite leave to remain are subject to. Our international colleagues must be valued and supported.

For people seeking safety in the UK, there must be a system that allows them to claim asylum in a way that upholds their human rights and is underpinned by compassion and fairness. Punitive policies aimed at deterring people from coming to the UK have a severe impact on the health, wellbeing and dignity of people seeking safety, and survivors of human trafficking.

### WE WANT:

- Commitment to tackle the global nursing workforce crisis and reinstatement of Official Development Assistance spending to 0.7% of Gross National Income in line with United Nations targets.
- An end to the reliance on overseas recruitment from countries with a shortage of nursing staff.
- Immigration policies to work for an internationally educated workforce, including ending the no recourse to public funds condition applied to those without indefinite leave to remain.
- An asylum system that upholds international human rights obligations and ensures access to health care.

## STAY INFORMED, GET INVOLVED, BE ACTIVE

For more information, visit [rcn.org.uk/general-election](https://rcn.org.uk/general-election) or scan the QR code.







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**EVERY POLITICIAN**

**NEEDS THE**

**NURSING VOTE**

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