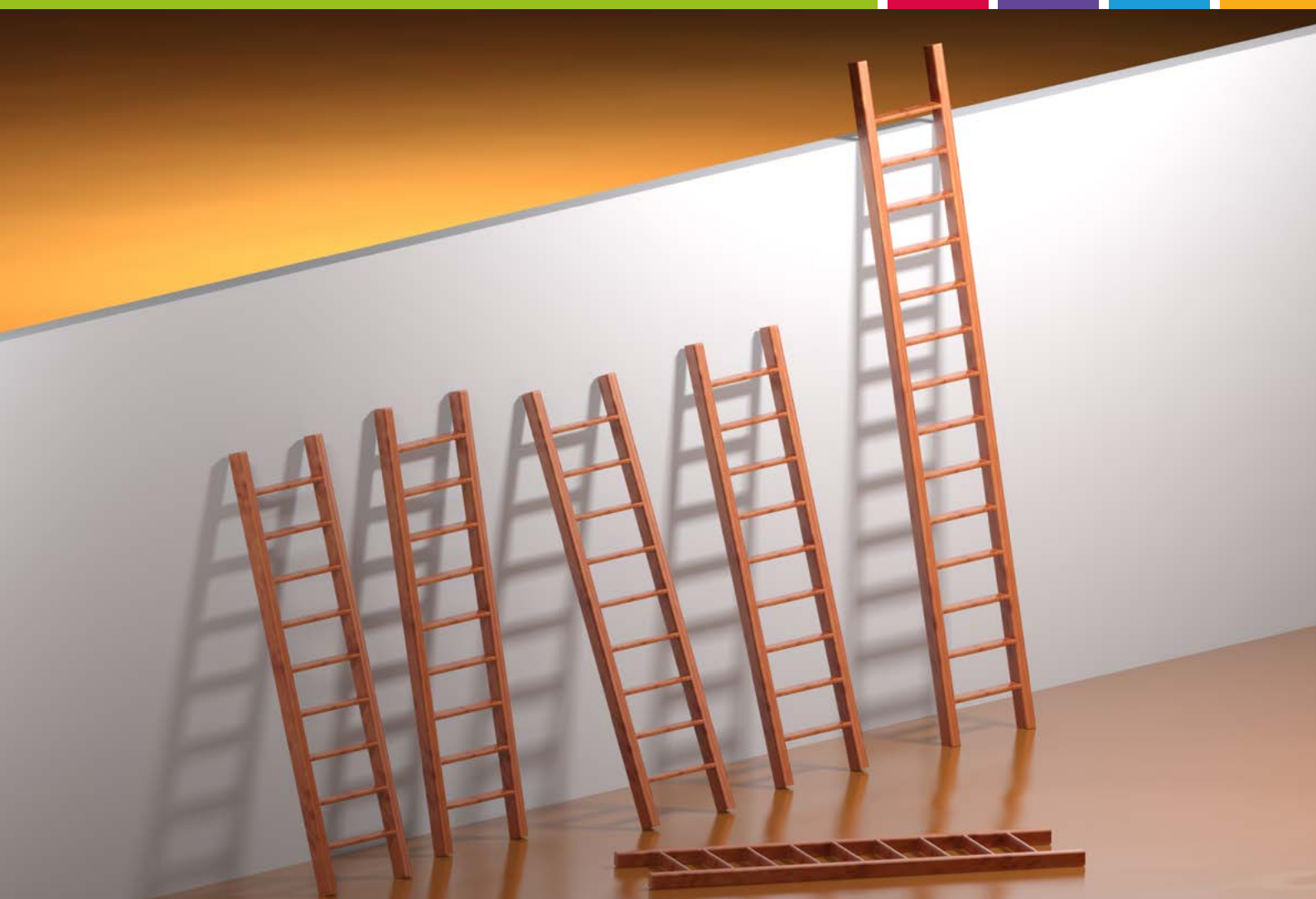


Pathway to Progression: band 5-6 career progression for nursing

POLICY REPORT



Acknowledgments

Thank you to everyone who contributed to the development of this report.

Contents

Foreword.....	4
Executive summary.....	6
1. Introduction	8
2. Advancements in nursing	9
3. Annex 20	12
4. Recruitment, retention and career progression.....	14
5. Patient safety.....	17
6. Equity	18
7. NHS reform.....	19
8. Conclusion.....	21

Foreword

The future of our health and care services depends on new nurses having a strong and stable start to their career, from which they can see a pathway to career progression. Valuing nursing is the key to improving patient care, patient outcomes and experiences and tackling health inequalities.

I've seen the nursing profession change beyond all recognition in the last twenty years since Agenda for Change was introduced. While our profession has always been central to health care, the structures we work in have lost sight of the value of nursing.

Nursing is a degree-educated, safety critical profession and high-quality nursing care is taking an increasingly prominent role in all health care settings. When nursing staff are valued, it benefits the health care service and it benefits patients.

But today, 44% of the nursing workforce in the NHS in England are working at band 5. This rises to 46% in Wales, 50% in Northern Ireland and 54% in Scotland. By comparison, only 13% of midwives and 25% of paramedics are paid at band 5, despite starting their careers at the same pay band as registered nurses.

We know that our workforce is weighted to the bottom of Agenda for Change and a lack of career progression is a real barrier to recruiting and retaining nursing staff. Even governments admit this is an issue to be addressed.

If nursing staff are going to remain in Agenda for Change, then it needs to be reformed to work for our profession.

Nursing deserves a career structure that supports clear progression with greater reward to recognise skills, competence, expertise and greater responsibilities assumed while keeping care close to the patient.

Other professions, including midwives and paramedics, can progress from band 5 to band 6 following a period of preceptorship. This is permitted through Annex 20 of Agenda for Change.

Despite similar pathways into health and care, nursing staff do not have access to this and too many end their career in the same pay band they started.

We strongly believe that newly registered nurses following a period of preceptorship should progress from Agenda for Change band 5 to band 6 via Annex 20. This document sets out our 5 reasons why Annex 20 should apply to the nursing workforce, in the same way it applies to other Agenda for Change professions.

There is no national health care service without nursing. We use our evidence-based knowledge to make clinical judgements to assess, plan and evaluate care, every day.

To achieve this, we need governments, employers and nursing staff to come together. These structural barriers to nurse career progression must be removed without delay.

Governments must proceed to endorse the application of Annex 20 to all nursing staff, recognising it as a profession that quickly becomes autonomous and commit equitable investment received by other professions. It should commission the Nursing and Midwifery Council to develop, with stakeholders including the RCN, a new preceptorship model for nursing staff to ensure all newly registered nursing staff receive a formal preceptorship period of at least 12 months.

In June 2025, the new nursing job profiles will be published. Every employer across the UK must review its nursing workforce against the new profiles to ensure all nursing staff are working at the correct band. Your pay should reflect the work you do, and the responsibility you hold. The RCN called for these new profiles, and they are key to seeing modern nursing recognised for the value we provide. However, this is not an absolute answer.

Furthermore, funding for the full implementation of progression of nursing staff via Annex 20 from band 5 to band 6 should be committed within the Comprehensive Spending Review announced in 2025 and all budget and fiscal moments as appropriate across the UK.

Nursing must have access to Annex 20. It's essential and achievable.

When nursing is valued, properly staffed and supported, patients reap the rewards.

Professor Nicola Ranger, RCN General Secretary & Chief Executive

Executive summary

There are 5 clear arguments that support a pathway from band 5 to band 6.

Nursing has advanced since 2004. In 2018, the introduction of the updated Nursing and Midwifery Council (NMC) Standards of Proficiency for registered nurses sought to recognise that nursing has evolved since 2004. The standards were developed after extensive consultation with stakeholders including the NHS to ensure they accurately reflected the needs of the nursing profession and the public. The service wanted nurses who were prescriber ready upon qualification and wanted the standards to reflect nurses working at their ceiling of practice.

Additionally, the qualification requirements have changed since the advent of Agenda for Change as nursing degrees have been required since 2009.

Despite the entry requirements, increased proficiencies and pressures on nursing evolving, the support structure and career opportunities for new nurses have fallen far behind.

Career progression has a direct impact on the earning potential of nursing within the UK and nurse recruitment. OECD data shows the UK has the third lowest nursing wage rate relative to the average national earnings of the OECD across 35 comparable countries. Average actual wages remain below the international average, and UK nursing has seen the fifth lowest wage growth, which is in fact net negative, since 2010.

Low pay and limited progress diminish our profession. A survey of RCN membership in 2023 showed that 35.8% of our members who responded disagreed or strongly disagreed they would recommend nursing as a career.

The number of students applying to study nursing has fallen in recent years. In 2022/2023 numbers fell by 13.4% and there was a further decrease of 3.5% in 2023/24, demonstrating the public no longer views nursing as a career of choice.

This has a clear impact on retention and career progression. Research the RCN conducted shows clearly that senior leaders in nursing recognise and do not believe that Agenda for Change provides an appropriate framework for career development in nursing.

In 2024, the Institute of Fiscal Studies published a paper on nursing progression within the NHS. That research demonstrated there are clear structural differences across health care professions in terms of progression to band 6 in the NHS. Two years after entry to the NMC register at the bottom of band 5, 8% of nurses had progressed to band 6 or higher, compared with 84% of midwives. Meaning, a midwife is 10 times more likely than a nurse to be recognised at band 6 and upwards, only 2 years after completing the same entry pathway and this is because midwives have access to Annex 20 and nursing does not.

A progression pathway from band 5 to band 6 would empower nurses, motivating them to stay in the workforce by rewarding them appropriately for the work they undertake. It would impact on nursing morale and in turn improve recruitment and retention.

The crisis in nursing recruitment and retention has a direct impact on patient safety. Studies by Rafferty et al., have found that the risk of death for patients increases when there are fewer registered nurses on the ward, with risks up to 41% higher compared with

better staffed wards. Patients are also 20% more likely to be readmitted and 41% more likely to stay longer in hospital.

Safe nurse staffing reduces readmissions, health care associated infection rates, medication errors, falls and pressure ulcers – and the ability to progress in nursing careers is essential to maintain safe staffing levels.

The fact 40-50% of nurses in the UK working in the NHS are on band 5 shows the inequality our profession experiences. This treatment of an overwhelmingly female workforce that is increasingly dependent on recruitment from international nursing communities and global majority communities.

The Westminster government wants to achieve the following 3 shifts in NHS reforms, shifting care from hospitals to the community, embracing digital transformation and shifting the focus from sickness to prevention.

The benefits from establishing a pathway to progression for nursing between band 5 and 6 can enable the government to meet its 3 shifts. With a clear path forward the future of nursing is bright.

1. Introduction

Nursing is a safety-critical profession founded on 4 pillars: clinical practice, education, research, and leadership.

Registered nurses use evidence-based knowledge, professional and clinical judgement to assess, plan, implement and evaluate high-quality, person-centred nursing care.

The work of registered nurses consists of many specialised and complex interventions. Their vigilance is critical to the safety of people, the prevention of avoidable harm and the management of risk regardless of the location or situation.

Compassionate leadership is central to the provision and co-ordination of nursing care and informed by its values, integrity and professional knowledge. Responsibility includes leading the integration of emotional, physical, organisational, and cognitive nursing work to meet the needs of people, organisations, systems, and populations.

Registered nurses are decision makers. They use clinical judgment and problem-solving skills to manage and co-ordinate the complexity of health and social care systems to ensure people and their families are enabled to improve, maintain, or recover health by adapting, coping, and returning to live lives of the best quality or to experience a dignified death. They have high levels of autonomy within nursing and multi-professional teams, and they delegate to others in line with the [NMC Code](#).

Notwithstanding that, nursing as a profession is chronically undervalued and we see the reality of that across all career levels, skill mixes, fields of practice and workplace settings.

Our *Fair Pay for Nursing* campaign asks for long-term, structural reform of nursing pay which recognises the value of nursing across all levels and in all sectors and settings.

Annex 20 forms part of our members' contractual terms and conditions yet has not been universally applied to the nursing profession in contrast to other professions. Although we have seen examples of its limited use in respect of nursing in Northern Ireland, Walsall, Derbyshire and Cheshire, Annex 20 has not been utilised in respect of the nursing profession universally by employers across the UK. The RCN firmly believes Annex 20 should apply to the nursing workforce given the demands of it, the risk they carry and the pivotal role nursing plays in the NHS. Quite simply, our members deserve to be recognised and rewarded for the crucial work they do.

There are 5 clear arguments that support a pathway from band 5 to band 6:

- advancement in nursing since 2004
- nurse recruitment
- retention and career progression
- patient safety
- equity and NHS reform.

Those arguments are set out below for our members, their employers and the UK governments and this is our call to action for all relevant stakeholders.

2. Advancements in nursing

The RCN has been asking for long-term, structural nursing pay reform, separate to our members' annual cost-of-living increase, to ensure nursing is properly recognised and rewarded given the autonomy, complexity, responsibility and leadership required of the modern nursing workforce.

The Westminster government promised our members structural pay reform by accepting the NHS Pay Review Body's recommendation in the 2024/25 pay round but rather than having direct talks with the NHS Staff Council about that, instead, it pushed that back to the NHS Pay Review Body again to advise on the financial parameters of reform in the 2025/26 pay round.

Had those discussions regarding structural reform taken place, one of our asks would have been the application of Annex 20 to the nursing workforce to provide a pathway to progression from band 5 to band 6 following a period of preceptorship.

Nursing has evolved significantly since the implementation of Agenda for Change (AfC) in 2004. Nursing roles now require a much higher level of knowledge, skill and risk, and nursing became a graduate profession in Wales in 2004, in Scotland in 2009 and in England and Northern Ireland in 2013.

Along with this change in nursing education, nursing roles have changed significantly since 2004. The modern nursing workforce consistently demonstrates more skill, autonomy, greater technological proficiency, higher levels of leadership, a large burden of risk and increased specialism and complexity relative to the nursing workforce of 20 years ago.

Also, society's health needs have changed and grown, and the nursing workforce has adapted accordingly. In the health trends in England, Department of Health and Social Care report dated June 2024, the life expectancy for men and women has increased since 2001. The population of the UK is now living longer and that brings with it higher health care demands. Obesity levels, hospital admissions for alcohol-related conditions, and anxiety levels have all increased. The complexity of care required of the population from nurses has advanced, but nursing pay has not kept pace with those changes.

The 2018 introduction of the updated Nursing and Midwifery Council (NMC) Standards of Proficiency for registered nurses sought to recognise that nursing has evolved since 2004. The standards were developed after extensive consultation with stakeholders including the NHS to ensure they accurately reflected the needs of the nursing profession and the public. The service wanted nurses who were prescriber ready upon qualification and wanted the standards to reflect nurses working at their ceiling of practice.

The updated proficiencies raised the bar in respect of what newly qualified nurses are expected to be proficient in at the point of entry to the NMC register, and what registered nurses are expected to demonstrate when revalidating with a stronger focus on public protection, preventing ill health and promoting good health.

A degree requirement, new standards of proficiency in 2018 and crucially in 2020 the impact of the COVID-19 pandemic on the nursing workforce, have all resulted in substantial increased autonomy of nursing practice in such an overwhelming manner that band 5 nursing has professionally developed far beyond the role as defined in 2004 and that remains but is not recognised.

From September 2022 onwards, there has been widespread implementation of the new standards of proficiency, as newly qualified nurses entering the register have now been educated according to the 2018 standards of proficiency. Since November 2022, registered nurses, midwives, and nursing associates have also been required to demonstrate how they use the updated standards of proficiency in their revalidation to ensure they meet the latest knowledge and skills requirements for their scope of practice.

The new NMC proficiencies include a wider focus on public health promotion/prevention, heightened responsibilities and authority, along with new clinical physical skills and competencies. They place a much stronger emphasis on nurse leadership, management of a team and on the role of self within a team. Further, nurses are expected to be active participants in planning and developing health care services and expected to have an awareness of the implications of current health policy and future policy changes for nursing, along with the impact these will have on the delivery and co-ordination of care.

Until the new NMC standards were introduced, much of the knowledge and clinical skills set out in the updated standards were seen as forming part of extended roles for nurses; roles that would have traditionally been undertaken by a doctor. This highlights the change in nursing duties, with such extended roles now being expected from nurses as part of their standard everyday practice, even shortly after entry to the register and when working at band 5.

Recognition by the regulator that nursing practice has changed was welcome but pay, terms and conditions for the nursing workforce have not evolved with those changes. Employers have not redrafted job descriptions or re-evaluated nursing roles to ensure they reflect nursing practice as it is today.

Considering the increased complexity of nursing and autonomy of practice in 2021, we called for and provided the lead submission in relation to the NHS Staff Council Job Evaluation Group review of the national nursing and midwifery profiles in the NHS. The updated suite of national nursing job profiles will be published during the week commencing 2 June 2025.

However, the updated profiles will not create a defined pathway to progression for nursing from band 5 to band 6. Rather, it will enable individual members to ask for a review of their job description if they believe they are working to a higher profile. It will not create wholesale change for band 5 nurses, and it will be beset by the local capacity of employers to deal with such applications and their ability to fund any successful applications in the current climate of financial constraints.

In Scotland, because of direct negotiations with the Scottish Government in respect of the 2023/24 pay round, it agreed a review of all band 5 nursing roles. This is now ongoing with all band 5 nurses across Scotland being invited to submit a banding review. Consequently, members in Scotland are seeing early successes because of this process. A similar commitment was provided by the Welsh government but that has not materialised. In Northern Ireland, the Nursing and Midwifery Task Group (NMTG) in 2020 recommended a new career framework for nursing to ensure that within 10 years Northern Ireland has advanced and specialist nurse roles as well as nurse consultants across all branches of nursing.

However, across the UK, too many nurses begin and end their careers at band 5, in some cases 30 or 40 years at that band and this reflects a failure in the NHS pay and grading structure to recognise and reward the current skills, responsibilities, education and training that nurses undertake.

Currently, 44% of the nursing workforce in the NHS in England are working at band 5. This rises to 54% in Scotland, 50% in Northern Ireland and 46% in Wales. By comparison, only 13% of midwives and 25% of paramedics are paid at band 5, despite starting their careers at the same pay band as registered nurses, and following a parallel degree education, complimented by a parallel post-registration preceptorship period.

Given the entry pathways are equivalent, the preceptorship periods are equivalent, and the professions exist within the same terms and conditions framework, it follows that equivalent progression opportunities should also exist for the nursing workforce. This is not the case. Establishing a new professional development pathway for nursing could, and should, be achieved via Annex 20.

3. Annex 20

Annex 20 provides for professional development of roles enabling progression from band 5 to band 6, provided the role is sufficiently autonomous in decision making and delivery of care. Specifically, it states:

- a. *“There are groups of staff (such as midwives) who tend to move quickly to operate in roles that demand **a level of autonomous decision making, in the overall delivery of care**, that exceeds that normally associated with jobs allocated to pay band 5. **Typically, these roles operate without the influence of other professional groups.** Where supervision operates, it is generally management supervision and does not normally impinge upon clinical practice. In such circumstances job size should be reviewed no earlier than one year and no later than two years from the date of qualification, using the NHS Job Evaluation Scheme. **If the evaluation demonstrates that the post holder’s job weight is of sufficient size to move to the next pay band (pay band 6) this should be affected without the need for application for a post at a higher level.**”*

This provision should also extend to nursing because of the level of autonomous decision making expected from the current nursing workforce because of the changes set out above.

In accordance with the NMC Code, registered nurses are accountable for the decisions made by the people they delegate to, and our members consistently tell us that they often take on duties as the nurse in charge, with many telling us that this happens from very soon after graduation due to the number of nursing vacancies. This demonstrates that most nursing roles now require autonomous decision making as standard and immediately upon registration, as per the requirements of Annex 20.

We also believe that Annex 20 applies to nursing staff in recognition of their obligation to meet the NMC Code. The NMC Code states:

- b. *“Registered nurses play a vital role in providing, **leading** and coordinating care that is compassionate, evidence based, and person centred. **They are accountable for their own actions and must be able to work autonomously, or as an equal partner with a range of other professionals, and in interdisciplinary teams. Nursing is a safety critical profession** founded on four pillars: clinical practice, education, research, and **leadership**. Registered nurses use evidence-based knowledge, professional and clinical judgement to **assess, plan, implement and evaluate high-quality, person-centred nursing care. Their vigilance is critical to the safety of people, the prevention of avoidable harm and the management of risks regardless of the location or situation.**”*

If Annex 20 was applied to nursing generally across the UK as a pathway to progression, we are certain that a clear majority of the nursing workforce currently working at band 5 would be able to demonstrate the autonomy of practice required to progress to band 6.

We believe the main reason nurses are not able to access Annex 20 is due to our size as the largest single occupational group in health care and it would be too expensive for governments to enact. Cost alone is not sufficient justification to suppress the pay and career trajectory of a female dominated profession. The NHS can no longer run on our member’s goodwill ie, working at a band 6 level but being paid at band 5. Our members deserve to be paid appropriately for the work they are doing.

The NHS Pay Review Body (NHSPRB) also suggested in its 34th report that it is time to review and update the NHS pay and grading structure so far as nursing is concerned. The pay structure reform for nurses was significant in both 1988 (clinical grading) and 2004 (Agenda for Change) and on each occasion delivered change that was required to respond to the evolution of nursing. This is required once again in 2025. Annex 20 can be applied to provide nursing with the career progression and the pay it deserves, and this would satisfy the PRB's suggestion.

As a result of the lack of career progression in the NHS, we sought a separate pay spine for nursing outside AfC during the 2023 pay negotiations with the Westminster government. This was met with ferocious opposition by almost all other health care workers in the NHS. We accept a separate pay spine for nursing would be the most extreme means of achieving career progression for nursing. However, at the point of asking, our members had simply had enough and no longer wished to be part of a pay and grading structure that does not value them.

They had been subject to 13 years of austerity and had received either no or below inflation annual pay rises. We had sought national recruitment and retention premiums to solve the nursing workforce crisis. This was set out in our PRB evidence year after year and was ignored. Our members continue to routinely work many additional unpaid hours to maintain patient care as overtime is extremely limited for nursing and bank rates are not commensurate with substantive grades.

At every turn, and whilst attempting to work with and enforce our members terms and conditions as provided by the AfC pay and grading structure, the answer for nursing was no, in contrast to other smaller professional groups who have a more favourable application of the same terms and conditions. Hence, we had no option but ask for a separate pay spine for nursing. That proposal was rejected by the Westminster government on 9 April 2025. Meaning, again, we must work to improve nursing career progression within the current structure and Annex 20 is the most obvious solution. If this is not achieved the nursing workforce's discontent with AfC will remain and intensify.

4. Recruitment, retention and career progression

Our bi-annual employment survey is our most comprehensive measure of member sentiment and the data from our most recent employment survey in 2023 showed that members' views about pay are at an all-time low, with only 22% telling us they are paid at an appropriate band relative to the work that they do. This represents a significant decline, with the percentage of members who feel they are on the appropriate pay band reducing by almost half since 2015.

Also, 36.3% of our members confirmed they were considering leaving the NHS and 69.9% of those members stated the primary reason for intention to leave was due to feeling undervalued. Career progression and professional development is an important factor in feeling recognised and valued.

Furthermore, 35.8% of our members who responded to our employment survey disagreed or strongly disagreed they would recommend nursing as a career, and the number of student nursing applicants in 2022/2023 fell by 13.4% and there was a further decrease of 3.5% in 2023/24, demonstrating the public no longer views nursing as a career of choice.

Compounding that in the year ending December 2024, 8.7% of nurses and health visitors left the NHS in England. The NHS England workforce statistics at December 2024 recorded the nurse vacancy rate as 6.4%, demonstrating the NHS cannot recruit to a workforce it is struggling to retain, and we say that is demonstrative of the lack of career progression or professional development for nursing within the NHS.

Figures we obtained from the NMC show the number of nurses actively planning to leave the UK for better pay and conditions abroad has soared in recent years, with the number rising more than four-fold between 2018/19 and 2022/23. It is not only domestically educated nurses that are leaving for better pay overseas but internationally educated nurses are choosing not to settle for longer in England either.

Nurses applying for certificates of current professional status (CCPS), which nursing staff must obtain before practising overseas, has substantially increased from 2,642 in 2018/2019 to 18,119 in 2023/2024.

The reality for nursing is that development and progression is simply not possible in the NHS, and they are either not choosing the career or leaving the profession in their early career. Currently, the only way to advance from band 5 to band 6 is by applying for a promotion of which too few are available. It is our belief that employers, consciously, have a nursing deployment model that relies on our members being band 5 and remaining there to meet their budgets regardless of the appropriate skill mix or safe staffing levels. This is an obvious and immediate risk to the NHS.

We know that 40% of members responding to our most recent call for evidence on pay tell us that they have been employed in their band longer than they should have, and over a quarter of our members tell us they have been unable to obtain a role at a higher band when they try, again demonstrating the system is very much stacked towards unfairly locking nurses into band 5.

When the RCN requested a separate pay spine for nursing during the 2023 direct negotiations in England, the Department for Health and Social Care (DHSC) launched a call for evidence to explore the idea further. In response to that call for evidence, NHS Providers surveyed trust leaders on the question of a separate nursing pay spine. Its formal submission highlights several concerning themes:

- only 39% of senior leaders responding (a combination of nursing, medical and HR directors) believe AfC is 'appropriate to support the development of nursing careers
- almost half of the senior leaders surveyed stated that they did not agree that AfC provided an appropriate framework to support the development of nursing careers
- nursing directors were the most certain that AfC is not suitable for nursing career development, with over two thirds of nursing directors setting out their disagreement with AfC being a suitable vehicle for career development in nursing
- a third of HR directors agreed that AfC was not appropriate as a career development vehicle for nursing.

Therefore, it is not only our members who believe nursing progression is not supported or recognised in the current pay and grading structure, but also employers too.

In 2024, the Institute of Fiscal Studies published a paper on nursing progression within the NHS. That research demonstrated there are clear structural differences across health care professions in terms of progression to band 6 in the NHS. Two years after entry to the NMC register at the bottom of band 5, 8% of nurses had progressed to band 6 or higher, compared with 84% of midwives. Meaning, a midwife is 10 times more likely than a nurse to be recognised at band 6 and upwards, only 2 years after completing the same entry pathway and this is because midwives have access to Annex 20 and nursing does not.

In 2023, the Nuffield Trust published a study looking at nursing attrition in the NHS. The premise of the study was based on the Nuffield Trust's observations that *"of every 5 nurse training places, only 3 full-time nurses join the NHS. The rate of dropouts in the staffing pipeline from student to early-career clinician is worryingly high, with significant numbers opting out before or soon after joining the NHS, contributing to an understaffed health service under ever-greater strain."*

The study found that around 1 in 5 nurses leave hospital and community settings within 2 years of entering the NMC register, compared to only 1 in 10 midwives. It shows the annual leaving rate appears to continue from 2 years up to the first 5 years in the profession, but then flattens out, showing significant issues with early career departures from nursing (but not midwifery) during the first 5 years of registration. This demonstrates the impact of the enhanced career progression pathway which midwives have access to via Annex 20, but nurses do not have access to.

The same study shows the full extent of nursing retention across the different bandings at different career stages, demonstrating that nursing has the highest percentage of leavers at band 5 again signalling nursing's inability to progress beyond band 5 and seeking opportunities elsewhere.

A progression pathway from band 5 to band 6 would empower nurses, motivating them to stay in the workforce by rewarding them appropriately for the work they undertake. It would impact on nursing morale and in turn improve recruitment and retention.

We know that our members no longer feel they are being paid at the right band for the work that they do. We know there are twice as many early leavers in nursing as there are in midwifery, where appropriate pay and progression routes are in place. We know now that even employers, including chief nursing officers and directors of HR, are saying that AfC doesn't offer an appropriate vehicle for nursing career development. And we know that if we don't pay nurses fairly for the work they do, we will keep losing nurses from the workforce, deepening the nursing workforce crisis and causing problems for longevity of skill mix and retention within the workforce. We know, it is now time that Annex 20 is applied to nursing.

5. Patient safety

A 2023 study by Zoranko et al., links patient mortality to the presence of higher banded staff, showing a direct correlation between pay bands and patient outcomes, reducing morbidity and mortality.

Also, according to the Northern Ireland NMTG, there is clear evidence that public health and early years nursing (midwifery, health visitor, school nursing, paediatric and family nurse partnership) contributes significantly to enabling the best start in life and in particular reducing risks associated with poor lifestyle choices and in promoting developmental, psychological and social wellbeing.

Studies by Rafferty et al., have found that patients are more likely to die on wards with fewer registered nurses, with risks up to 41% higher compared with better staffed wards. Patients are also 20% more likely to be readmitted and 41% more likely to stay longer in hospital. Safe nurse staffing reduces readmissions, health care associated infection rates, medication errors, falls and pressure ulcers.

Also, evidence from international settings, for example Australia, Canada and the US demonstrates the impact of experienced specialist staff and advanced nursing staff on patient care. Specialist and advanced nurses hold advanced clinical skills and contribute to care co-ordination and case management. They serve as patient educators and advocates, empowering patients and their families with knowledge about their health conditions, treatment options and self-care strategies, as well as advocating for patients within the health care system. Advanced and specialist nurses contribute to quality and safety improvements through developing evidence-based practice and quality improvement initiatives.

One of the highest costs to the NHS are medical negligence claims. The latest NHS resolution annual report confirms the cost of harm in 2023/24 was more than £5 billion. By investing in the nursing workforce, this sum could be reduced.

6. Equity

As above the number of nurses working at band 5 in the NHS across the UK is between 40-50%.

Also, according to the NHS Racial Workforce Equality Standard in March 2023, 26.4% of the NHS workforce came from a global majority background. The largest representation of global majority staff is at band 5 at 38.5%.

Furthermore, one third (31%) of white nurses are in band 5 but two thirds (66%) of Asian or Asian British nurses are in that band. For Black or Black British nurses, it is 57%.

Therefore, the largest number of nurses working in the NHS across the UK are band 5 and a lack of recognition of the work undertaken by nursing at band 5 is not just a gender issue, given nursing is an 89% female profession, but it is also a race issue given band 5 nurses are more likely to be from the global majority (41.6%). This institutional discrimination cannot continue.

Furthermore, one of the professions that does have access to Annex 20, are paramedics, one of the few male dominated professions in the NHS (57.5%).

7. NHS reform

The Westminster government wants to achieve the following 3 shifts in respect of the NHS; shifting care from hospitals to the community, embracing digital transformation and shifting the focus from sickness to prevention. Further details will be provided in the 10-year plan for the NHS in England and the *Long-Term Workforce Plan* that are expected to be published in the summer. However, those shifts will not be achieved without a nursing-centric approach given the pivotal role nursing plays in the NHS.

Nursing is in the midst of a recruitment and retention crisis, with 27,000 nursing vacancies currently within England alone and 2,000 in Wales. There are strong trends across all available data implying high churn in the nursing workforce, with many vacancies being filled by internationally educated nurses, including those recruited from 'red list' countries; and a trend towards early career leavers and a further trend towards members leaving the register due to burnout or due to their mental health. The domestic supply of new nurses to replace those leaving is slow due to decreasing student applications to nursing degree programmes across the UK.

Whilst pay is only one element of the complex web which runs through the recruitment and retention crisis, we strongly believe that providing career progression will incentive more nurses to train, more nurses joining the profession, and more nurses remaining on the register and in the service once training has taken place.

Providing a pathway to progression also limits the risk of UK nurses leaving the NHS for opportunities working abroad. This is a significant risk due to the UK's standing internationally. A recent report published by the Organisation for Economic Co-operation and Development (OECD) showed nursing, on average, is a far more highly paid career in most other OECD countries, where full-time nurses working in the hospital sector can expect to earn 20% more than the full-time average wage. In the UK, nurses working in hospitals earn approximately 10% less than the full-time national average.

OECD data also shows the UK has the third lowest nursing wage rate relative to the average national earnings of the OECD across 35 comparable countries; with average actual wages remaining below the international average, and UK nursing has seen the fifth lowest wage growth, which is in fact net negative, since 2010. On average, hospital nurses' earnings in the UK are lower than in comparable countries such as Australia, Canada, New Zealand and the United States, both in absolute terms (when comparing nurses' pay across countries adjusted for the cost of living in each country) and in relative terms (when comparing nurse wages to the average wage of all workers in each country). Consequently, providing a pathway to progression would uplift UK nursing earnings, meaning that nursing in the UK becomes more internationally competitive, stemming the risk of a high outflow of skilled, UK trained nurses from the service.

Another inroad that could be made by providing a pathway to progression from band 5 to band 6 would be a reduction in agency fees. The government spent £3 billion in agency fees in England and £142 million in Wales in the 3 years ending 2023. By providing the Annex 20 pathway to nursing, more nurses would join the profession and remain in the service meaning less agency staff would be required to cover gaps as is the case at present.

Therefore, overall, there would be a wide range of benefits from establishing a pathway to progression for nursing between band 5 and 6 that would enable the government to meet its 3 shifts. They include improved student application rates and attrition rates, improved

workforce morale, improved retention within the workforce, improved patient outcomes, and a minimising of the risk of a skilled outflow of UK trained nurses to other countries providing more competitive pay.

Without a bolstered nursing workforce, meeting the government's 3 shifts will be significantly impeded. This could be funded by a reduction in agency and medical negligence costs, but a centrally funded investment plan is required to achieve those savings.

8. Conclusion

We have provided 5 clear, evidence-based arguments that support Annex 20 being applied to nursing. Our sister trade unions who represent nurses also recognise the critical importance of nursing to the success of the NHS. We are supportive of the UK governments' intent, and we want to work with the governments to achieve the 3 shifts, but this can only be achieved by utilising Annex 20 for nursing to provide appropriate remuneration aligned with nursing career progression. Nurses must be rewarded for their contribution as with other professions given their centrality to the UK governments' health care transformation agenda.

We want to be at the heart of those plans and work with the UK governments to find the solutions to turn around the NHS, but our members need a significant commitment from the governments that their contribution is valued that AfC can be utilised to deliver nursing pay reform, and Annex 20 is the means to achieve that.

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK. The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

© 2025 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333
www.rcn.org.uk

May 2025
Publication code: 012 112

