Royal College of Nursing

Briefing on RCN Priorities for the New Government

July 2026

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Introduction

On 20 July 2026, Andy Burnham MP became prime minister and formed a new government setting out a vision centred on hope, opportunity and improving people's lives. If the government is to achieve its ambitions for economic growth, stronger public services and higher living standards, it must place nursing at the heart of its agenda. There can be no 'good growth in every postcode' without good health in every postcode, and good health depends on a high performing health and care system with a strong nursing workforce.

Nursing is the largest professional workforce across health and care and a fundamental pillar of the national infrastructure. A strong nursing profession improves population health, enables people to live and work well for longer, in turn supporting economic growth and productivity.

Yet health and care services are facing significant workforce, performance and capacity challenges. Patients are waiting too long for care, services remain under pressure, and nursing staff continue to face the consequences of workforce shortages, constrained career progression and years of declining pay. Addressing these challenges is essential not only for the future of health and care, but for the success of the government's wider ambitions.

The Royal College of Nursing (RCN) represents more than half a million nursing staff across the UK, giving us a unique perspective on the changes needed to strengthen health and care services.

The government's first 100 days will set the direction for the rest of this Parliament. This briefing sets out the actions ministers must prioritise to support the nursing workforce, strengthen health and care services, and help build a healthier, fairer and more productive nation.

What we want the new Westminster government to address in its first 100 days

1. Restore trust and dignity to the NHS

Take a cross-government approach to getting the NHS back on a sustainable footing for future generations by recognising health and care as a whole government priority and driver of economic growth. To support this, the government should:

- prioritise the elimination of corridor care by accelerating investment in neighbourhood health and prevention
- take immediate steps to increase urgent and emergency care capacity and improve timely access to mental health services
- protect and strengthen senior nursing leadership roles at all levels across NHS organisations
- embed safe staffing as a core component of the Health Bill
- review the terms of the recent US-UK medicines agreement and ensure that it will not divert funding away from the NHS workforce.

2. Break the cycle of nursing pay inequity

Successive governments have failed to recognise nursing, a female dominated and racially diverse profession, as an economic investment with the profession continually weighted to the bottom of Agenda for Change. All nursing staff deserve fair pay and progression that recognises and values their skills, responsibilities and contribution to the economy.
To support this, the government should:

- commit to direct negotiations with unions on pay
- deliver a fair and credible pay deal for nursing staff
- fully fund structural reform to Agenda for Change
- implement automatic band 5-6 progression, following preceptorship, for NHS registered nurses.
- end the cycle of real-term pay cuts for nursing staff.

3. Strengthen nursing to strengthen the nation

The NHS and adult social care system cannot be transformed without a sustainable nursing workforce and a robust domestic pipeline. To support this, the government should:

- strengthen Secretary of State for Health and Social Care accountability for workforce planning and supply within the Health Bill
- deliver a fully funded 10-year workforce plan that commits to growing the nursing workforce in line with the true demands of safe and effective patient care
- stop the unethical and unsustainable approach to international recruitment
- support nursing education through sustainable funding for universities and clinical placements
- ensure enough nursing roles for newly registered nurses
- introduce enhanced financial support for nursing students, including a loan forgiveness model for nursing graduates working in publicly funded health and care.

4. Fix adult social care

Adult social care enables people to live with dignity and independence and contributes to creating healthier communities. Urgent reform is needed to build a sustainable system that allows everyone to access timely, high-quality care based on need. To support this, the government should:

- prioritise the structural reform of adult social care as a whole-government priority
- deliver a long-term funding settlement that provides certainty to plan and deliver sustainable services
- take immediate steps to grow the registered nursing workforce in adult social care
- improve integration between health and social care services and unlock available social care capacity to relieve pressure across the system.

5. Value and retain internationally educated nursing staff

Internationally educated nursing staff make an invaluable contribution to health and care services. Immigration policy must recognise this role and support the retention of this vital part of the workforce. To support this, the government should:

- provide a fair, affordable, and accessible route to permanent settlement for all nursing staff
- reverse proposals to extend eligibility periods for Indefinite Leave to Remain
- Remove the No Recourse to Public Funds restrictions for nurses working in publicly funded health and care sectors
- tackle exploitation and unethical employment practices facing internationally educated nursing staff in the social care sector.

Why these priorities matter

Nursing is an economic investment

A high performing NHS not only improves the health of the nation but is also a prerequisite for sustainable economic growth. Good health enables people to participate in the labour market, remain productive for longer and contribute to their communities. The NHS in particular acts as an anchor institution and drives local economic activity through employment, procurement and investment.[1]

Nursing is central to all of this. As the largest professional workforce across health and care, nursing provides the continuous, person-centred care that underpins patient safety, improves outcomes, drives prevention, and supports the effective delivery of services across every part of the health and care system. Yet, successive governments have continued to view nursing as a health cost that needs to be controlled rather than an investment that delivers economic and social value.

For example, current government affordability criteria used to determine pay are too narrow, failing to recognise the return to the exchequer of improved pay[2] and the reduction in costs associated with lower workforce attrition as a result. Research from London Economics has demonstrated that 81% of a nursing pay uplift returns to the government through direct and indirect taxation.[3]

However, as independent analysis has found, the average earnings of NHS nurses in hospital and community services fell by more than 10% between 2010/11 and 2025/26.[4] This represented a bigger fall than seen for consultants (-9%) and resident doctors (-7%), even before the latest pay deal announcements which gave nurses 3.3% for 2026/27 compared to up to 7.1% for some resident doctors, who are also due to receive further structural pay increases over and above the annual pay uplift in 2027/28.

In addition, a recent RCN survey has found that more than a third (34%) of general practice nurses have not received a pay rise at all for 2025/26.

Pay is not simply a matter of fairness, it is fundamental to maintaining workforce supply. The health and care system cannot afford continued losses of experienced nursing staff at a time of growing demand, increased complexity and ongoing workforce shortages.

Structural barriers to progression also undermine nursing retention. The current AfC framework has not kept pace with developments in nursing practice since its implementation 20 years ago.[5] Career progression for nurses remains slow and inconsistent, with only around 8% of newly qualified nurses progressing to band 6 within two years of qualification1 compared with 84% of midwives who automatically progress after a year of preceptorship. Please see **appendix 1** for more detail.

Nursing is a predominantly female (88%) and racially diverse profession, continued pay erosion and limited career progression sends a damaging signal that the skills, expertise and contribution of nursing staff are disregarded.[6] Without urgent action on both pay and progression, including automatic progression from band 5-6 for NHS registered nurses, the government will fail to achieve its ambitions.

The government must also ensure that future spending decisions maximise value. Recent independent analysis of the UK-US medicines agreement has raised concerns about the impact of increased spending on branded medicines.[7] The analysis demonstrates that reducing nurse staffing gaps is highly cost-effective compared to the NICE threshold used for appraising drugs.

Strong nursing leadership is essential to health system reform

The government is undertaking the most significant reorganisation of the health service in more than a decade. The Health Bill, including the abolition of NHS England, reform to integrated care boards (ICBs) and the development of neighbourhood health services means that responsibility for planning, commissioning and delivering care is being reshaped across the system.

The success of these reforms will not only depend on new structures, but on whether the right clinical expertise is driving decisions. The government's ambition to improve NHS performance, strengthen prevention and move care closer to home cannot be delivered without the workforce that provides the majority of direct patient care.

Nursing staff work across hospitals, community services, primary care, mental health, public health and social care. Yet nursing leadership roles are increasingly vulnerable as the system responds to structural change, with ICB chief nursing roles under threat. The RCN is concerned that the erosion of nursing leadership is weakening the nursing voice at precisely the moment the government is seeking to transform services.

This matters because successful service redesign and improving performance depends on understanding how care is delivered in practice. Nurses are often responsible for coordinating care across organisational boundaries, identifying barriers to patient flow, supporting discharge, preventing hospital admission and leading the delivery of care in the community.

Embedding and protecting nursing leadership throughout health and care reform will be critical to delivering the government's ambitions for modernisation, productivity and improved population health. Nursing leadership roles must be protected and supported at all levels.

Nursing is a distinct, safety-critical profession and the title 'nurse' should be legally protected. Patients should know who is treating them and have the confidence that when they are receiving care from a nurse, they are being treated by a regulated professional with the knowledge, professionalism and clinical expertise required to deliver safe and effective care.

NHS performance is fundamental to economic growth and public confidence

The government's ambitions for economic growth, stronger public services and improved living standards depend on a high-performing NHS. When people cannot access timely care, the consequences extend beyond health outcomes. Long waits for treatment and growing unmet need can limit people's ability to work, participate in their communities and contribute to the economy.

Despite recent improvements in some performance measures, the NHS continues to face significant operational pressures. Waiting lists remain historically high, with more than seven million people awaiting elective treatment, while over 16,000 people were still waiting more than 18 months for mental health care in 2025.[8] At the same time, 2.8 million people are economically inactive due to long-term sickness.[9] These pressures are closely interconnected, highlighting the need for a more preventative, community-based approach that addresses the wider determinants of health rather than relying on acute services alone.

Corridor care has become one of the clearest symptoms of system pressure and declining performance. No patient should ever be treated in a corridor, waiting room or any other inappropriate space. Corridor care compromises patient dignity, creates avoidable patient safety risks and places additional pressure on nursing staff already working in challenging conditions. Yet in June 2026, more than 3,100 patients a day were treated in corridors in England alone.[10]

The government's ambition to improve NHS performance cannot be separated from its ambitions to strengthen prevention, expand neighbourhood health services and reform adult social care. Hospital performance is increasingly dependent on the availability of services outside hospital, including community nursing, mental health support, primary care and social care. Where capacity is constrained elsewhere in the system, pressures inevitably accumulate within urgent and emergency care services and acute care more broadly.

Improving NHS performance therefore requires a whole-system approach. Investment in the nursing workforce, neighbourhood health services, prevention and adult social care is not separate from NHS recovery, it is fundamental to achieving it. Without action across all parts of health and care, improvements in performance are unlikely to be sustained.

Nursing is fundamental to neighbourhood health and prevention

The government's commitment to shift care from hospital to community and from treatment to prevention aligns with a broader agenda to give local leaders greater responsibility for improving health outcomes and shaping services around the needs of their communities. However, these ambitions will only succeed if nursing is placed at the centre of neighbourhood health and supported by sustained investment in community, primary care, public health and social care services.

Nursing staff are uniquely placed to deliver prevention and integrated care. From health visitors and school nurses to district nurses, community nurses, general practice nurses

and advanced nursing practitioners, nursing staff identify needs early, support people to manage long-term conditions, prevent deterioration and reduce avoidable hospital admissions. As the largest professional workforce across health and care, nurses are often the professionals best placed to provide continuity of care and connect services around the needs of individuals and communities.

Yet the workforce needed to deliver these ambitions has been in long-term decline. Lord Darzi's Independent Investigation of the NHS in England found that community nursing numbers fell by 5% between 2009 and 2023, while district nurse numbers fell by around 45% over a similar period. Over the last 10 years, the number of NHS employed health visitors has fallen by 42%, while the number of NHS employed school nurses has fallen by 28%, including a 26% reduction in qualified school nurses.[11]

The *Ten Year Health Plan* recognised the important role that advanced and consultant nursing roles will play in delivering future models of care, particularly as the system moves to a neighbourhood health model. Advanced nursing practitioners can improve access to timely care, support management of long-term conditions and reduce pressure elsewhere in the system.[12] Expanding advanced nursing practice will therefore be critical to the success of neighbourhood health services and the government's ambition to move from treatment to prevention.

These services are critical to improving population health, reducing inequalities and supporting healthier communities. If the government is serious about delivering neighbourhood health and prioritising prevention, it must reverse the decline in community and public health nursing, expand advanced nursing practice and ensure nursing leadership is embedded throughout the design and delivery of neighbourhood health services.

Building a sustainable nursing workforce is key to improving population health

Building a sustainable nursing workforce is fundamental to the government's ambitions to improve NHS performance, expand neighbourhood health services and strengthen prevention. Without enough nursing staff with the right skills, in the right place the government's plans to improve health outcomes, reduce inequalities and deliver care closer to home cannot succeed.

RCN evidence continues to show widespread staffing shortages across services. In our most recent *Last Shift survey*, 64% of respondents reported staffing levels were below or well below what was needed to meet patient needs safely, while 44% said care had been compromised on their last shift. It is therefore alarming that there seems to be an accepted narrative that ambitious workforce growth is no longer required.

According to RCN analysis of NHS workforce data, if nurse numbers had grown at the same rate as doctors since 2009 there would be around 77,000 more full-time equivalent nurses in England today. This highlights the extent to which nursing workforce growth has failed to keep pace with demand and wider workforce expansion across the health service.

At the same time, the education to employment pipeline is becoming increasingly fragile. The *Milburn Review on Young People and Work*[13] has shone a light on the need to encourage young people into rewarding careers, such as nursing. However, higher

education institutions are under growing financial pressure and recent changes to priority grants have further widened central funding disparities. Nursing courses are increasingly under threat. Alongside this, the nurse educator workforce remains constrained and newly registered nurses are not always able to access appropriate band 5, or equivalent, opportunities following registration.

The government must also address the long-standing 'boom and bust' approach to workforce planning which has characterised health and care policy for decades. Workforce planning must be long-term and holistic, and include interventions that support student recruitment, sufficient jobs for newly registered nurses, continuing professional development and initiatives to strengthen recruitment and retention throughout nursing careers.

A sustainable workforce strategy must also address the need to improve domestic supply. Internationally educated nursing staff make a vital contribution to patient care and remain an important part of the workforce, however the International Council of Nurses has repeatedly warned that all governments need to take accountability for nursing workforce supply. Yet data from the OECD shows that the UK has become one of the most reliant countries on internationally educated nursing staff. Internationally educated nurses make up 23% of the UK workforce, the fourth highest proportion of OECD countries reporting data.[14]

Alongside this and in the context of global nursing shortages, it is concerning that between March 2021 and March 2025, over 20,000 new joiners to the NMC register had been educated in countries on the WHO health workforce support and safeguards list - a list of 55 countries identified by the WHO as facing pressing workforce shortages. While the WHO Code discourages active recruitment, rather than individual migration, the volume of nurses joining from these countries raises questions about the sustainability and ethics of the UK's approach to international recruitment.

The government must build a robust domestic pipeline capable of meeting the health and care needs of the population and take urgent action to ensure any international recruitment is ethical, sustainable and in compliance with the WHO *Global Code of Practice on the International Recruitment of Health Personnel* and NHS ethical recruitment principles.

Adult social care is essential to independent lives and strong communities

Adult social care enables people to live with dignity, independence and choice, while supporting families, carers and communities. It is an essential public service and a cornerstone of a sustainable health and care system.

However, for many years funding pressures in adult social care led local authorities to tighten eligibility criteria, limiting publicly funded care and support to people with the most substantial needs.[15] As a result, growing numbers of people are left with unmet needs and unable to access the support they require to live independently and safely. This can lead to preventable deterioration in health and wellbeing, reducing quality of life and increasing pressure on the health system.

The social care nursing workforce faces high turnover, high vacancies and low pay.[16] The RCN welcomed the government's efforts to secure a fair pay agreement, but much more action is needed to create a sustainable system that is fit to meet current and future demand. Nursing staff deliver the vast majority of care in the sector and must be central to any efforts to reform and strengthen these services.

The consequences of a challenged adult social care sector are increasingly visible across the wider system. For example, capacity constraints in social care can create delayed discharges from hospitals, which increased by 7.5% in the last year alone, and the cost of delayed discharges has risen by around 10% per day since 2022/23. These figures demonstrate the importance of ensuring that people can access timely, high-quality care and support in the community.

The Casey Commission offers an opportunity to rethink social care and deliver bold, long-term reform. However, it is not due to report until 2028 and those who rely on social care, and those who work in it cannot wait until the end of the parliamentary term for change.

However, there is an urgent need for additional, sustainable and long-term investment in the sector. This funding is key to stabilising service provision and workforce turnover, improving outcomes for service users. The Health Foundation has estimated that this additional funding (to meet demand, cover rising costs and boost pay) would be £8.7bn.[17]

Valuing internationally educated nursing staff is essential to workforce sustainability

Internationally educated nursing staff make an indispensable contribution to health and social care services across the UK. Successive governments have relied on international recruitment to help address workforce shortages and maintain patient care during periods of significant workforce pressure.

While domestic workforce growth must remain the long-term objective, the reality is that the government's ambitions to improve NHS performance, expand neighbourhood health services and reform adult social care depend in part on retaining the experienced internationally educated nursing staff already working across the system.

Recent changes to immigration policy risk undermining those ambitions. Higher immigration costs, restrictions on family migration, the extension of settlement pathways and the continued application of No Recourse to Public Funds conditions can make the UK a less attractive place to build a long-term career. These measures create barriers for nursing staff who are already contributing to public services, paying taxes and helping to address workforce shortages.

Retention matters as much as recruitment. Losing experienced nursing staff imposes costs on employers, increases workforce instability and places additional pressure on already stretched services. At a time when the government is seeking to increase productivity and improve NHS performance, policies that make it harder for nursing staff to remain in the workforce risk becoming counterproductive.

There is also evidence that some internationally educated nursing staff continue to experience exploitative employment practices, including excessive recruitment fees, punitive repayment clauses and restrictions on employment opportunities. Such practices

undermine workforce sustainability and are inconsistent with the UK's commitment to ethical international recruitment.

A sustainable workforce strategy therefore requires immigration and workforce policies to work in partnership. Internationally educated nursing staff should be valued as a long-term part of the workforce, rather than treated as a temporary solution to workforce shortages. Supporting retention through a fair, affordable and accessible route to settlement would help stabilise the workforce and support delivery of the government's wider health and care objectives.

Delivering the government's ambitions

The government's ambitions for economic growth, public service reform and improved living standards depend on a strong nursing workforce. The RCN and nursing staff across the UK stand ready to support the delivery of these ambitions, but without a profession that feels properly valued, invested in and fairly rewarded the government will fail to succeed.

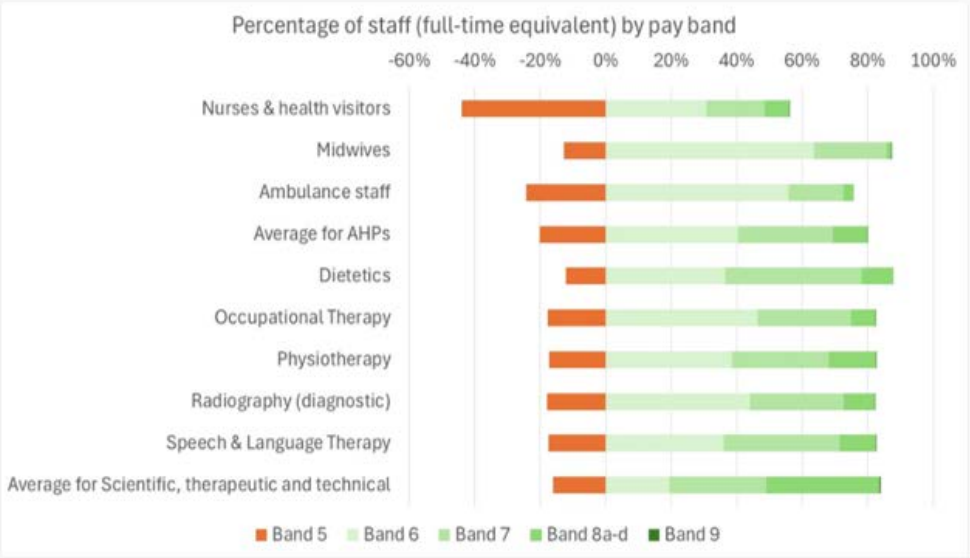
Nursing staff are central to delivering NHS recovery, neighbourhood health, prevention and adult social care reform. Investing in nursing is therefore not simply an investment in healthcare, but an investment in economic growth, productivity and healthier communities.

The prime minister's first 100 days provide an opportunity to demonstrate that nursing will be properly valued, recognised and placed at the centre of the government priorities.

Appendix 1: Nursing pay progression

Figure 1 NHS Staff Earnings Estimates, April 2026 (including supplementary analysis on pay by ethnicity) - NHS England Digital

The proportion of nurses at Band 5 is at least twice, and for some up to four times, that of almost every comparable profession.



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