

The Nursing Workforce

IN SCOTLAND
2024



Royal College
of Nursing
Scotland

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The Nursing Workforce in Scotland

Scotland's nursing workforce crisis shows little sign of improvement. Years of underinvestment and a lack of workforce planning is being compounded by poor population health, increasing clinical need and the fallout from the pandemic. This combination paints a desperate picture. On the pages of this report you will read direct quotes from our members that have been shared with us via our Sensemaker® over the past year. These illustrate the desperation being felt.

Staff shortages are having a significant impact on the quality and safety of care across Scotland's health and social care services, as recognised by Audit Scotland in its recent NHS in Scotland 2023 (2024) report.

The number of nursing staff employed by NHS Scotland has increased. But crucially, the number of vacancies remains stubbornly high, staff turnover and absences have increased, and the number of people applying to study nursing has continued to fall.

The long-term trends show that demand continues to outstrip supply.

Nursing is a safety critical profession. The clinical skills and expertise of registered nurses are essential in direct care for patients, service users and residents. They also provide clinical leadership and oversight for nursing support workers.¹ The risks of substituting registered nurse roles cannot, therefore, be underestimated.

The RCN has been successful in securing action from the Scottish government to address some of the issues set out in our previous reports.

Scotland's safe staffing legislation – the Health and Care (Staffing) (Scotland) Act 2019 – has been implemented after years of delay. The legislation will not immediately address the current acute staff shortages. It does, however, create

new duties on employers and government which should make a difference for patients, service users and staff.

A review of band 5 nursing roles was agreed as part of the wider Agenda for Change review. This should ensure that the clinical skill, experience and expertise of registered nurses currently working at band 5 is recognised, supporting career progression and retention in the longer term.

The Ministerial Nursing and Midwifery Taskforce was achieved through RCN campaigning. It has spent the past year listening to nursing staff and working to understand the challenges, evidence and influencing factors that have led to the current crisis. The four working groups – attraction and retention, culture and leadership, education and development, and wellbeing – are now developing recommendations. We have made it clear that these recommendations must be clearly defined, fully funded and evaluated.

But more is needed. Audit Scotland (2024) has warned that the Scottish government's current workforce strategy will not resolve the challenges and has called for a clear national strategy for health and social care. Investment is required and although budgets are tight, the risks of not investing in Scotland's nursing workforce are great.

¹Nursing Support Worker (NSW) is a term to describe staff who are employed to work within nursing teams to assist and support the delivery of patient care under the supervision of Registered Nurses. Other terms used to describe this role include health care support worker, clinical support worker in the NHS, carer, care assistant and senior carer.

The trends set out in our annual report demonstrate the extent of the challenges in delivering a sustainable nursing workforce. Urgent action is needed to support, develop and grow Scotland's nursing workforce. The Scottish government and employers must do more to address the many issues around working environments, and pay, terms and conditions, to respect and value the expertise of the nursing profession. They need to take steps to retain and support existing nursing staff and encourage those early and middle career nurses who have left the profession to return and reintegrate into the workforce. Finally, to recruit and mentor new staff, nursing must be seen as an attractive and rewarding career with the resources available to allow nursing staff to flourish.

Recommendations

The Royal College of Nursing Scotland recommends:

1

During 2024 the Scottish government must have published an agreed set of recommendations and actions from the Ministerial Nursing and Midwifery Taskforce and have established an implementation board to oversee the delivery.

2

The Scottish government must develop and implement a fully-funded nursing retention strategy that addresses wellbeing, workplace culture, development opportunities, flexible working and career progression by April 2025.

3

Scottish government and employers must ensure that registered nurses and nursing support workers, wherever they work, have fair pay, good employment terms and safe working conditions that reflect their safety critical role. Future pay awards should be restorative and be commensurate with the demands of the role and the level of education required.

4

The Scottish government and NHS employers must implement the three elements of the Agenda for Change review – protected time for learning, shorter working week and review of band 5 nursing roles – in full and nursing staff supported to challenge where employers are not delivering on these commitments.

5

The Scottish government must evaluate the implementation of the Health and Care (Staffing) (Scotland) Act 2019, including a review of the funding and resources for health and care employers to meet their duties under the Act. An annual parliamentary debate on safe staffing should ensure ongoing scrutiny.

6

Issues with the effectiveness of the current nursing and midwifery workload and workforce planning tools must be addressed and adjustments to the amount of time allocated for breaks and predicted absence must be made to ensure the tools provide an accurate assessment of the number of nursing staff required to deliver safe patient care. An evidence-based methodology for determining safe and effective staffing in the care home sector must be developed.

7

The Scottish government must expand the routes into nursing to grow the domestic workforce including an increase in the number of student places and a national pathway for nursing support workers who wish to become registered nurses to gain their nursing degree. As part of the package of support for students a cost-of-living increase to the nursing bursary and associated allowances is required to ensure students can complete their studies without financial hardship.

8

Employers must ensure a level of staffing and resources that allows senior charge nurses (SCNs) and their community nursing equivalents to be non-caseload holding, that protects the supernumerary status of nursing students, and provides the capacity to support new registrants, nurses new to a role or those recruited from overseas.

9

Development of the National Care Service must recognise the essential role of the registered nurse in community services and care homes and ensure that clear clinical and professional governance processes are embedded within reformed structures.

10

The data being used to inform workforce planning must be improved. This includes addressing the gaps in the workforce data for the NHS, social care and general practice, and publishing data by professional group on staff absence and bank and agency use on a quarterly basis for additional transparency.

Recommendations

The Royal College of Nursing Scotland recommends:

Review of 2023 report recommendations

The Nursing Workforce in Scotland report 2023 highlighted how ‘expanding our highly skilled and dedicated nursing workforce must involve sustainable domestic recruitment and retention planning and implementation that rapidly makes a significant step towards turning the tide of ever-increasing vacancies’ (RCN Scotland, 2023a). The report’s 10 recommendations set out urgent action that the RCN believed was required to achieve these broader objectives.

Our review in December 2023 (RCN Scotland, 2023b) demonstrated that progress had been slow and the workforce challenges affecting health and social care remained.

Over the past year, we have been involved in a number of significant pieces of work that have provided the opportunity to call for progress on our recommendations from 2023. These include the Ministerial Nursing and Midwifery Taskforce, the Agenda for Change review, the Healthcare Staffing Programme, proposals for a National Care Service and work on nursing student finance.

Despite this extensive influencing work, progress has been slower than needed, given the scale and severity of the workforce crisis. At every available opportunity, we will continue to press for meaningful, sustainable and fully-funded proposals to tackle persistent nursing vacancies, improve retention and expand domestic recruitment.

In turn, we expect and call for stakeholders, including the Scottish government and health and care providers, to step up their efforts to tackle the workforce crisis. The status

quo is simply not sustainable nor is it in the interest of patients and service users.

Workforce challenges

Retention

This and our previous workforce reports (RCN Scotland, 2022a, 2023a) highlight the ongoing nursing workforce crisis in Scotland. They demonstrate the high numbers of both registered nurse and nursing support worker vacancies, and a decline in the number of people applying for nursing undergraduate places.

This crisis is not unique to Scotland, with the International Council of Nurses (ICN) predicting that over 13 million nurses worldwide are required to bridge the gap in the nursing shortage

Extremely understaffed. Unsafe. Felt like leaving the profession last week. Looking to change shift patterns to allow for better work life balance.

Staff nurse

by 2030 (ICN 2021). The World Health Organisation (WHO) highlights that all European nations are facing substantial challenges with their nursing workforce. Inadequate recruitment and retention, nursing shortages, international mobility of registered nurses, poor access to continuing education, and unattractive working conditions are all reasons given for the crisis (WHO, 2022).

Previous RCN surveys have highlighted the increasing number of nurses in Scotland who intend to leave the profession due to staffing issues, feeling undervalued and being unable to provide care to patients to the level required (RCN Scotland, 2021; RCN Scotland, 2022b). The constant pressures nursing staff across Scotland are facing include staff shortages; ever-increasing workloads; long shifts and additional hours (often unpaid); poor facilities including lack of access to food and drink; feeling that their safety critical knowledge, skills and experience are not valued; and the poor culture within their organisations. These factors are having a detrimental effect on not only the quality of care they can deliver but also their own physical and mental wellbeing. The net effect is they are considering leaving their job or even the profession.

Our recent cost of living survey received over 1,000 responses from members in Scotland. The results paint a stark picture of the financial challenges facing nursing staff and the impact this is having on their wellbeing, personal lives and work (RCN Scotland, 2024a).

We recognise the financial struggles being faced across society, and equally, the challenging economic situation facing government. But, the finding that really drives home the potential consequence of not investing in nursing now, is that 62% have thought about changing their current role due to the cost of living. Of this group 60% have considered leaving nursing altogether.

Our 2023 report on the financial situation of nursing students highlights similar challenges. The vast majority of nursing students reported that financial concerns were affecting their health and academic performance. Importantly, two-thirds stated that they have considered dropping out of their course due to financial concerns (RCN Scotland, 2023c).

Clearly, the current financial situation is having an impact on not only the supply but also the retention of current

and future registered nurses and nursing support workers across Scotland. Our report sets out the impact of the nursing recruitment and retention challenges facing Scotland, highlighting the urgent need for both a recruitment and a retention strategy. But there is no point, nor is it ethical, to recruit people into nursing if urgent action is not taken to

Over the last week I have felt more and more that I want to leave the nursing profession. I feel we are not heard, no one cares. We are no longer nurses we are fire fighters trying to put out the fire whilst getting burned.

Advanced nurse practitioner

address the issues that result in nurses leaving their job or the profession.

For these reasons we called for the Ministerial Nursing and Midwifery Taskforce. Our demands under each of the Taskforce’s four working groups (wellbeing, attraction and retention, education and development and culture and leadership) (RCN Scotland, 2024b) are based on international evidence along with the poor experience of nursing staff as reported in our questionnaires and lived experiences captured with the Sensemaker® tool.

The Nuffield Trust (2023) examined attrition during undergraduate training and retention of new graduates across nursing, midwifery and allied health professions. The report highlighted noticeable differences between staff groups in progression between Agenda for Change bands. The Nuffield Trust states that progression opportunities may be a significant factor affecting early career retention. We discuss a comparison of Agenda for Change grades across these professional groups in Scotland later in this report (see *Trends in the NHS nursing workforce* section).

Retaining nurses is more than a numbers game. Multiple actions are required that are more than simply trying to persuade nurses to remain in their job or return following retirement.

The Scottish government and employers must do more to address the many issues with working environments. They must include actions that **respect and value** the expertise of the nursing profession; **retain and support** nursing staff; encourage those early and middle career nurses who have left the profession to **return and reintegrate** into the workforce; and finally, **recruit and mentor** new staff into the profession.

Nurse supply

Too few people are opting to study nursing. For the second year in a row not all undergraduate student places for nursing were filled. This shortfall means the gap between the number of registered nurses needed and those entering the workforce is set to widen. Fewer newly registered nurses will enter the workforce in 2025 and 2026 than is needed as determined by Scottish government student intake planning (see *Trends in nursing student numbers* section). Rapid action is needed to grow and retain the domestic nursing workforce.

Additionally, too many nursing students are failing to complete their course and join the workforce. In a recent RCN survey, 99% of nursing students said they had money worries and almost three-quarters said this was impacting their mental health (RCN Scotland, 2023c). The Scottish government must ensure that nursing students have appropriate financial support to allow them to prioritise their education, cope with the rising cost of living and complete their studies without falling into financial hardship. We are calling on the Scottish government to give a cost-of-living

Ensuring safe staffing is always my priority hence I am clinical the majority of my time. I genuinely love the work I do, but feel the SCN role is the least valued and respected, yet the most challenging and stressful.

Senior charge nurse

increase to the nursing student bursary and associated allowances, with regular review to ensure the bursary increases in line with the cost of living. Given the high attrition rates from nursing courses, a fair financial package has never been more important to encourage more people to take the undergraduate degree route into a nursing career.

A long-term public campaign is needed to attract people into nursing. The campaign should reflect the four pillars of nursing and the professional leadership role of degree-qualified registered nurses. It should also promote the diverse range of roles a nursing career offers. The Scottish government should expand and make clear the routes into nursing degrees to attract future nurses from a range of career stages and age profiles. This should include a review of 'earn as you learn' to provide financially viable alternatives to prospective future nurses. The roll out of the Prince of Wales Nursing Cadet Scheme across Scotland should also be progressed.

The Scottish government, universities and employers must prioritise the quality of the experience of current undergraduate nursing students, ensuring the retention of supernumerary status, and positive clinical placement experiences and transition into newly registered roles. Evaluation of the current mechanisms for nursing students to feedback concerns about their education, clinical placements and wellbeing, is needed to ensure they are fit for purpose. A process for ensuring employers comply with preceptorship requirements to ensure that new registrants, as well as nurses new to a role or environment, are appropriately supported is also required.

Internationally recruited nurses are, and always have been, invaluable to health and care services. However, the numbers are small in the context of the workforce crisis and the process of recruitment and induction is not quick. Analysis from the Health Foundation (2024) suggests that the United Kingdom may be a temporary base for a growing number of internationally educated nurses prior to relocating to other countries and highlights the need to improve retention of all nurses, wherever they were educated. Scottish government policy (Scottish government, 2022a, 2022b) includes international recruitment to help meet its commitments to recruit more health and care staff. In June 2023 the Scottish government announced that its target to recruit up to 750 additional nurses, midwives and allied health professionals (AHPs) from overseas had been exceeded. Against the background of a global shortage of nurses, the International Council of Nurses (2022) has called on governments to plan and invest in growing the domestic production of nurses to meet the health system demand. International recruitment must not be seen or portrayed as a solution to the current recruitment and retention challenges facing the nursing profession.

Staff shortages are impacting on the quality and safety of care across all services. Audit Scotland has reported that the NHS is 'unable to meet the growing demand for health services', and that despite growth in the workforce, the number of vacancies remains high. It also reports that staff turnover and absences have increased with NHS staff remaining under significant pressure, and that workforce capacity challenges are having a direct impact on patient safety and experience. Poor skill mix and high use of agency nurses are highlighted as specific concerns (Audit Scotland, 2024). The Auditor General says it is not clear that the Scottish government's current workforce strategy and other ongoing actions will resolve this challenge. They

Relentless and highly complex caseloads, compounded by exhausted and stressed-out staff. The only thing keeping us going, is each other and our patients.

Senior charge nurse

included calls for ministers to publish a National Workforce Strategy update for health and social care that includes guidance on improving staff wellbeing and culture and workforce growth projections. The updated National Workforce Strategy must be more rigorous, says the Auditor General, than the previous version. It must be based on proper workforce planning taking into account current and future demand, to ensure Scotland's health and care services have the right numbers of staff with the right skills.

The Nursing and Midwifery Taskforce presents an opportunity to address the workforce crisis. It must deliver timely, sustainable and funded changes.

The implementation of the recommendations from the review of the Agenda for Change pay scheme is also a key opportunity to tackle Scotland's nursing workforce crisis. The Scottish government must continue to prioritise the implementation of this important initiative and ensure that this delivers for Scotland's nursing staff and those for whom they care. We can also not understate the importance of fair pay for highly trained graduate professionals. Ultimately, the main incentive for prospective nurses will be joining a profession where pay is commensurate with the demands of the role and the level of education required.

Substitution of registered nurses

Across Scotland, the continued failure to retain and recruit sufficient numbers of registered nurses to meet the growing demands and complexity of health and social care is impacting on the ability to provide safe, high-quality care. These failures also have an impact on ensuring that the work environment for registered nurses recognises, values and supports the safety critical nature of nursing and the unique contribution of registered nurses.

The RCN has defined nursing thus:
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 (RCN, 2023).

In our previous reports (RCN Scotland, 2022a, 2023a), we highlighted the research evidence that shows a direct link between nursing staff having the time to care and positive patient outcomes (Aiken et al., 2018; Blegen et al., 2011; Griffiths et al., 2014; Park et al., 2012; Twigg et al., 2013), and between having the right number of both registered nurses and nursing support workers and the quality of patient care (Aiken et al., 2017; Griffiths et al., 2016, 2019; Lasater et al., 2021).

These studies also demonstrate that substituting registered nurses with nursing support worker roles has a negative impact on quality of care and patient outcomes. For example, one study showed that in some settings, every patient added to a registered nurse's workload is associated with a 7% increase in mortality, and substitution of a registered nurse with a nursing support worker is associated with a 21% increase in mortality (Aiken et al., 2018). This indicates a significant increase in the risk of patient deaths as a consequence of substitution.

A recent review of the literature (Dall'Ora et al 2023) is the first to

synthesise evidence of associations between patient mortality and multidisciplinary hospital staffing. This review concluded that having more physicians and registered nurses was associated with lower mortality, and higher levels of nursing assistants was associated with higher patient mortality. The authors concluded that the association between higher registered nurse staffing levels and reduced mortality stands when controlling for other staff groups. The finding highlights that the research and the endeavour around ensuring safe and effective registered nurse staffing levels is justified and necessary.

Our 2023 report detailed our concerns regarding the substitution of registered nurses with nursing support workers in health and social care (RCN Scotland, 2023a). The substitution of registered nurses happens when employers in both the NHS and independent sector struggle to fill gaps in their registered nursing workforce. Employers resort to simply changing the level of the vacant registered nurse post to that of nursing support worker. Within NHS Scotland

Every shift felt unsafe. Workload was far too much for one member of staff. Doing non-nursing jobs which is the norm now.
Staff nurse

there has been a growth in the number of nursing staff but over the last three years this has been largely due to the growth in nursing support worker roles, including the new band 4 assistant practitioner roles.

Support staff, such as nursing support workers and assistant practitioners, are a vital part of the nursing workforce. However, they have different levels of experience and qualifications. Their contribution is both invaluable and different from that of a registered nurse and they should never be pressured to work beyond their competencies or scope

I feel I can't give people the attention they need. Too many people are invisible. Not noticed until something is very wrong. We need more time with people to notice the little changes that means big things.

Nurse Manager

of practice. Nor should they be used to substitute registered nurses or fill registered nurse vacancies. Developing new roles such as assistant practitioners and nursing associates should not be taken lightly. We highlighted last year that their purpose should be clearly defined before introduction. The risk of patients receiving substandard care – resulting in direct or indirect harm – is significant. There should be no possibility of inappropriate role substitution with the introduction of new roles in either health or social care.

Staffing for safe and effective care

The Health and Care (Staffing) (Scotland) Act 2019 came into force on 1 April 2024. This legislation sets out requirements for safe staffing across health and care services in Scotland.

The Act places a duty on all NHS and care providers to make sure there are always suitably qualified and competent staff working in the right numbers to ensure safe and effective care.

Provisions within the Act should ensure that nursing staff can raise concerns about staffing levels without fear of repercussions. The Act requires NHS boards to seek clinical advice when making staffing decisions and to establish clear reporting and escalation processes for concerns. The importance of listening to, valuing and acting on the clinical expertise of registered nurses as part of staffing decisions cannot be underestimated.

The statutory guidance that accompanies the Act provides further clarification of the robust reporting arrangements with which health and care

providers must comply. This includes requirements for annually publishing and submitting reports to Scottish ministers. These reports are due by the end of April each year. In turn, Scottish ministers must lay a combined report, which collates the health board reports, before the Scottish parliament, together with a statement setting out what ministers are going to do about staffing in health based on what health boards have reported.

Ministerial scrutiny of how the duties introduced in the Act are being met must be sufficiently robust, timely and meaningful to ensure that data and evidence inform future government policy for staffing health and care services. In our 2023 workforce report, we called for an accurate, transparent baseline to be published before April 2024 to enable trend data to emerge over time (RCN Scotland, 2023a) but as yet there is no recognised, published baseline that could accurately provide the basis for future analysis.

RCN Scotland is committed to analysing all future reports published by Scottish government in relation to the implementation of the Act. Additionally, we will assess the impact of the Act on nursing staff. There are particular requirements of the Act that relate to staff and these include principles and duties; however, there are no explicit outcomes for staff, as opposed to outcomes for patients and service users, in the Act. Our members have told us that ongoing concerns about low staffing levels, which they consider to be unsafe, together with feeling undervalued, are key reasons for wanting to leave the nursing profession. This emphasises how urgent it is that the Act makes a difference for staff as well as for patients.

The Act has the potential to drive and transform the experience of nursing staff, which is key to the current challenge of retaining nurses in Scotland.

National Care Service

The Scottish government remains committed to establishing a National

Care Service (NCS) in order to ‘deliver the consistency and quality of care and support across Scotland that people deserve’. (Scottish government, 2022c). Over the course of 2023, the proposals for a NCS evolved significantly. Following an agreement with COSLA reached in July 2023, the Scottish government indicated that accountability for care will be shared between the Scottish government, NHS and local government, with local government retaining existing functions, staff and assets. The governance of the proposed NCS will no longer take the form of newly created local care boards. Instead, the approach will be to reform integration authorities, overseen by a single National Care Board.

Many of RCN Scotland’s concerns about the NCS remain, as outlined in our 2023 workforce report (RCN Scotland, 2023a). The Scottish government has not made clear how the creation of a NCS will tackle the workforce crisis across health and social care. Also, we have had little assurance that it will embed and recognise nursing leadership and the role of nursing in social care. Given the change in approach and the desire of the Scottish government to standardise delegated services, we are now less clear about the scope of the proposed NCS, and the impact it will have on the nursing profession in Scotland, than we were 12 months ago.

There remains a need for investment in both health and social care to recruit and retain the workforce required to meet increasingly complex needs. Over the

Short staffed again to the point that is unsustainable. I’m just back from annual leave and already feel burnt out, exhausted, undervalued and unheard. On top of that I come home each day to bills mounting up that I can’t afford to pay.

Staff nurse

past 12 months, steps to achieve parity of esteem in pay, terms and condition for those who work in social care, together with flexible career opportunities and a greater recognition of the role of nursing should have been the focus, rather than the design of a new system. Meanwhile, the data shows that the number of registered nurses working in social care continues to fall.

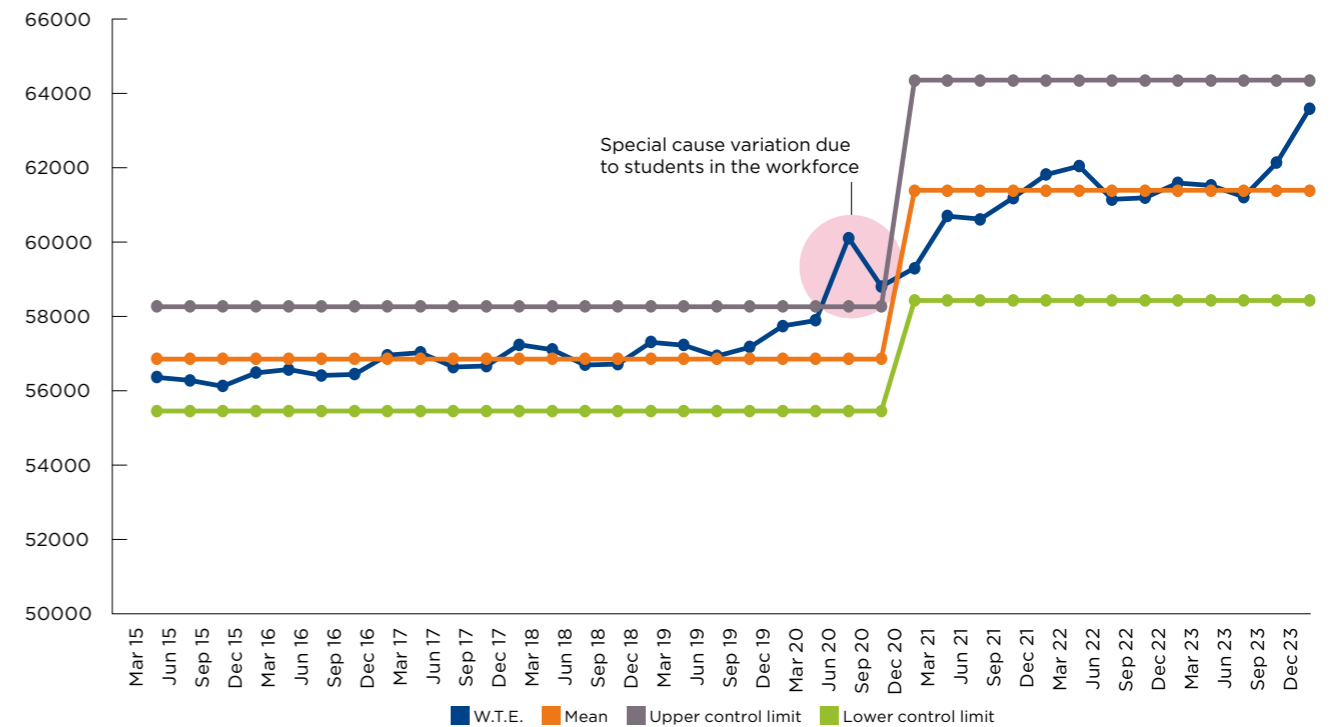
Nursing workforce data trends

Trends in the NHS nursing workforce

Recently published data highlights that there were over 2,000 WTE more nursing staff in post in December 2023 than one year before, a 3.3% increase (Fig. 1). However, regular fluctuations do occur throughout each calendar year. After the previous peak in the NHS nursing workforce in March 2022, the nursing workforce declined and then fluctuated for the remainder of 2022. The first six months of 2023 saw a decline with over 380 WTE fewer nursing staff in post by June 2023 (-0.6%). At no point has the planned establishment been achieved, demonstrating an ongoing gap between planned staffing and actual staffing.

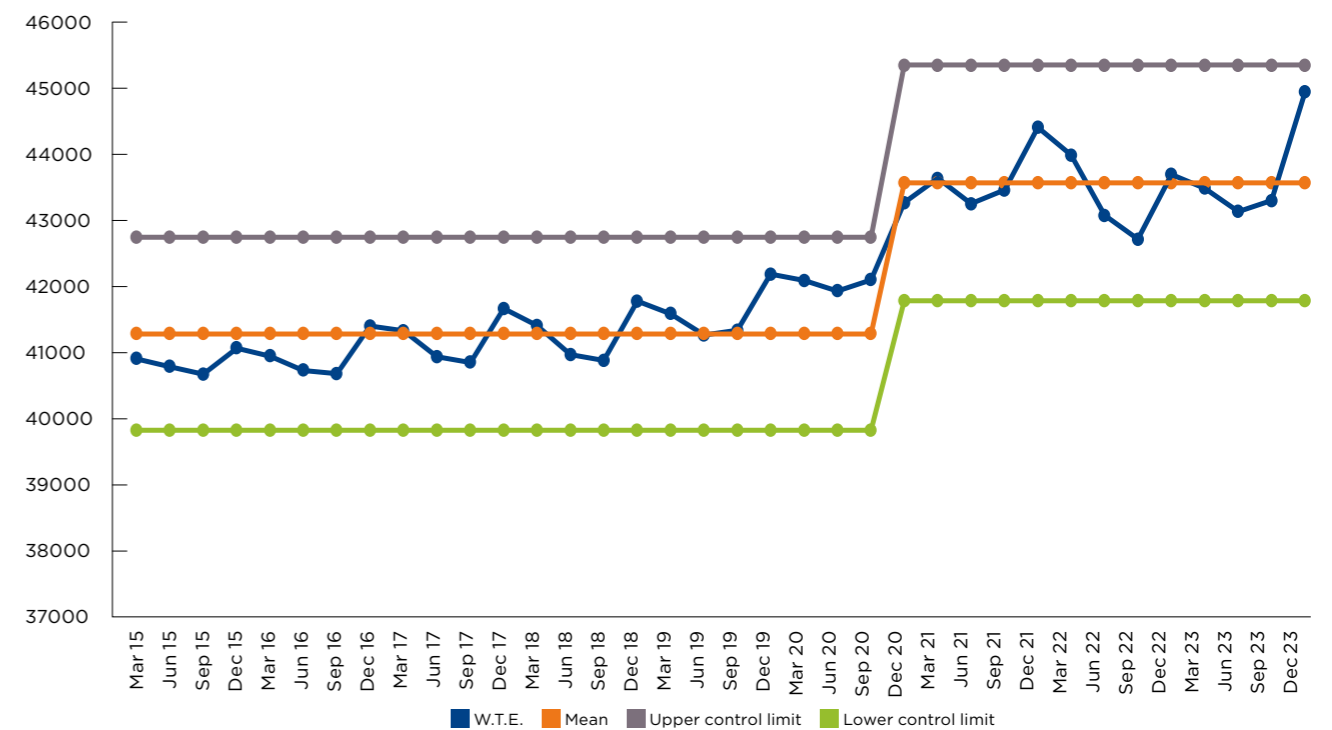
The uplift in registered nurses in post in the last quarter of 2022 and again in the last quarter of 2023, reflects the cycle of newly registered nurses joining the workforce each autumn and peaking each December (Fig.2). The registered nurse workforce has typically declined steadily over the following nine months reaching the lowest points between June and September each year. However, the downward trend over the nine months to September 2022 was a steeper decline

Figure 1: NHS Scotland nursing staff in post WTE, 2015-2023



Source: NHS Education for Scotland NHS Scotland workforce statistics

Figure 2: NHS Scotland registered nurses in post WTE, 2015-2023



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

We are relying on the good nature and commitment of staff to go above and beyond to make sure we keep our patients safe but this can only continue for so long. *Staff nurse*

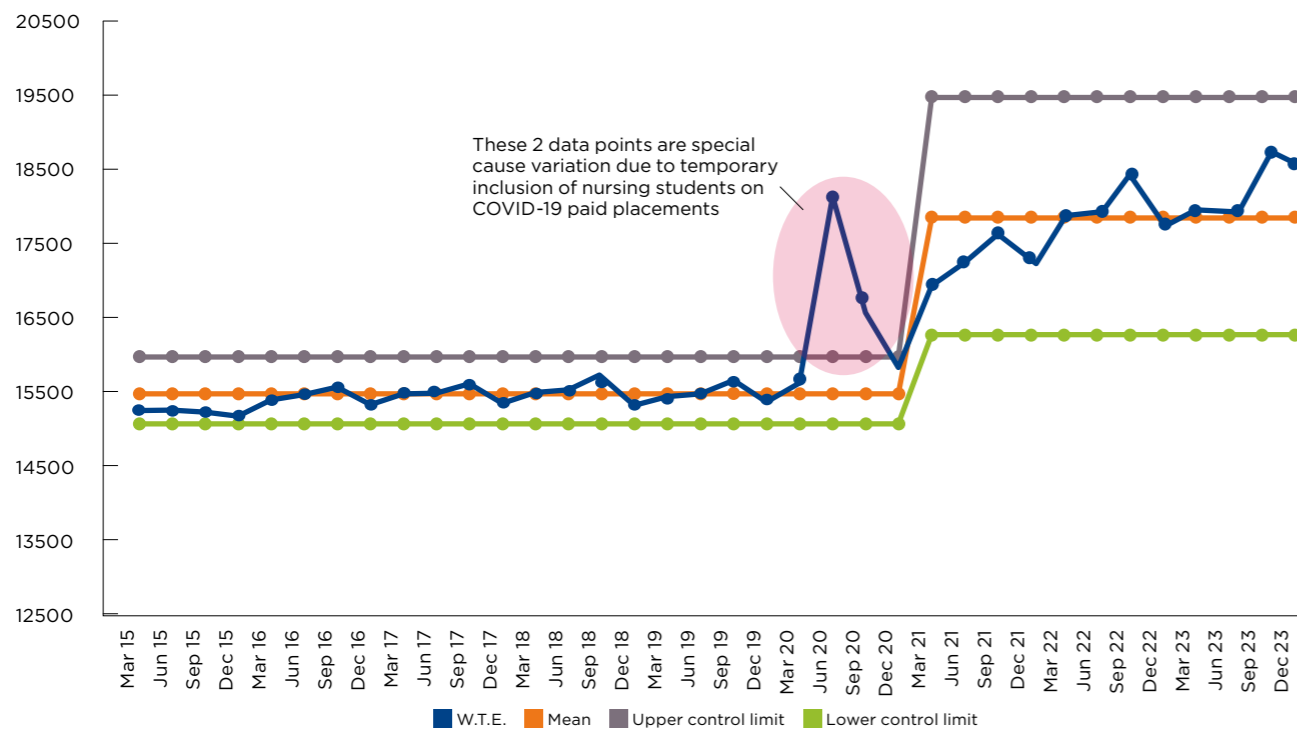
than regular fluctuations each calendar year, and the upward trend between September to December 2023 has also been steeper than usual at this time of year, which can be attributed to the higher numbers of students who began their nursing degrees in 2020-21 during COVID when interest in higher education and health care peaked.

There has been a marginally higher percentage increase in nursing support workers than registered nurses during 2023. The significant sustained increase and upward trend from March 2021 generally continued during 2023, with over 750 WTE more in post in December 2023 than one year previously (4.3%) (Fig. 3).

The nursing support worker trend has also resumed the known fluctuations each year. The decrease in the final quarters of 2022 and 2023 reflect that the WTE nursing support worker staff in post peaks in September each year with a corresponding decline in December (Fig. 4). Peaks in the number of band 4 posts each September could be accounted for by newly registered nurses waiting for their NMC PIN being temporarily paid at band 4.

The reduction in band 2 staff in post and a resulting rise in band 3 staff in post has continued during 2023. The number of band 3 nursing support workers in post has increased by over a third (35.8%) with nearly 3,700 WTE more by December 2023, while the number of band 2 nursing support workers in post has reduced by over half (-54.9%) with 3,300 WTE fewer in post. The accelerated shift between band 2 and band 3 reflected the rebanding of roles following negotiation and partnership working by the RCN and

Figure 3: NHS Scotland nursing support workers in post WTE 2015-2023



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

other trade unions progressing a national process to assess band 2 staff against new national band 2 and band 3 nursing support worker job profiles. There is also potential for some of the growth in band 3 posts being individuals who are currently paid as band 3 while training for band 4 posts.

There is an upward trend in band 4 staff in post, with 752 WTE more in post than two years ago. In 2023 the increase was 26.4% band 4 staff in post in the NHS Scotland nursing workforce (365.4 WTE). The nursing support worker workforce is increasing overall, but at a slower rate (4.3%).

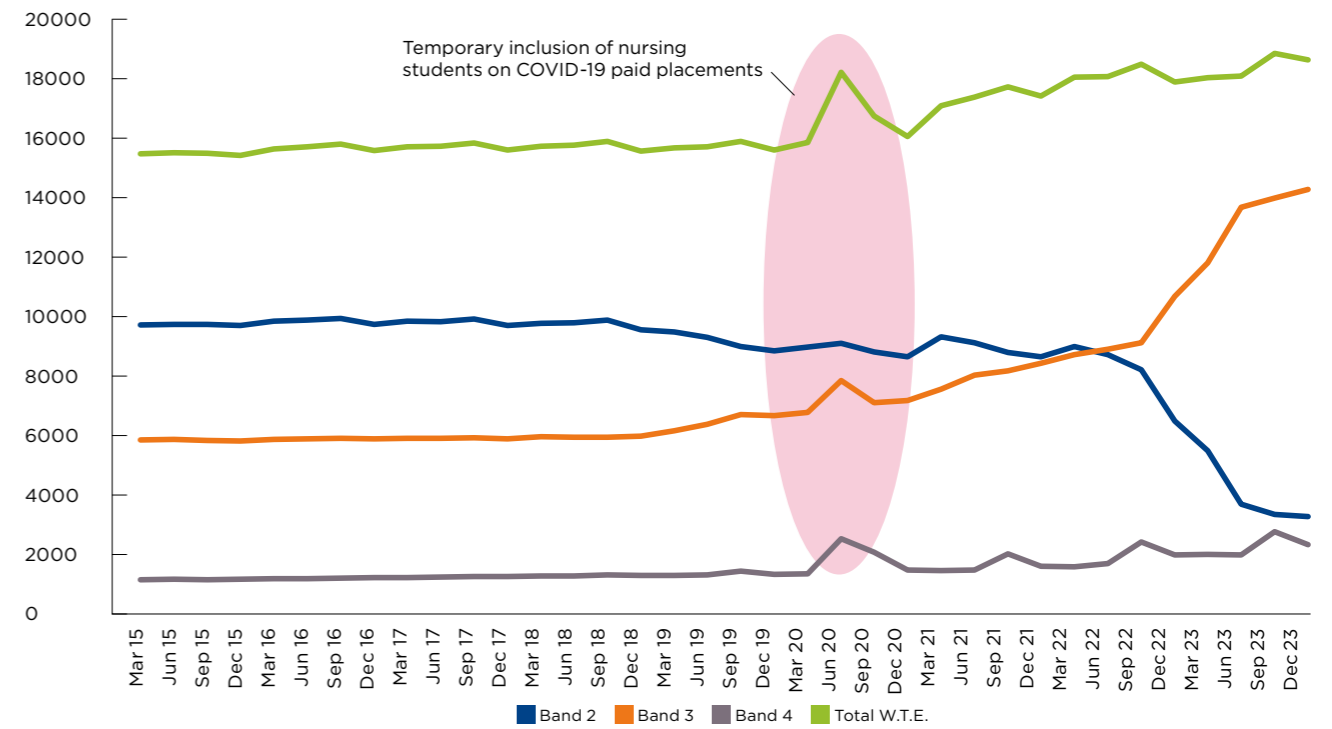
Between 2018 and 2023, there were increases in the number of nurses working in mental health nursing (9.8%) and paediatric nursing (11.5%), with larger percentage increases in the district nursing (17.8%) workforce. Registered nurses in health visiting teams have fluctuated with an overall decreasing trend

over this five-year period (0.6%) (Tab. 1).

In the key area of learning disability nursing, registered nurse numbers have declined by 4.4% between December 2018 and December 2023, but reached the lowest point in over a decade of 576.4 WTE in June 2023. In the five years to December 2023, registered nurses in adult nursing have increased by 1.4%, though there is a clear cycle of this workforce peaking each December following newly registered nurses joining the workforce. This is then followed by falling numbers in adult nursing over the subsequent nine months (Fig. 5).

While registered nurses in post have increased by 7.8% over the last five years, nursing support workers in post have increased by 20.5%. Nursing support worker numbers have increased across many specialties, including a 52.7% increase in district nursing, a 19.1% increase in adult nursing and a 13.4% increase in mental health nursing.

Figure 4: NHS Scotland nursing support workers in post by Agenda for Change band WTE 2015-2023



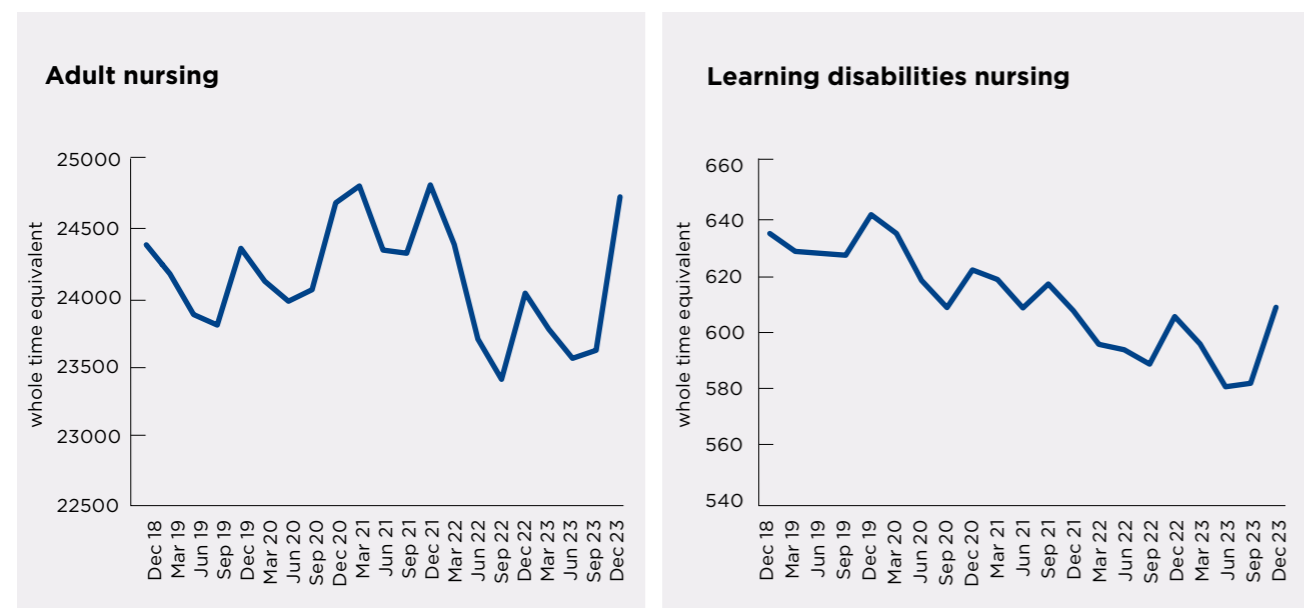
Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Table 1: NHS Scotland registered nurses in post by selected work area WTE 2018-2023

	2018	2023	Change 2018-23	WTE change 2018-23
All	41820	45087	7.8%	3267
Adult	24437	24781	1.4%	344
District nursing	2819	3322	17.8%	503
Health visiting	1898	1886	-0.6%	-12
Learning disabilities	634	606	-4.4%	-28
Mental health	6498	7136	9.8%	638
Paediatric	1562	1741	11.5%	179

Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Figure 5: NHS Scotland registered nurses in adult nursing and learning disabilities nursing WTE 2018-2023



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Numbers have decreased by 12.1% in learning disabilities nursing (Tab. 2).

In our previous report (RCN Scotland, 2023a), we presented a comparison between registered nurses, midwives and AHP staff in post. This demonstrated a significant difference in band mix when comparing the nursing workforce with midwifery and AHP workforces. The Nuffield Trust (2023) published their own analysis of career progression, highlighting sizable differences between staff groups in progression levels between bands. Although this is NHS England data, we believe the situation regarding career progression to be similar in Scotland.

NHS Scotland data highlights differences in the Agenda for Change band profiles across the three professional groups (Fig. 6). The data highlights significant variance in band mix when comparing the nursing workforce with the midwifery and AHP workforces (excluding health visiting as the RCN successfully achieved a rebanding, resulting in 80% of the workforce at Agenda for Change band

I was working outwith my ward, outwith my area, with no other RN to support me. I did not get a break on that shift.
Staff nurse

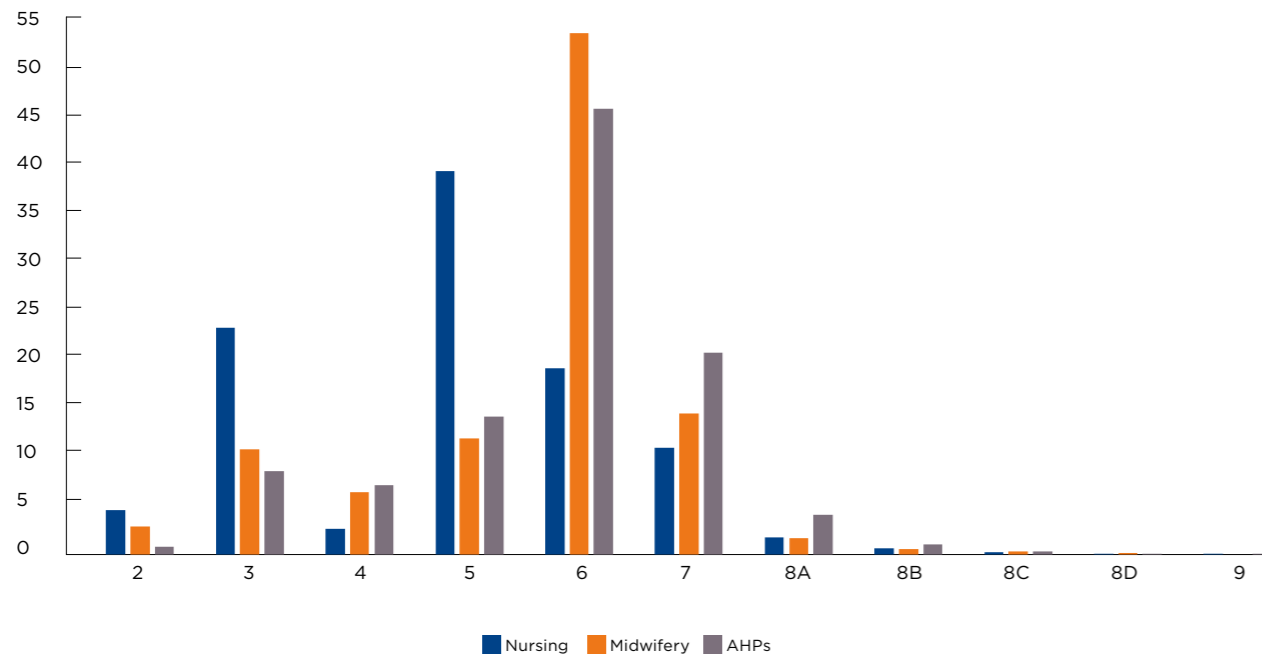
7). The data demonstrates the nursing workforce has the highest proportion at bands 2–4 (29.6%) compared to 19.5% for midwifery and 16.0% for AHPs. The largest proportion of the nursing workforce (38.4%) is employed at band 5 (entry point for registered professionals), compared to 11.6% of midwives and 13.8% of AHPs. Midwifery has the highest proportion of the workforce at band 6 (52.2%) compared to AHPs (44.6%) with nursing having the lowest proportion at 18.6%, more than half the percentage of the other two professional groups. The AHP workforce has the highest percentage of the workforce at band 7 (20.2%) with midwifery having a slightly higher proportion than nursing at band 7 (14.1% and 10.7% respectively). The proportion of the AHP workforce at band 8a–9 (5.5%) is twice the nursing and midwifery workforces at those grades (2.7% and 2.6% respectively).

Table 2: NHS Scotland nursing support workers by selected work area WTE 2018-2023

	2018	2023	Change 2018-23	WTE change 2018-23
All	15325	18460	20.5%	3135
Adult	10017	11934	19.1%	1917
District nursing	655	1000	52.7%	345
Health visiting	262	273	4.2%	11
Learning disabilities	455	400	-12.1%	-55
Mental health	2783	3156	13.4%	373
Paediatric	480	486	1.3%	6

Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Figure 6: Percentage of NHS Scotland nursing, midwifery and allied health professions staff in post by Agenda for Change band in NHS Scotland, Dec 2023



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

These variances suggest that there continues to be an inequitable and inconsistent application of the Agenda for Change profiles, with nursing knowledge and skills being undervalued when compared with midwifery and AHP knowledge and skills.

The RCN successfully secured commitment to a review of band 5 nursing roles across NHS Scotland as key component of the review of Agenda for Change agreed in the 2023-24 NHS pay deal with Scottish government. All band 5 nurses will be invited to have their role reviewed through an agreed process.

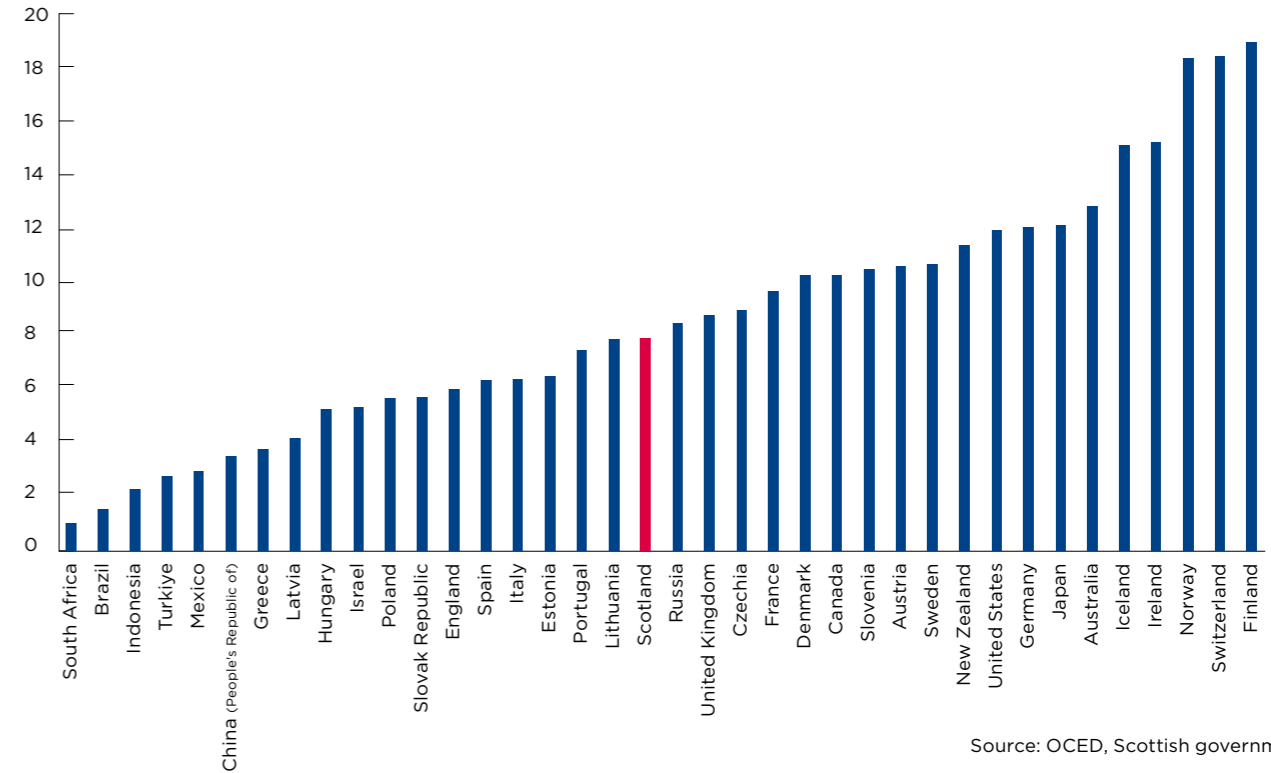
We can't provide good and effective care, the expectation on nurses is far too much and it is leaving staff exhausted, burnt out and feeling rubbish at their job when we can't meet those goals.

Staff nurse

The agreement reached with the Scottish government confirms that any band 5 nurse who is regraded to a higher band will have their pay backdated to 1 April 2023, if they can demonstrate that they were working at the higher level on or before that date.

A further consideration regarding staffing is comparable data from other countries as a check on where Scotland may be placed regarding the growth in the nursing workforce and prevalence of nurses in relation to the delivery of healthcare. When the Scotland data is added to the latest international data from the Organisation for Economic Co-operation and Development (OECD) health care resources indicator of the number of nurses per 1,000 inhabitants, at 7.9 nurses per 1,000 population Scotland is lower than the OECD average of 9.2 (OECD, 2023, 2024) (Fig. 7). So, while there has been recent growth in the NHS registered nurse workforce, this is an interesting comparator to

Figure 7: Nurses per 1,000 population, 2022 or latest available



Source: OECD, Scottish government

consider. The Scotland figure is also an average, and there will be variations across NHS employers reflecting regional and local workforce and recruitment challenges and the influence of financial considerations on workforce planning.

The numbers of registered nurses and nursing support workers who can potentially leave nursing in the next five to 10 years continues to be of concern. In 2023, 22.2% of the NHS nursing workforce was aged 55 years and over in comparison to 16.4% in 2013 (headcount). With a median average age of 46, 29.7% of nursing support workers were aged 55 and over, while for registered nurses the median age was 42 with a fifth (19.0%) aged 55 and over (Fig.8).

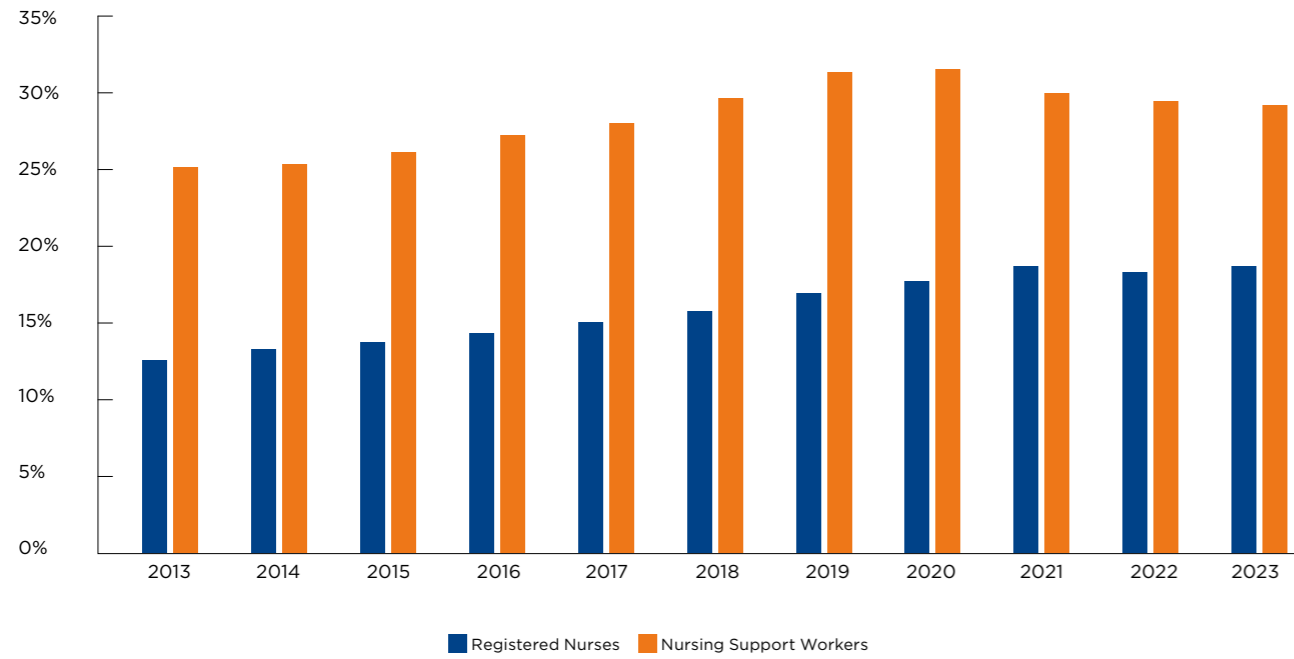
Since 2013 the age profile changes in the workforce have been most pronounced in particular areas of nursing, such as mental health nursing, learning disabilities nursing and health visiting (Fig. 9). For example, the proportion of NHS mental health nursing

staff aged 55 and above has increased by 7.9% to 23.3%, while in learning disabilities nursing, a quarter of nursing staff are now aged 55 and above, a 7.1% increase compared to 10 years ago. Three in 10 nursing staff working in health visiting are aged 55 or above (27.5%), compared to one fifth in 2013 (21.7%). Other areas of community nursing also have considerable numbers of staff in higher age groups, such as district nursing where one quarter (24.8%) of staff in post are aged 55 and above.

The age profile of the nursing workforce has implications both for supporting individual older nurses and nursing support workers in work and to return to work. Focusing on retaining or replacing this depletion of clinical skill and experience is a key challenge (Buchan et al., 2020).

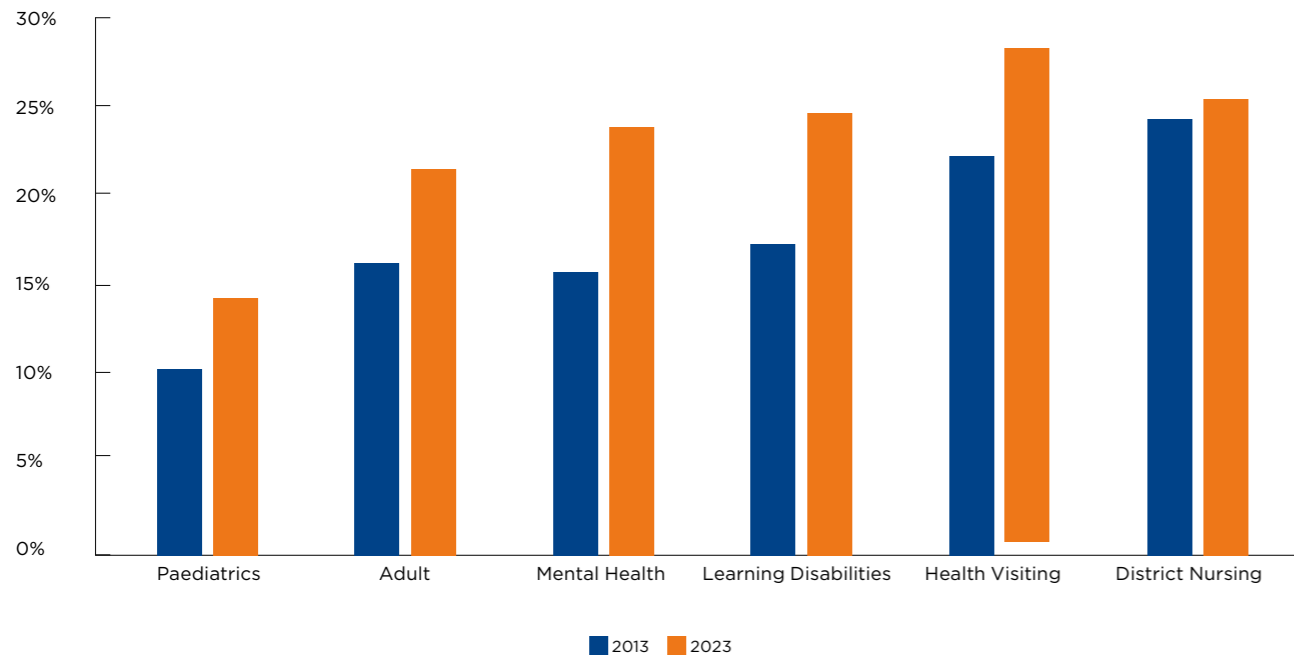
Retirement is, however, not the only factor prompting those leaving nursing. A comprehensive review of the evidence on supporting nurses and midwives to

Figure 8: NHS Scotland registered nurses and nursing support workers aged 55 and over, at December 2013 to 2023 (headcount)



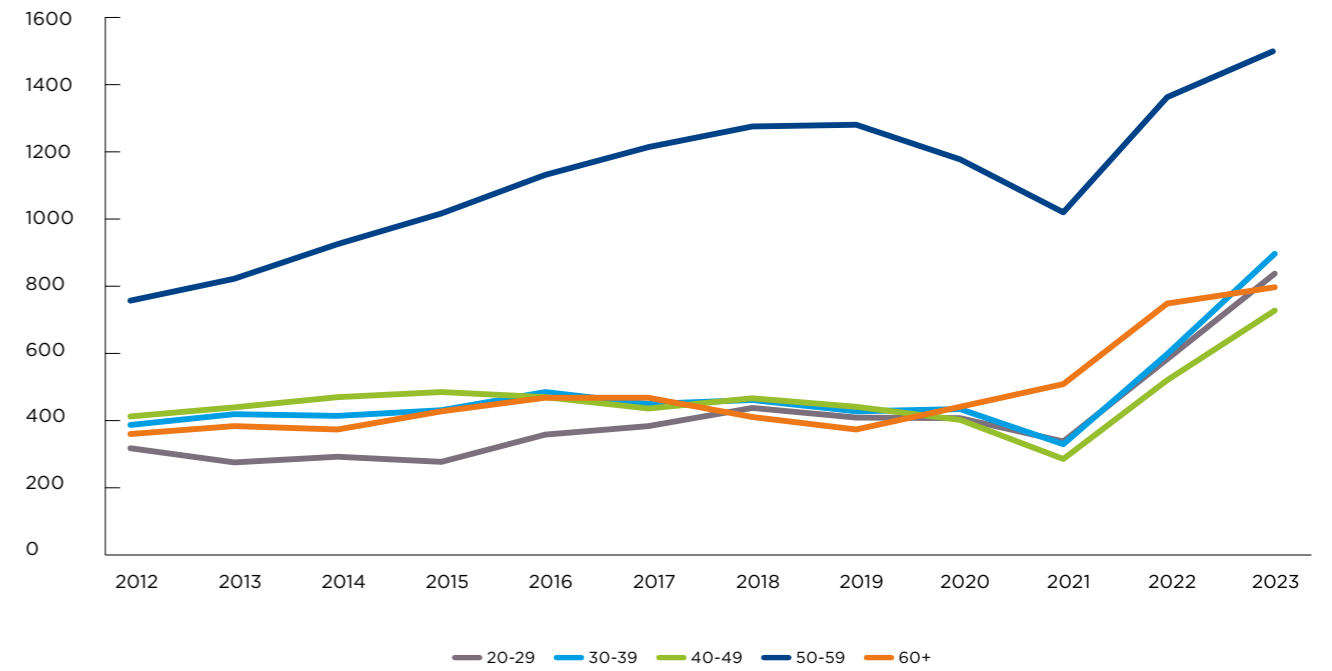
Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Figure 9: NHS Scotland percentage of nursing staff aged 55 and above, 2013 and 2023 (headcount)



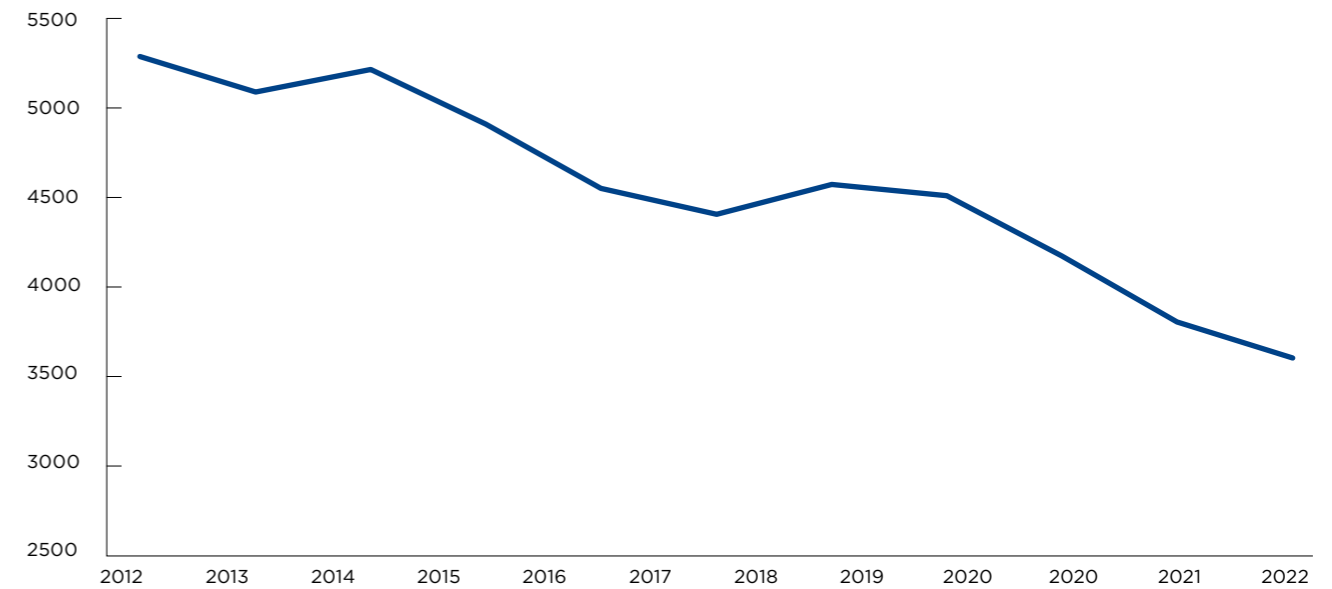
Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Figure 10: Number of registered nurses who have left the NHS Scotland workforce in the year ending 31 March by age group (headcount)



Source: NHS Education for Scotland

Figure 11: Estimated number of registered nurses in care homes for adults, 2012-2022 (headcount)



Source: Scottish Social Services Council

Finished the shift feeling exhausted both physically and mentally, deflated that for some residents they didn't get the care they deserve due to having to focus on other residents.

Staff nurse

deliver high quality care (The King's Fund, 2020) found the key drivers of nursing attrition to be: staff shortages resulting in pressures; workload and work schedules; pay; support during education and on entry into the nursing workforce; and bullying, harassment and discrimination experienced in the workplace. The consequences of these experiences are early retirement, reduced ability and intention to quit.

The number of registered nurses and nursing support workers leaving the NHS has continued to increase, with leavers in the year to March 2023 the highest in over a decade. During the pandemic, as many chose to delay leaving or retiring, NHS registered nurse leavers fell from around 3,000 in the year to March 2020 to 2,772 in the year to March 2021, the lowest level for eight years (headcount) (NES, 2024). However, over the next two years the number of leavers has increased sharply. Over 4,200 registered nurses left NHS Scotland in the year to March 2022, and this increased again to over 4,800 in the year to March 2023. This is the highest number of registered nurse leavers in one year over the past 11 years. The turnover rate (headcount) has increased from 5.8% in 2021 to 9.7% in 2023.

Nursing support workers are also leaving NHS Scotland in considerable numbers. The year to March 2022 saw over 3,500 leaving, more than double the previous year – however, this has been surpassed in the year to March 2023 when over 3,600 nursing support workers left the NHS. The turnover rate for nursing support workers remains at high levels, at 17.2% in 2022 and 17.1% in 2023 compared with 8.9% in 2021 (headcount).

Following the upward trend in 2022, increases have continued in 2023 in the

number of registered nurses leaving the NHS in Scotland in every age group including increasing numbers in their twenties, thirties and forties (Fig. 10).²

Following the decline in leavers during the pandemic, the increase over the last two years now means that the number of registered nurses in each age group are at the highest levels for over a decade.

The number of nursing staff who left NHS Scotland due to voluntary resignation (excluding retiring) has continued to increase, rising from 1,466 in 2022 to 1,993 in 2023 to reach the highest level for the last 10 years. The last two years have seen the highest number of retirements over the last decade with 1,878 nursing staff retiring in 2022 followed by a further 1,714 retirements in 2023.³

Trends in the social care nursing workforce

Access to robust nursing workforce data for social care remains limited. The Scottish Social Services Council (SSSC) uses a job function classification to identify nurses working in the sector, then grosses up the figures to give an estimated annual workforce due to incomplete responses or missing data. For this reason, the SSSC continue to state that these figures and trends should be viewed with some caution (SSSC, 2023a).

Detailed social care workforce statistics are needed for registered nurses and nursing support workers, including WTE and headcount, vacancies, and age profile, to enable workforce planning. A snapshot of workforce data is collected in December each year by the SSSC, however, the time lag between the collection and publication of data must be addressed as the most recently available data is for 2022.

An estimated total of 7,890 nurses work in independent or social care in Scotland (SSSC, 2023a). Nearly half (46.8%) of those employed in the sector are directly employed in care homes for adults. Half

²Freedom of information request to NHS Education for Scotland, 15 September 2022 and 8 January 2024

³Freedom of information request to NHS Education for Scotland, 15 September 2022 and 8 January 2024

(50.1%) are employed by nursing agencies who supply significant numbers of nursing staff to NHS, independent and social care settings (see *Increased reliance on bank and agency staff* section).⁴

Of the approximately 3,700 registered nurses understood to be working in care homes for adults, the majority are employed by the private sector (92.4%). The Public Health Scotland (PHS) Care Home Census for Adults in Scotland (PHS, 2022, 2023) tells us that on 31 March 2023, 92% of all care home residents (that is, long stay, short stay and respite residents) were in older adults' care homes. Therefore, most nurses working in social care are doing so in care homes for older adults. The number of registered nurses working in care homes for adults has continued to decline (Fig. 11).

An estimated 33,800 care workers are working in care homes for adults (SSSC, 2023b). This number had been more stable compared to that of registered nurses and grew by 0.7% over the five years between

⁴Nursing agencies introduce and supply registered nurses to NHS boards, social care and voluntary sector health care providers. (SSSC, 2022a).

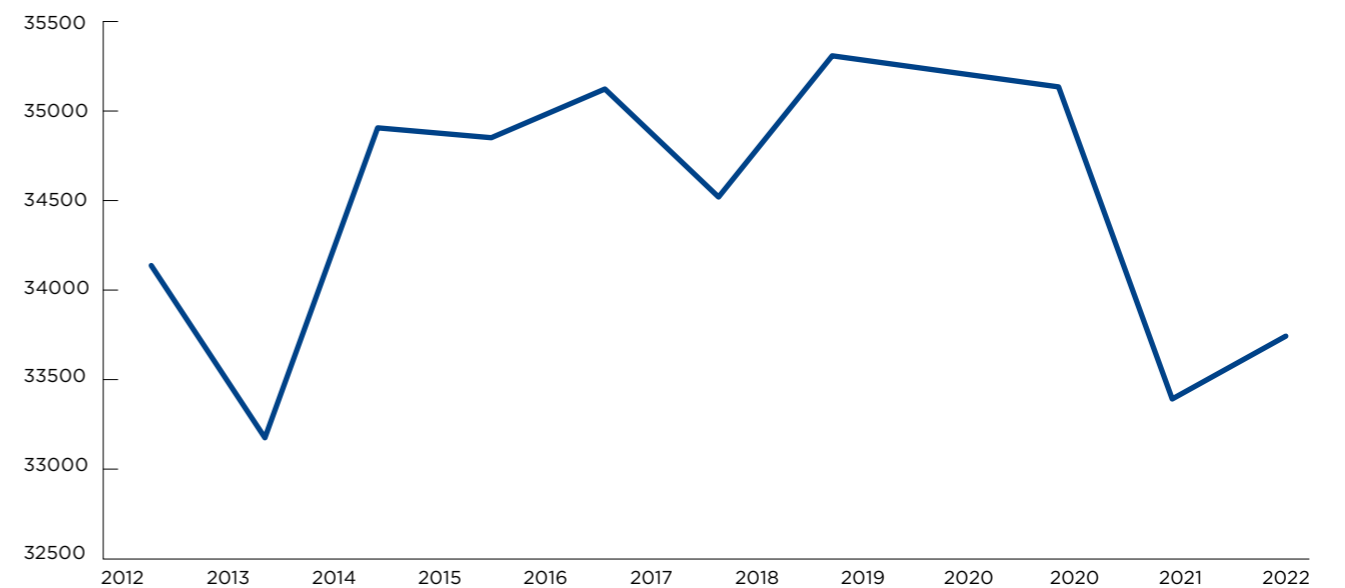
⁵Nursing support workers can be approximated using Class 2 and Class 3 care staff job function codes in the SSSC data visualisation for care homes for adults. Job titles include senior carer, carer and care assistant.

2015 and 2020, however, between 2020 and 2021 numbers fell by 4.5%. The most recently published data shows that care worker numbers in care homes for adults have increased by 1.0% in the last year (Fig. 12) whereas the number of registered nurses decreased by 4.9% (SSSC, 2022a, 2022b, 2023a, 2023b).⁵

With 3,690 registered nurses and 33,800 care workers, only 9.8% of the workforce are registered nurses, continuing the year-on-year decline. The proportions of this combined workforce have been shifting over the past decade moving from registered nurses being one in eight (13.4%) in 2012 to one in 10 (9.8%) in 2022.

Trend data shows that, in the last five to 10 years care homes are becoming fewer in number and more likely to be run by the private sector (PHS, 2023). The care homes for adults workforce across all staff groups has decreased over the last decade by 2.7% and in 2021 this workforce was the lowest since SSSC started reporting workforce data (SSSC, 2023a). During

Figure 12: Estimated number of care workers Class 2 and 3 in care homes for adults, 2012-2022 (headcount)



Source: Scottish Social Services Council

2022, the overall workforce generally maintained similar levels with a 0.1% increase in headcount (+30 staff).

However, the nursing workforce in care homes for adults decreased by 5.0% in the decade from 2012 to 2022 (Tab. 3)

There are over 1,600 fewer registered nurses in care homes for adults since 2012, a 30.2% decrease. At the same time there are also over 1,500 fewer care workers Class 3, a 21.8% decline. Care workers Class 3 (for example, senior care workers) contribute to the assessment of care needs and development and implementation of care plans and may supervise the work of Class 2 staff. During the decade to 2022, there has been an increase of nearly 1,200 Class 2 care workers who provide direct care and support (for example, support workers), a 4.4% increase. The balance within the nursing workforce in care homes is therefore shifting towards greater provision by support workers providing direct care with fewer staff employed in senior care roles and as registered nurses.

The care home sector is decreasing in size, with 19% fewer care homes for adults than 10 years ago. In 2023 1,037 care homes for adults were registered with the Care Inspectorate, including 792 care homes for older people (PHS, 2023). There were 13% fewer care homes for older people and 3.5% fewer registered places in care homes for older people in 2023 than 10 years earlier. The estimated number of residents in care homes for older people decreased by 4% over the decade.

While the workforce has been changing, clinical need and complexity are increasing. Over the 10 years to 2022-23 the estimated number of admissions for long-stay residents to care homes for older people increased by 16%, with an increase from 60% to 63% of long-stay residents in care homes for older people living with dementia (PHS, 2023). Admissions for short-stay residents in care homes for older people increased by 41% over the decade.

We have staff shortages that are affecting the level of service we provide, also affecting staff's health and wellbeing, some are off with work related stress.

Specialist nurse

As clinical care needs increase, so too does the need for the vital role of registered nurses in care homes. Although there are currently limited studies in the UK, analysis of registered nurse staffing levels in UK community settings, including care homes, reported nursing staff were unable to deliver necessary care as the proportion of registered nurses fell below the planned number (Senek et al., 2020a). This further emphasises how crucial it is for improved quality of care and quality of life for residents and patients to actively avoid substituting non-registered staff for registered nurses, in all health and care settings.

The COVID-19 pandemic brought into sharp focus the workforce crisis facing Scotland's care home sector and the need for more registered nurses working in care homes to deliver care to residents with increasingly complex health needs. The problems care homes faced during the crisis have, in many respects, been symptoms of how the sector and the people that live and work in it have been undervalued by society for far too long. The need for registered nurses in care homes has increased. Registered nurses have the clinical skills and knowledge to respond to residents' changing needs, managing medication, monitoring deterioration and overseeing infection control. Their leadership and oversight supports the wider team of carers and care assistants. The imperative to deliver safe, quality care to residents of care homes with increasingly complex health needs is not new. The skill mix changes noted in this report, coupled with the evidence on clinical need, do, however, point to potential risks to safety and quality of care. It would be a failure of huge proportions if the

Table 3: Trend in registered nurses and care workers in care homes for adults, 2012-2022 (headcount)

	2012	2021	2022	Change number 2012-2022	Change % 2012-2022	Change number 2021-2022	Change % 2021-2022
Registered nurses	5290	3880	3690	-1600	-30.2	-190	-4.9
Care workers class 3	7050	5450	5510	-1540	-21.8	60	1.1
Care workers class 2	27110	28030	28290	1180	4.4	260	0.9
Total	39450	37360	37490	-1960	-5.0	130	0.3

Source: Scottish Social Services Council

difficult lessons of the pandemic are not learnt. The many issues which have, for years, been placed in the 'too hard to do' box must be tackled head on. There must be a firm and measurable commitment to further investment and recruitment to the registered nurse role in care homes to ensure the workforce reflects increasing clinical need.

Trends in the general practice nursing workforce

General practice nursing is another area in the independent sector where data is limited. Although updated statistics have been published annually since 2022, figures are not complete due to partial returns from practices to the General Practice Workforce Survey and estimated figures.

An estimated 1,702 WTE nurses were working in general practice in

Doing the most we can with bare bones staffing. New staff unsupported and overwhelmed. Senior staff burned out and unmotivated. The second we have 'enough', staff are being moved to cover other areas.

Staff nurse

2023, an increase of 0.8% WTE and a 1.0% increase in headcount (NES, 2023; PHS, 2022). However, there has been a 7.7% decrease in headcount and 9.1% decrease in WTE of nursing support workers with an estimated 442 nursing support workers (headcount) and 288.1 (WTE) at general practices in Scotland in 2023 (Tab. 4).

Further action is needed to robustly gather this data across the breadth of general practice to enable appropriate planning for the general practice nursing workforce and to include in wider planning for the future nursing workforce.

Trends in nursing student numbers

For the second year in a row, the number of applicants and acceptances to nursing undergraduate degree courses has decreased significantly. The numbers of applicants and acceptances are also now lower than they were in 2019, before the COVID-19 pandemic, and this marked decline suggests that the renewed interest in a career in nursing brought about by the pandemic is diminishing. This reduction in accepted applicants to nursing courses will impact on the numbers who can potentially qualify as registered nurses in the years

Table 4: General practice nursing workforce trends

	2013	2015	2017	2019	2022	2023	2022-2023	
							Number change	% change
Nurse headcount	2125	2175	2297	2465	2414	2437	23	1.0
Nurse WTE	1420.0	1455.0	1541.0	1690.0	1689.5	1702.4	12.9	0.8
Health care assistant headcount	575	710	787	627	479	442	-37	-7.7
Health care assistant WTE	300.0	365.0	399.0	410.0	317.0	288.1	-28.9	-9.1

Source: Public Health Scotland, NHS Education for Scotland⁶

ahead, affecting the future workforce and delivery of health and care.

In 2023, 3,520 applicants were accepted onto undergraduate nursing courses at Scottish universities, compared to 3,950 in 2022 – a drop of 430 fewer individuals opting for a career in nursing (-11%) (UCAS, 2023) (Tab.5). This follows a -8% drop the previous year between 2021 and 2022. The total number of applicants also fell by 17% between 2022 and 2023, adding to the workforce crisis in the future. While 2020 and 2021 saw exceptional demand for courses during COVID-19 as students were inspired to pursue nursing as a career, the number of students beginning their nursing journey is now lower than predicted. This fall in both applicants and acceptances is concerning and suggests the need for actions both to incentivise nursing as a career choice and support for education infrastructure.

Over the last two years, 1,600 fewer nursing students have started university than planned. Over 1,000 fewer nursing students started university in autumn 2023 than the Scottish government’s recommended intake target of 4,536

⁶Public Health Scotland reported that the general practice nursing workforce is estimated based on population of practices returning data via the GP Data Collection Tool, and NES report that the 2023 report includes representative estimates for NHS boards and Scotland based on weighting the data in the survey by NHS board practice list sizes.

(SFC, 2022). This follows nearly 600 fewer nursing students than planned starting university in autumn 2022.

Targets were not met for adult nursing, mental health nursing, learning disabilities nursing or for children’s nursing in 2023 (SFC, 2023).⁷

There are particular shortfalls of new nursing students in learning disabilities nursing where there are 48% fewer students than planned (80 fewer students), in mental health nursing with 17% fewer students (160 fewer students), and in adult nursing where 27% fewer students than planned began degree courses in autumn 2022 (855 fewer students) (Fig. 13).

Not all nursing students complete their courses and progress into careers as registered nurses. Although there have been improvements in course completion rates for some degree programmes, of the nursing students due to complete their degree in 2022, 12% did not complete their course with a further 15% still active but not yet graduated (Fig. 14) (NES, 2024).

UCAS figures released in February 2024 demonstrate the continuing

Table 5: Number of accepted applicants into undergraduate nursing courses in Scotland

	2019	2020	2021	2022	2023	Difference 2022-2023		Difference 2019-2023	
						%	number	%	number
						Number of accepted applicants	3760	4365	4290

Source: UCAS

uncertainty about this important supply line into the workforce. The figures provided a snapshot of the number of applicants so far for courses which begin in autumn 2024 (UCAS, 2024). Nursing courses in Scotland had attracted 8% fewer applicants by January 2024 compared to the year before. By the January deadline, 4,650 people had applied to study nursing in Scotland, compared to 5,070 at the same point last year (Tab. 6). The number of applicants to nursing courses has declined markedly for three years in a row since peak interest in 2021 during the pandemic. Although there are still months left in this year’s application cycle, the majority of applicants do apply by the January deadline. However, comparisons with pre-pandemic interest in nursing is also key here. There are nearly a quarter fewer applicants so far this year than the levels in 2019 before the COVID-19 pandemic (-24.4%).

In January 2024, the number of younger applicants (aged 17 to 20) and the number of mature applicants (aged 21+) have both decreased to a record low for the last six years.

There were nearly 1,000 fewer applicants aged 17 to 20 by the January deadline this year than pre-pandemic in 2019 (-30.8%). Nearly half of this decline is a reduced number of 18-year-olds choosing to apply for nursing (-450).

⁷In addition, data supplied by NES for Freedom of Information requests, 6 February 2023 and 8 February 2024

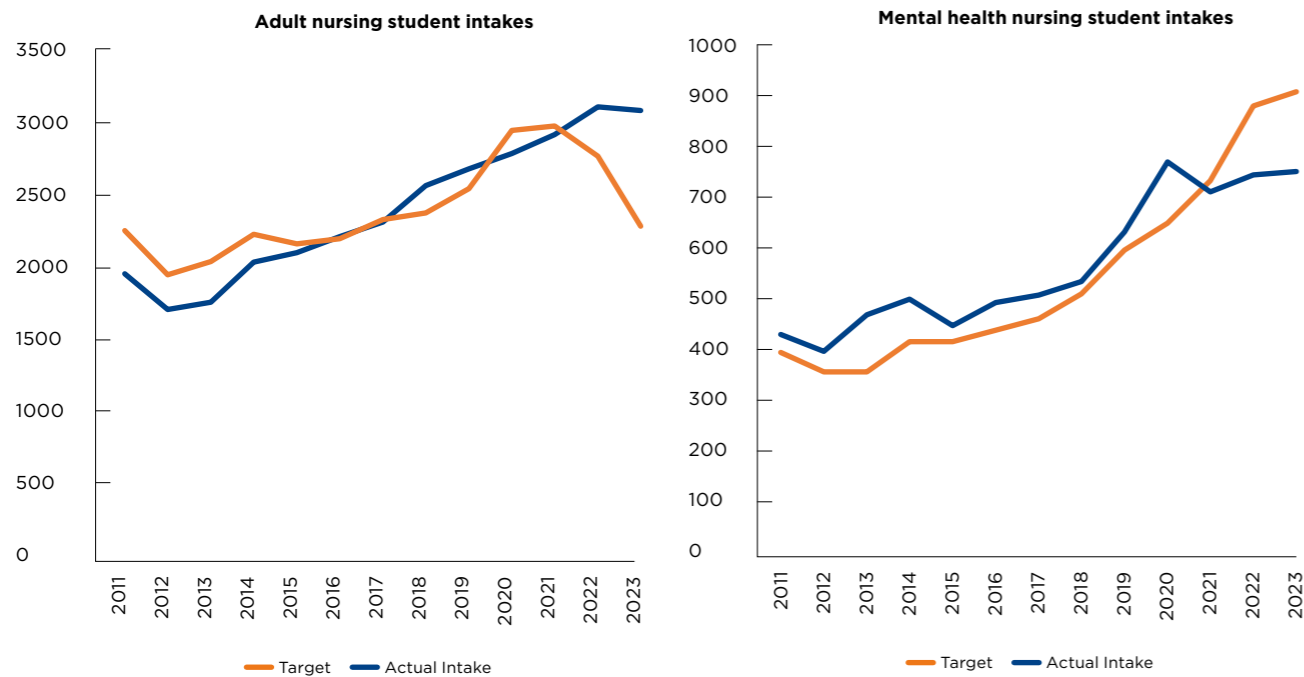
Many people choose to study nursing as a second career, after gaining life experience. The proportion of accepted applicants onto nursing courses in Scotland aged 21 and over has increased from 61.8% in 2019 to 66.3% in 2023, with two-thirds of new nursing students beginning in academic year 2023-24 aged over 21 years (UCAS, 2023). Students aged 35 and over have increased from 17.3% of accepted applicants in 2019-20 to one quarter of new nursing students in 2023-24 (24.4%).

For this academic year (2024-25) 55% of applicants who applied by the January deadline were aged 21 and over, compared with 45% who were 20 years old or younger. A fairly consistent percentage split is evident over the last four years (UCAS, 2024).

A lower number of mature applicants are applying this year for a career in nursing when compared with 2019, a decrease of -18.1% (-560 applicants). Compared to the numbers observed at the peak of the pandemic in 2021, when a record number of mature applicants (4,410) applied for nursing courses in Scotland, this figure has dropped by 42.4%, with 1,870 fewer applicants by the January deadline.

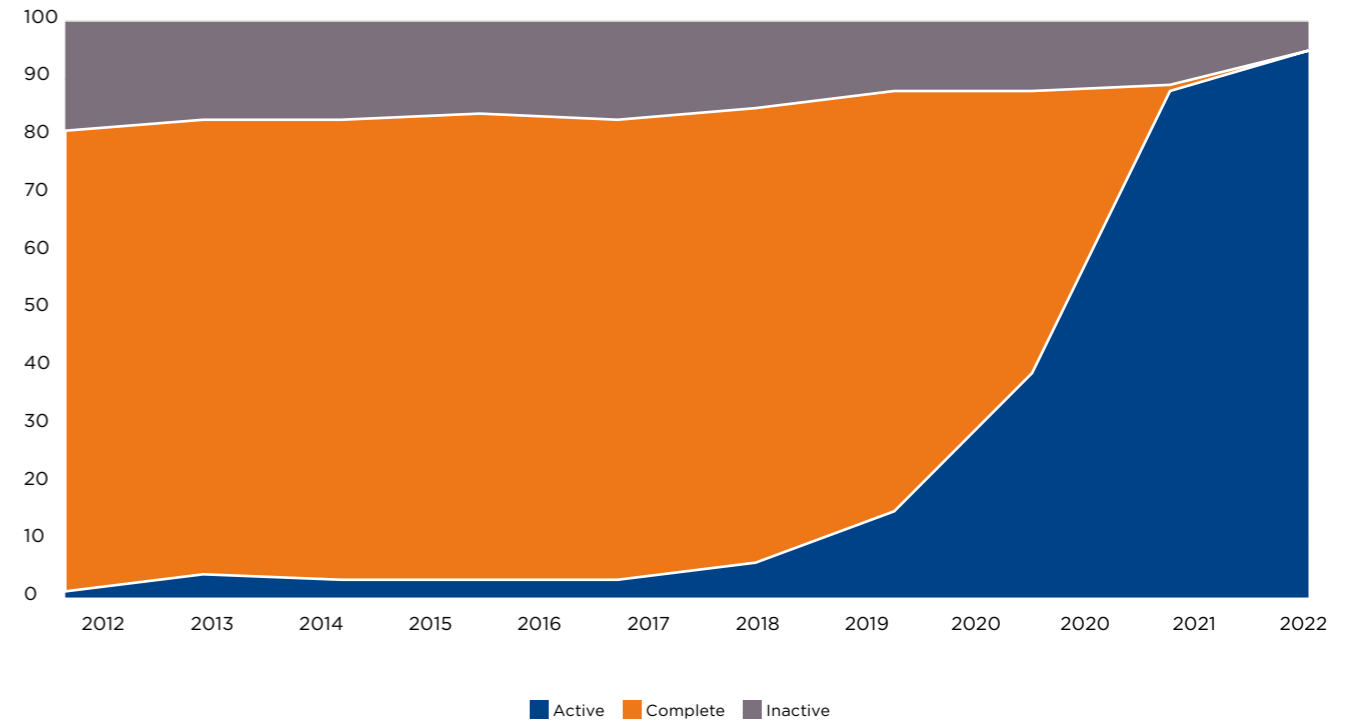
It is worrying that both younger and mature students appear to be being put off pursuing a career in nursing, and financial concerns will be a key factor.

Figure 13: Comparison of nursing student planned intakes and actual number of starters



Source: Data supplied by NHS Education for Scotland for Freedom of Information requests, 6 February 2023 and 8 February 2024; Scottish Funding Council, 2023

Figure 14: Progression of nursing students on the three-year pre-registration degree programme



Source: NHS education for Scotland NHS Scotland workforce statistics

Figure 15 highlights that despite increases from additional nursing student numbers, demand continues to outstrip supply even when the variance is at the lowest each year pre-pandemic (that is, December) as newly registered nurses enter the workforce. This is not sustainable. While the longer-term trend for funded posts and registered nurses was continuing upwards, the gap leapt to above 4,000 WTE registered nurses in September 2021 peaking at 4,600 in September 2022 and remained at this high level to summer 2023 (NES, 2024). Although the gap has reduced in the last six months of 2023, the gap is still more than 2,800 WTE registered nurses. While there are seasonal variations, a further concerning trend observed in each of the last two years is the decrease in registered nurses in post while the establishment – the number of funded posts – is also dropping in the first nine months of the year.

Trends in Nursing and Midwifery Council registrants

The trend in numbers of new nurses available to enter the workforce in Scotland decreased from 2,800 new nurses in the year to September 2020 to just over 2,000 in the year to September 2022 (Fig. 16) (NMC, 2023a). However, with the Nursing and Midwifery Council (NMC) reporting growth from domestic recruitment and international recruitment gaining pace (NMC, 2023b), the number of new entrants increased to over 3,100 in the year to the end of September 2023, including over 1,900 new nurses joining the register between October 2022 and March 2023.

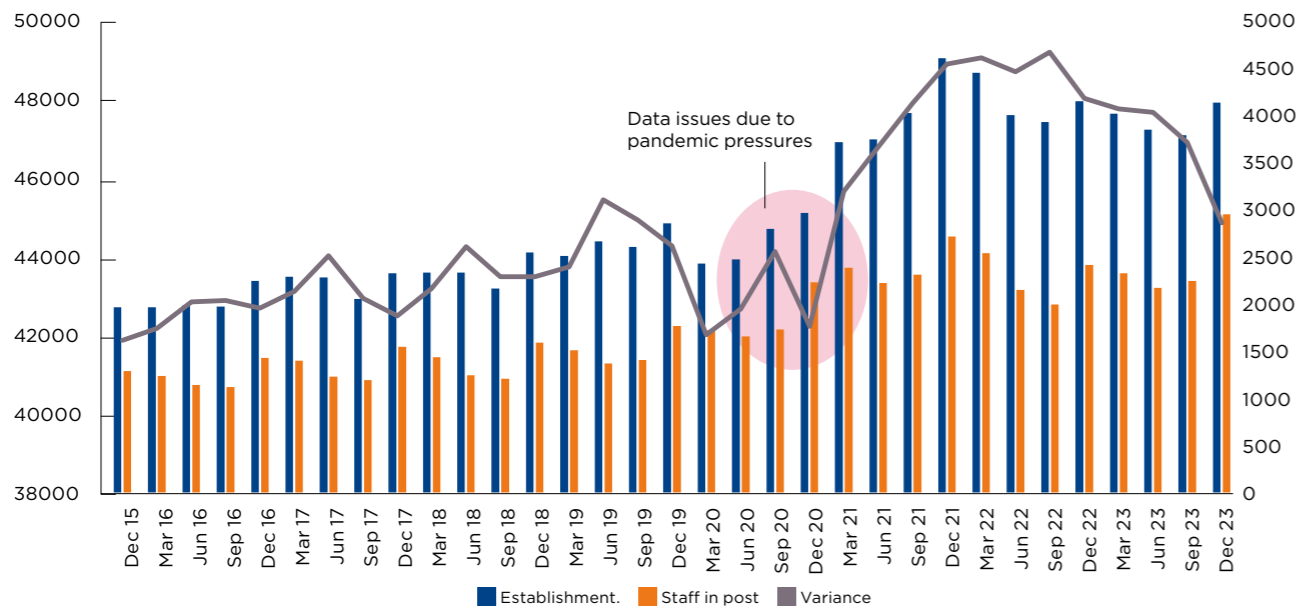
The number of nurses in Scotland leaving the NMC register has, however, increased since 2021, and in the year to September 2022 nearly 600 more nurses left the register than the number of new

Table 6: Number of applicants to nursing courses to providers in Scotland by UCAS January deadline, by age⁸

	2019	2020	2021	2022	2023	2024	Difference 2023-2024		Difference 2019-2024	
							%	number	%	number
17-20 years	3050	2960	3510	3120	2250	2110	-6%	-140	-31%	-940
21+ years	3100	3460	4410	3580	2820	2540	-10%	-280	-18%	-560
Total	6150	6420	7920	6690	5070	4650	-8%	-420	-24%	-1500

Source: UCAS

Figure 15: Variance between NHS Scotland registered nurse establishment and staff in post, 2015-2023

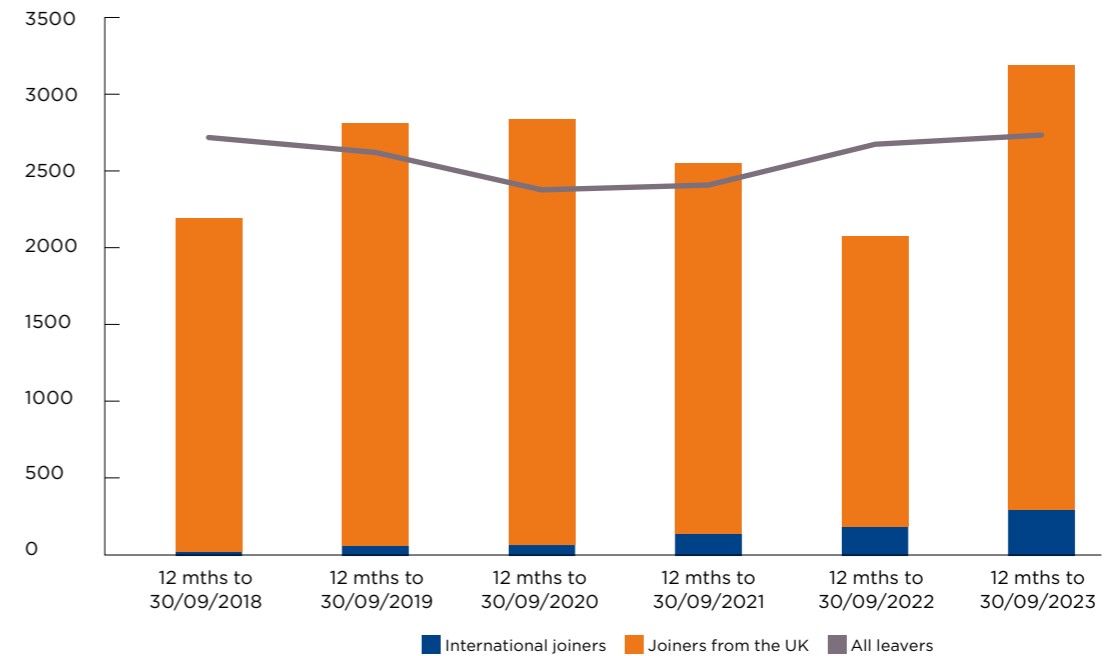


Source: NHS Education for Scotland NHS Scotland workforce statistics⁹

nurse joiners. In the year to September 2023, the total number of joiners did exceed the number of leavers in Scotland, however, the number of leavers has continued to increase. Over the two-year period from October 2021 to September 2023, the total number of leavers has exceeded the number of joiners in Scotland, and this is despite an increase in nurses joining the NMC register in Scotland who are internationally educated.

Figure 16 shows the balance between new entrants joining the NMC register in Scotland from UK and international sources.¹⁰ Admissions to the NMC register in Scotland of internationally educated nurses have increased. Numbers rose steadily from 1.4% in the year to September 2018 up to 2.5% of all initial nurse entrants joining the register in Scotland in the 12 months to September 2020. The percentage of people educated

Figure 16: Number of nurses joining the NMC register in Scotland for the first time from UK and international countries compared with number of leavers



Source: NMC

outside of the UK who have joined the NMC register in Scotland has continued to increase, indicating there is a growing reliance on internationally educated nurses. In the year to September 2023 nearly one in 10 (9.5%) of all new nurses on the NMC register with an address in Scotland were internationally educated nurses.

Over the last three years Nigeria, the Philippines, India and Ghana have been the top four countries of education for internationally educated nurses joining the NMC register in Scotland for the first time. Nigeria and Ghana are both included in countries designated by the WHO where active international recruitment by employers is discouraged due to the countries own pressing health system and workforce challenges (WHO, 2023) (referred to as red list countries). International joiners to the register in Scotland in the year to end of September 2023 were from a wide range of red list countries. While the code of practice from the Scottish government for

⁹Data by 'country of provider' looks at the different provider countries to which applicants have applied. Each applicant can apply to multiple providers in multiple countries. As the applicant is counted once for each provider country they have applied to, the total will be greater than the number of applicants.

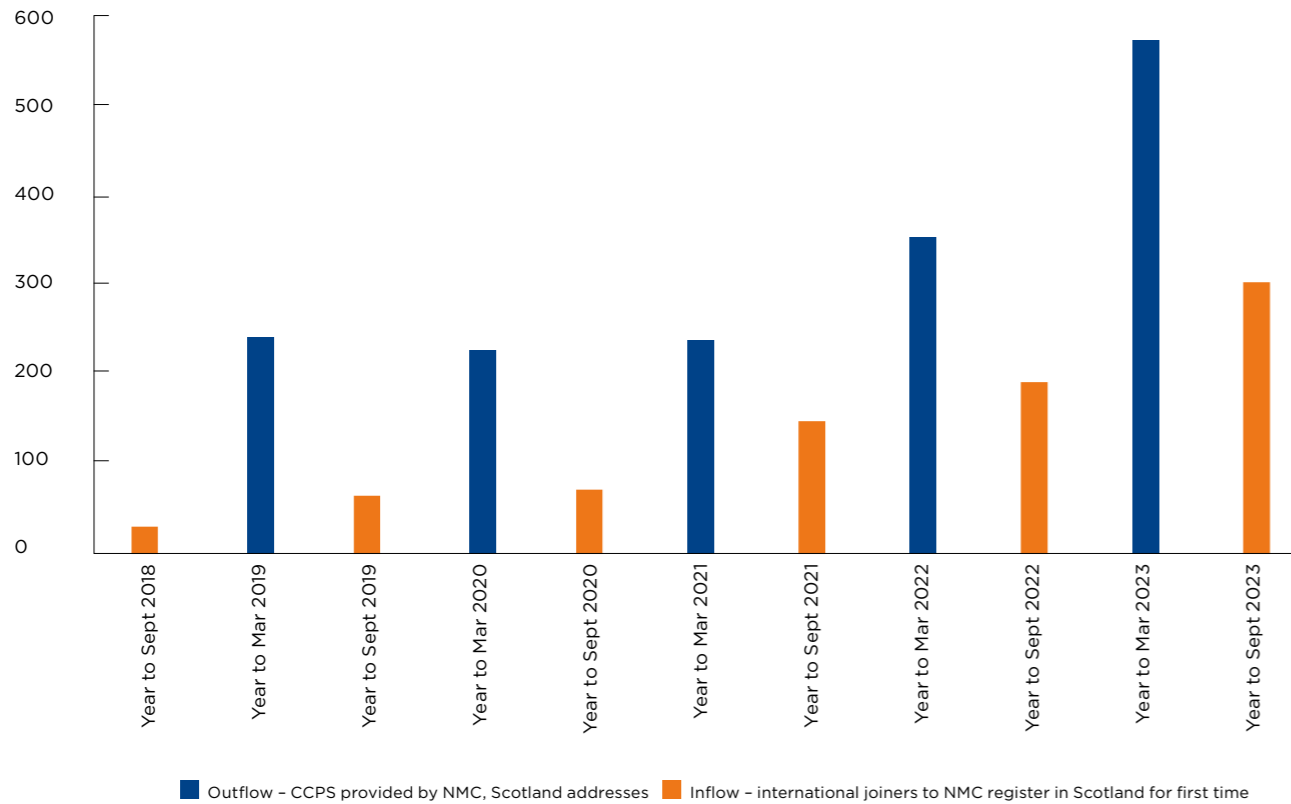
¹⁰No national NHS Scotland vacancy figures were published by NHS Education for Scotland for March, June and December 2020. This was because reduced data was reported on vacancies from NHS boards due to the COVID-19 pandemic.

¹⁰All nurses who practise in the UK must be on the Nursing and Midwifery Council register. However, this does not necessarily mean they are working as a nurse.

international recruitment of health and social care personnel does not prevent individuals from red list countries from moving for employment, the code does direct that employers should not actively recruit from red list countries (Scottish government, 2023). The NMC has called on 'employers and agencies across health and care in Scotland to be mindful to the Scottish government's code of practice for international recruitment of health and social care personnel: it is essential not to undermine health systems in countries with the most pressing workforce challenges' (NMC, 2023c).

Increasing numbers of registered nurses are also looking to leave Scotland and work abroad. This will include those educated in Scotland and internationally educated nurses. NMC data obtained by the RCN through a Freedom of Information request show that the number of requests from registered nurses for certificates of current professional status (CCPS) has more than doubled since 2020-21. Six months

Figure 17: Scope for inflow and outflow of nurses on the NMC register in Scotland



Source: NMC

into the financial year 2023-24 (up to 30 September 2023), the number of requests was already higher than the total for 2021-22. The top four destinations over the past three years for nurses looking to leave Scotland are Australia, New Zealand, the Republic of Ireland and the US. Since April 2021 almost 1,300 certificates have been requested, during which time registered nurse vacancies in NHS Scotland remained consistently over 3,000.

Figure 17 shows that the potential outflow of registered nurses requesting

¹¹One board provided their data split between registered nurses and nursing support workers, with nursing support workers having notably higher sickness absence rates. COVID-19 absences during the pandemic period are not necessarily included in rates. Not all boards provided sickness absence by reasons, with those reporting the subcategory of COVID-related absences from varying dates.

The ward I am on has been short staffed with only two permanent nurses on shift during the day and the rest agency nurses. This means there is no consistency for patients and will be costing an absolute fortune. Nursing student

certificates of current professional status has been above the inflow from internationally educated nurses joining the NMC register in Scotland. Both trends are increasing, signifying movement in the nursing workforce.

International recruitment is also taking place in the social care sector, with the NHS Education for Scotland (NES) Centre for Workforce Support Social Care team piloting nationally coordinated and accelerated international recruitment into adult social care roles.

However, changes to immigration policy by the UK government, including restrictions on care workers and senior care workers bringing dependents to the UK, are expected to impact on the ability of social care employers to attract staff from overseas.

Each year the NMC conducts a survey of those who have left the permanent

nursing register. Physical and mental health, burnout or exhaustion, staffing levels, and workload were four of the top 10 reasons cited by respondents in the 2023 survey from Scotland. Retirement ranked the top reason for leaving the profession (NMC, 2023b). Changing personal circumstances, concern about meeting the revalidation requirements, and experiences of bullying, harassment or discrimination were other top reasons given for leaving. Lack of support from colleagues and senior members of staff, a new category added by the NMC in 2023, also was reported in the top 10 reasons for leaving. The NMC reported that: 'This was seen to be a part of poor workplace culture, making staffing, workload and quality of care challenges even more difficult.' Quality of care provided to members of the public and people who use services also featured in the top 10 reasons for leaving.

Half (52%) of leavers from Scotland responding to the 2023 NMC survey reported they had left the register earlier than planned (NMC, 2023b). NMC data shows that 12.0% of those leaving the register in Scotland in the 12 months to

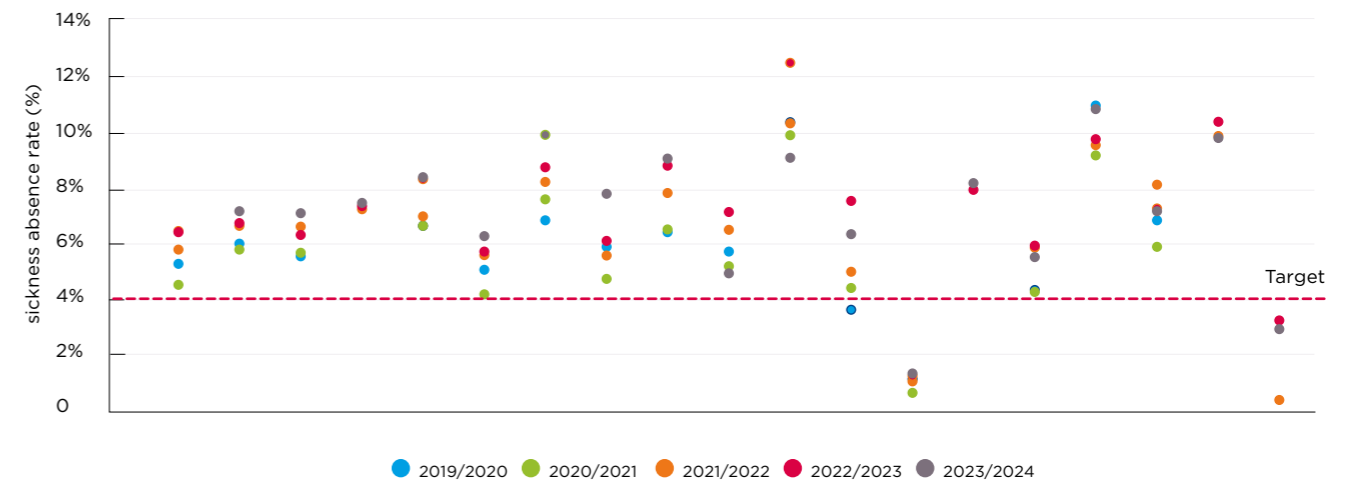
September 2023 had been on the register for less than 10 years. A further 13.7% of leavers in the same period left after being on the register between 10 to 20 years (NMC, 2023a).

Sickness absence

The significantly increased workloads, stress and pressure of working through the pandemic, coupled with the heightened challenges post pandemic, have consequences for the health and wellbeing of nursing staff. The number of nursing staff absent has increased year on year since 2020-2021, with working time lost due to sickness absence increasing in every NHS board (RCN Freedom of Information requests to NHS boards, 2024).

Rates in the vast majority of territorial and special health boards are not only above the sickness absence rate of 4% included in the predicted absence calculations for staffing levels, but recurrently and substantially above (Fig. 18). Levels of stress for nursing staff working in the NHS are

Figure 18: Nursing staff sickness absence rates in NHS boards, 2019-2020 to 2023-2024



Source: RCN Scotland freedom of information request to NHS boards, 2024.¹¹

unacceptable, with growing staff sickness due to stress, anxiety and depression, which is the most frequently recorded reason for working time lost among NHS nursing staff.

Vacancies

Thousands of registered nurses are missing from health and care teams across Scotland, impacting on the safety and quality of patient care. These absences put even more pressure on staff who are already working extra unpaid hours to cover gaps and going home feeling that they are unable to provide the quality of care they want.

NHS vacancies

As at 31 December 2023, nearly 4,000 WTE nursing posts were vacant (3,961.8 WTE) (NES, 2024). The vacancy rate for NHS Scotland nursing staff continued at around 8% of the workforce throughout 2023, and at the year-end stood at 5.9% (Fig. 19).

¹²No complete national NHS Scotland vacancy figures were published by NES for March, June and December 2020. This was because reduced data was reported on vacancies from NHS boards due to the COVID-19 pandemic. Workforce figures for September 2020 included nursing students on paid clinical placements as part of the COVID-19 pandemic response, so show a temporary increase in establishment and staff in post, which affects the vacancy rate calculation.

The rate rose steadily from the end of 2020, reaching above 9% in December 2021 and September 2022, and while there has been a decrease at the end of 2023, vacancy rates remain above pre-pandemic levels. This is evidence of the continued pressure on the supply of nurses and nursing support workers to fill the gaps. More than 2,800 WTE registered nursing posts are vacant, a rate of 6.0%. Two-thirds (63.4%) of the registered nurse posts vacant in December 2023 were Agenda for Change band 5 registered nurse posts. The decrease in December 2023 may also be being influenced by vacancy control measures from employers which have an impact on the number and timing of posts being advertised.

Vacancies in registered nursing include 7.1% of band 5 registered nurse posts and 5.2% of band 6 registered nurse posts. Among nursing support worker roles, vacancies include one in 10 (10.9%) band 2 posts (Tab. 7).

The vacancy rate for registered nurses varies in the different specialties: mental health nursing is highest at 7.2%, with a 6.6% vacancy rate in district nursing,

Table 7: NHS Scotland nursing vacancies by Agenda for Change band, December 2019 and December 2023

Agenda for Change band	Nursing support workers			Registered nurses			
	2	3	4	5	6	7	8
2019	5.9	4.4	6.9	6.6	5.5	4.2	4.3
2023	10.9	4.4	6.5	7.1	5.2	3.9	4.5

Source: NHS Education for Scotland. NHS Scotland workforce statistics

6.0% in public health nursing, and 5.8% in adult nursing. For nursing support workers, the highest vacancy rates were in paediatrics (8.9%), school nursing (6.1%), adult nursing (6.0%) and district nursing teams (5.4%).

Vacancy rates were higher than the overall NHS Scotland vacancy rate (5.9%) in nine NHS boards in December 2023 – including employers across the north, east and west of Scotland. Although vacancies have reduced in the last quarter for the majority of boards, compared to vacancy figures from December 2022 rates have increased in 10 boards.

Care home vacancies

As our population ages, the skills, competencies and availability of the registered nursing workforce employed in care homes will (as described in Trends in the social care nursing workforce section) become even more important.

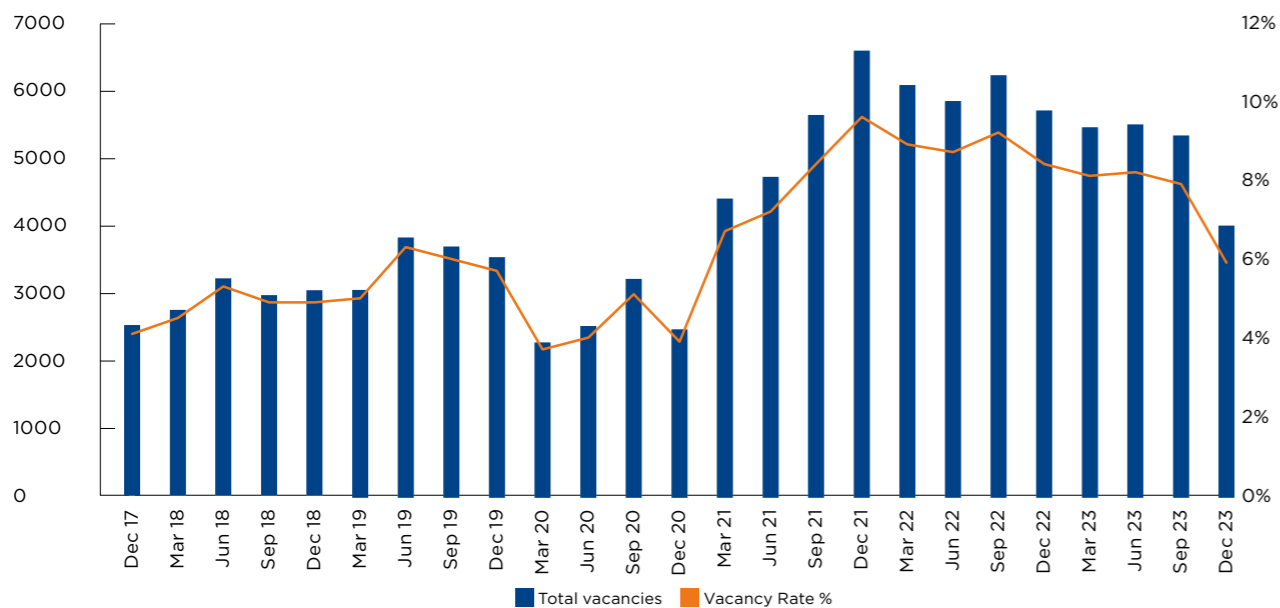
Despite this, there has been growth in care homes for older peoples services reporting vacancies from 48% in 2020 to 64% in 2021, and the most recent data published shows 65% of services reporting nursing vacancies. (SSSC and Care Inspectorate, 2022, 2023). There were also no signs of improvement in the nursing vacancy rate in care homes for older people with a 16.1% vacancy rate in 2022, compared to 16.2% the previous year. Care

providers continue to raise concerns about the ability to recruit nurses, highlighting the significant and increasing nursing workforce gap in this sector.

This problem is not new. Everyone in Scotland who receives nursing care deserves to have their care provided by the right numbers of nursing staff with the appropriate skills, competencies and education. The Scottish government must take decisive action, supported by targeted funding, to make nursing roles in care as attractive to staff as the roles in other sectors. This includes, for example, parity on pay, terms and conditions with nursing staff in the NHS; protected time for continuing professional development (CPD); and clear career pathways for nursing staff working in the sector.

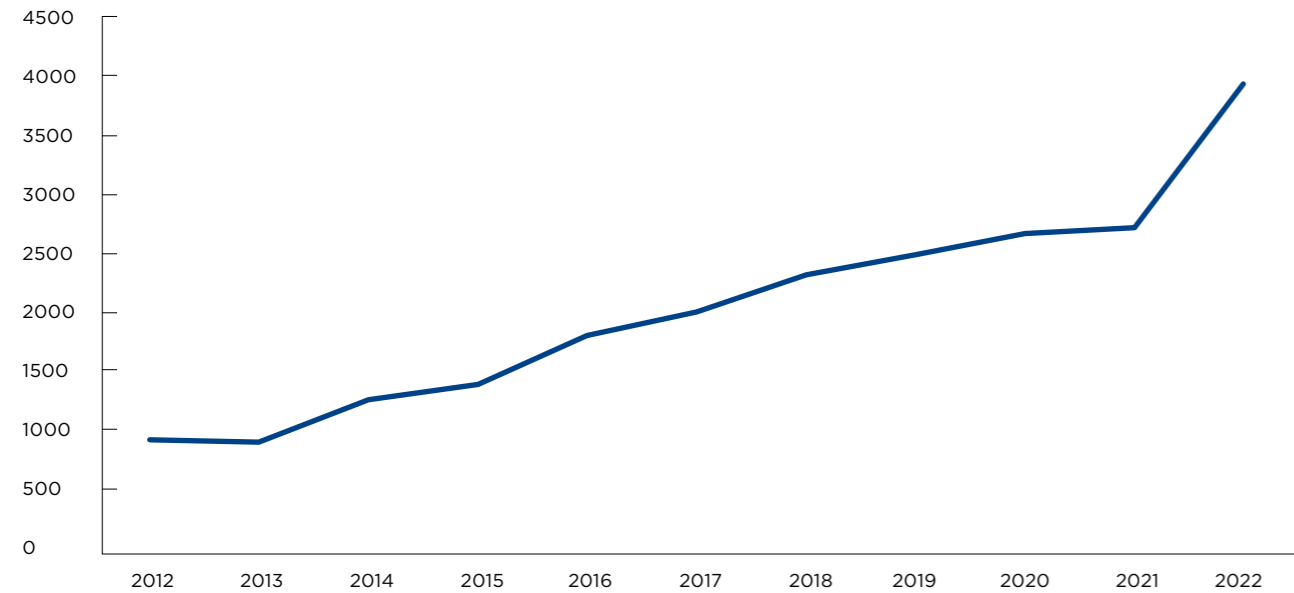
An evidence-based methodology for determining safe and effective staffing in the care home sector must be developed as part of the Care Inspectorate's staffing method framework. Without such a methodology for determining staffing, without a duty on government ministers for the supply of staff for the sector, and without the appropriate clinical advice from registered professionals, the current nursing workforce pressures faced by the care home sector will not be meaningfully addressed by Scotland's safe staffing legislation. As such, residents' clinical care needs are at risk of being unmet (RCN Scotland, 2020).

Figure 19: NHS Scotland nursing vacancies WTE and vacancy rate



Source: NHS Education for Scotland NHS Scotland workforce statistics¹²

Figure 20: Estimated number of registered nurses in nurse agencies, 2012-2022 (headcount)



Source: Scottish Social Services Council

This will be vital to ensure that funding reflects clinical need and the correct staffing numbers and skill mix needed to meet these needs.

General practice nurse vacancies

With a 12.6% vacancy rate for nurses among general practices who responded to the General Practice Workforce Survey in 2023 (NES, 2023b), nurse vacancies were reported by 28% of general practices.

NES had noted, however, that the current methodology could result in overestimates and that caution should be used when comparing vacancies in general practice with NHS vacancies, as the methodology is different, an issue which NES plans to address.

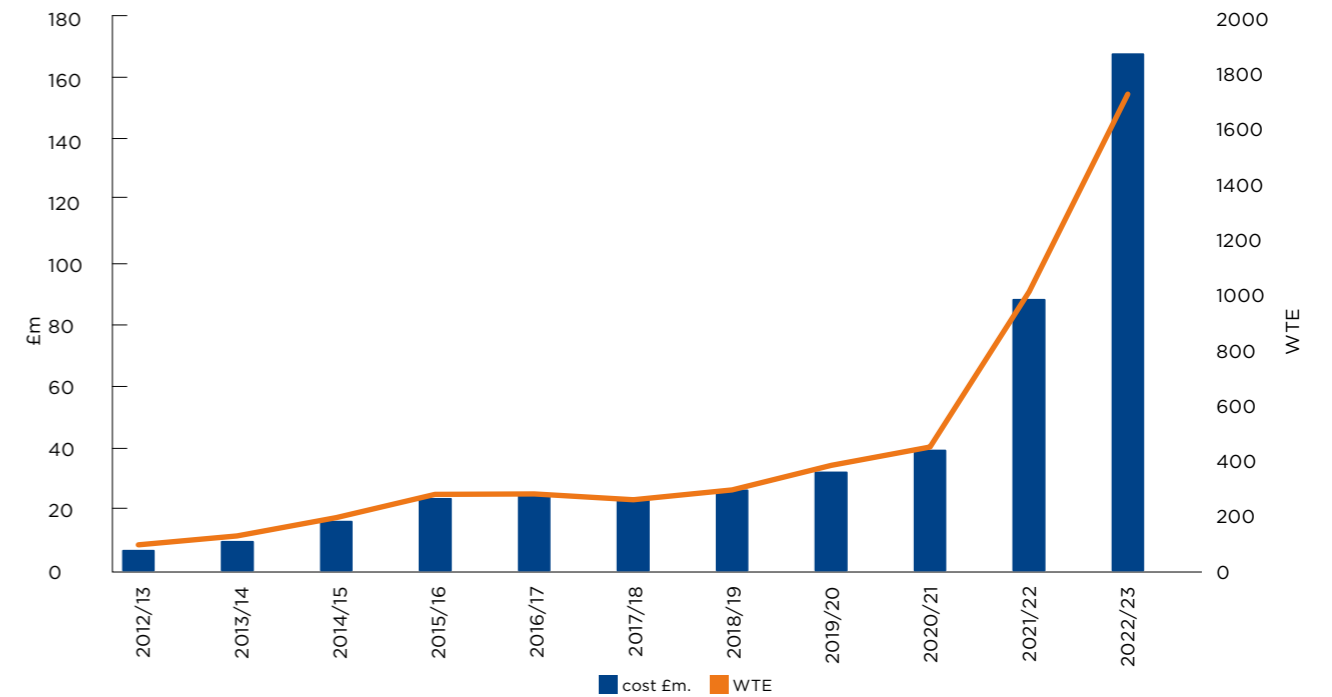
Increased reliance on bank and agency staff

The SSSC report a 'notable' increase in the nurse agency sector between 2021 and 2022, with an increase in the number of nurse agencies and a large increase in headcount (Figure 20) (SSSC, 2023a).

The number of active services registered with the Care Inspectorate has increased from 117 to 126 nurse agencies between December 2021 to December 2022, with the majority of agencies being small employers employing fewer than 50 staff (83%). At the end of 2022 there were four nurse agencies who employed 250+ staff. Approximately 3,950 registered nurses were employed by nurse agencies at December 2022, an increase of 45% since the previous year. The longer-term increasing trend in the number of registered nurses employed by agencies, is reflective of an increased reliance on agencies. Agency pay and flexibility for those supplementing their income or working as an agency nurse as their main job are also factors.

To fill the gaps in the nursing workforce, the use of staff from agencies has continued to increase dramatically, rising to the equivalent of 1,741.2 WTE nursing and midwifery staff in 2022-23, up from 1,018 WTE in 2021-22 and 450 WTE in 2020-21. The cost in 2022-23 was £169.7m, nearly double the cost the previous year and

Figure 21: NHS nursing and midwifery agency cost and WTE each year, trend 2012-2013 to 2022-2023



Source: NHS Education for Scotland NHS Scotland workforce statistics¹³

the second year in a row in which the cost doubled (NES, 2024).

Over the past 10 years, agency use has continued to increase, with the hours worked by agency nursing and midwifery staff in NHS Scotland swiftly accelerating during 2021-22 and 2022-23 (Fig. 21).

Use of NHS bank staff has also continued to grow year on year, rising to the equivalent of 6,187.8 WTE in 2022-23, over 600 WTE more than the previous year which had also seen a year-on-year increase of over 500 WTE (Fig. 22). When bank nursing and midwifery is combined with agency use, the equivalent of 7,929 WTE were used in NHS Scotland in 2021-22, the second year in a row with a 20.4% increase over the year. This was at a cost of £447m, a 39.3% increase compared with the year to March 2022 (NES, 2024).

This data shows only the shifts that have been filled by bank and agency staff, so does not represent a true reflection of

As a band 6 nurse, I am in charge and working as shift leader for most of my shifts. In years gone by this would be our only role, however, we are now expected to do this alongside having a caseload of patients to care for. It's impossible to manage the ward, support junior staff, deal with patient flow and manage all other issues as they arise whilst caring for patients. None of these roles can be carried out adequately or safely.

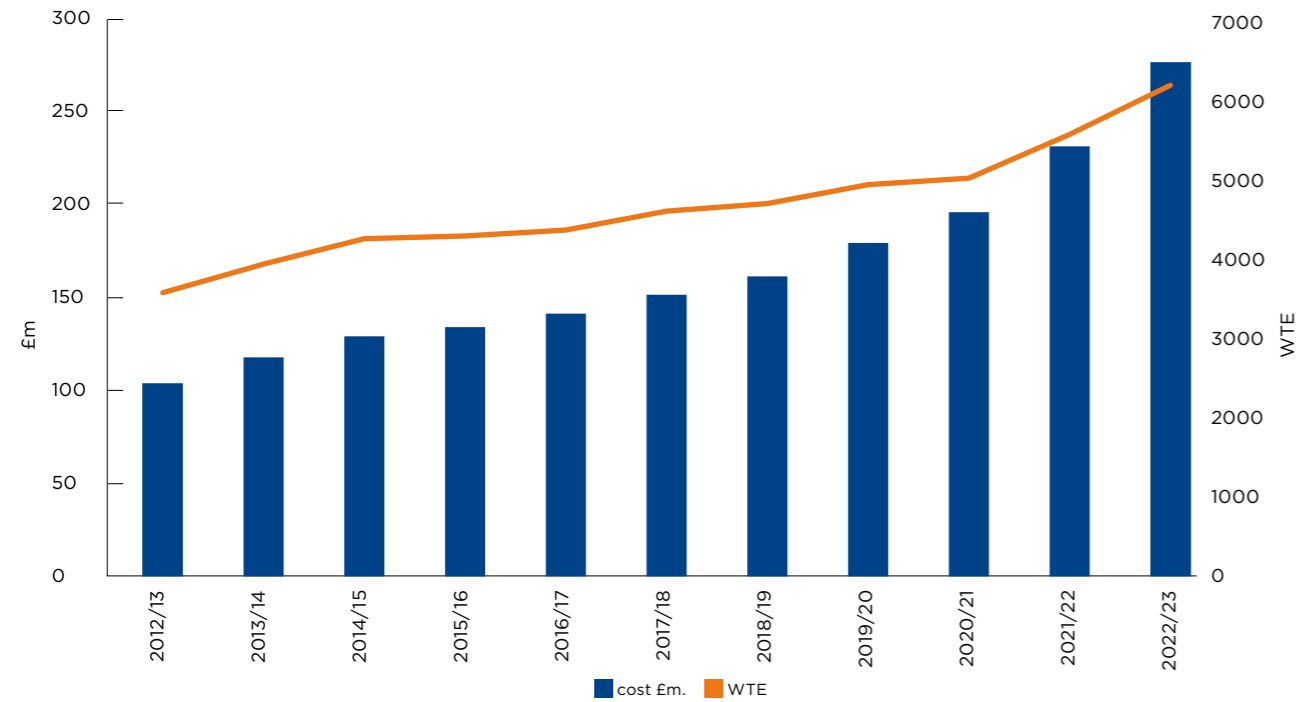
Deputy charge nurse

demand for short-term supplementary staffing. There will be a proportion of requested shifts left unfilled or filled by existing staff doing additional hours or overtime.

Employed nursing and midwifery staff in post plus bank or agency supplementary staffing has increased from just over 66,000 WTE in 2019-20 to over 72,500 WTE in 2022-23. Capacity from bank staff has increased from 7.2%

¹³Reduced data on nursing and midwifery agency cost and hours were reported in March 2020 due COVID-19 pandemic pressures.

Figure 22: NHS nursing and midwifery bank cost and WTE each year, trend 2012-2013 to 2022-2023



Source: NHS Education for Scotland NHS Scotland workforce statistics

to 7.9%, while agency staff accounted for 0.6% in 2019-20, increasing to 2.2% over the next three years. One in ten staff in 2022-23 providing capacity to NHS Scotland's nursing and midwifery workforce were supplementary staff (10.1%). This contribution is too high. The increased reliance on bank and agency staffing has meant that overall capacity from employed staff in post has decreased from 88.9% in 2019-20 to 82.7% in 2022-23.

Supplementary or temporary staff employed via the NHS bank or external agencies provides a mechanism for managers to backfill roster gaps due to staff absence or vacancies. These staff also help support clinical areas which are experiencing increased workload due to additional capacity or acuity. However, recent research highlights quality of care issues when there is an overreliance on bank and agency staffing (Zaranko et al, 2023). Audit Scotland has also highlighted

high use of agency nurses as a specific concern (Audit Scotland, 2024).

Temporary staff may fill staffing gaps, and some supplementary staffing (bank, agency, additional hours or overtime) will always be required at times to minimise the risk to patient care, for example, when there is an unexpected spike in sickness absence. But increased reliance on supplementary staffing particularly bank and agency is not sustainable. It adds to clinical risk (Kalisch and Williams, 2009; Senek et al., 2020b), may result in a lack of continuity of care for patients; puts increasing pressure on existing nursing staff and affects their morale; and leads to even more financial pressure when budgets are already extremely tight. Without the willingness of staff to work additional hours, the NHS would grind to a halt. But the fact remains that nursing staff should not be forced to take on additional hours via health board nurse banks or nursing agencies, to make ends meet; or

¹⁴Information from NHS National Services Scotland via working group

because they feel the need to support hard-pressed colleagues working with fewer staff than required. Quarterly published reporting on bank and agency nursing use and cost in the NHS would assist with transparency.

NHS Scotland has held a long-term objective of a reduction in temporary agency expenditure (Scottish government, 2006, 2010). In January 2024, the Scottish government reconfirmed that work during 2023-24 is aimed at reducing reliance on high price agencies. Boards are also reporting reductions in the use these agencies which are not on the NHS Scotland national procurement framework, and use of agency nursing staff is reducing (Scottish government, 2024). This includes a commitment to a system for stopping the use of agency support workers by the end of March 2024, plus actions to restrict the use of registered nursing agency to only exceptional scenarios during financial year 2024-25.

The use of supplementary bank and agency staffing does, however, continue to be a cost pressure for NHS boards. Indications this year from nursing agency spend by NHS Scotland suggest so far that the cost from April 2023 to January 2024 has already reached £133.29m.¹⁴

While there is a direction to reduce the use on high price agencies, an examination of the WTE use of agencies on the national procurement framework and the use of bank nursing to supplement the workforce are still required to assess the scale of how gaps in the nursing workforce are addressed.

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