Royal College of Nursing

Valuing Nursing in the UK

Staffing for safe and effective care in the UK: interventions to mitigate risks to nursing retention

UK POLICY REPORT

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

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This report contains quotes from nursing staff across the UK collected as part of our *Nursing Under Unsustainable Pressure: Staffing for Safe and Effective Care* report 2022, and as part of the Royal College of Nursing's 2021 Employment Survey.

Foreword

The UK nursing workforce is voting with their feet, and services across the UK are at risk of experiencing an exodus like never before. Tens of thousands of skilled and experienced nursing staff are leaving the profession. Thousands more say they are planning to leave nursing because they cannot afford, personally or professionally, to remain.

Nursing staff are working unpaid overtime and missing the breaks and annual leave they need to recharge and keep themselves and their patients safe. Their mental and physical health is suffering; they are burnt out. Nursing staff routinely leave a shift or workplace feeling frustrated that they couldn't provide the quality of care they wanted to.

Losing valued nursing staff means a sharp increase in vacancy rates across all specialities and sectors that has a significant impact on providing safe and effective care for their patients. The COVID-19 pandemic exposed extensive understaffing issues across the UK, and significantly added to the workload, stress and rates of sickness and burnout of registered nurses and nursing support workers.

This is devastating for patient safety, and for the health and wellbeing of the UK population. Patients deserve better. The nursing profession deserves better.

The reasons people are leaving our profession are often personal and complex. But there are common themes: inadequate pay, insufficient staffing to ensure patient safety, harassment and discrimination in the workplace, a lack of career progression and unsafe working conditions. The good news is that these are all things that can be addressed, if governments and employers choose to do so.

It's a simple fact that when nursing staff suffer, patients suffer too. The pay, terms of employment and working conditions for nursing staff in all publicly funded services in the UK should make the profession one that people want to join and remain part of.

For the first time in the RCN's history, members in every part of the UK have voted for strike action. Our members do not want to strike, but our profession is not being valued or supported to provide safe and effective care.

Enough is enough.

Pat Cullen
RCN General Secretary & Chief Executive

Executive summary

During the first phases of the COVID-19 pandemic, millions of people across the UK came out every week to applaud health care workers, including nursing staff. The public values and trusts nursing staff, who are at the forefront of health and care services, every day, in every setting, working with people of all ages and communities in complex, fast-paced and challenging environments.

In the context of unprecedented demand for nursing services, the nursing workforce is in crisis with high and rising numbers of vacant posts, not enough new staff entering the profession and a long lead-in time for domestic recruitment, and too many nursing staff leaving the profession. Retaining more of the existing workforce is vital to provide greater stability for health and care services and begin to address the staffing crisis.

Despite public support for the nursing profession, governments across the UK are failing to value and support nursing staff. Nurses and nursing support workers feel undervalued and unsafe, causing an alarming number of them to leave the profession altogether.

- Between 2018 and 2022, 32% of leavers (42,756 registrants of the NMC) were aged between 21 and 50 (NMC, 2022).
- The RCN's employment survey (2021) revealed that nursing staff aged 18-34 were more likely to say they were thinking about leaving their job based on their feeling about pay, with 57% saying this was the case.
- For nursing staff working at the top of bands 5 and 6 across the UK, real terms salaries have declined by as much as 20% since 2010. This 20% real terms pay cut is the equivalent of working a day a week unpaid, when compared to salary levels in 2010 (London Economics, 2022).

This report presents a range of factors which impact retention, as well as recommendations for action to bring widespread benefits for the workforce, and for safe and effective care.

Across all the issues which impact retention, there are significant inequalities within the nursing workforce, with some groups disproportionately affected. Governments and employers must therefore ensure that meaningful efforts and interventions to improve retention include a specific focus on addressing inequalities.

We expect governments and employers across the UK to take immediate action on the issues set out in this report:

Governments must:

Improve pay for nursing staff. Governments must now commit to a fully funded, substantial and restorative pay rise for NHS Agenda for Change staff, to address the nursing workforce crisis and the historic long-term reduction in the value of nursing pay. Regardless of where they work, registered nurses and nursing support workers in all health and care organisations must have at least parity of pay, terms, and conditions with NHS Agenda for Change.

Deliver fully funded government health and care workforce plans to ensure long-term nursing supply, retention and recruitment to meet the needs of the population. These plans should include specific measures on supply, recruitment,

retention, and remuneration of nursing staff, both in the public and independent sectors, covering health and social care in all settings.

Publish independently verifiable assessment of health and care nursing workforce requirements to meet the needs of the population and address health inequalities. This should underpin workforce planning. Assessment must be based upon the RCN *Nursing Workforce Standards* and include an evaluation of health inequalities across geographies, services and settings, considering where health needs are greatest.

Ensure that there is government accountability for nursing workforce planning and supply in law. Ministers must hold accountability for the provision of workforce supply to meet identified needs, based on a transparent assessment of population demand, including inequalities.

Employers must:

Ensure that all nursing staff can develop and progress their careers. Employers should ensure there is sufficient dedicated funding for ongoing professional nursing education. Employers should take steps to improve access to professional development and career progression for all registered nurses, nursing associates (in England) and nursing support workers, in all health and care settings. This should include protected time and adequate backfill to support continuing professional development (CPD).

Improve working conditions and health and safety. Employers must fully adopt health and safety standards on stress management and use the standards as a diagnostic tool to assess their own performance. Employers must also consider the specific context when implementing safety measures for nursing staff, in recognition that nursing staff are more vulnerable in some settings. Staff who are required to work additional hours or through their breaks should be paid at the appropriate overtime rate.

Design and implement retention strategies. Employers should take action to identify and tackle the issues across the diverse nursing workforce as the basis for a robust retention strategy. This should be developed in collaboration with nursing leaders including the RCN. Strategies should address barriers to retention, such as improving pay and career progression, creating safe and effective staffing levels to ensure patient safety and reduce the stressors and improve the psychological safety of nursing staff, there should also be measures to reduce the costs of accessing work, greater provision of flexible working, and improving workplace culture. All strategies must address inequity in nursing workforce experience and outcomes, including responding to the needs of staff with protected characteristics.

The Nursing and Midwifery Council (NMC) should:

Address bias and overrepresentation in regulatory proceedings. The NMC must act quickly and comprehensively in response to the findings of their *Ambitious for Change* programme, including addressing bias in processes and overrepresentation of some groups in fitness to practice proceedings. The NMC should work with employers and other stakeholders, sharing insight and co-producing new approaches to eliminate bias.

The Royal College of Nursing will:

Continue to offer a range of support services to members on issues which impact life at work and home. This includes support for issues such as financial worries, career progression, tax, and benefits as well as counselling and peer support. The RCN also provides free, confidential support for members on immigration issues.

Provide expert support and careers advice to members to help them remain in the nursing profession. This includes an online resource which showcases different roles within health and social care, including case studies and videos of people working in those roles. The tool provides information about how to make career moves, future direction of the role and any education and training requirements.

Deliver new research into the specific experiences of UK nursing staff with protected characteristics, such as barriers to career progression, working conditions and workplace culture as well as the reasons some, subsequently left the nursing profession entirely.

Why is nursing workforce retention important?

Before the COVID-19 pandemic, the global shortage of nurses was estimated to be 5.9 million, with shortages predominantly concentrated (89%) in low and lower middle-income countries (WHO, 2020a). The World Health Organization has identified a global shortage of health care workers and estimates that for all countries to reach Sustainable Development Goal 3 on health and wellbeing, the world will need an additional nine million nurses and midwives by the year 2030 (WHO, 2022). The ICN has recently stated that the scale of the world-wide nursing shortage is 'one of the greatest threats to health globally, but governments are not giving it the attention it deserves' (ICN, 2022).

An overreliance by the UK on international nursing staff has the potential to deplete the workforce in other countries also experiencing shortages alongside rising population health care needs. Within the context of insufficient domestic recruitment and shortages of international staff, retention is the main lever available to provide stability in the UK nursing workforce.

In the UK, high numbers of nursing staff are leaving the profession every year, and too few are joining to replace them, as the demand for health care continues to increase. It is therefore vital that governments across the UK deploy a range of interventions to improve nursing workforce retention, alongside action to boost UK nursing supply.

In 2021, The World Health Organization (WHO) updated the Global Strategic Directions for Nursing and Midwifery. The RCN strongly supports the focus of the strategic directions on nursing education, jobs, leadership and service delivery and the central calls including the aim to increase availability of staff by creating nursing and midwifery jobs as well as recruiting and retaining staff (WHO, 2021a). The UK should be demonstrating global leadership in developing the nursing workforce, however, to date the UK has made insufficient progress on these key areas. A lack of progress on these issues is likely to create an environment in which retention of nursing staff is negatively impacted.

A key indicator of the lack of sustainable workforce planning in the UK is vacant registered nursing posts in health and care services. Vacancies, which were temporarily reduced due to service closures and nurses returning to service during the pandemic are now increasing at a scale and pace of real concern.

There is variation in the vacancy rate across settings and across the UK. This was highlighted in the RCN's full nursing labour market trends 2022 (RCN, 2022a), which includes an overview of the context in England and Northern Ireland. Further, detailed analysis at country-level has also been undertaken by RCN Wales (RCN, 2022b) and RCN Scotland (RCN, 2022c, Griffiths et. al, 2020).

Significant workforce data gaps prohibit a full understanding of what is happening across health and care services, everywhere in the UK. There are significant data gaps across the UK for what is occurring within services outside of the NHS, particularly those provided by the independent sector, social care and public health. Furthermore, vacancy data on independent sectors is not currently publicly available.

In practice, high levels of vacant posts lead to additional expenses for employers to fill the gaps. New analysis commissioned by the RCN (RCN, 2022d) revealed that in England – as an example – a significant pay rise for nursing staff would be far more cost-effective than the existing situation. The analysis also shows the cost of international recruitment per nurse is 2.4 times the cost of giving a 17.3% pay rise to an experienced nurse – £16,900 as opposed to £7,100 (RCN, 2022d).

Similarly, the true cost of hiring agency nurses in England is three times more than the cost of an NHS Agenda for Change pay rise of RPI inflation + 5%, standing at £21,300 compared to £7,100 per nurse (RCN, 2022d). The spending cap on agency nurses in England is regularly exceeded, meaning costs are currently spiralling given the staff shortages faced.

High vacancy rates also increase risks to patient safety when staffing levels are low. A recent paper (Griffiths et al., 2019) exploring the association between registered nurse staffing and hospital mortality found that a combination of registered nurses' shortages and 'higher levels of admission per registered nurse are associated with increased risk of death during an admission to hospital'.

When shifts or services are short of registered nurses, staff are more likely to report poor quality care, which often results in vital care left undone (RCN, 2019). In May 2022, the RCN published the findings from a survey of more than 20,000 nursing staff in the UK in relation to staffing levels, quality of care and patient safety (RCN, 2022e). Just a quarter (25%) of shifts had the planned number of registered nurses and eight in 10 (83%) respondents said there weren't enough nursing staff to meet all patient needs safely and effectively on their last shift.

For every nurse who leaves the profession (alongside the associated loss of valuable experience and expertise), it takes at least three years to educate a new nurse. New data from UCAS shows a 10% decrease in students accepted on to nursing degree courses across the UK compared to last year (UCAS, 2022). That is over 3,000 fewer nurses potentially starting their nursing degrees and joining the future workforce. The nursing workforce is already understaffed, patients are already being put at risk of unsafe care, therefore further delays and fewer new recruits will escalate these risks.

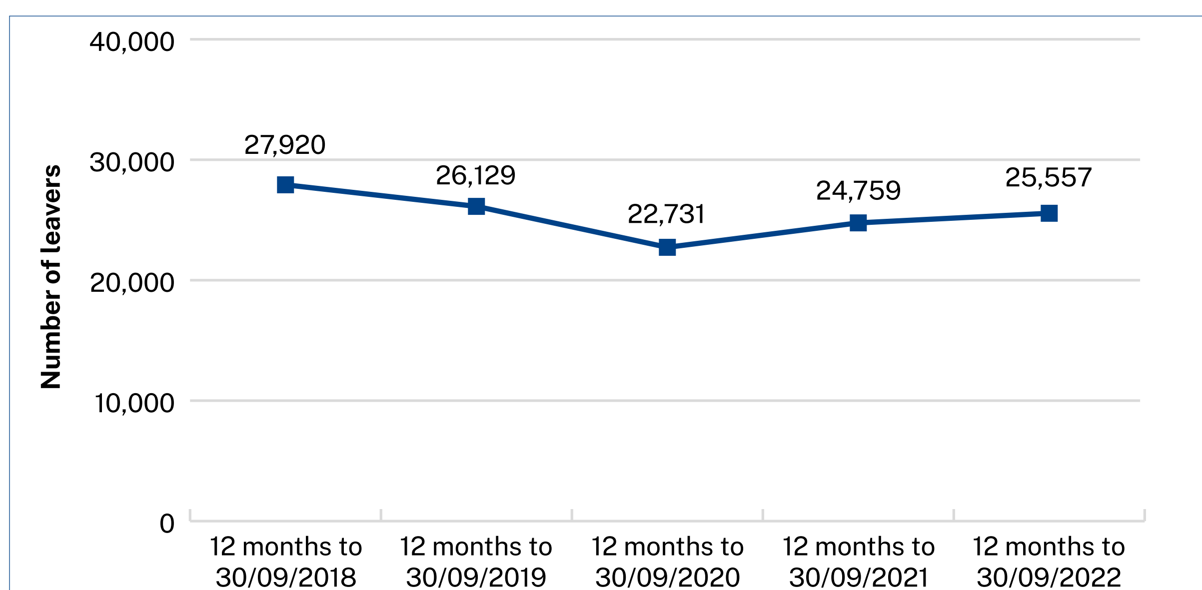
To determine what can be done to keep more nursing staff in the profession every year, we first need to examine who is leaving, and why.

Who is leaving the nursing profession?

The Nursing and Midwifery Council (NMC) register records the total number of nurses leaving the profession ('leavers')[1] in the UK each year. According to the NMC register, between October 2017 and September 2022, 168,859 nurses joined the register, and 127,096 left. Please note in the following sections using NMC data, we have calculated numbers for 'nurses' to include all health care professionals registered with the NMC as a nurse and those holding dual registration as a nurse and a midwife. Where we use the term 'registrant' this refers to all health care professionals registered with the NMC (which besides nurses and dual registrants includes those who only hold registration as a midwife for instance).

The overall number of nurses leaving the NMC register decreased between 2017-18 and 2019-20. However, this trend has since changed. From 2019-20 to 2020-21, the number of nurses leaving the register increased by 9% (+2,028), with a subsequent increase of nurses leaving by 3% (+798) over the most recent year (2022).

Figure 1: Number of registered nurses and dual registered nurses leaving the NMC permanent register in the UK (12 months to September 2018 to 12 months to September 2022)



Source: Nursing and Midwifery Council (NMC). Registration data reports. Mid-year data report September 2022

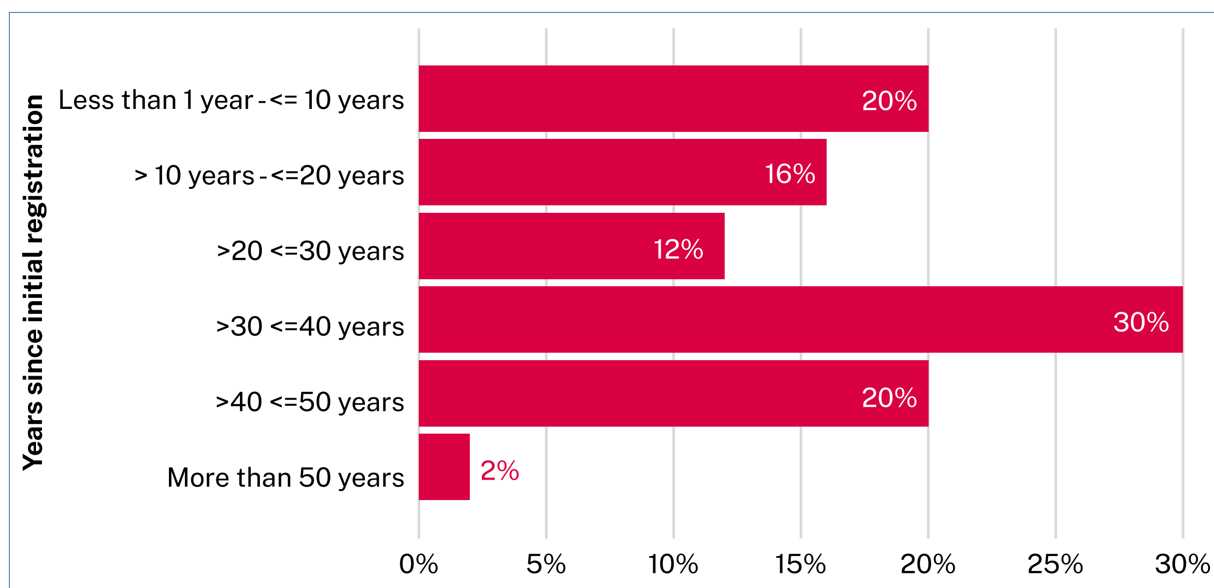
In Scotland, NMC data indicates that in the 12 months to September 2022, there was a 13% increase in the number of nurses who left the register, followed by Wales with a 7% rise, England (4%) and Northern Ireland (3%).

1 The NMC register reports the number of nurses, midwives, and nursing associates with an address in England who have joined and left the register. A leaver is defined by the NMC as 'someone who left the register during this period, including those who returned later in the period. It also includes those who were struck off, removed as the result of fraudulent or incorrect entry and those granted voluntary removal'.

Recent data from the NMC (2022a)[2], shows that 19% (5,068) of those leaving the register in the last 12 months to September 2022 had been on the register for less than 10 years. A further 16% of leavers in the same period left after being on the register between 10 to 20 years.

Between September 2017 to September 2022, 27,551 (20%) registrants left the NMC permanent register in the UK with less than 10 years of experience. Of these, 5,934 left after one to three years as registrants. Significantly, 14,147 registrants left after having reached between five and 10 years on register.

Figure 2: proportion of registrants leaving the NMC permanent register in the UK by length of time since initial registration (12 months to September 2018 to 12 months to September 2022)



Source: Nursing and Midwifery Council (2022). Registration data reports

Figure 2 shows that a significant number of registrants leave the register within 10 years of initial registration. Despite a 24% decrease in the number of people leaving the profession before reaching 10 years on the register (from 6,631 in 2018 to 5,068 in September 2022), and a 9% decrease among those who completed 10 years on the register but then left before completing 20 years (from 4,687 in 2018 to 4,258 in 2022), more needs to be done to understand and address the reasons driving a substantial number of professionals leaving the register at a relatively early stage of their careers.

Understanding the demographic profile of who is leaving nursing can lead to the development of retention strategies that seek to address particular factors that influence the intention to leave nursing based on individual determinants such as age, gender or ethnic background. The age profiles are available in the NMC data and provide some insight into who is leaving the profession.

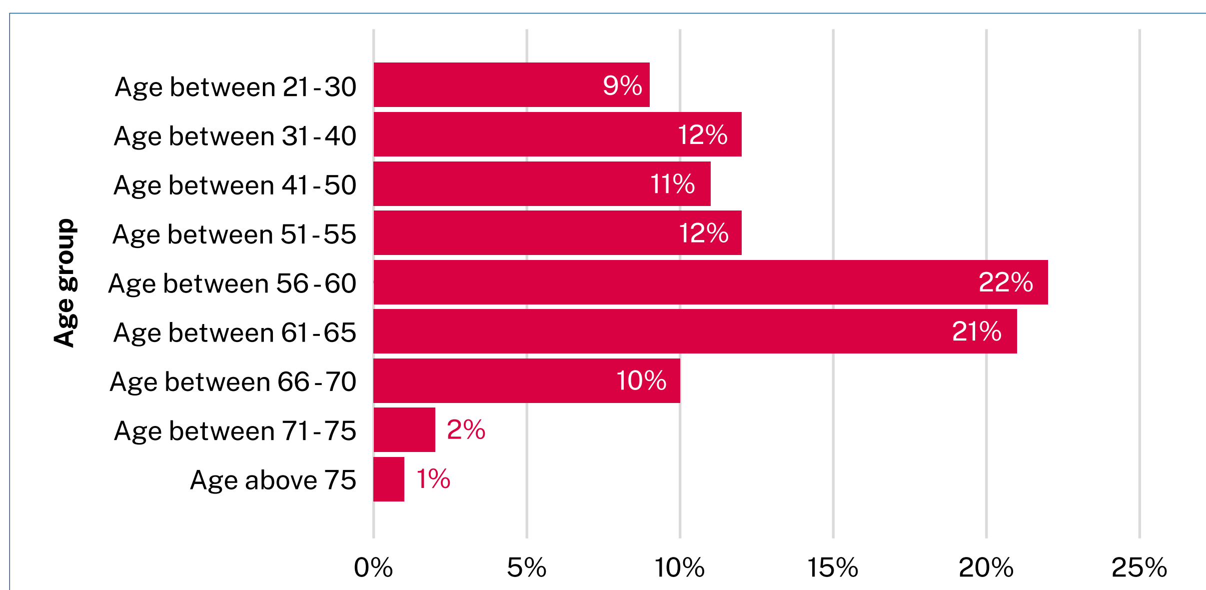
2 Publicly available NMC data by age group and length of time on the register includes registered nurses and midwives, (and nursing associates – England only). It is, therefore, not possible to isolate registered nurses' data by age. However, we know that nurses including those also registered as midwives, comprise approximately 94% of the total number of people leaving the register. As a result, the figures presented and its subsequent analysis by age and length of time include nursing associates and midwives.

As of September 2022[3], 34% of the NMC permanent register are aged 51 and over. There is therefore a significant proportion of registrants due to retire in the next five to 15 years. This in itself presents a retention risk for the UK nursing workforce.

Nursing professionals in the UK are not only leaving in significant numbers, but they are also leaving years before retirement age.

Between 2018 and 2022, 32% of leavers (42,756 people on the register) were aged between 21 and 50 (see figure 3). It is extremely concerning that the nursing profession is losing individuals at relatively early stages in their careers.

Figure 3: Proportion of people leaving the NMC register in the UK by age group (September 2018- September 2022)



Source: Nursing and Midwifery Council (2022). Registration data reports

Drawing on responses to the 2021 RCN employment survey (RCN, 2021a), respondents from a mixed-ethnic background (68%) were more likely to say they were thinking about leaving whereas respondents from an Asian background were less likely to say they were thinking or planning to leave their jobs (43%), followed by staff from a Black background (46%).

The same survey revealed that men were more likely to be thinking or planning to leave their jobs, with 63% saying this was the case compared to 56% among women.

3 NMC data for 'leavers' by age groups includes nursing associates (England only) and registered midwives.

Why are nurses leaving the profession?

As a soon-to-be qualified nurse, I no longer want the career as it is. The reality feels as though I must sacrifice my own health and wellbeing, for a less than satisfactory wage, in order to do half the job I would like to. I see nurses crying, extremely stressed but wanting to do good and yet are not given the opportunity to. I feel deflated and at an all-time low within the career, with little to no hope for a better future.
Student on placement in intensive care (England)

The profile of nurses leaving the profession, and their reasons for leaving, is limited at UK level. The NMC register does not provide a breakdown of reasons for leaving by age, gender, ethnicity or country of training.

Each year, the NMC invites all professionals who have left the register (including midwives, dual registrants and nursing associates), to complete a voluntary survey[4] asking for their reasons for leaving the profession.

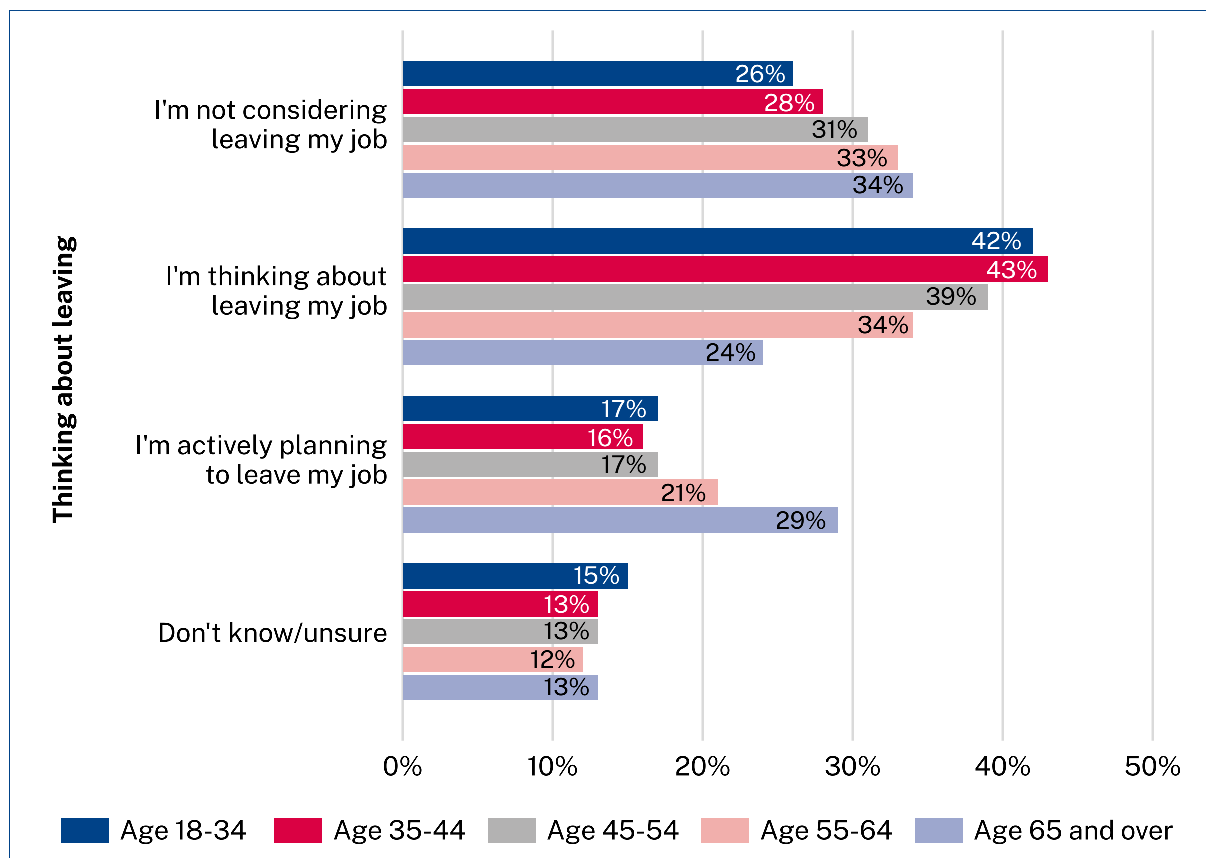
Excluding responses from retired nursing staff and those who have left the UK, data from the latest NMC leavers' survey shows that stress, poor mental health, negative workplace culture, the COVID-19 pandemic, poor pay and benefits, as well as concerns about not meeting revalidation requirements, were cited as reasons for leaving the profession (NMC, 2022b).

The RCN's employment survey (RCN, 2021a)[5] of over 9,000 nursing professionals in the UK revealed that 57% of respondents were thinking about or actively planning to leave their jobs in nursing (up from 37% in 2019). The survey showed that respondents aged 18 to 44 were more likely to be thinking about leaving their jobs, or actively planning to leave.

4 The NMC contacted via email 21,035 people to take part in the leaver's survey 2022 and received 6,458 responses.

5 The RCN employment survey 2021 received 9,577 responses from registered nurses, health care support workers, students and nursing associates working across all areas of health and social care.

Figure 4: Proportion of nursing staff thinking about leaving their jobs in nursing by age group (all reasons) – UK sample



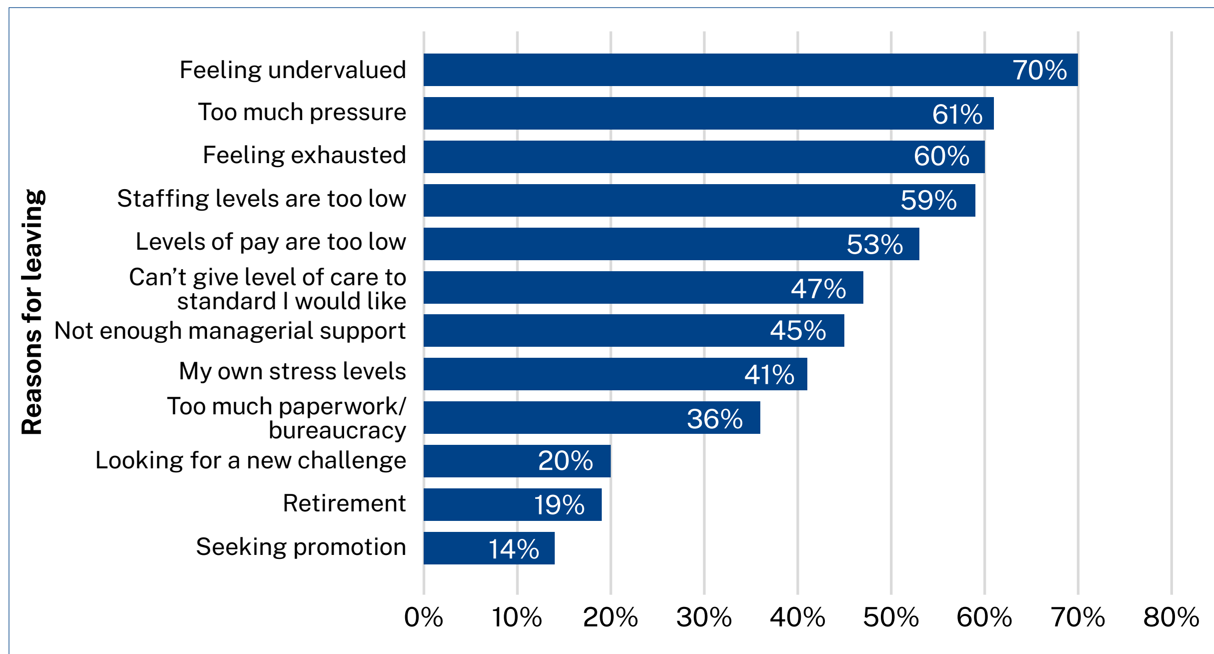
Source: Royal College of Nursing (RCN). Employment Survey 2021

The RCN 2021 Employment survey (RCN, 2021a) shows that over half (53%) of respondents cite low levels of pay as one of the main reasons for considering or planning to leave their current job (RCN, 2021b).

In the RCN's 2020 *Building a Better Future for Nursing* survey, 73% of respondents said higher pay would make them feel more valued (RCN, 2020). Further reasons for considering leaving were insufficient staffing levels (50%) and the need for safe working conditions (45%).

Figure 5 shows the reasons given by those who at the time the survey took place were thinking about leaving their jobs. The main reason for thinking about leaving was 'feeling undervalued'.

Figure 5: Are you currently thinking about leaving your job - and reasons for this (UK sample)



Source: Royal College of Nursing. Employment survey 2021

In addition to what nurses have self-reported when asked their reasons for leaving the profession, there is a robust evidence base to support system leaders and decision makers to identify priorities for nursing workforce retention.

Providing nursing care to the highest standard is what motivates nursing staff – being thwarted in this aim is therefore a very significant driver of nursing workforce attrition.

A recent comprehensive review of the evidence on supporting nurses and midwives to deliver high quality care (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, bullying, harassment and discrimination experienced in the workplace. The consequences of these experiences are early retirement, reduced ability, and intention to quit.

This, in addition, to the chronic staff shortages, the high number of vacancies reported by the NHS across all the UK's devolved nations, and the increased demand for health and care services brought about by the COVID-19 pandemic require workforce planning strategies focused on retention (King's Fund, 2020, Health Foundation, 2022).

Employers and policy makers should heed these clear messages, which clearly set out the requirements of the nursing profession under themes of autonomy, belonging and contribution. Key to this is nursing leadership, which must be represented in all national and regional health and care system structures, in recognition of unique expertise in developing systems for enabling prevention, promoting health and supporting populations.

The literature available identifies actions that can be put in place to improve retention. A recently published synthesis of the academic literature established 10 domains influencing recruitment and retention of hospital nurses (Marafu et al., 2021). The paper highlights the major factors which included strong nursing leadership and management, access to education and career advancement opportunities, conducive organisational factors, such as improved working conditions, adequate staffing levels, good support from peers and health professionals, and positive working terms and conditions including good salaries.

Using this insight from the nursing profession, we have taken a close look at each issue area to better understand how retention is impacted. We set out a range of interventions and recommendations, by issue area, that governments and employers can undertake to improve retention.

Across each area affecting retention, some groups are more likely to be more negatively impacted and/or face additional barriers. It is imperative that inequalities are addressed across every specific area of retention and that retention strategies include a core focus on addressing inequalities and strengthening equity, diversity and inclusion. Retention issues should be considered in context with prevailing inequalities across UK health sector workplaces.

Staffing levels and workforce planning

The large majority of the time in the last year the staffing levels on my ward have been very poor and this has led to me having a higher patient caseload than I feel safe, as I am spread too thin and cannot do my job properly as patient acuity is high, giving patients the time and attention that they deserve and I want to give as their nurse. These poor staffing levels have led myself and my colleagues to feel very burnt out and morale is very low. This in turn affects my patient care as I lack energy, motivation and positivity and am questioning leaving my role as I am unable to care for patients in the way that I want to.
Staff nurse working in urgent care (England)

Safe and effective staffing levels are critical to nursing staff feeling valued at work and being able to provide the best possible quality of safe and effective patient care. Longstanding and significant issues for safe staffing planning across the UK have not yet been resolved in all four nations.

There is a strong body of evidence demonstrating the necessity of good quality nursing workforce planning to meet the changing health care needs of the population and provide safe and effective patient care. The patient outcomes most impacted by registered nurse staffing numbers are mortality, care quality, missed care and 'adverse events' (such as medication errors or the onset of pressure ulcers) (Health Services and Delivery Research, 2018; Kushemererwa et al., 2020).

When fewer nurses are on shift, patients have an increased chance of missed care, longer stays and in-hospital deaths (Zaranko et al., 2022) Patient harm is more likely to occur with staffing plans that minimise the number of nurses rostered in advance, as temporary staff may not be available at short notice (Griffiths et al., 2021).

Similarly, a recent study suggests that, particularly in time-sensitive areas of hospital care, excessive personnel turnover may generate pressure on the remaining workers leading to lower quality of patient care (Institute of Labour Economics, 2022).

Of those responding to the RCN's (2022) unsustainable pressures survey of staffing levels on the last shift worked by nursing staff, just a quarter (25%) of all shifts had the full number of planned registered nurses on shift (RCN, 2022e). Three-quarters of respondents reported a shortfall of at least one registered nurse on their shift (75%, compared to 58% in 2020). The majority were working with 50-74% of the planned number of registered nurses for their last shift.

Evidence also shows that during the COVID-19 pandemic, staff working in the care sector were more likely than those working in other settings to report worse staffing levels impacting their ability to take breaks (RCN, 2020a). They were also more likely to have worked at a higher level of responsibility than those working in other settings without being paid for it accordingly. When there are gaps across the nursing workforce, staff are more likely to face a higher workload, spend less time with each patient, be unable to prioritise their wellbeing and work longer hours (Emmanuel et al., 2020; Maslach, 2003).

Poor staffing levels are caused by insufficient numbers of nursing staff being recruited and retained, which in turn is due to a lack of strategic workforce planning. Nursing

constitutes the largest workforce in health and care, and therefore a significant proportion of public funds. Given the impact that poor recruitment and retention can have within a safety critical profession, it is imperative that governments in all parts of the UK undertake strategic workforce planning.

In the UK, the RCN has played a prominent role in influencing legislative changes to safe staffing legislation. In 2020, the RCN joined 16 other health organisations in Wales to campaign for change to the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The change means that the annual quality reports of NHS Health Boards must now explain how they have improved the quality of care in terms of workforce numbers, skills and planning according to the Health Care Standards. In 2021, the RCN secured the Welsh Government's commitment to extend section 25B of the Nurse Staffing Levels (Wales) Act 2016 to children's inpatient wards and is now calling for this legislation to be extended to cover all areas where nursing takes place (RCN, 2022f).

In Scotland, The Health and Care (Staffing) Act received Royal Assent in June 2019, however, work towards implementation of the Act was postponed due to the COVID-19 pandemic. The legislation is the first in the UK to set out requirements for safe staffing across both health and care services. The Scottish Government has now published a timetable for implementation, which sets out a 21-month programme of work which will see the Act come into force from April 2024. There is still no legal framework for staffing levels or workforce provision in England or Northern Ireland.

Internationally, several countries have safe staffing legislation in place, for example, Belgium, Estonia and Japan (Belgian Health Care Knowledge Centre, 2022; The Lancet Global Health Commission, 2022; Morioka et al., 2017). However, the impact on nursing staff and patient safety has been difficult to ascertain to date, with a lack of formal evaluation.

Better planning is key to addressing unsafe staffing levels. Too often, decisions about workforce are made after a service has been planned and funded. It is imperative that services are planned with the workforce provision, and then sufficient funding is provided.

Workforce planning should be based on independently verified assessments of population and workforce need for now, and the longer term, which includes data capture of real time staffing issues, and indicators to link with patient safety, quality and outcomes. It should also take into account geographical factors and variation in workforce planning. A recent England focused report cited high demand, low wages, access to transport and high turnover all being major factors affecting nursing recruitment and retention in rural areas. (APPG Rural Health and Care, 2022). The report highlights the critical importance of clear career pathways and opportunities for continuing professional development for recruiting and retaining social care staff in rural areas.

Senior registered nurses spend significant amounts of their time undertaking workforce planning within services. The RCN is clear that their supernumerary status must be protected to enable them to undertake this function. Despite having accountability for the provision of safe and effective care, registered nurse leaders are often managing the impact of significant system issues. This includes workforce shortages and budget constraints.

Often, these roles – including the director of nursing – lack full budget-holding power and operational authority and face pressure within corporate board decision making to

act based on finances, as opposed to patient safety. Corporate health and care board governance structures must be held accountable for decisions made on that basis.

To facilitate improvements in the workforce decision-making process, in May 2021, the RCN published the first UK overarching *Nursing Workforce Standards*, designed to be used as a key tool for nursing workforce planning. Using this tool can help to alleviate many of the issues which contribute to poor retention, such as unplanned overtime, short staffing, and a lack of flexible working. Implementation of the tool will be beneficial for staff morale, patient safety and retention.

Adoption of the RCN *Nursing Workforce Standards* in all health care settings will create conditions in which any determination about registered nurse staffing is informed by legislation, national, regional and local policy, research evidence, professional guidance, patient numbers, complexity and acuity, the care environment and professional judgement.

Recommendations

- Governments across the UK should ensure there is a fully costed and funded health and care workforce plan in place for each country. These plans should include specific measures on supply, recruitment, retention, and remuneration of nursing staff, both in the public and independent sectors, covering health and social care.
- Governments must publish independently verifiable assessment of health and care nursing workforce requirements to meet the needs of the population and address health inequalities to underpin workforce strategy development and monitoring.
- Governments must ensure that responsibility and accountability throughout each health and social care system must be made explicit and transparent in legislation - as to how they relate to government departments, commissioners of services, providers of services and health and care service regulators.
- Governments in all parts of the UK must take actions to grow the domestic supply of nurses and retain UK and internationally trained staff.
- Governments in all parts of the UK should mandate the use of the RCN *Nursing Workforce Standards* in all publicly funded health and care services, so that they have a basis in law.
- Governments should require regulators of health and care services in each of the four nations to use the RCN *Nursing Workforce Standards* in their inspection frameworks. These standards should be used by regulators to underpin their assessments of workforce, along with patient safety, quality, and outcomes.
- Government workforce strategies must take account of all settings, services and geographies including rural and remote areas, and be underpinned by robust data on population needs and health inequalities, existing workforce capacity and trends in recruitment, retention and development of the health and care workforce, and projected future demand.
- Employers must embed the RCN *Nursing Workforce Standards* within decision making. Boards of health and care provider organisations must collectively be accountable for setting the staffing establishment for registered nurses and nursing support workers, based on service demand and the needs of people using services.

Nursing leadership

> *The main reason I have for wanting to leave my post is lack of leadership. I have many managers all happy to tell us what to do especially during redeployment to ICU during COVID-19 but none who actually did what they were asking of staff.*
> **Staff nurse (Northern Ireland)**

Nursing leadership at all levels of the health and care system is critical for improving nursing workforce retention. As set out in the RCN *Nursing Workforce Standards* (2021), a lack of nursing leadership and relevant support structures within organisations impacts on safety, quality of care and on the mental health and general wellbeing of the nursing workforce (RCN, 2021c).

A 2015 report found that nursing management was positively related to perceived quality of care and staff satisfaction and that when leaders gave nurses opportunities for participation in decision making, nurses reported high levels of organisational identification and job performance consequently (King's Fund, Centre for Creative Leadership and the Faculty of Medical Leadership and Management, 2015).

Nurse leaders are all too often dealing with significant system issues, including workforce shortages and budget constraints. The RCN has raised concerns that directors of nursing lack full budget-holding power and operational authority, yet face pressure to make finance-driven decisions, rather than quality or safety-driven decisions.

As set out in the RCN *Nursing Workforce Standards* (2021), the role of the senior nurse should be protected and given the necessary space and dedicated time to be able to manage the team, make decisions and deal with situations that may arise, and therefore should not be counted within the staffing numbers. However, in response to the RCN's last shift survey in 2022, only around one in four respondents told us the lead nurse held supernumerary status on their last shift (22% in the NHS and 23% in independent sectors) (RCN, 2022e).

The leadership of health and care services and organisations should be representative of the workforce and populations that they serve. Yet the RCN's 2021 employment survey highlighted that Black and Asian respondents across all age groups were less likely than white respondents and those of mixed ethnic background to state they had received at least one promotion since starting their nursing career (RCN, 2021a). The survey also found that while 66% of White and 64% of ethnic minority respondents stated they had been promoted, this drops to just 38% of Asian and 35% of Black respondents (RCN, 2021b).

Across the health and care system, there must be improvements and increases in the diversity of health and care leadership (including nursing) and in the rate of progression of ethnic minority nurses throughout leadership levels.

The RCN has also been clear that there should be a clearly stated vision at chief nursing officer level within every government in the UK, and supported by each government, as to how nursing contributes to population health. Nursing leadership must also be represented in all national and regional health and care system structures, in recognition of their unique expertise in developing systems for enabling prevention, promoting health and supporting populations.

Across the health and care system, from ward level to board level, nursing must be represented at senior levels of decision making. Nursing leadership roles should be embedded within executive/decision-making functions and executive nurse leaders must be provided with the authority and resources to deliver.

Recommendations

- Governments must embed a chief nursing officer within central government, at parity with the chief medical officer role. This role must hold leadership and provide expert advice within policy-making structures so that all public policy recognises and enables the fundamental role nursing holds in helping to address socio-economic determinants of health. Each chief nursing officer must be supported by sufficient levels of resource to act.
- Governments should embed nursing leadership roles throughout any legislated health or care structures, as well as within executive or decision-making functions.
- Employers should ensure senior nurses are supernumerary on every shift.
- Employers should ensure there is a nurse at executive level within an organisation's governance structure.
- Employers must increase the diversity of leadership in health and social care and ensure all nursing staff have opportunities to career development.
- Employers must undertake comprehensive and continuous equality impact assessments to reduce risk of unfair discrimination in recruitment processes.
- Employers should take steps to address issues of discrimination and inequity and to ensure that all nursing staff have equal opportunities to develop their careers and access adequate training and professional development.

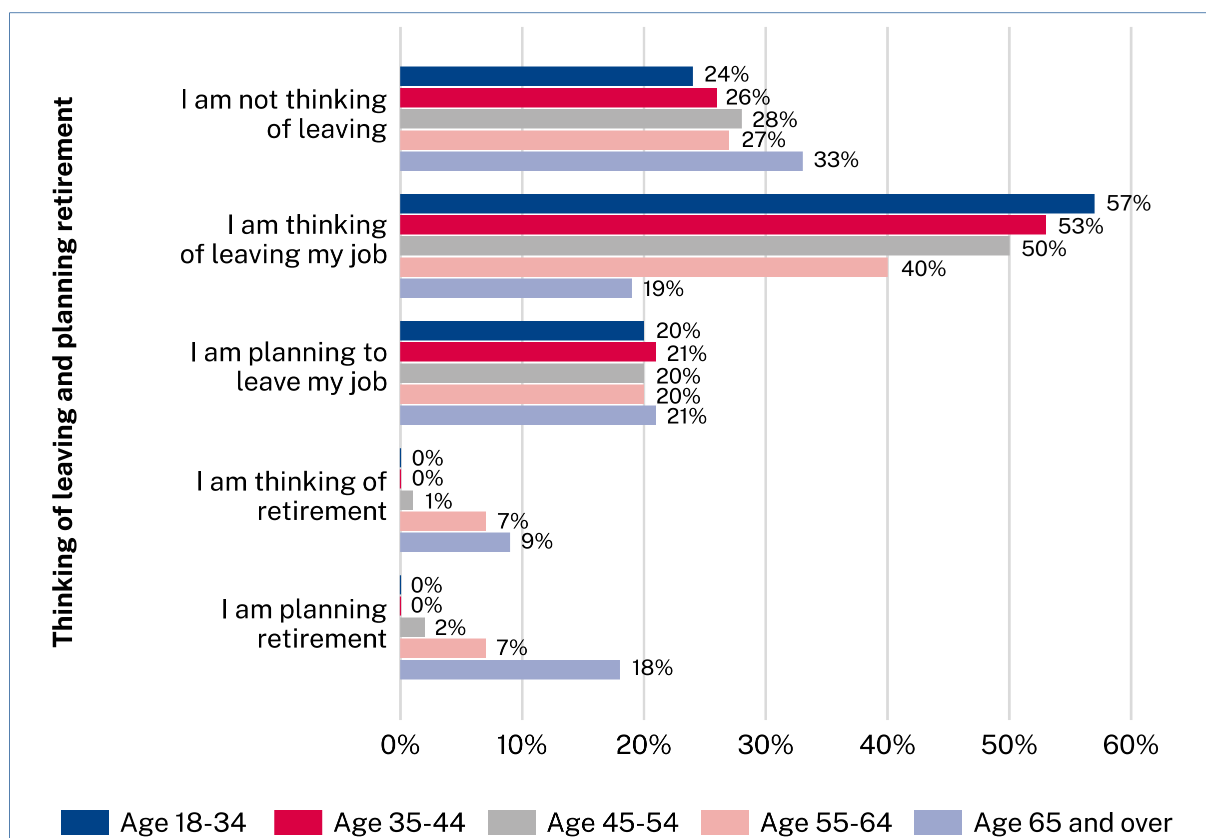
Fair pay

The lack of staff is draining all the health care workers and therefore resulting in more time off sick, and a large amount of staff leaving the NHS altogether. Due to the inability to cope with everyday pressure and feeling like the care we provide is not enough even with our best efforts. It's mentally and physically exhausting, the job responsibilities do not meet the pay scale, and the patients are in absolute disgust also about how little NHS staff get paid.
Student on placement (England)

Pay is a key contributor to nursing staff feeling valued in their role. Every day, nursing staff demonstrate their skills, responsibilities and experience, and salaries should reflect this.

The RCN *Employment Survey* (RCN, 2021a) found that respondents aged 18-34 were more likely than any other age group, to say they were thinking about leaving their job based on their feeling about pay, with 57% saying this was the case.

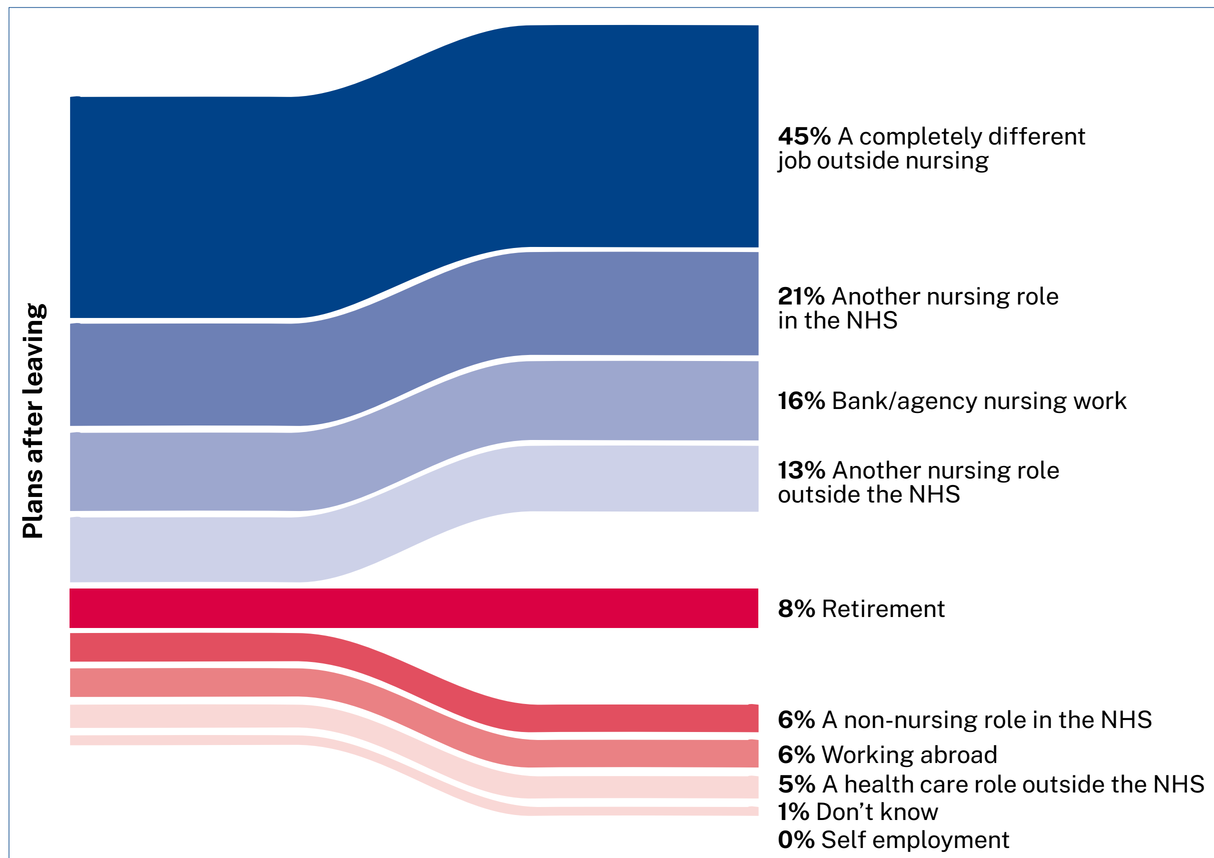
Figure 6: Based on your feelings about your pay band/grade and level of pay, how seriously are you thinking of leaving your job? (By age group) (UK sample)



Source: Royal College of Nursing. Employment survey 2021

When exploring responses from all those who said they were thinking about or planning to leave their jobs (3,844 individuals) because of their current pay level, the survey's results showed that more than two in five (45%) were considering leaving for a role outside nursing.

Figure 7: Plans for those thinking about leaving the profession based on pay concerns (UK sample)



Source: Royal College of Nursing. Employment survey 2021. *Respondents could choose more than one option.

Figure 7 also shows a relatively significant number of nursing professionals not wanting to leave nursing altogether but exploring better opportunities outside the NHS.

Analysis undertaken by London Economics found that salaries of nursing staff have not kept up with inflation over the last decade. A large proportion of nursing staff are employed at the top spine point of each individual Agenda for Change band, with particularly large numbers situated at the top of Bands 5 and 6. For the majority of these nursing staff across all parts of the UK, real terms salaries have declined by as much as 20% since 2010. This 20% real terms pay cut is the equivalent of working a day a week unpaid, compared to salary levels in 2010 (London Economics, 2022).

The RCN employment survey revealed that for one in every four respondents (27%), their nursing salary represents all their total household income, and a similar proportion (28%) reported their salary represents more than half of their total household income. With so many nursing staff being the sole or main breadwinner in their households, this makes a significant number of nursing staff and their families vulnerable to the rising of cost living which is only deepening the impact of a decade of stagnant wage growth.

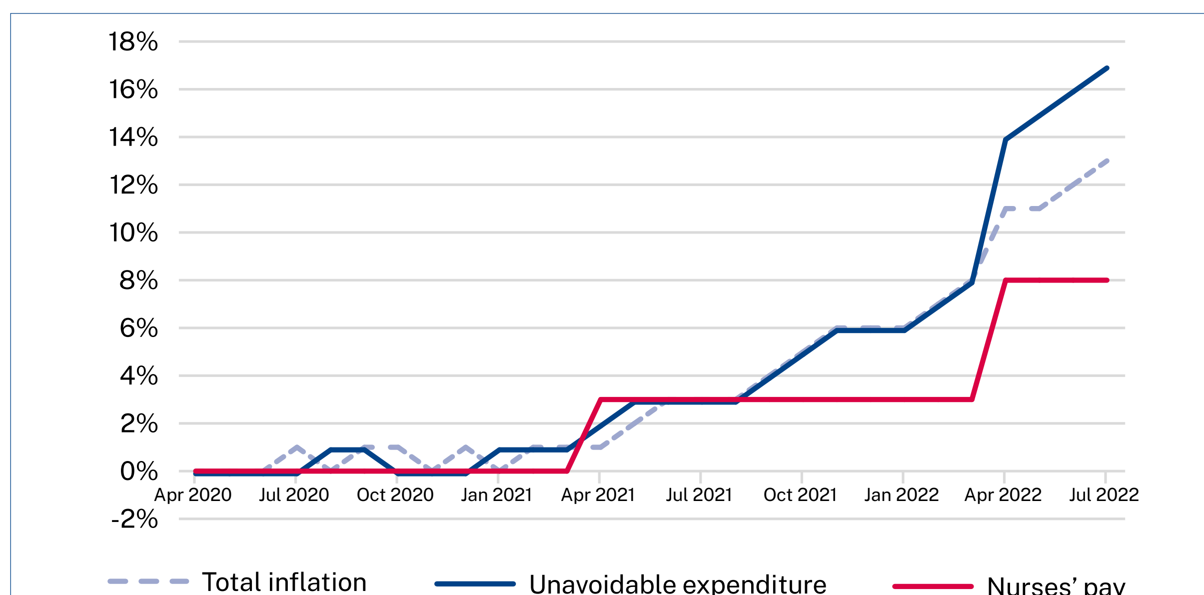
As inflation continues to rise, and the cost-of-living crisis further deepens, many nursing staff are already struggling to cover essential costs (Cavell Nurses' Trust, 2019) and it

is only predicted to get worse for families across the UK (New Economics Foundation, 2022). The most recent RCN employment survey (RCN, 2021b) reported 74.1% of respondents regularly work beyond their contracted hours at least once a week. A total of 17.4% reported working additional hours on every shift or working day. Many expressed reliance on overtime and bank work to get by financially, unable to cope solely on their substantive salary (RCN, 2021b).

This leads to individuals working overtime, or seeking secondary employment, putting additional pressure on themselves and increasing the risk of burnout. Analysis has shown that when the number of registered nurses on shift was half of what was planned, 75% of staff worked additional time (RCN, 2019). Taking additional measures to make ends meet financially increases the risk of fatigue and burnout, risking patient safety and staff wellbeing.

Since the beginning of the COVID-19 pandemic (February 2020) the salary of an experienced nurse (Band 5, spine point 23) in England and Wales has increased by approximately 7.6% in cash terms. This compares to an overall (UK-wide) inflation rate for the typical household of 12.9%.[6] However, if overall inflation is disaggregated and considered of items of expenditure that are unavoidable (eg, housing, water, fuel (ie, gas and electricity) and transport), analysis indicates that the relevant inflation rate stands at 17.1%. These unavoidable items of expenditure account for more than a third (36.5%)[7] of a typical household's budget in 2022 (Figure 8).

Figure 8: Overall unavoidable CPI inflation compared to nominal salary growth of nurses in England, April 2020 to July 2022[8]



Source: London Economics' analysis based on NHS Employers and Office for National Statistics data

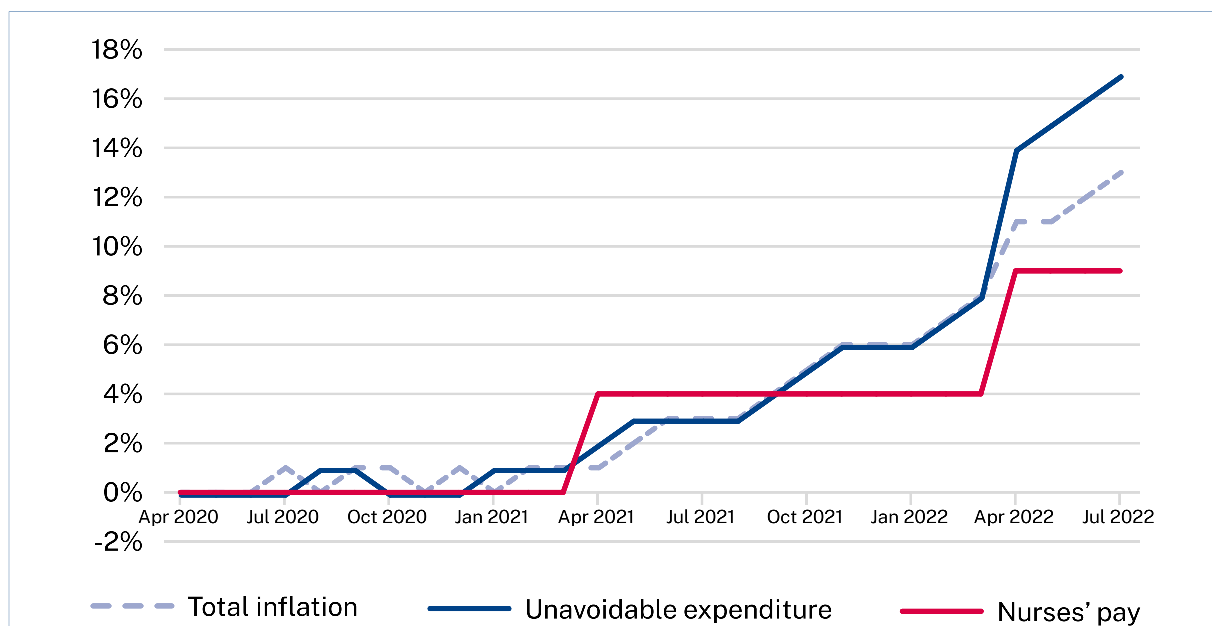
6 Based on July 2022 inflation figures.

7 This 36.5% figure reflects the weights given to components of unavoidable expenditure by the Office for National Statistics in 2022. The true proportion of household expenditure is now likely to be higher, due to the large recent increases in energy prices.

8 Note: Unavoidable transport expenditure includes items such as fuels, spare parts and the cost of public transport (and excludes items such as the purchase of cars or motorbikes or travel by air or sea). The definition is based on the definition of unavoidable expenditure used elsewhere.

Since April 2020, the salary level for an experienced nurse in Scotland has grown by 9.2% in nominal terms but the rise in prices of unavoidable expenditure (17.1%) is substantially higher than nominal wage growth (Figure 9 below). It should be noted that there are different income tax rates and thresholds operating in Scotland compared to the rest of the UK. As such, the erosion of real gross salaries identified above (ie, before tax deductions) will underestimate the actual impact of inflation on net salaries (ie, after tax deductions) for most nurses in Scotland.

Figure 9: Overall unavoidable CPI inflation compared to nominal salary growth of nurses in Scotland, April 2020 to July 2022



Source: London Economics' analysis of NHS Employers data, Scottish Government pay award letter and Scottish Government Agenda for Change pay circulars and Office for National Statistics data

In addition, the salary decline for registered nurses across all sectors of the UK is much larger than other 'safety critical' professions. To illustrate the potential impact of insufficient nursing pay on retention, the average gross weekly earnings of registered nurses have fallen at a faster rate than other comparable safety-critical professions employed in the private sector.[9]

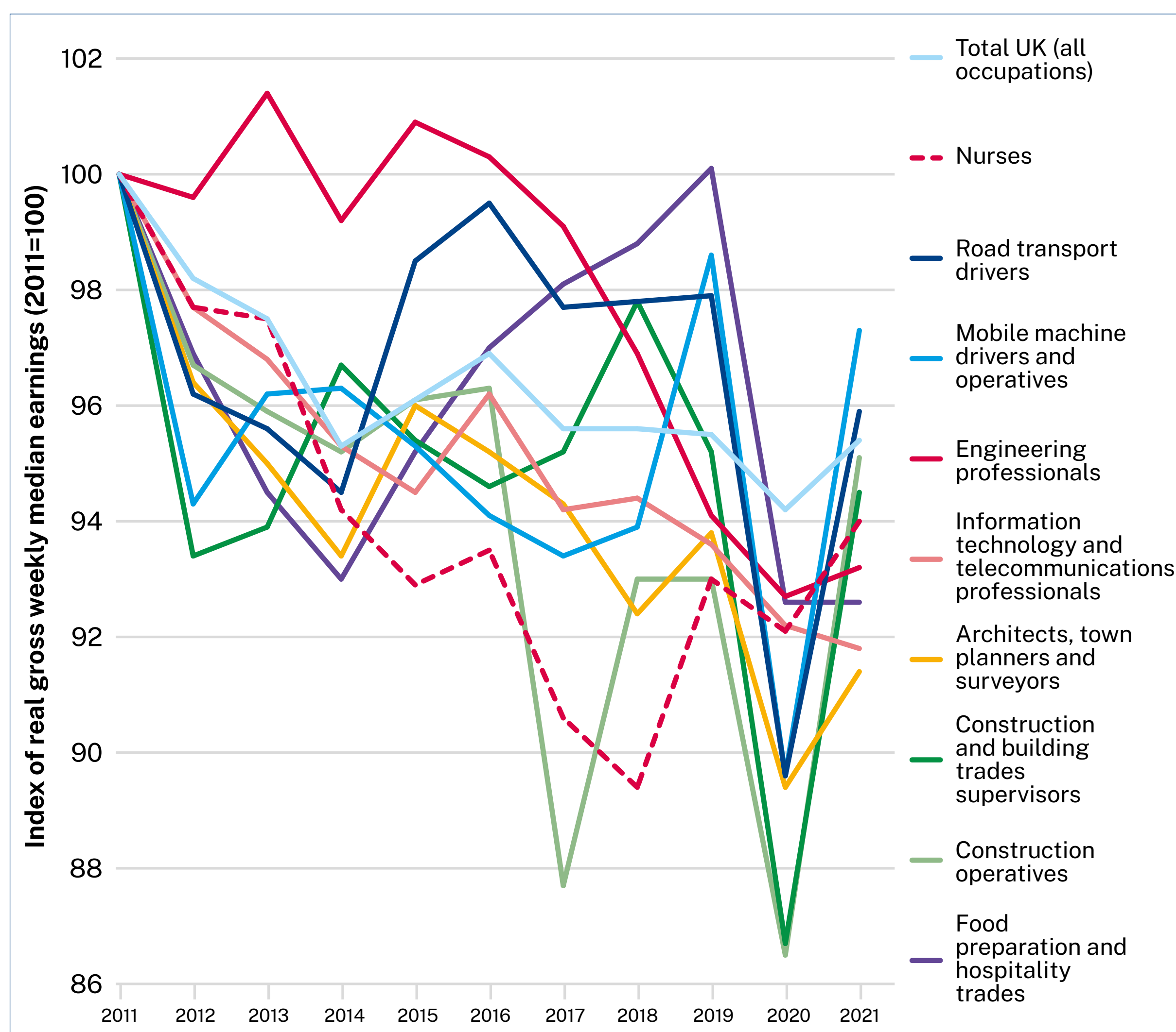
Overall, between 2011 and 2021, average nursing earnings across all sectors across the UK fell 6% in real terms. This compares to 4.6% across the entire UK workforce. The decline of nursing earnings is significantly larger than for crane drivers (2.7% decline), scaffolders (4.9%) and construction supervisors (5.5%, eg, foremen). Other drivers and transport operatives (such as train/tram drivers) experienced a 23.8% increase in real gross weekly earnings (Figure 10).

9 Based on median gross weekly pay among full-time employees across the United Kingdom, using data from the Annual Survey of Hours and Earnings (ASHE) for 2011 to 2021.

Some groups are disproportionately impacted by salary challenges. The International Labour Organisation found that the gender pay gap in the health and care sector is 24% (ILO, 2022). Nursing is a predominantly female profession, and females are also more likely to work overtime, and not be paid for overtime worked (HR Magazine, 2022; ONS, 2021).

Staff from ethnic minority backgrounds are over-represented at the lower nursing pay bands in the NHS Agenda for Change framework, such as band 5 (King's Fund, 2020). Furthermore, staff from ethnic minority backgrounds are significantly under-represented at very senior management level, including executive director and chief executive roles (King's Fund, 2020). At these senior levels there are higher numbers of staff who are male, White and non-disabled, typically aged 45-64 (NMC, 2020).

Figure 10: Index of real gross weekly median pay per full-time employee, 2011 to 2021, by occupation (excluding other drivers and transport operatives)



Source: London Economics analysis (2022) commissioned by the RCN using data from the Annual Survey of Hours and Earnings and Office for National Statistics inflation data

The reality of nursing pay across the UK is that there is currently no incentive to remain in the profession. The RCN has highlighted the substantial gender pay gap that exists among health care professionals across the private and public sectors. The lack of progression in pay within the nursing profession, when compared to other health care professions, is also concerning. All the years spent developing knowledge, skills and experience, taking on higher levels of risk and responsibility, do not result in higher pay (RCN, 2020b).

Over six out of 10 registered nurses stated that their pay band or level was inappropriate for their role and responsibilities. This related both to pay awards and pay levels, with many nursing staff making unfavourable comparisons with other occupations both within and outside the health and social care sector. More broadly there is a general perception that their pay does not adequately match their level of skills, knowledge and responsibility. While their current pay levels do not sufficiently reward their effort or contribution, many are held back from advancing their earning potential by progressing in their careers.

Providing a pay increase for nursing staff in publicly funded services is something which governments across the UK can put into place with immediate impact. The RCN does not accept the rhetoric of governments that a fair and substantial pay increase for nursing staff is not affordable.

Recommendations

- Governments across the UK must commit to a fully funded, substantial, restorative, pay rise for NHS Agenda for Change staff to address the nursing workforce crisis and the historic long-term reduction in the value of nursing pay. Registered nurses, nursing associates (in England) and nursing support workers in all health and care organisations must have at least parity of pay, terms, and conditions with NHS Agenda for Change.
- Employers should conduct regular reviews of job descriptions and use the opportunity to ensure that staff are employed on the right bands, supported with training and development, and provided with career progression support.

Pensions

Nurses across the UK are entitled to pension packages commensurate with their years of service within the NHS and in the independent sector.

Organisation for Economic Co-operation and Development (OCED) *Pensions at a Glance* report (OECD, 2021), indicates that, the income inequality is high among people over 65 in the UK, with state pension benefit only providing a low income for retirees. Due to low nursing pay, many retired nursing staff would have been unable to contribute to private pension schemes to supplement state pension entitlements.

In England, under the previous NHS Pension Scheme, registered nurses who qualify for 'Special Class Status' could retire and receive their pension benefits starting at the age of 55 (RCN, 2022g). Other staff had a 'normal retirement age' of either 60 or 65 depending on which section of the legacy pension scheme they were in. Many retired nurses who fell into this category, returned to the workforce to support service delivery during the COVID-19 pandemic.

Retired and returned nurses were, however, unduly threatened by abatement rules designed to cap earnings exceeding their usual pension entitlements. The abatement rules within the NHS pension scheme are currently suspended. Restoring abatement arrangements is likely to decrease the available workforce which will compound existing staffing shortages across the NHS. As such, governments across the UK should continue to suspend the current abatement relaxation until at least 31 March 2023. Governments should consider going a step further to abolish the abatement rules completely, in order to improve retention.

In addition, many nurses in the workforce are now opting out of pension schemes (Nursing Times, 2022) as they cannot afford to make pension contributions. Data obtained from the NHS Business Services Authority (NHSBSA) survey, shows that between April and July 2022, 66,167 NHS staff, including nurses in England and Wales opted out of their NHS pensions. Just over 23,000 NHS staff stopped making contributions in the 2021/22 financial year as they could not afford it.

Government proposals for changes to pension contributions in Scotland are still pending. The lack of clarity on the extent, timing and nature of the long-awaited changes are a cause of concern for nursing staff in NHS Scotland.

Recommendations

- Governments should extend the abatement rules for NHS pensions until the workforce gap has closed sufficiently to meet demand.
- Governments should set minimum pension standards for the independent sector.
- Governments should ensure an equitable approach to pension taxation and contributions.
- Employers should offer retired and returning nursing staff contracts at the grade they held when they were last in the workplace.

Workforce inequalities

I'm so anxious and shocked at what I'm observing on a daily basis, the neglect of the vulnerable in these places is beyond appalling, I'm so so sad, and feel I'm working in unsafe environments daily with no direction, leadership, organisation or support. Staff are burnt out, bullying is rampant and I cannot wait to get the hell out of this job which is killing us all.
Staff nurse (Northern Ireland)

Across all the issues which impact retention, there are significant inequalities, and some groups are disproportionately affected. For example, in relation to pay in 2019, there was found to be a 23% gender pay gap in the NHS (DHSC, 2019). Action is needed to ensure that nursing roles at all levels are suitably renumerated and to address the structural barriers that result in pay gaps amongst nursing professionals and wider health and care professionals.

In relation to leadership and career progression, staff from ethnic minority backgrounds are significantly under-represented at senior levels of decision making (King's Fund, 2020). While some groups, including men and disabled nurses, are less likely to complete the requirements for revalidation (NMC, 2020). Additional evidence is included within each retention issue area. Inequalities in the workplace have a detrimental impact on retention. When surveyed, 76% of doctors reported that they have experienced racism at least once in the last two years, and nearly a third said that they have either left their job or considered leaving due to racism (BMA, 2022).

Governments across the UK must prioritise the development and implementation of a fully funded, cross-departmental race equality strategy that is appropriate to each specific national context.

The Nursing and Midwifery Council (NMC) must act quickly and comprehensively in response to the findings of their *Ambitious for Change* programme, including bias in processes and overrepresentation of some groups in fitness to practise proceedings. They should work with employers and other stakeholders, sharing insight and co-producing new approaches to eliminate bias.

The nursing workforce crisis affects all sectors, settings and areas. However, some geographical areas and settings are even more affected. As highlighted by the World Health Organization (WHO) globally, health worker shortages are more than twice as high in rural areas than urban areas (WHO, 2020b). The WHO has highlighted that the shortage of well trained, skilled, motivated health workers in rural and remote areas around the world is a core challenge for securing equitable access to health services for rural and remote populations (WHO, 2021b).

Smaller populations, lower unemployment rates, an older population and relatively fewer younger people can pose challenges for recruitment, retention and workforce development in rural areas (Green et al., 2018). Furthermore, nursing staff working in rural and remote areas can face the additional challenge of having long distances to travel to and from work and for community nursing staff there can be significant distances to travel to visit patients (RCN, 2020c). These challenges can be made worse by limited public transport services and significant and rising fuel and other travel costs which make it even more difficult to access and afford to work.

Governments and employers must take urgent action to address inequalities, and to ensure staff groups are not disproportionately impacted within key retention issues. We expect to see recommendations about improving key employment outcomes, including recruitment, retention, career progression, and eliminating disparities in formal processes such as disciplinary and grievance processes.

Structural racism must be taken seriously through demonstrable action to improve our understanding of the depth and complexity of the issues and better support staff who face discrimination at various points of delivering care. There should be accountability in place for employers who fail to adequately protect and support ethnic minority staff to the same level as their White counterparts. This includes, but is not limited to, ensuring that staff from ethnic minority backgrounds have access to the personal protection and equipment they need to stay safe in the workplace. Employers should also review grievance and disciplinary processes to ensure that staff from ethnic minority backgrounds are not being disproportionately referred.

The RCN commits to delivering new research into the specific experiences of the nursing staff with legally protected characteristics such as barriers to career progression, and the specific experiences of the global majority working with the UK nursing workforce who subsequently left the nursing profession entirely.

Recommendations

- Governments must introduce race equality strategies, including specific actions for public sector bodies and services to transparently design out bias, racism and discrimination within their operational activities.
- Governments should set a clear timeline and accountability framework for delivering parity in outcomes. Strategies should be designed in close collaboration with trade unions, professional bodies, community and grass roots organisations.
- Employers must acknowledge and address the problem of structural racism within health and care settings and the impact it has on ethnic minority staff and patients.
- Employers should close the gender pay gap by addressing barriers to progression.

Flexible working

There is an immense lack of support, and I really feel for those who are newly qualified having to work in this dire environment. I also fear that one day this level of stress and being governed by a 'put up and shut up' attitude will cause me to make a mistake and be struck off. I do not want that on my conscience, therefore I am actively seeking to leave. And I know that amongst my colleagues, this is a general feeling, and not isolated to just myself.
Staff nurse (Wales)

Employment terms and working conditions for registered nurses and nursing support workers should enable health, safety and wellbeing, and equality at work. In particular, the opportunity to work flexibly is key in achieving a good work-life balance, and all staff can benefit from such working arrangements regardless of whether they have caring responsibilities. Costs of providing employee-friendly flexible working arrangements can be more than offset by the reduction in recruitment, sickness, turnover and absenteeism costs. Increased demand for nursing staff means that organisations which adopt such policies will gain a competitive edge in attracting and retaining a quality nursing workforce.

Research by the Chartered Institute of Personnel and Development (CIPD) found that according to employees, the benefits of flexible working come through a better work-life balance, the reduction in stress and pressure, and helping them to stay in a job or with an employer (CIPD, 2019). CIPD also state that flexible working options can also be attractive to employees and new recruits, especially as employee expectations change with regard to their jobs, careers and work-life balance, and demographic changes affect employees' needs to balance their job with other responsibilities such as caring.

An increasing number of studies demonstrate the positive benefits of flexible working arrangements. A review by Joyce et al., (2010) found that flexible working interventions that increase worker control and choice were likely to have a positive impact on health outcomes, including improvements in physical health (reduced systolic blood pressure and heart rate), mental health (eg, reduced psychological stress) and general health (eg, tiredness and sleep quality). Moseley et al., (2008) found that having access to flexible working – particularly in terms of shift scheduling, shift preferences and having the ability to attend out of work activities – played an important part in whether nursing staff stay with or leave an organisation, particularly for older nurses who felt they had 'paid their dues' and should therefore have some preference over what type of shifts they are given.

Employees have a legal right to request flexible working arrangements (Department for Business, Energy and Industrial Strategy, 2021). This could include career breaks, part-time work, flexi-time, job-share, and compressed hours. From 13 September 2021, all NHS employees in England and Wales have the right to request flexible working from day one of their employment and make more than one request per year (NHS Employers, 2021). In addition, requests can be made regardless of the reason and without having to justify requests. It is imperative that flexible working in supported by all employers.

Rostering patterns for registered nurse and nursing support workers should consider best practice on safe shift working, as well as flexible working. Rostering patterns should be agreed in consultation with staff and their representatives.

Internationally recruited nurses sponsored under the Health and Care visa face additional barriers in accessing flexible working due to conditions applied to the visa which mandate that a sponsored nurse's salary cannot fall below the minimum salary threshold of £20,480 per annum (Home Office, 2022). This mandate diminishes internationally recruited nurses' ability to reduce their hours as there is no provision for this threshold to be pro-rata for part-time staff.

Recommendations

- Employers should enable and promote flexible working, offering a range of flexible employment policies and practices compatible with the competing responsibilities of their staff. Flexible work opportunities can benefit employers and enhance their business/service delivery.
- Employers should undertake reporting on flexible working to enable monitoring by governments. This will allow for better transparency and support for employers to offer flexible working to their staff.

Career progression

I have been a staff nurse for four years and feel my skills haven't progressed as they should have as I am just too busy with running around. I come home feeling like I've done a rubbish job... like I can't manage my time when in reality the amount of patients and their acuity, paperwork and pathways to follow is sometimes so complex it is difficult to manage even with complete staffing.
Senior nurse working on an adult acute ward (England)

Technological advancements, changing demographics and rising numbers living with long term conditions and chronic diseases means that nursing is evolving at an unprecedented pace. A recent global poll of nurses and doctors found that clinicians in the UK were most likely to agree that "nurses' roles have changed considerably in the last 10 years" (96% agreed) (Elsevier, 2022). However registered nurses struggle to access continuing professional development (CPD) vital to their roles.

The RCN *Employment Survey* (RCN, 2021a), shows that just under half of respondents (46%) stated there were insufficient opportunities for them to progress in their current job, with just 28% agreeing they had opportunities to progress. Among the reasons for those stating they were not provided with opportunities to progress, 18% stated that this was related to lack of access to training and development and 14% stated they were unable to take time for training and development.

When access to CPD does not align with the expectations of and ambition of the nursing profession, nurses are unable to develop the specialist skills required to advance in their roles and take up new ones. Access to further education, training and career progression opportunities are therefore critical for ensuring registered nurses and nursing support workers advance specialisms in both acute and long-term conditions, as well as to design, lead and deliver innovative care models to meet changing service and population needs. To reach senior levels, people in less senior roles, and early career nursing staff, must be supported and encouraged to undertake further education, training as well as to develop on the job.

The NMC requires that for a registered nurse to revalidate they must undertake 35 hours of CPD per three-year period prior to each revalidation date. This includes 20 hours of participatory learning. Currently, there is no legal requirement for employers to provide time for CPD-related learning. Despite this, the NMC is clear that employers have a responsibility to support their staff to meet these requirements, even in the absence of protected time (RCN, 2016).

In 2019, the social research institute Ipsos MORI completed an independent evaluation which found that nearly half (44%) of nurses and midwives find it difficult to find time to undertake the CPD required for revalidation (Ipsos MORI, 2019). There is little information about the quality of CPD undertaken or the impact on the professional and wider service.

Registered nurses who struggle to achieve the 35 hours of training needed to meet revalidation requirements are at risk of being unable to renew their registration. The potential scale of this issue could have a catastrophic impact on workforce supply, and we cannot afford to have registered nurses being unable to revalidate which would further erode retention in the nursing profession.

In the medical profession, CPD is considered critical both as a regulatory requirement and as an enabler for career progression. Depending on their level of training, many medics will have an annual study budget and study leave allowance enabling them to fund and attend external courses (Royal Society of Medicine, 2016). In contrast, CPD for nursing professionals is characterised by insufficient funding and no provision to ensure access and protected time for CPD. Nursing staff report having to undertake even mandatory training in their own time, with one survey indicating that only half (54%) of nurses completed their last mandatory training in normal working time and the remaining half completing wholly in their own time (20%) or in both work and own time (26%).

Sufficient funding for nurses to access CPD opportunities is not provided in any of the UK countries, and no measures exist to properly plan funding based on workforce and population needs or measure the impact of CPD on population health outcomes. Across the UK, access to CPD is variable for nurses as budgets are set at a national level and mechanisms for access to CPD are dependent upon national policy and the employer, including their willingness to provide protected learning time and backfill for employees (RCN, 2018). The RCN has heard from members that internationally recruited nurses in particular report a lack of support from their employers in accessing CPD time.

A coalition of 20 professional bodies and trade unions including the RCN have agreed a set of UK principles for CPD and lifelong learning for the health and care workforce across the UK (College of Paramedics, 2019). These set out the responsibilities the professional, employer and the wider system to facilitate a culture of improvement. The coalition has called not only for governments to provide resources for quality learning but also to evaluate the impact of an appropriately qualified workforce on health and care services.

When considering that a large proportion of people leave the nursing profession before retirement age, a lack of access to training or progression is key to retention. This is compounded further when considering race and ethnicity. There is a lower level of confidence (69.9%) from ethnic minority staff that their employer provides equal opportunities for career progression, compared to White staff (86.3%) (NMC, 2020). It is likely that this is an important contextual factor which underpins retention issues such as CPD, access to mentorship and supervision and nursing leadership.

A recent review from the NHS Race and Health Observatory in England found that staff from ethnic minority backgrounds spend more time working in entry-level (band 5) roles, and less time at the more senior grades (NHS Race and Health Observatory, 2022). The NHS Workforce Race Equality Standard WRES report in 2021 highlighted that staff from minority backgrounds are also less likely to receive additional training or CPD, further hampering their access to more senior roles (NHS WRES, 2021).

A total of 89% of people on the NMC permanent register identify as female (NMC, 2022a). Despite this, in 2019, there was a gender pay gap in the NHS in the UK of 23% (DHSC, 2019). Furthermore, nurses who have trained overseas experience a loss of status and are de-skilled when they join the UK's nursing workforce (NMC, 2020). A study found that South African nurses working in the NHS felt their training and skills were being wasted – where many years of experience gained in their home country were not accepted when applying for nursing roles in the UK (Likupe, 2006). Access to CPD can help to ensure that nurses who have trained overseas can refresh and consolidate their skills, ensuring that they are taking on nursing roles reflective of their competence and experience.

An independent evaluation commissioned by the NMC found that men, Black and minority groups, older (aged over 65 years), and disabled nurses and midwives may experience more difficulties completing the requirements to revalidate (Ipsos MORI, 2019). Whilst the NMC's own analysis identified that male, White nurses and midwives and those whose ethnicity is not known (or prefer not to say), older (aged over 60 years), disabled, living outside the UK and the European Union (EU) or European Economic Area (EEA); or trained in Australia had lower chances of revalidating (NMC, 2020). As we have set out, many nursing staff leave the register before retirement age, and one of the reasons they give is that they are not able to revalidate, barriers to accessing CPD therefore has a direct impact on retention.

Data from England has highlighted that staff from ethnic minority backgrounds are also less likely to receive additional training or CPD, hampering their access to senior roles (NHS WRES, 2022).

Internationally trained nurses bring a wealth of diverse experience and extensive knowledge that is often not recognised by UK employers – either professionally or financially (Moyce et al., 2015). As a result, international nursing staff are often undervalued and experience fewer opportunities for career progression and promotion (Kapadia et al., 2022).

Improvements in access to CPD are vital for ensuring clear progression routes for nurses, and nursing staff have a unique insight into a patient's holistic needs, working in a diverse range of settings with individuals, families, and communities. Investment in CPD by UK governments, and support from employers to access CPD, are therefore essential components of any national or local recruitment and retention strategy.

Nurses at all levels and across all settings and sectors should receive collaborative leadership and management training. This opportunity should not be reserved for mid-career staff only but should be folded into training approaches for all nurses as elements of collaborative leadership behaviours.

This should include access to opportunities for work-based learning, including shadowing senior registered nurses, acting up, and taking responsibility for projects. Mentoring, clinical supervision and coaching from more experienced nurses can contribute to the development of leadership skills to support improving practice, increasing confidence and supporting progression. Increased and improved access to nurse leadership funding, scholarships and to post-registration leadership placements (extended preceptorship opportunities) and secondments is important to ensuring nursing staff can reach their career goals.

There must be sufficient dedicated funding of CPD and improved access for all registered nurses and nursing support workers, in all health and care settings, alongside pay progression and career development opportunities.

Recommendations

- The RCN is developing a professional framework for nursing in the UK, this will include new definitions for nursing and standards for all levels of practice. This will be published in Autumn 2023 and should be adopted by governments in the UK.
- Governments should provide sufficient funding for professional development based on modelling on future service and population-based need. Additional funding must provide for the direct costs of the education programme, as well as the costs of covering staff who are undertaking training.
- Employers should ensure there is sufficient dedicated funding for ongoing professional education. Employers should take steps to improve access for all registered nurses, nursing associates (England) and nursing support workers, in all health and care settings, alongside pay progression and career development opportunities. This should include protected time for CPD and adequate backfill to support this.
- Employers must ensure equality of access to CPD for international nurses, who should be supported to work to the full extent of their capabilities and enhance their knowledge and skills during their employment in the UK.

Violence, bullying and harassment

I have witnessed bullying and harassment in the workplace and have experienced this myself even though it was a few years ago. Colleagues have handed in their notice because of these issues. The NHS is completely ill equipped to investigate and judge effectively on the outcome of cases regarding bullying. Managers/senior members are investigating themselves and it seems that the whistle blower or complainant always ends up being to blame. Institutional bullying is still rife in most health boards.
Nurse practitioner working for an NHS trust (Wales)

Nursing staff should not be expected to work in fear for their own personal safety. The RCN is concerned that continued high rates of violence, bullying and abuse in the workplace demonstrate that nursing is being chronically undervalued as a profession.

The RCN's 2021 *Employment Survey* found that around one in four (26%) respondents had experienced physical abuse, and 64% said they had experienced verbal abuse from patients/service users or patient/service users' relatives over the previous 12 months (RCN, 2021b). Over the same period, 34% of domestically trained nurses said they had been bullied by colleagues, while internationally trained nurses reported slightly higher levels of bullying at 38%.

The RCN 2021 employment survey found that Black and Asian respondents were more likely to experience this type of behaviour than their White colleagues (RCN, 2021b). Black respondents working in both hospital (39%) and community (32%) settings were most likely to report having experienced physical abuse, compared to White (32% and 20%) and Asian respondents (27% and 30%) and those of mixed ethnic background (34% and 19%, respectively). This is a significant gap and clear indicator of race inequalities within the workforce.

71% of all Black respondents, 62% of Asian respondents, and 34% of those of mixed background stated the verbal abuse they received was discriminatory related to their ethnicity.

The RCN also considers that there is a significant risk that internationally recruited nurses may feel that they have no choice but to stay in employment or domestic situations which might cause them physical or psychological harm.

Disabled staff in the NHS in England are also 7% more likely to receive bullying or abuse from service users compared to non-disabled staff. Almost 20% of disabled staff in England have been bullied by their manager in the last 12 months, compared to 13% of non-disabled staff (NHS England, 2019).

Double the number of staff from ethnic minority backgrounds report experiencing discrimination from a manager or colleagues compared to White staff (King's Fund, 2020). The RCN employment survey (RCN, 2021a) revealed that in the UK, 39% of nursing staff from an Asian background, 41% of Black and 41% of mixed ethnic backgrounds reported experiencing bullying or harassment from colleagues, compared to 33% among White respondents.

The scale of these experiences is likely to have detrimental implications for several retention issues such as workplace culture, stress and burnout. As such, these areas must be a priority for all decision makers. Governments need to take a strategic approach

and set out how violence and workplace safety issues can be addressed. This should be undertaken alongside employer-led initiatives to identify and mitigate inequalities in the workplace.

To further understand these issues, data should also be collected, publicly reported, and reviewed in terms of the protected characteristics of staff assaulted including, sexual orientation, disability, race and religion. Data on the experiences of internationally recruited staff is also required. This will help employers to focus on improving data collection and reporting on the number of physical assaults towards nursing and midwifery staff, and this data should be transparent and scrutinised to identify trends and hot spots and to inform appropriate action.

Recommendations

- Governments must tackle violence and abuse towards nursing staff, publishing milestones and delivery measures to address the health, safety and wellbeing of nursing and midwifery staff, including the retention of the nursing and midwifery workforce.

Psychological safety

My patient experience reports are declining, my staff are leaving and sickness levels high. There isn't the same joy at work that there once was which has an impact on outcomes. And I don't feel as though I have any support or guidance on how to fix it!
Charge nurse on an adult acute ward (Northern Ireland)

Psychological safety is defined as "the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes, and that the team is safe for interpersonal risk taking".[10]

The RCN is concerned that increased stress exacerbated by the pressures of working during the pandemic has led to a larger retention and recruitment issue. Nursing staff who have worked through the pandemic have faced intense psychological pressures and witnessed traumatising situations. In the RCN's 2021 employment survey, three quarters of nursing staff stated that their stress levels were higher than before the pandemic and that this is a major reason for now considering leaving the profession.

Overall, 44% said that "the way nursing staff have been treated during the pandemic" has made them consider leaving the profession (Duan et al., (2019).

Too often, nursing staff are being adversely impacted by factors outside of their control; rising demand, unsafe staffing levels and increasing complexity of patients' cases. These factors have both professional and personal implications for staff members. In some situations, these pressures lead to mistakes or adverse incidents. It is important that individuals do not take the blame for situations outside of their control. While the clinical workforce is experiencing stressors and strains, which are unprecedented, the NMC should demonstrate a greater focus on the systemic context and the impact of workforce pressures on the performance and standards of nursing care.

In addition, the damage done by workplace violence, bullying and harassment can be psychologically debilitating and lead to stress, burnout, anxiety and depression. Workplace violence can also lead to diminished job satisfaction, lower commitment to work and increasing levels of absence.

Recommendations

- Risk assessments must be routinely carried out and acted upon to ensure the safety of all nursing teams.
- NHS and care services must be reformed to guarantee appropriate rest and recuperation for health care staff. There must be funded and supported time out – not limited to annual leave – for all staff, regardless of where they work. This approach should include enabling staff to take breaks at work, and by reviewing and controlling working patterns to prevent long shifts or excess hours being worked.
- All employers must make available and fund timely access to confidential counselling and psychological support for all staff in the NHS and in social care and other independent settings. Employers in the independent sector often lack the same infrastructure as the NHS in terms of occupational health provision and lack the

10 Dr Amy Edmondson, 1999

funding to implement the same initiatives to tackle burnout and improve staff resilience. Staff must be able to self-refer to these services. It is also essential that any barriers that may prevent nursing staff from accessing these services are addressed by governments and employers.

- All nursing staff across the UK must have access to quality counselling and psychological support services during and after this critical time. The RCN expects all employers to ensure that adequate, easy to access and timely mental health support is in place.
- The NMC must work closely with employers to resolve systemic issues which lead to low staffing levels, to avoid situations of disproportionate individual blame. Beyond this, the NMC has a wealth of information about systemic staffing issues linked to individual fitness to practise cases. This information is important to help decision-makers understand the impact of staffing shortages, and to understand their role in enabling nurses to practise in a safe environment. We encourage the NMC to develop a mechanism for regularly identifying and sharing this data.
- In the long term, governments, together with employers, must address the issue of inconsistent access to supervision and support amongst the nursing workforce. Supervision provides a safe environment for reflection on practice as well as exploring emotional reactions to the work.

Promoting health at work

Staff are burnt out, exhausted and now no longer able to keep up with the constant demands for more. We are constantly being asked to give more time, more effort, cover more shifts, change our planned shifts – and that is not even taking into account Covid demands. This is all just down to the service being so short staffed and unable to recruit or retain staff. Most of us can't give anymore. The workforce is exhausted.
Staff nurse working on an adult acute ward (Scotland)

As well as complying with the legal requirements of health and safety laws across UK jurisdictions, health and care service leaders have a professional responsibility to create healthy environments that improve the health and wellbeing of staff and patients. Nurse retention has been significantly impacted because the COVID-19 pandemic has increased ill health, burnout, reduced working hours and early retirement among nursing professionals (ICN, 2022).

The Health and Safety Executive recommends the avoidance of shifts that are longer than eight hours where the work is safety critical and physically demanding (HSE, 2006). With twelve-hour or longer shifts being increasingly standard for nurses, the need for breaks to be protected is particularly important. Under the UK Workplace, Health, Safety and Welfare Regulations 1992, there is a requirement to provide suitable and sufficient rest facilities which should include a staff room (or something similar) where nurses can suitably eat and rest.

The dignity, health and wellbeing of all registered nurses, midwives and nursing support staff is essential to the quality of care they can provide for people and communities, and when this is not in place, it can affect compassion, professionalism and effectiveness (King's Fund, 2020).

Under the Health and Safety at Work Act (UK Public General Acts, 1974) and the Health and Safety at Work Order (Northern Ireland) (Northern Ireland Orders in Council, 1978) employers have responsibility for the health and safety of staff and others who may be affected by the work activity, including patients and the public. Employers should continue to implement health, safety and wellbeing measures, undertake and regularly review risk assessments (where required) to support and protect staff. It is paramount that employers actively promote a culture of safety.

During the COVID-19 pandemic, almost a quarter of staff from black and ethnic minority backgrounds did not feel confident in their protection by their employer from exposure to COVID-19 compared to around one in 10 White British staff. Ethnic minority nursing staff were also more likely to report that they did not have access to adequate supplies of Personal Protective Equipment (PPE) compared to respondents from White British groups (RCN, 2020d). This evidence of discriminatory practices and workforce inequalities may service as barriers to career progression and retention.

Even prior to the COVID-19 pandemic, the RCN has been concerned that registered nurses and nursing support workers were increasingly indicating feeling burned out at work. As pressures from COVID-19 and the subsequent backlog of outpatients add to existing pressures, the RCN is seriously concerned that the nursing workforce may not be able to cope with growing demand.

Evidence demonstrates that registered nurses' exhaustion can lead to emotional and cognitive detachment from work, which can lead to an increase in patient infections and an increase in nurse workload (Maslach, 2003). Nurses working in hospitals with fewer registered nurses per patient were more likely to report higher levels of burnout, intent to leave their job, lower qualities of care and give their hospital an unfavourable patient safety grade (Lasater et al., 2021).

Employers must adhere to legal requirements for the provision of adequate welfare and safety facilities, for example, breaks, changing facilities and personal lockers, access to sufficient, well maintained and high-quality resources (eg, personal protective equipment (PPE), moving and handling equipment). Using the working environment as a place for promoting health and wellbeing is vital to enable a healthy and safe workforce.

Recommendations

- Employers must adhere to legal requirements for the provision of adequate welfare and safety facilities, including access to breaks, changing facilities and personal lockers, access to sufficient, well maintained and high-quality resources (including PPE), moving and handling equipment.

Workplace culture

There is a culture of passive bullying and intimidation from the senior management team. A clear blame culture in operation, which makes the work environment really stressful at times. Staff are reluctant to speak out for fear. There is a lack of compassionate leadership from those in the senior management team. There is a complete lack of understanding and respect for those nurses who are providing the frontline services.
Sister working for an NHS trust (Wales)

Workplace culture encompasses the character and personality of an organisation and is key to quality and outcomes (Skills for Care, 2018). As well as providing benefits to people who use services, tackling problems with workplace culture can aid retention (Pedrosa et al., 2020). There is a growing evidence base that positive working environments positively affect patient experience and staff wellbeing (Aiken et al., 2018). Patient experience is better when staff feel part of a team, have support from colleagues, are satisfied with their jobs, work in a positive organisational climate and have low emotional exhaustion (Maben et al., 2012).

Compassionate leadership creates a psychologically safe workplace culture so staff feel safe to raise concerns, knowing they will be supported as a team or as individuals and be able to pursue high quality standards of care. These are vital issues for nursing staff retention and job satisfaction.

A King's Fund report commissioned by the RCN Foundation in 2020 found that nursing and wider health and care leadership must embody compassion both in style and behaviour towards the staff they lead (King's Fund, 2020), which recommended that health and care environments should have compassionate leadership and nurturing cultures that enable both care and staff support to be high-quality, continually improving and compassionate (King's Fund, 2020).

Nursing is a career that offers an opportunity to work in complex environments, gain expertise and develop specialist skills. If this is compromised due to a lack of staff, it is likely to reduce job satisfaction and opportunities for growth and development (Lasater et al., 2021; Emmanuel et al., 2020), and therefore retention.

Data from the NMC demonstrates that workplace culture is an important reason why health care professionals are leaving the NMC register (fourth highest ranked reason for leaving; 13% of respondents had selected this as one of their top three reasons for leaving the register) (NMC, 2022b). Respondents referred to bullying incidents, feeling underappreciated and working under too much pressure, leading to unnecessary stress and poor mental health (NMC, 2022b). The RCN found that 70% of nursing staff who are considering leaving their roles say that they feel undervalued (RCN, 2021a). The King's Fund (2020) highlights the importance of 'belonging', enabling people to thrive in their work and buffer them from broader organisational challenges.

Workplace culture is often cited as a contributing factor when the health and care sector faces major scandals. For example, the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust called for the NHS to embrace a learning culture with more open and honest reporting (Department of Health, 2015). The NMC has also taken a strategic approach focused on how they can develop a culture of openness, honesty and learning, rather than one of blame (NMC, 2022c). Despite this context, one in five nursing staff still report that they feel unable to raise their concerns (RCN, 2022e).

The NMC requires registered nurses across the UK and nursing associates (England) to act in the best interests of their patients, including speaking up about safety concerns.[11]

73% of respondents to the RCN's survey on the staffing of their last shift told us that they were able to raise concerns if they felt patient care was compromised or if there were not enough staff (RCN, 2022e). One in five (21%) said they felt unable to raise their concerns.

Of those who did raise concerns, just over a third (37%) said that action had been taken to address the issue, 41% said no action had been taken and 22% did not know if any action had been taken. One in three Black or ethnic minority respondents' concerns (31%) had not been addressed compared with one in four among White British respondents (25%).

Research also indicates that that overseas nurses are reluctant to raise concerns with managers where the manager was from the same ethnic background as the person or patient whose behaviours was causing them concern (Likupe, 2006). This type of tension is likely to supress manager's awareness of the range of issues which are experienced by nursing staff. These trends are also apparent in other health professions, indicating that systemic racism within health and care services is widespread.

The NMC also cites research conducted with a range of health care professionals and doctors, which indicates that women are less likely to raise concerns than their male colleagues (NMC, 2020).

The House of Commons Health and Social Care Select Committee reported on workforce burnout and resilience in the NHS and social care in 2021, noting that witnesses spoke about the importance of a culture in which staff feel supported to speak up when things go wrong (HSCSC, 2021). The mechanism which aims to help facilitate this in England is the 'freedom to speak up guardian' programme; an initiative designed to support culture change to allow staff to 'speak up about the issues impacting their ability to do their job' (National Guardian, 2022). This programme has some limited coverage in Wales and Scotland, and no coverage at all in Northern Ireland.

It is important to note that there is no equivalent programme covering all parts of the UK, or providing support in social care, meaning that the opportunity is limited for staff to feel safe and confident to speak up about the issues impacting them. This is compounded by the context in social care where many registered nurses work in isolation, without ready access to support or mentorship.

If staff are limited in their ability to speak up about their concerns, it is likely that the organisation is not actively learning and improving. This puts the organisation at risk of a negative workplace culture, which in turn has implications for both retention and the delivery of safe and effective care. A safe organisation is one in which staff are both welcomed and encouraged to report incidents, near misses and concerns.

Staff should feel able to be candid about mistakes and to talk openly about error. It is unacceptable for any member of nursing staff to be asked to cover up any risk,

11 The NMC code requires registered nurses to "Act without delay if you believe that there is a risk to patient safety or public protection" including to "raise your concerns immediately if you are being asked to practise beyond your role, experience and training".

inappropriate behaviour or action. People need to know that the organisation will focus on system learning, not individual blame and believe they are psychologically safe when raising concerns or putting forward ideas for improvement. This is key to staff feeling valued and knowing that their experiences can help shape their workplace.

All employer organisations must have effective procedures in place to allow nursing staff and nursing students – and their representatives – to raise any concerns in relation to unsustainable pressures, staffing levels and skill mix, equipment, policies and processes, at the earliest opportunity. Nursing staff should feel able to raise their concerns without detriment and should receive timely feedback on their concerns.

Recommendations

- Employers should have effective procedures in place to allow nursing staff – including students – and their representatives to raise any concerns in relation to equipment, policies and processes at the earliest opportunity. This includes systems to allow nurses to report when they are understaffed or do not have the right skills mix. Nursing staff should feel able to raise concerns without detriment and should receive timely feedback. Feedback is critical to ensuring that nurses feel supported by their managers and optimistic that change will happen.
- Employers must properly acknowledge and address the problem of structural racism within health and care settings and the impact it has on ethnic minority staff and patients. Structural racism must be taken seriously through demonstrable action by employers to improve understanding of the depth and complexity of the issue and better support staff who face discrimination at various points of delivering care.

The costs of accessing work

Our pay is absolutely terrible. I pay so much towards tax. Everything is in inflation. By the time I have paid bills. And it then leaves very little for food or money for self care. I am in debt. I go home 99% of the time an hour or more over when I am supposed to be finished. This then leaves me so exhausted for the next shift. The hospital is chaotic. Morale is honestly non-existent. I feel like a zombie. I have been thinking about leaving the NHS... I really believe in it but losing all hope now.
Staff nurse working on an adult acute ward (Scotland)

The RCN is clear that all nursing staff should be able to access safe, sustainable, and affordable means of transport to work regardless of their role and working hours. Employers should enable their staff to travel to work sustainably without exposure to unnecessary cost and risk. This should include the provision of free onsite parking where available alongside a range of other sustainable travel options.

However, in the context of real terms pay cuts for nursing staff, nursing staff across the UK are facing intense pressures due to the cost-of-living crisis which is creating further barriers to accessing work.

One example relates to NHS mileage rates which are agreed nationally as part of NHS terms and conditions. In the context of the recent significant increases in fuel costs, the RCN has raised concerns regarding fuel reimbursement rates for nursing staff – which have not increased since 2014, therefore leaving NHS staff out of pocket (RCN, 2022h).

The situation for mileage rates differs across the UK but the RCN is clear that all nursing staff who drive or use public transport to access work should receive sufficient financial support to enable them to do so in a way that does not set them back financially.

Car parking costs for nursing staff is another issue of concern. In Wales (BBC, 2018) and Scotland (BBC, 2021) hospital car parking is free for staff, and in Northern Ireland a Bill has recently passed that will end hospital parking charges for staff, visitors and patients by 2024 (Northern Ireland Assembly, 2021).

However, in England, the Government's decision to end the temporary policy of free parking for NHS staff which was introduced during the early stages of the COVID-19 pandemic (Department for Levelling Up, 2021) means that many nursing staff are facing significant costs for car parking at work.

In the context of rising costs of living and real terms pay cut for nursing staff, it is vital that staff do not have to carry the added financial burden of parking their cars for work.

Recommendations

- Government must ensure free car parking where available to NHS staff in England, alongside provision of funding for employers to expand sustainable travel options as appropriate across the UK.
- Employers should ensure that all nursing staff can travel to work safely without financial detriment. This should include consideration of sustainable options such as incentivising park and ride options, offering shuttle services and buying more pool cars – employers should also undertake a review of green travel policies to ensure staff can travel to work safely, sustainably, and affordably.

Visas, funds and additional costs for internationally recruited nurses

I have a problem with my agency. I have shared my thoughts of leaving and paying for the penalty but they told me that not to do so for now because they could cancel my visa, certificate of sponsorship, and could have me deported, which I do not know if that would be a legal thing for them to do since I mentioned that I will be paying for the penalty anyway.
Staff nurse working for a nursing agency (England)

International nursing staff make life changing decisions to come and work in the UK, however barriers in the immigration system present significant challenges for internationally recruited nurses and risk forcing international staff to choose to leave the UK at an earlier date than they originally intended.

RCN members often report difficulties in bringing their family members to the UK due to the high burden of evidence that is required by the Home Office. Ultimately these kinds of barriers in the immigration system can make the UK an unattractive place to work and could lead to retention issues in the workforce.[12]

The RCN is aware that internationally recruited staff face difficulties in bringing their children to the UK due to the sole responsibility rule. Our members have raised that they often struggle to provide the levels of evidence required for UK Home Office approval to bring their children to the UK – legal custody arrangements for example are insufficient evidence alone of sole responsibility.[13]

Members also report significant challenges in bringing their family to the UK through the adult dependent relative route.[14] To qualify through the adult dependent relative route, it must be proved that the adult requires long-term care to carry out personal and household tasks as a result of age, illness or disability and that the care is unavailable or unaffordable in the country they currently reside in (Gov UK, 2022).

Through member reports, the RCN is aware that recruiting agencies often simplify the difficulties of securing family visas and meeting the requirements of Sole Responsibility and Adult Dependent Relative rules which means that nurses are unable to make informed decisions about moving to the UK, and as a result are left separated from their children and adult dependents for extended periods of time. Members report that this impacts their morale, and decision making over whether to remain working in the UK.

Additionally, the RCN asserts that hostile migration policies such as the 'no recourse to public funds' condition applied to migrant workers on temporary visas is a key disincentive to retention and fails to recognise the value they bring. In most circumstances a person with a no recourse to public funds condition attached to their visa will be unable to claim any benefits which are classed as 'public funds' – this includes access to universal credit, employment and support allowance, and child benefit (Home Office, 2021).

12 Insights gathered through member cases that have been supported by the RCN Immigration Advice Service.

13 Insights gathered through member cases that have been supported by the RCN Immigration Advice Service.

14 Insights gathered through member cases that have been supported by the RCN Immigration Advice Service.

Whilst data is not collected or published by the Home Office, estimates from the Migration Observatory suggest that in 2019, 1.4 million people in the UK held a visa that usually had a no recourse to public funds condition attached to it, impacting an estimated 175,000 children (Migration Observatory, 2020).

Internationally educated nursing staff make an invaluable contribution to patient care as well as a significant financial contribution towards our public services through taxes and national insurance, yet they continue to be unnecessarily subject to policies that potentially put themselves and their families in financial harm.

The cost-of-living crisis brings into sharp focus the potential financial hardship that internationally recruited nursing staff who are unable to access public funds could face. RCN members consistently report the negative impact that no recourse to public funds has on their lives and the lives of their families.

Internationally recruited nurses make life-changing decisions to move to the UK, and they must be provided with accurate information and advice at the point of recruitment. Employers and recruiting agencies must make clear the difficulties that internationally recruited nurses may face to bring their children and adult dependents to the UK. This is vital to ensure that nurses are able to make fully informed decisions ahead of their migration to the UK.

The RCN is aware that internationally recruited nurses are in some instances leaving contracts of employment earlier than they had anticipated, due to poor terms and conditions and in some instances due to bullying and harassment.[15] The RCN is concerned by reports from internationally recruited members when they make attempts to leave their employment they find that their contracts contain excessive repayment clauses and identifies a significant risk as the potential for staff to be coerced to remain in exploitative working conditions.

These repayment fees, reported to be as high as £14,000, stipulate that a worker must pay a fee if they leave their contract before an agreed period – in some cases as high as five years of employment (Health and Social Care Committee, 2022). In many cases members report that employers make attempts to intimidate them into paying these fees, for example through threats of deportation and referrals to the NMC. These reports demonstrate the extreme measures that employers are taking to retain staff amid the workforce crisis.

The UK's health and care sector is identified as at high risk for labour exploitation (Taylor, 2020), as evidenced by the rise of referrals to the Care Quality Commission for modern slavery, which have increased by fivefold in England since 2020 (Health and Social Care Committee, 2022). International staff in the adult social care sector are identified as particularly at risk of forced labour and abuse. Risks identified include the risk of the use of debt bondage where migrant workers have borrowed money to take up employment in the UK and the use of excessive deductions from wages for subsistence costs such as food and rent (University of Nottingham, 2019).

15 Insights gathered through member cases that have been supported by the RCN Immigration Advice Service.

The code of practice for the international recruitment of health and social care personnel sets out the policy for international recruitment in the UK and includes principles on the use of repayment clauses. It sets out that the use of such clauses must be transparent, proportionate, flexible, and include timeframes for repayment (DHSC, 2022). Whilst the RCN contributed to the guidance and welcomes the introduction of clear principles on repayment clauses, concerns remain about the effectiveness of the code of practice which is not a legally binding instrument.

The RCN considers that these types of exploitative terms and conditions can make the UK an unattractive place to work and may push international recruits to seek employment outside of the UK.

Recommendations

- The UK Government must adapt policies which support international health and care staff to come to work in the UK. It is important that any arbitrary barriers are removed. Immigration rules must not arbitrarily prohibit our members from bringing their family members with them to the UK.
- Governments must demonstrate value for international nursing staff by allowing individuals without indefinite leave to remain to access public funds.
- Governments must adhere to the principles of the code of practice for international recruitment of health and social care personnel.
- Employers and recruiters must adhere to the principles set out in the code of practice for the international recruitment of health and social care personnel and should pay particular attention to the guiding principles of repayment clauses. Governments in all parts of the UK must take firm action against any employer or recruiter found to be contravening the code of practice.

Appendix A – retention context across the UK

The RCN is active in every part of the UK, influencing and holding governments and health and care systems to account. We provide here an update and review of recent action taken by governments across the UK on nursing workforce retention.

1.1 Retention in England

I couldn't afford to remain in the NHS in a job I loved if I ever was to afford to buy my own house and have felt forced to leave the NHS to support my dream of homeownership. Under the NHS, I was struggling to pay my bills so have been forced to work for a private company which pays better. Nursing is my passion but I feel forced out because I couldn't afford to pay my bills. Expenses have gone up massively and pay has remained almost the same...
Staff nurse, working in a hospital for a non-NHS employer (England)

Over successive governments, the nursing workforce in England has not been growing at the pace needed to meet rising demands for health and care services. UK government initiatives for England have been piecemeal, not based on population need and rarely centrally funded.

The Chief Nursing Officer in England has a role across the NHS system as well as the Department for Health and Social Care rather than also solely at government level. The impact of this is that nursing is often an after-thought within government plans, and the complexities of the nursing workforce are not reflected in visions for the future of the health and care system. This lack of nursing leadership at national level is often replicated at regional and local levels, with the nursing voice absent from key decision-making opportunities.

National bodies such as NHS England and NHS Improvement (NHSE/I) and Health Education England (HEE) are often given responsibility to undertake workforce planning. However, as Arms-Length Bodies, they do not hold sufficient levels of power to implement necessary changes. For example, a key lever to supporting workforce growth and retention is increased pay; NHSE/I do not have power to implement a funded pay rise. In 2022, as part of the national retention programme, NHSE/I published a toolkit for line managers and employers on nurse and midwife retention (NHSE/I, 2022) (NHS England, 2022b). The toolkit includes retention guidance, a self-assessment tool for nursing and midwifery and a retention improvement plan. It is not yet clear what impact this work is having, though it is unlikely to be sufficient without additional measures.

HEE is expected to publish the update to Framework 15, following consultation in 2021. This will set out the drivers for workforce requirements across health and care in England, however this is not a strategy in itself and is not expected to include any workforce projections or modelling last set out in the requirements for the health and care workforce for England, and there is an expectation that this Framework 15 (HEE, 2017) will be updated and published soon. It is important to note, however, that in 2017 the government did not provide the funding or strategy to implement what was necessary to grow the workforce.

Updated workforce modelling (NHS England, 2020) is an important piece of information which is needed to inform wider workforce planning. We are expecting the UK Government's *Long-Term Workforce Plan for England* to be published imminently. However, the RCN has significant concerns that central UK Government interventions in support of this work are non-existent, and development has been continually deprioritised over the last year. The RCN has long called for the UK Government to be accountable for workforce planning and supply. This is critical to ensuring that rhetoric turns into reality, and that the workforce grows to meet the increasing demands of the health and care system.

In 2021, the UK Government failed to enshrine workforce assessment and planning for England into the Health and Care Act. They also failed to assign clear accountability for workforce supply into law. This legislation does not set any expectations for workforce planning, or accountability for ensuring the system generates enough nurses for safe and effective health care provision in England.

A recent House of Commons Health and Social Care Committee report on workforce recruitment, training and retention in health and social care states that the NHS and the social care sectors in England are facing the 'greatest workforce crisis in their history' (Health and Social Care Committee, 2022).

The committee has also investigated retention alongside recruitment and training. Its inquiry (Health and Social Care Committee, 2022) received written evidence about "quick wins" which could immediately improve retention within NHS hospitals. It went on to suggest that to retain more health care staff there should be greater accountability from NHS senior management for the reduction of incidents of racist discrimination amongst staff, between health workers, and from the public.

The Health and Social Care Committee recommended that to increase retention amongst nursing staff, the government should consider pay and job descriptions. Despite these recommendations to government, no action has been taken in response.

1.2 Retention in Scotland

> *The last week has been overwhelming; busy to the point of staff becoming ill due to overworking. The general feeling in all areas that we visit just now is that people are struggling and are losing their motivation and love for nursing. It's very difficult to stay positive when working with student nurses when we are understaffed, underfunded and underpaid and seeing assessors and other staff dealing with this day in and day out has to be putting some students off completing their degree.*
> **Staff nurse, adult acute ward (Scotland)**

A standalone retention strategy does not currently exist in Scotland and efforts to improve staff retention have often been piecemeal and lacking in co-ordination. Retention challenges and the need to improve retention as part of workforce planning is acknowledged within the Scottish Government's 2022 *National Workforce Strategy for Health and Social Care* (Scottish Government, 2022).

The workforce strategy sets out a national framework to achieve the Scottish government's vision of a sustainable, skilled workforce with attractive career choices

where all are respected and valued for the work they do. The strategy is focused on short (12- 24 months), medium (three to five years) and long term (five plus years) actions, therefore outcomes and impact on retention will need to be assessed in the years to come.

The strategy focuses on different themes, including the recovery of health and social care following the pandemic, and a number of initiatives that have recently been introduced to increase and upskill the workforce as well as support retention, eg, a new Induction Programme for Health and Social Care Workers, and a new Introduction to a Career in Social Care course available in Scottish colleges.

Another theme within the strategy focuses on training, and acknowledges that opportunities for training, development and career progression will aid retention of the workforce. Whilst light on detail, this part of the strategy acknowledges that career pathways with opportunities for progression are seen to be limited in health and social care, and that this must be addressed.

On the wellbeing of the health and social care workforce and this being key to retaining staff, the strategy mentions an investment of £12 million to support mental health and wellbeing.

One of the short-term actions is to finalise the *Once for Scotland Workforce Policies Programme*, which aims to promote NHS Scotland as a modern and exemplar employer and promote single, standardised employment policies and practices to be used across NHS Scotland which support recruitment and retention.

1.3 Retention in Northern Ireland

I am a ward manager; I do not have enough nursing staff. Not just for the day to day but to allow training and away days which are vital for staff morale and patient safety and for education. The first thing that unfortunately goes when staffing is poor is education and communication with patients. My patient experience reports are declining, my staff are leaving and sickness levels high. There isn't the same joy at work that there once was which has an impact on outcomes. And I don't feel as though I have any support or guidance on how to fix it!
Ward manager, adult acute ward (Northern Ireland)

The Nursing and Midwifery Task Group (NMTG) was established with the core aim of developing a roadmap to provide direction in achieving world class nursing and midwifery services in a reconfigured Health and Social Care (HSC) system over the next 10-15 years. The NMTG 2020 report outlines various measures that are needed, as well as those which have been implemented, to support workforce retention over the last few years (Department of Health, 2020). This included a post registration transformation investment of over £7.7 million which has delivered educational opportunities for registered nurses and midwives (eg, in the development of advanced nurse practitioner roles in primary care), benefitting 1,965 participants in the last two years.

The report recommendations include the need to maximise the contribution of nursing and midwifery staff by various means including establishing a ring-fenced post education

budget, developing arrangements for accelerated pay progression from Band 5 to Band 6 and building a career framework to ensure that there are advanced and specialist nurse roles across all branches of nursing and midwifery. It acknowledges that in order for the recommendations to be taken forward, a new nursing and midwifery strategy needs to be developed with significant investment over a 10–15-year period.

In April 2022, the Department of Health in Northern Ireland published the associated implementation framework (Department of Health, 2022) related to its initiative on nursing and midwifery retention in Northern Ireland, which was co-chaired by RCN Northern Ireland. The report was informed by a survey of almost 4,000 registered nurses and midwives conducted in late 2021 and early 2022.

- This found that 64% of respondents would not recommend a career in nursing or midwifery to friends and family.
- Just over one-quarter (26%) of respondents agreed or strongly agreed that their work was valued, whilst 78% disagreed or strongly disagreed that they were paid at an appropriate level.
- More than three-quarters (84%) of respondents did not always manage to take allocated breaks whilst on duty.
- The top three factors contributing to staff considering leaving the HSC were pressure of work, not feeling valued and wanting better pay. The top five factors that would encourage staff to remain in post were identified as improved staffing levels, better pay, more support to deal with workforce pressures, feeling more valued in their work, and improved work-life balance.

The report concludes by referencing "the sustained and complex challenges facing the nursing and midwifery workforce in Northern Ireland" and warns that, without decisive action "the situation will become unsustainable for the nursing and midwifery professions and will have major implications for the wider HSC in Northern Ireland". The implementation framework focuses on four strategic themes, which are safe staffing, valuing staff, leadership and good working conditions. The report and the implementation framework are both available via the Department of Health website.

1.4 Retention in Wales

There is a major issue with recruitment at present, this coupled with staff requiring training once recruited is no quick fix, in order to deliver the safe and quality care we strive to deliver. It feels we are having to train staff at a dangerously fast past which is resulting in them leaving theatre as it becomes too much for them to absorb all at once, this coupled with the pressures of tackling waiting lists both from before covid and since.
Sister working in theatre (Wales)

In July 2022, RCN Wales published *Retaining Nurses in the Profession: What matters?* (RCN, 2022b). The report considers examples of strategic and operational action from across England and Wales that could be developed at a national level to support nursing retention, which included an emphasis on flexible working, preceptorships, rotational work and family support.

The report made specific calls for a national nursing retention strategy with targets to address nursing retention in Wales. As a result, the Minister for Health and Social Services wrote to Health Education and Improvement Wales (HEIW) to ask that they engage with RCN Wales in regard to the report's findings. RCN Wales has since been invited on to the All Wales Nursing Retention Group Task and Finish Group, which is now actively looking to develop an All Wales retention policy. Work is ongoing to develop national leadership on retention.

Locally, health boards set out their own strategic and operational response for recruitment and retention of the nursing workforce (RCN, 2022b). Many health boards have a joint recruitment and retention strategy, which often focus heavily on recruitment, resulting in a lack of drive on retention.

In the RCN Wales report (2022) it detailed that, Swansea Bay University Health Board (UHB) set out several steps including developing a board recruitment strategy, increasing numbers of students in health and life science courses, undertaking exit interviews and support staff to train more flexibly to become registered. Aneurin Bevan UHB launched a new retention framework which supports staff to be engaged, supported and developed to reach their full potential whilst maintaining their wellbeing. The health board values staff wellbeing as a critical factor in delivering a sustainable workforce.

Betsi Cadwaladr UHB identified that the retention of new staff in their first two years at the health board are a significant issue. Cardiff and Vale UHB aim to develop talent management and succession planning to address shortages. Cwm Taf Morgannwg UHB proposed establishing educational partnerships with local universities and development of the overseas registered nurse campaign. Powys Teaching Health Board outlined proposals to review their apprenticeship and volunteering programmes, as well as identifying opportunities to use the experience and education of their staff.

There is very little progress or consistent evidence to quantify how successful the strategies developed by health boards are in retaining registered nurses. However, Hywel Dda UHB's assurance report on the measures and outcomes of implementing the Staffing Levels (Wales) Act 2016 legislation identified some work which had been undertaken to increase the nursing workforce, including contacting registrants who returned to the temporary NMC register, with individual contact to 150 'inactive' registered nurses who had nurse bank agreements and individual phone calls to recently retired nurses to discuss possible return to work opportunities. The measures appeared to have a positive effect on increasing the number of registered nurses working; in January 2021, there was an additional 88 whole time equivalent registered nurses in post compared to January 2020, and an additional 71 registered nurses had nurse bank agreements in place (Hywel Data University Health Board, 2022).

RCN Wales is campaigning for a national retention strategy that is evidence based, and can be measured against clear targets.

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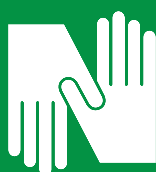

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