

# The Nursing Workforce

IN SCOTLAND



Royal College  
of Nursing  
Scotland

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# The Nursing Workforce in Scotland

**This RCN Scotland report sets out the bigger picture around the national workforce statistics. The aim is to combine a wider view with analysis of the trends in the numbers of nursing staff in the workforce across Scotland. RCN Scotland has considered the data and makes recommendations to ensure nursing is recognised as a safety critical profession and has the resources required to deliver quality outcomes for those for whom they care.**

**The COVID-19 crisis has demonstrated the unique value of the nursing profession and working under sustained heightened pressure for so long is having a significant impact on the physical and mental health of staff.**

This is not, however, a new phenomenon. There are simply not enough nursing staff to provide the care our population needs. The pressure on the nursing workforce has been rising for many years as a result of the increasing demand for services – whether in our care homes or communities or hospitals.

The impact this is having on our members is a situation about which the RCN has been gravely concerned for some time – and well before the pandemic hit.

Nursing is a safety critical profession and research shows that there is a direct link between staff having the time to care and positive patient outcomes. Staff shortages

clearly result in nursing staff being spread more thinly across teams. In many cases, the mix of skills, expertise and experience that is needed to provide the care required is not available. This has been happening at a time when the acuity of patients in both hospital and in the community is high. The clinical skills and expertise of registered nurses are essential.

The Scottish government's workforce strategy recognises the importance of getting the workforce right across health and social care services. However, the document provides little insight into where the required nursing staff will come from.

Safe and effective staffing is a key element of remobilising the NHS safely and ensuring that nursing staff in Scotland's care homes can safely deliver care to their residents with increasingly complex health needs.

**The response to the COVID-19 pandemic has highlighted the unique contribution of nursing staff wherever they work. With longstanding workforce pressures that existed before the pandemic being made worse, things need to change. Harms caused to the nursing workforce during the COVID-19 pandemic must be repaired, and fundamental issues of an under-resourced nursing workforce must be tackled head on. Urgent action is needed to ensure there are enough registered nurses and nursing support workers to deliver safe and effective care across all settings.**

# Recommendations

**The Royal College of Nursing Scotland recommends:**

1

A clear timetable for implementation of the Health and Care (Staffing) (Scotland) Act to be set out as a matter of urgency.

2

Scottish government and employers must review planning assumptions to ensure workforce planning across health and social care is fit for purpose, consulting with trade unions on the development of a service recovery plan and a recruitment and retention strategy for staff.

3

Fair pay, good employment terms and safe working conditions for all registered nurses and nursing support workers wherever they work.

4

The Scottish government must increase investment in health and care services to enable providers to employ more registered nurses, achieve and maintain safe staffing levels and ensure nursing teams have the correct skill mix.

5

A commitment to continue to increase the number of nursing student places in line with workforce modelling rather than affordability, ensure a fair bursary and improve access to other financial support to widen access and increase student retention.

# Recommendations

The Royal College of Nursing Scotland recommends:

6

Further recognition of and investment in the registered nurse role across community, social care and primary care services to ensure the workforce reflects increasing clinical need and changing models of care.

7

Development of an evidence-based methodology for determining safe and effective staffing in the care home sector to ensure that funding reflects clinical need and the correct staffing numbers and skill mix to meet these needs.

8

A commitment from the Scottish government to undertake modelling to project the growth required in the mental health nursing workforce and develop a fully-costed and transparent mental health workforce plan.

9

Gaps in NHS, social care and general practice nursing workforce data must be addressed and regular reporting on action to deliver workforce commitments is required to enable transparency and more robust planning for the future.

10

Scottish government must provide publicly available health and social care activity data to ensure this informs workforce planning across all health and social care settings including general practice.

# Workforce challenges

**There are numerous challenges to be faced in managing the current nursing workforce and planning the make-up of the future workforce. Some, as the RCN has highlighted frequently in the past, are long-standing; others have come to light during the pandemic. All of them must be viewed collectively, considering the implications of the recovery period that lies ahead.**

Evidence and experience show that having the right numbers of nursing staff, with the right skills, in the right place, at the right time improves health outcomes, the quality of care delivered, and patient safety. Over the years the Scottish government has made a number of commitments relating to the nursing workforce. However, it has been difficult to track the delivery and impact of these commitments.

The RCN's Nursing Workforce Standards have been created to explicitly set out what must happen within workplaces to ensure the delivery of safe and effective patient care (RCN, 2021a).

## COVID-19 remobilisation and recovery

**Recovery from the pandemic will take years. It is imperative in this period that not only are the harms caused to the nursing workforce during the pandemic repaired, but also that the fundamental issues of an under-resourced nursing workforce are tackled head on.**

It must not be the case that through recovery and remobilisation, practices adopted in extreme circumstances, such as increased patient-to-registered nurse ratios in intensive care, become accepted practice. The RCN recognises the need to keep what works, but what is or could become unsafe must be challenged. The aim must be a new model built on stronger foundations.

The RCN is aware of the increasing incidence of 'moral distress' experienced by our members as a consequence of working during the COVID-19 pandemic and is concerned about the health and wellbeing of our members and their ability to safely and sustainably provide care in the current service structure (RCN, 2021b, 2021c).

The impact of the pandemic on primary care and community services has been less public, but no less significant. These services continue to manage far more patients in their own homes than before the pandemic, to alleviate pressure in areas such as inpatient beds.

Given the risk of a significant number of nursing staff choosing to leave or retire in the coming months, the Scottish government and employers must consult with trade unions on the development of a recovery and retention strategy for staff and listen to the first-hand experience of those who have been working right at the point of care during exceptionally challenging times.

All of these factors will have implications for the size and mix of the nursing workforce in the coming months and years.

## Wellbeing

**Nursing staff in Scotland are feeling under enormous pressure at work and struggling to provide the level of care they would like to, and the RCN is increasingly concerned about the health and wellbeing of our members and the wider nursing workforce.**

Workforce shortages were having a major impact on staff morale, physical and mental wellbeing and patient safety before the pandemic. The impact of the pandemic has only increased the damaging effects of continually working under the serious pressure staff shortages bring.

In an RCN survey (2020a) members told us how in its early months the pandemic had been affecting their professional lives; from the hours they

have worked, to the support they have received, staff in all settings have all experienced major changes. More recently, a detailed picture of nursing professional lives during the COVID-19 pandemic from an RCN survey nearly two years into the pandemic (RCN Scotland, 2022) reported:

- 72% of respondents agree they are under too much pressure at work
- 67% report feeling too busy to provide the level of care they would like
- 40% work beyond their contracted hours most shifts.

Polling shows the public would like to see the Scottish government do more to protect the wellbeing of nursing staff (RCN Scotland, 2021).

The RCN Foundation commissioned The King's Fund to undertake research into the causes and consequences of poor mental health and wellbeing among nurses and midwives and sets out recommendations on working conditions, workload, management and supervision, culture and leadership to bring about urgent transformational change (West et al, 2020).

The consequences of failing to ensure nurses' wellbeing and psychological safety are profound – for individuals themselves, their organisations, and the people and communities for whom they care. The unique contribution of nurses and nursing support workers must be reflected in future conversations about pay, terms and conditions, to help retain experienced nursing staff and attract new people into the profession. More than that is required, though.

Working environments must promote psychological safety so that staff can be confident that doing the right thing – reporting incidents, raising concerns, being candid about mistakes and talking openly about error – is encouraged. Nursing staff need to know that the organisation will focus on learning and improving, not individual blame, and believe they are safe when raising concerns (RCN, 2020b).

## Ethnicity data

**In its report on Improving Data and Evidence on Ethnic Inequalities in Health (2020), the Scottish government's Expert Reference Group on COVID-19 and Ethnicity reports that monitoring of the minority ethnic diversity of frontline NHS and social care staff is urgently required.**

It calls for NHS Scotland and public service organisations to put in place robust systems to record ethnicity of the workforce with variation in experience of employment by ethnic group to be analysed from workforce data and surveys. For NHS workforce data the Expert Reference Group also recommends that NHS Education for Scotland (NES) must address data quality and report on progress towards equity for minority ethnic staff on NHS workforce issues. To improve social care workforce data, the Expert Reference Group recommends that Scottish government and local authorities must work together, including agreeing data specifications for nationally agreed data standards which should be included in contracting between commissioners and providers to enable analysis of minority ethnic groups within the social care workforce.

***To improve social care workforce data, the Expert Reference Group recommends that Scottish government and local authorities must work together.***

## NHS performance reviews

**In its report that pre-dated the pandemic, Audit Scotland (2019) stated: 'The healthcare system faces increasing pressure from rising demand and costs, and it has difficulty meeting key waiting times standards.' Audit Scotland's**

**2021 report, referred to having highlighted in previous reports that ‘the NHS workforce has been under pressure for several years’. It also predicted that the significant backlog as a result of the pandemic will add to the existing pressure and operational challenges. Audit Scotland stated in the report: ‘The number of people working for the NHS continues to increase, but the NHS continues to struggle to recruit people with the necessary skills. It is too soon to tell what the longer-term impact of the COVID-19 pandemic will be on these trends.’**

The Auditor General’s latest review of the NHS in Scotland (Audit Scotland, 2022) makes clear the need to address staff vacancies across health and social care services in responding to the pandemic. Outlining an increasing backlog of patients, increased demand for mental health services and likely additional pressures caused by long COVID, the report says the Scottish Government ‘must prioritise workforce availability challenges’, including record high levels of nursing vacancies, if the recovery of services is to be successful. The report also says there is a lack of ‘robust and reliable workforce data in our NHS’ and that workforce planning has ‘never been more important’. Audit Scotland’s report refers to RCN Scotland’s Employment Survey (RCN Scotland, 2022) which found that six in 10 nursing staff were considering leaving their job citing feeling undervalued and under pressure, poor staffing levels and low pay as the key reasons.

The pandemic has highlighted long-term failures in workforce planning; and an urgent review of national and local workforce plans is required.

## Trends in the NHS nursing workforce

**Nursing is a safety critical profession. Research shows that there is a direct link between staff having the time to care and positive patient outcomes (Aiken et al, 2018; Blegen et al, 2011; Griffiths et al, 2014; Park et al, 2012; Twigg et al, 2019), and between nursing skill mix and the quality of patient care (Aiken et al, 2017; Griffiths et al, 2016; Griffiths et al, 2019; Lasater et al, 2021). Whilst these studies highlight that having the right number of both registered nurses and nursing support workers positively impacts on quality care, they also demonstrate that substituting registered nurses with nursing support worker roles has a negative impact on quality of care and outcomes.**

***Over the last five years, there has been growth in the overall NHS Scotland nursing workforce. This upward trend does not, however, tell the whole story.***

Our members have told us time and again, before and during the pandemic, about the negative impact that poor staffing levels are having on their work, their patients and their wellbeing. Polling shows the public also shares the RCN’s concerns, with around three-quarters saying there are not enough nursing staff currently employed in Scotland’s health and care services (RCN Scotland, 2021).

Over the last five years, there has been growth in the overall NHS Scotland nursing workforce. This upward trend does not, however, tell the whole story.



Over the same period the number of vacancies and the vacancy rate have risen steadily, including for long-term vacancies (posts unfilled for three months or longer).

At no point has the planned establishment (number of whole-time equivalent (WTE) staff required to meet clinical activity) been achieved; in fact, the increase in vacancies indicates that the gap between planned staffing and actual staffing is widening.

The COVID-19 pandemic has important implications for our ability to interpret key workforce metrics.

For example, in response to the pandemic, emergency steps were taken to increase the number of staff, promote flexibility and provide support to ensure workers were deployed where they were most needed. Nurses and midwives who had previously left the Nursing and Midwifery Council (NMC) register through their own choice,

***The COVID-19 pandemic has important implications for our ability to interpret key workforce metrics.***

and overseas registrants, joined an emergency temporary register, while student nurses and midwives were also given the choice to enter into paid placements in 2020 (NMC, 2021). And during the pandemic nurses have been less likely to leave the NHS.

The result is that the visible upward trend in the NHS workforce in the second half of 2020 and during 2021 cannot be taken as a true reflection of trends and what is happening in the workforce in the longer term. While there has been an increase in the workforce, supply is not matching demand.

There has also been a temporary increase to the NHS Scotland nursing workforce with a rise in the number of

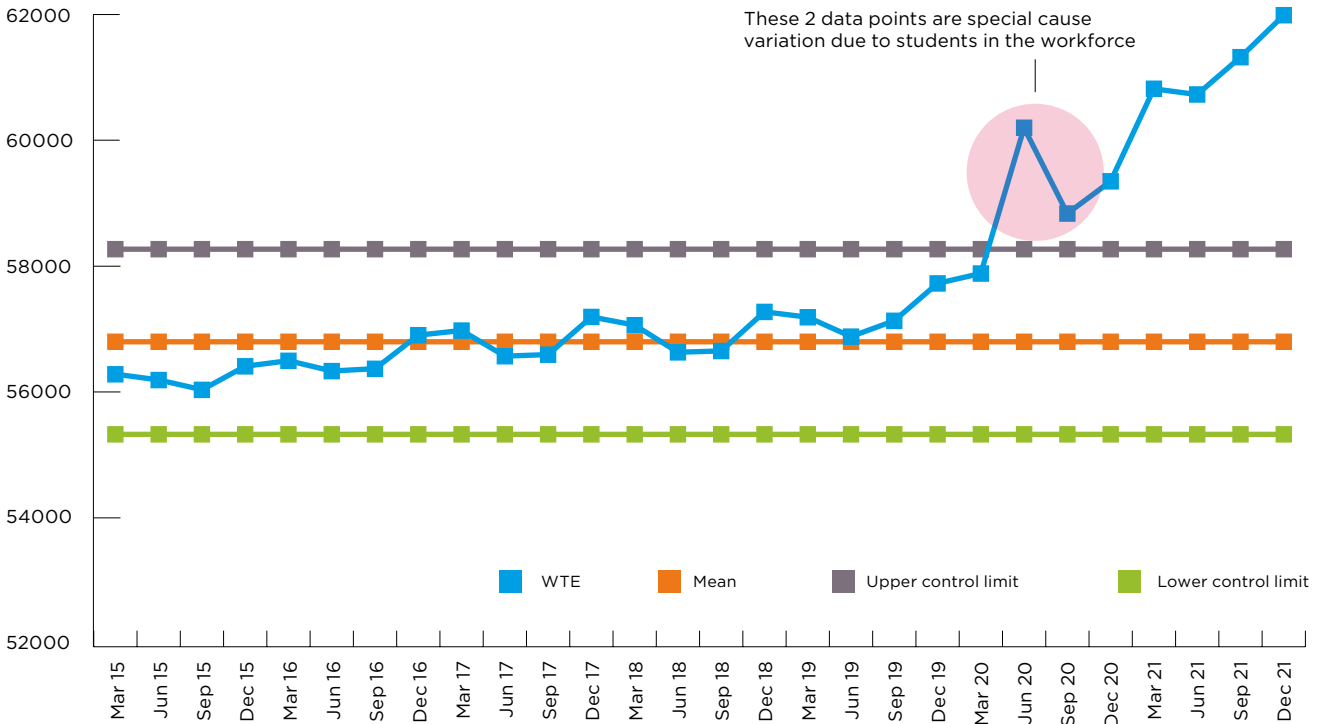
fixed-term contracts for registered nurses and nursing support workers – in 2020 when nursing students could opt in to paid placements as part of the initial response to COVID-19, and during 2021 with the expansion of the vaccination programme.

Regular fluctuations also occur throughout each calendar year (Figs. 1 and 2). Registered nurse numbers peak each December, declining steadily over the following nine months reaching their lowest points between June and September each year. This trend reflects the cycle of newly registered nurses joining the workforce each autumn.

A similar pattern emerges when exploring the number of nursing support workers employed by NHS Scotland (Fig.3). The WTE staff in post peaks in September each year with a corresponding decline in December, and this warrants further exploration. The sharp increase of nursing support workers in post in June and September 2020 was a result of the temporary inclusion of nursing students on COVID-19 paid placements meaning the permanent workforce had not actually increased to these levels.

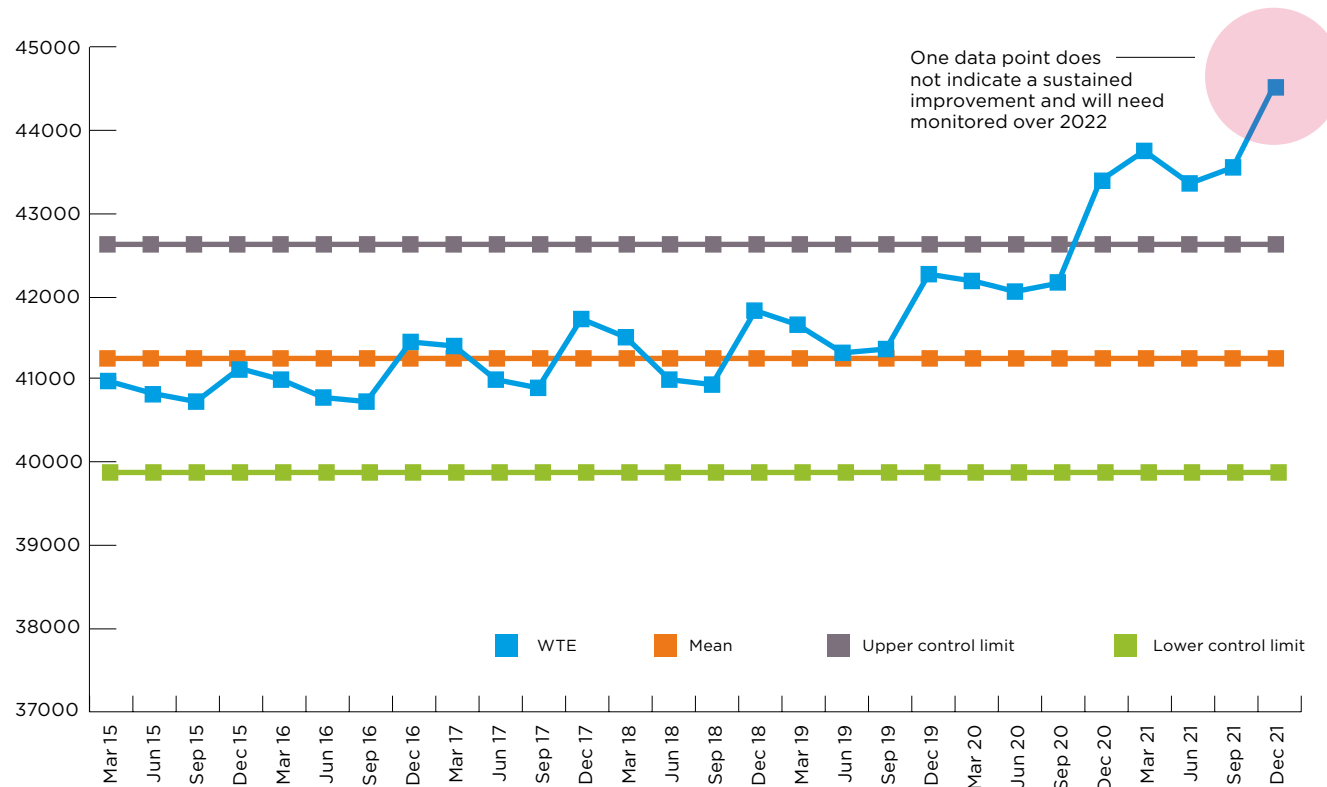


**Figure 1: NHS Scotland Nursing staff in post WTE, 2015-21**



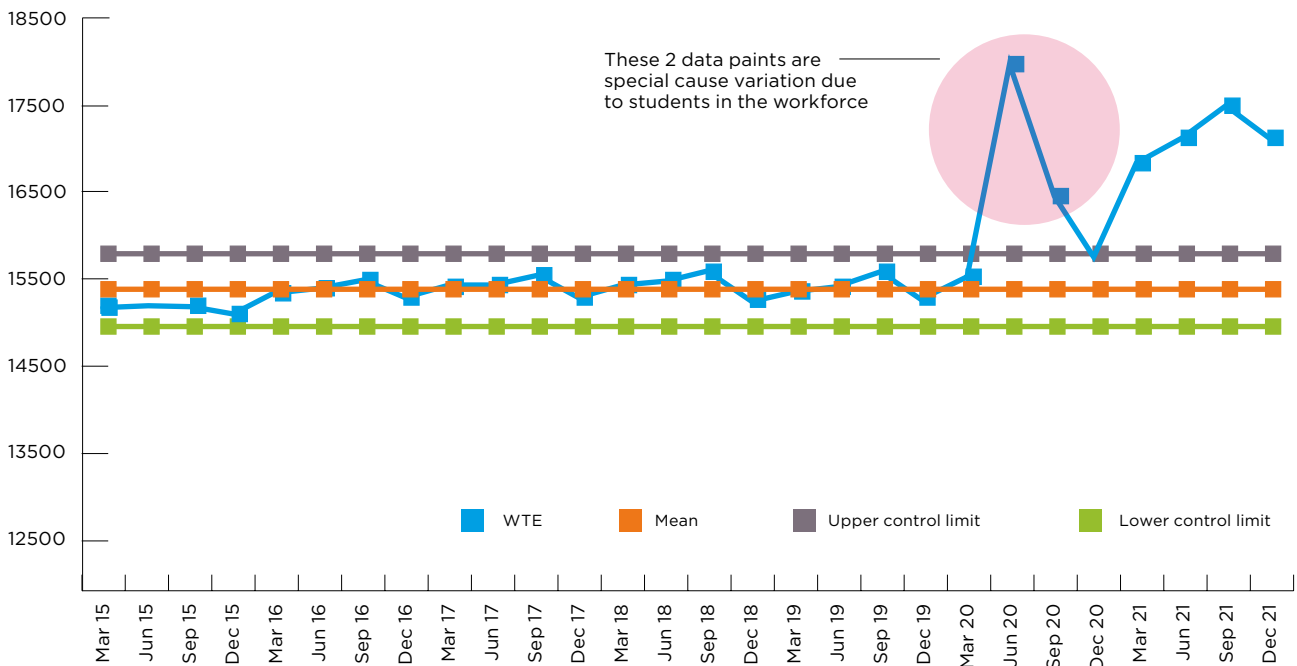
Source: NHS Education for Scotland NHS Scotland Workforce Statistics

**Figure 2: Registered nurse WTE in post 2015-21**



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

**Figure 3: NHS Scotland nursing support workers in post WTE 2015-21**



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

In the last five years the number of nurses working in adult nursing has increased by 2.0%, with a larger percentage increase in the district nursing (8.6%) and health visiting (10.5%) workforces. But in the key area of learning disability nursing, numbers have declined by 10.2% (Fig. 4).

**Figure 4: Registered nurses in post by selected NHS Scotland work area 2016-21 (WTE)**

	2016	2021	Change 2016-21	WTE change 2016-21
<b>All</b>	41430	44530	7.5%	3100
<b>Adult</b>	24370	24867	2.0%	497
<b>District nursing</b>	2882	3129	8.6%	247
<b>Health visiting</b>	1753	1937	10.5%	184
<b>Learning disabilities</b>	674	605	-10.2%	-69
<b>Mental health</b>	6594	6834	3.6%	240
<b>Paediatric</b>	1599	1689	5.6%	90

Source: NHS Education for Scotland NHS Scotland Workforce Statistics

**Figure 5: Nursing support workers by selected NHS Scotland work area 2016-21 (WTE)**

	2016	2021	Change 2016-21	WTE change 2016-21
<b>All</b>	15332	17214	12.3%	1882
<b>Adult</b>	9837	11077	12.6%	1240
<b>District nursing</b>	631	772	22.3%	141
<b>Health visiting</b>	275	251	-8.7%	-24
<b>Learning disabilities</b>	549	380	-30.8%	-169
<b>Mental health</b>	2877	2929	1.8%	52
<b>Paediatric</b>	473	524	10.8%	51

Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Nursing support worker numbers have increased across many specialties, except in health visiting (8.7% decrease compared with the increase for registered nurse numbers), and in learning disabilities nursing where numbers have decreased by nearly a third (30.8% decrease) (Fig. 5).

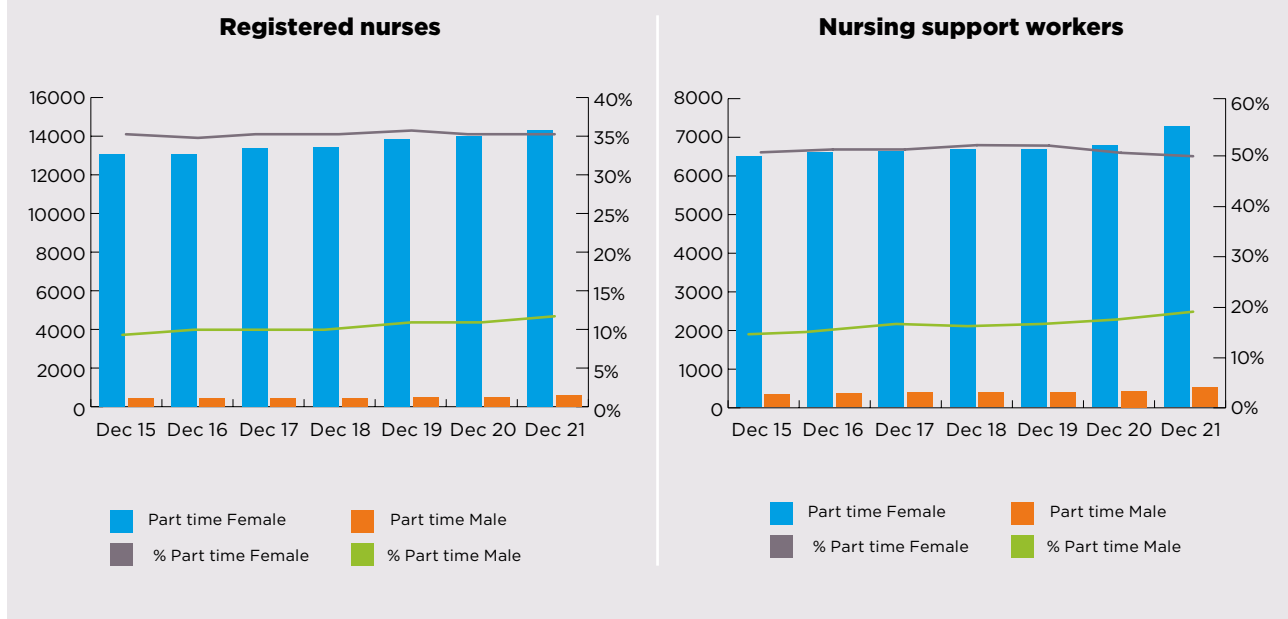
Geographical variations occur too. While variations may reflect regional and local workforce and recruitment challenges, questions also remain as to the influence of financial considerations on workforce planning.

In reality, the nursing workforce is not made up of WTE staff, but of individuals with different work-life requirements, and part-time working is common. The high proportion of women in the workforce is also a major contributing factor; while it is estimated that half of all those in employment in Scotland are women (Scottish government, 2022), 90% of the NHS Scotland nursing and midwifery workforce are female.\*

Figure 6 shows part-time working among the NHS nursing workforce over the last six years. Over a third (35.4%) of female nurses work part time, with the proportion barely shifting since 2015. Among men, the proportion of registered nurses working part time increased from 9.4% to 12.8% between 2015 and 2021.



\* NHS Education for Scotland NHS Scotland Workforce Statistics Part-time working data suggests the gender breakdown of the NHS nursing and midwifery workforce to be 90% female and 10% male. 0.1% of NHS Scotland staff have a declared transgender status - identified status is not available by staff group.

**Figure 6: Part time working, NHS nursing staff, WTE and percent, 2015-21**

Part-time working is more prevalent among nursing support workers, with 49.9% of female nursing support workers working part time. This has remained relatively constant over the last five years. Fifteen percent of male nursing support workers reported working part-time in 2015; increasing to 19.8% in 2021.

## Mental health nursing

**With significant demand for services and high levels of nursing vacancies in the mental health workforce, mental health services were under significant strain before the pandemic.**

With the Scottish government standard that 90% of children and young people should start treatment within 18 weeks of referral to child and adolescent mental health services (CAMHS), in the quarter to December 2021, seven out of 10 (70.3%) of children and young people were seen within 18 weeks, compared to 78.6% during July to September and 72.6% during March to June (PHS, 2021b). While registered mental health nurses in post have increased by 7% over the last three years, this follows a sharp drop of 5.3% (360.6 WTE) between

March 2015 and September 2018. Nursing support workers in mental health nursing have increased by 5.2% since 2018. While the mental health nursing workforce has increased, one in eight (12.4%) of mental health nursing posts (1,377.3 WTE), were unfilled as of 30 December 2021.

Now there is growing evidence around the impact of the pandemic on mental health. Of particular concern are the adverse effects on children and young people, those who are economically disadvantaged and indications of worsening mental health inequalities. It is vital, therefore, that mental health services are prioritised as part of remobilisation and recovery.

***It is vital, therefore, that mental health services are prioritised as part of remobilisation and recovery.***

# Trends in the social care nursing workforce

**Access to robust nursing workforce data for social care is limited. To identify nurses working in the sector the Scottish Social Services Council (SSSC) use a job function classification which then requires grossing up the figures to give an estimated workforce. For this reason, the SSSC state that these figures and trends should be viewed with some caution (SSSC, 2021).**

Detailed social care workforce statistics are needed for registered nurses and nursing support workers, including WTE and headcount, vacancies, and age profile, to enable workforce planning. In addition, the most recently available data is for 2020 and the time lag in the publication of data must be addressed.

Over 7,100 registered nurses are reported to work in independent or social care in Scotland (SSSC, 2021). Over half (58%) of those employed in the sector who have to register with the SSSC are directly employed in care homes for adults. A further four in ten (37%) are employed by nursing agencies who supply nursing staff to NHS, independent and social care settings.\*

Of the approximately 4,200 registered nurses understood to be working in care homes for adults, the majority are employed by the private sector (92%). The Public Health Scotland (PHS) Care Home Census for Adults in Scotland (2021a) tells us that on 31 March 2021, 91% of all care home residents (i.e., long stay, short stay and respite residents) were in older people care homes. It is clear, therefore, that most nurses working in social care are doing so in older adults' care homes.

An estimated 35,070 care workers are

working in care homes for adults (SSSC, 2021). This number has been more stable compared to that of registered nurses and grew by 0.7% over the five years between 2015 and 2020, but there are differences across the years (Fig. 7). With 4,230 registered nurses and 35,070 care workers, only 10.8% of this workforce are registered nurses.

Trend data shows that, in the last five to 10 years care homes are becoming fewer in number, larger and more likely to be run by the private sector (PHS, 2021a). Since 2014, there are nearly 1,000 fewer registered nurses in care homes for adults since 2014, a 19.0% decrease (Fig. 8).

***Trend data shows that, in the last five to 10 years care homes are becoming fewer in number, larger and more likely to be run by the private sector. Since 2014, there are nearly 1,000 fewer registered nurses in care homes for adults since 2014, a 19.0% decrease.***

At the same time, clinical need is increasing. The Scottish government's policy ambition of supporting more people closer to home requires high quality nursing provision to be available throughout community settings, including in care homes. Registered nurses have the clinical knowledge and skills to assess and respond to an individual's changing needs, managing medication, monitoring deterioration and overseeing infection control. They also provide leadership and oversight to support the wider team of nursing support workers. Recent analysis indicates that, if current trends continue, by 2040 two-thirds of people will die outside of hospital in a community setting – in a home, care home, or hospice (Finucane et al, 2019). With more people dying in their homes or in care homes, the community nursing and social care workforce will increasingly be providing and supporting palliative care.

\* Nursing agencies are private companies which introduce and supply nursing staff to NHS health boards, social care and voluntary sector health care providers and to the NHS in Scotland.

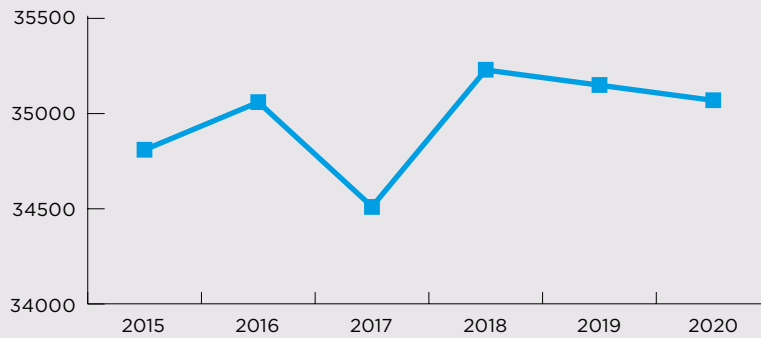


Studies of staffing levels (Cho et al, 2020; Dellefield et al, 2015; Shin and Bae, 2012; Shin et al, 2014; Yang et al, 2021) demonstrate a relationship between registered nurse staffing levels and improved quality of care within care home settings. Although there are limited studies in the United Kingdom, there is a growing body of international evidence that demonstrates how access to a stable workforce of registered nurse staffing in care homes helps to deliver positive care outcomes for residents as well as improved quality of life. Analysis of registered nurse staffing levels in UK community settings including care homes, has reported the prevalence

of care left undone increased as the proportion of registered nurses dropped below the planned number (Senek et al, 2020a).

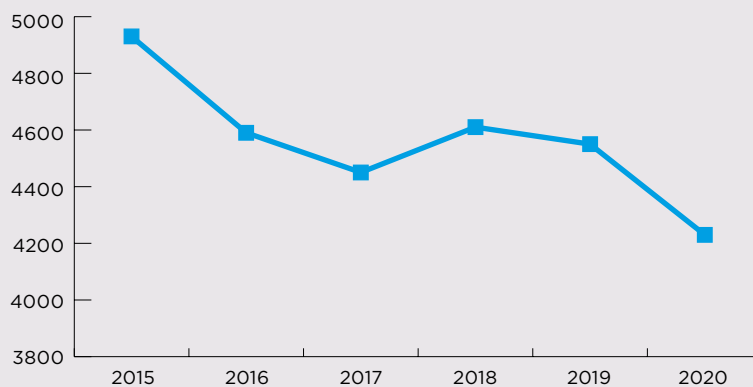
There is a long-term trend of increasingly complex clinical need among people using social care services, including care home residents (NHS NSS, 2016; PHS, 2020). Yet, as the data demonstrates, that increasing need has not been met by increasing numbers of registered nurses in care homes. This must be addressed with a commitment to further investment in and recruitment to the registered nurse role within care homes to ensure the workforce reflects increasing clinical need.

**Figure 7: Estimated number of care workers Class 2 & 3 in care homes for adults 2015-20 (headcount)**



Source: Scottish Social Services Council (SSSC). Nursing support workers can be approximated using Class 2 and Class 3 care staff job function codes in the SSSC data visualisation for care homes for adults. Job titles include senior carer, carer and care assistant.

**Figure 8: Estimated number of registered nurses in care homes for adults, 2015-20 (headcount)**



Source: Scottish Social Services Council

## General practice nursing

**Another area in the independent sector for which data is limited is general practice nursing.**

The most recent information for registered nurses and nursing support workers is from the 2017 survey of general practices (ISD, 2018a) and the 2019 primary care workforce out of hours services (PHS, 2020). A new data collection exercise was to begin with practices required to complete data submissions. Action is needed to robustly gather this data to enable appropriate planning for the general practice nursing workforce and to include in wider planning for the future nursing workforce.

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

## Staffing for safe and effective care

**The reasons for passing the Health and Care (Staffing) (Scotland) Act 2019 more than two years ago have been made even clearer by the COVID-19 crisis, and implementation of the Act is urgently needed to address the workforce challenges in the NHS and in care homes.**

The Act places a duty on NHS and social care providers to make sure that, at all times, there are suitably qualified and competent staff working in the right numbers to ensure safe and effective care. Working in an environment where they are supported, having time for learning and having safe staffing levels, will give health and care staff the time to provide the best care for patients and residents.

The Act requires NHS boards to seek clinical advice when making staffing decisions and to establish a clear process for concerns about unsafe staffing levels to be reported and escalated. If implemented well, this will ensure nursing staff can raise concerns without fear of repercussions and have these concerns heard and responded to.

The Act also provides the tools to facilitate safe staffing levels in adult social care. As well as setting out a legal requirement on all care providers to ensure suitably qualified staff in sufficient numbers are in place to deliver good outcomes for service users, it also requires the Scottish government to report on the steps they are taking to support staffing levels in care services to meet this legal requirement and provides the Care Inspectorate with the power to develop a staffing methodology to determine the number and skill mix of staff that are required.



The Act contains robust reporting arrangements, with reports required to be published and submitted to government ministers who, in turn, are required to lay a report in parliament, which includes detail on how this information is being used to inform the government's national policies for staffing health and care services. RCN Scotland has identified this as a crucial opportunity to ensure ongoing scrutiny of how the duties introduced in the Act are being met and we are calling for an annual parliamentary debate on safe staffing underpinned by the submitted data and evidence.



## Trends in nursing student numbers

**Undergraduate nursing students spend three years completing the nursing degree course and meeting the requirements for registration with the NMC which are a minimum of 4,600 hours split between theory and clinical practice. This requires 42 working weeks per year and, therefore, does not mirror the traditional academic calendar of other undergraduate programmes. Honours degree programmes take four years. All eligible students can apply for a nursing student bursary.**

Undergraduate nursing courses are in adult nursing, mental health nursing, learning disabilities nursing and children's nursing. The Scottish government sets the number of funded places available and the Health and Care (Staffing) (Scotland) Act 2019, when implemented, will place a duty on the Scottish government to take all reasonable steps to ensure registered nursing supply, with an annual report to the Scottish parliament on this.

Shortened degree courses for graduates, and other routes into nursing (i.e., Higher National Certificate (HNC) students and students with the certificate in higher education) are also in place providing wider access to nursing as a career.

Taken at face value, recent successive increases to nursing student intake recommendations might be seen as a 'boom time' for this important supply line into the workforce. The increases must be viewed in the context of the 20% reduction in student places that took place from 2010/11 to 2012/13 (Fig.9) and the wider nursing workforce challenges described in this report.

**Figure 9: Trends in nursing student intakes 2007-08 to 2020-21**

Nursing student intakes	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Adult	2487	2480	2565	2592	2306	1956	2064	2256	2192	2219	2351	2443	2607	3092
Children	172	218	220	221	204	203	214	229	303	249	288	297	327	396
Learning disabilities	34	40	60	69	62	98	86	104	95	115	139	101	131	144
Mental health	623	479	521	537	474	427	496	526	471	521	526	570	658	830
Dual award*	0	0	0	0	0	0	0	0	4	9	10	9	10	32
	<b>3316</b>	<b>3217</b>	<b>3366</b>	<b>3419</b>	<b>3046</b>	<b>2684</b>	<b>2860</b>	<b>3115</b>	<b>3065</b>	<b>3113</b>	<b>3314</b>	<b>3420</b>	<b>3733</b>	<b>4494</b>

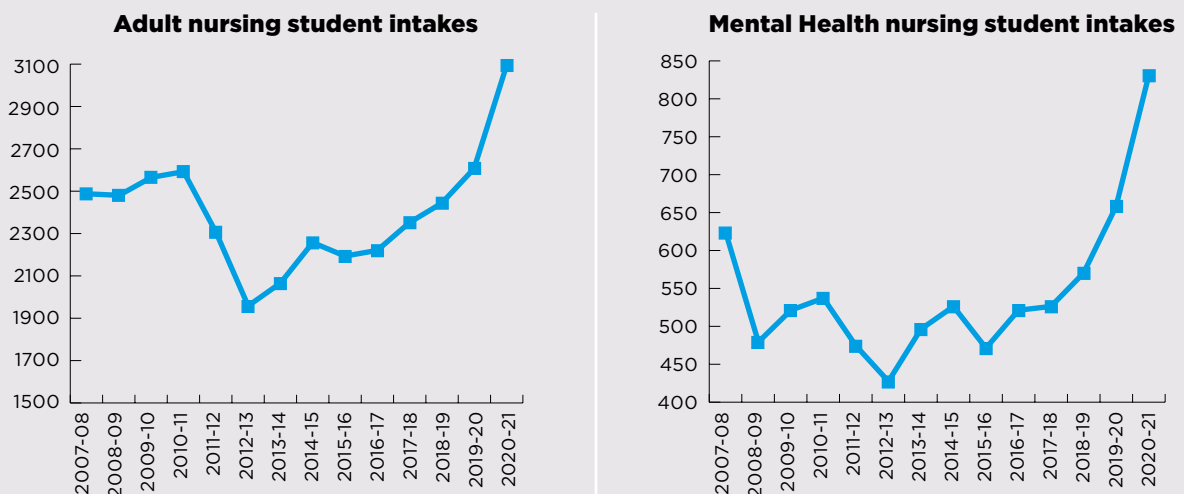
Source: NHS Education for Scotland NHS Scotland Workforce Statistics.

\* 2015-16 to 2019-20 – children’s and learning disabilities nursing dual award, 2020-21 – adult and children’s nursing dual award, adult and mental health nursing dual award, and child and mental health nursing dual award.

Over this two-year period the number of adult nursing students starting university courses reduced by 24.5%, and 20.5% for mental health nursing (Fig. 10). This includes students starting on all NMC-approved degree courses leading to registration including the three-year degree programme, honours degree, shortened courses and Masters degrees for graduates, and shortened courses for health HNC students and for students with the certificate in higher education. The significant underinvestment in nursing students during this time continues to impact workforce numbers.

**The significant underinvestment in nursing students during this time continues to impact workforce numbers.**

**Figure 10: Trends in adult nursing and mental health nursing student intakes**



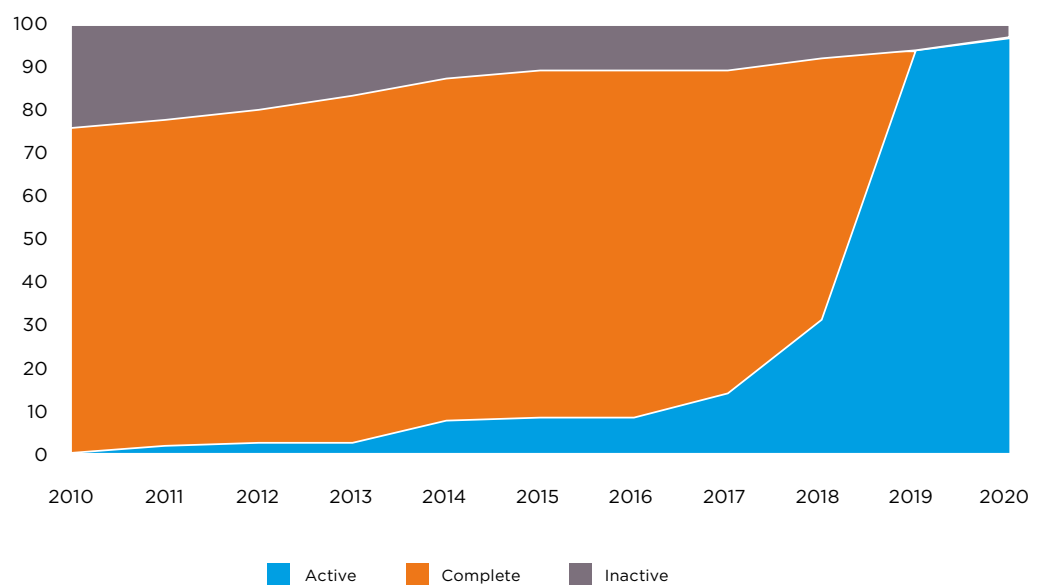
Source: NHS Education for Scotland NHS Scotland Workforce Statistics

The net result of increases in the six years to 2018-19 is that student numbers simply returned to the levels they were prior to 2010. The number of places for 2022-23, announced in December 2021 is 4,837, an increase of 8.7% (388 places).

Even accounting for seasonal variation in vacancies and an overall increase in registered nurses, further increases are required to reduce the stubbornly high vacancy rate for nursing and midwifery posts that we have seen in the face of increased demand on services and the impact of an ageing workforce.

It is important to note that, while an increased number of student places has been commissioned, not all students complete their courses and progress into careers as registered nurses. Although there have been improvements in course completion rates for some degree programmes, of students due to complete their course in 2020, one in nine students did not complete their course with a further 14% (Fig. 11) still active but not yet graduated.

**Figure 11: Progression of nursing students on the three-year pre-registration degree programme**



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

## Nurse supply

**The professionalism and dedication of today’s nursing staff has encouraged people to pursue a diverse and fulfilling career in nursing. The Universities and Colleges Admission Service (UCAS) figures confirm that applications and acceptance into nursing increased in 2020; however, while applications continue to increase the positive trend for acceptances did not continue in 2021. Between 2020 and 2021, there has been a decrease in the number of placed applicants, with 175 (-3.7%) fewer acceptances (UCAS, 2020, 2021).**

An increase in pre-registration nursing student intake places across all fields of nursing remains critical to ‘future proof’ the workforce, so there must be an ongoing, planned strategy to keep attracting people into this rewarding and attractive modern profession.

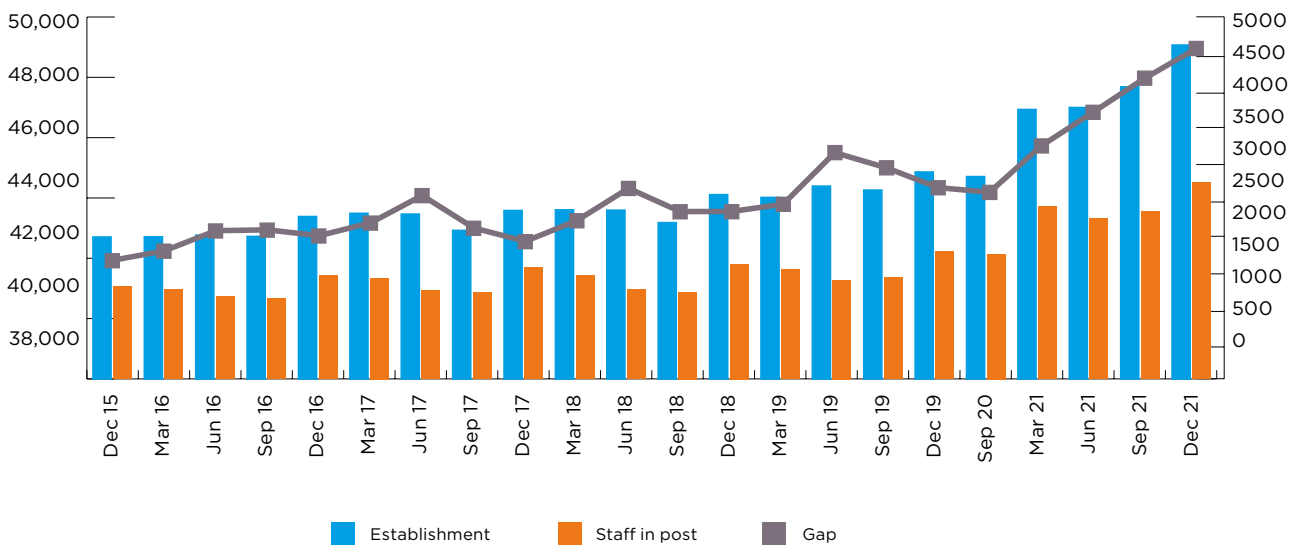
The announcement on intake numbers for 2022-23 is recognition from Scottish government that increases to the number of student nurse places are needed. The number

of places available must continue to grow to meet the clinical demand and students need the appropriate financial, academic and clinical support to complete their education and enter the workforce.

Figure 12 highlights that despite increases from additional student numbers, demand is still outstripping supply even when the variance is at the lowest (i.e., December each year pre-pandemic) the gap is widening to now over 4,500 WTE registered nurses. Risks associated with oversupply are, therefore, small considering: the significant vacancy levels in the NHS and in care homes; the lack of impact in recent years on medium to long-term vacancies; the critical shortage of registered adult nurses within the care home sector; the ongoing consequences of an ageing workforce on retirements; and the impact of the pandemic on staff retention, wellbeing and service change.

**The number of places available must continue to grow to meet the clinical demand and students need the appropriate financial, academic and clinical support to complete their education and enter the workforce.**

**Figure 12: Gap between NHS Scotland registered nurse establishment and staff in post, 2015-21**



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

There is recognition of the difficulties that are being faced in recruiting in certain geographical areas and the current workforce challenges will exacerbate this for the future. Even where boards and care home employers are trying to recruit, they face difficulties in supply.

In planning future intakes, more than simply the cost of educating nursing students needs to be taken into consideration; for example, the cost-benefit of not seeding the future nursing workforce to overcome the shortage of experienced registered nurses and replace them when they retire; and the cost of supplementary agency and bank staffing. Moves to recover from the pandemic, including development of elective treatment centres, vaccination programmes, and political pledges to increase activity will also increase the demand for a nursing workforce.

International recruitment of nursing staff is often seen as a solution to address workforce challenges, however, this is now within the context of the impact of Britain leaving the European Union and the context of the global nursing shortage (WHO, 2020). The numbers recruited from overseas will be small and may require additional support to enable them to fully contribute to the workforce.

The RCN is clear that all international recruitment must be carried out ethically, in line with government (Scottish government, 2021) and global (WHO, 2021) codes of practice – designed to protect countries facing critical workforce shortages. At the same time, there should be no barriers to entry for health and social care workforce wanting to work in the UK.

There has also been an emphasis on investing in return to practice programmes to encourage nurses who previously left the profession to return, however, the impact of these programmes is minimal. Therefore, the Scottish government must invest properly in the domestic nursing supply to ensure there is a sufficient nursing workforce to meet patient need in the long term.

## Vacancies

**Nearly one in 10 (9.3%) NHS nursing and midwifery posts are unfilled (6,674 WTE at December 2021), and both the number of vacancies and vacancy rate have increased steadily since 2015 (NES, 2022). In social care, one in 10 nursing posts in care homes for adults is unfilled and one in twelve nursing posts in care homes for older people is unfilled (SSSC and Care Inspectorate, 2021).**

This level of vacant posts is adding to the strain being felt by nurses and nursing support workers across both health and social care.

### NHS vacancies

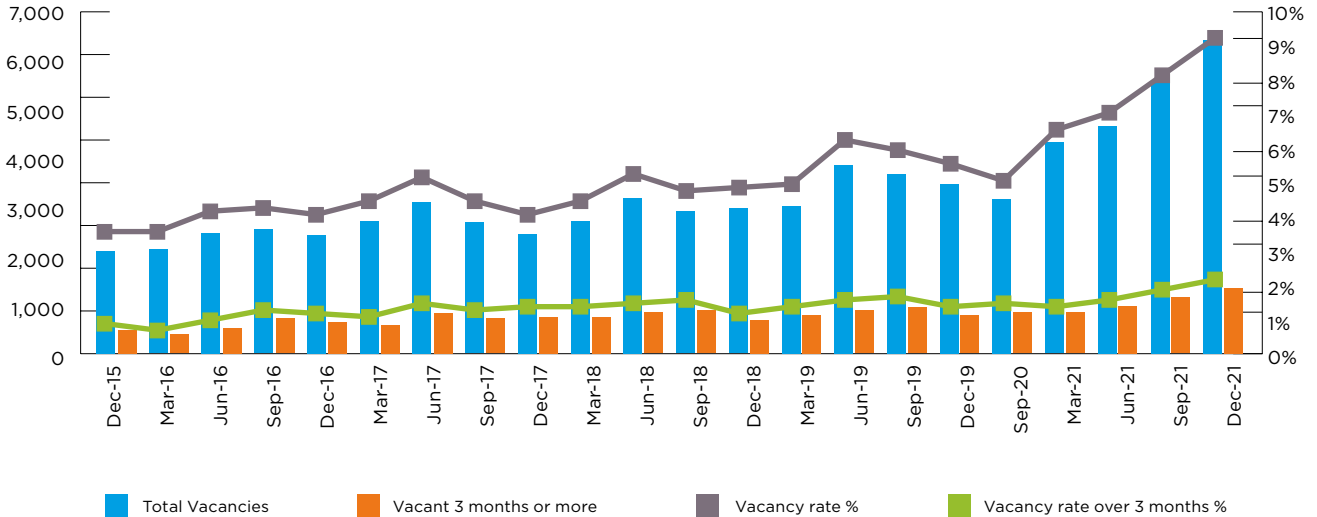
**Nursing and midwifery vacancies in NHS Scotland have leapt to a new record high of 9.3%. As at 31 December 2021, 6,674 nursing and midwifery posts (WTE) were vacant, a jump of almost 1,000 posts since 30 September 2021. This is the second consecutive quarter that the number of vacancies has risen by almost 1,000 posts.**

There are 1,544.2 WTE long-term NHS nursing and midwifery vacancies, more than double the number five years ago (Fig. 13).<sup>\*</sup> The rate has been rising steadily since the end of 2020. This is evidence of the increasing pressure on the supply of nurses and midwives to fill the gaps.

More than 4,500 WTE registered nursing posts are vacant, a rate of 9.2% that is up from 8.7% in the previous quarter. Sixty-four per cent of the registered nurse posts vacant for three months or more in December 2021 were Agenda for Change band 5 registered nurse posts.

<sup>\*</sup> 736.5 WTE nursing and midwifery vacancies vacant for 3 months or more in December 2016, 1,544.2 WTE in December 2021.

**Figure 13: Number of WTE vacancies and vacancy rate NHS Scotland nursing and midwifery workforce**



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

As mentioned previously, the workforce figures for September 2020 included nursing students on paid clinical placements as part of the COVID-19 pandemic response, so show a temporary increase in establishment and staff in post, which affects the vacancy rate calculation.

The vacancy rate varies in the different specialties. The highest vacancy rates in December 2021 were in district nursing (13.0%), public health nursing (12.6%), paediatrics (12.5%), mental health nursing (12.4%) and school nursing (12.0%).

Vacancy rates were higher than the overall NHS Scotland vacancy rate (9.3%) in nine NHS boards in December 2021 – including employers across the north, east and west of Scotland.

Vacancy rates are higher in every Agenda for Change band in December 2021 compared with before the pandemic (Fig. 14).

**Figure 14: NHS Scotland nursing and midwifery vacancy rates by Agenda for Change band, December 2019 & December 2021**

Agenda for Change band	Nursing support workers			Nurses and midwives			
	2	3	4	5	6	7	8
<b>2019</b>	5.8	4.4	6.2	6.6	5.1	4.2	4.3
<b>2021</b>	9.8	10.9	7.9	10.5	7.9	6.1	7.2

Source: NHS Education for Scotland. NHS Scotland Workforce Statistics



## Care home vacancies

**The COVID-19 pandemic has brought into sharp focus the workforce crisis facing Scotland's care home sector and the need for more registered nurses working in care homes to deliver care to residents with increasingly complex health needs.**

Care homes are increasingly caring for people with complex clinical needs which can include multiple long-term conditions and co-morbidities such as frailty, chronic obstructive pulmonary disease (COPD), and dementia. As mentioned earlier in this report, as the complexity of residents' clinical need increases, the skills, competencies, and availability of the registered nursing workforce employed in care homes will become even more important.

In Scotland, 16% of registered care services report having nursing vacancies and the level is significantly higher in care homes for older people, with 38% of these services reporting nursing vacancies (SSSC and Care Inspectorate, 2021). Care providers have raised concerns about the ability to recruit nurses. With a 10.8% nursing vacancy rate in care homes for adults, and 7.9% nursing vacancy rate in care homes for older people there is a nursing workforce gap in this sector (SSSC and Care Inspectorate, 2021).

This is a long-standing problem. Care home residents equally deserve to have their care provided by the right numbers of nursing staff with the appropriate skills, competencies, and education. Action is needed to make nursing roles in care recognised as being attractive to staff as the roles in other sectors, for example, through parity on pay, terms and conditions with nursing staff in the NHS; protected time for continuing professional development (CPD); and clear career pathways for nursing staff working in the sector.

The Health and Care (Staffing) (Scotland) Act 2019 is an opportunity to help ensure that care homes are supported to deliver safe, quality care to residents with increasingly complex

health needs. Implementing this legislation is urgently needed to address the workforce crisis in the sector and to ensure care homes are better equipped to meet the needs of residents.

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

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

## Increased reliance on bank and agency staff

**Although Scottish government has reported an increase in the nursing workforce, at the same time there has been increased reliance on the use of temporary staff. Bank nursing use in NHS Scotland has been growing year on year. Since 2011-12 it has increased by 58.9%, rising to 5,018.9WTE in 2020-21. When combined with agency nursing use, the equivalent of nearly 5,500 WTE in NHS bank and agency staff were used in NHS Scotland during 2020-21 (Fig. 15). This was at a cost of £196.72m for NHS bank nursing.**

Although there is a lower reliance on agency nursing (National Institute of Economic and Social Research, 2017), the hours worked by agency nursing staff in NHS Scotland was equivalent to between 260–290 WTE in each of the four years prior to the pandemic which is triple the use in 2010-11. Agency nursing use has continued to increase over the last two years, rising to the equivalent of 450.4 WTE in 2020-21. Total NHS Scotland cost during 2020-21 was nearly £39.3m

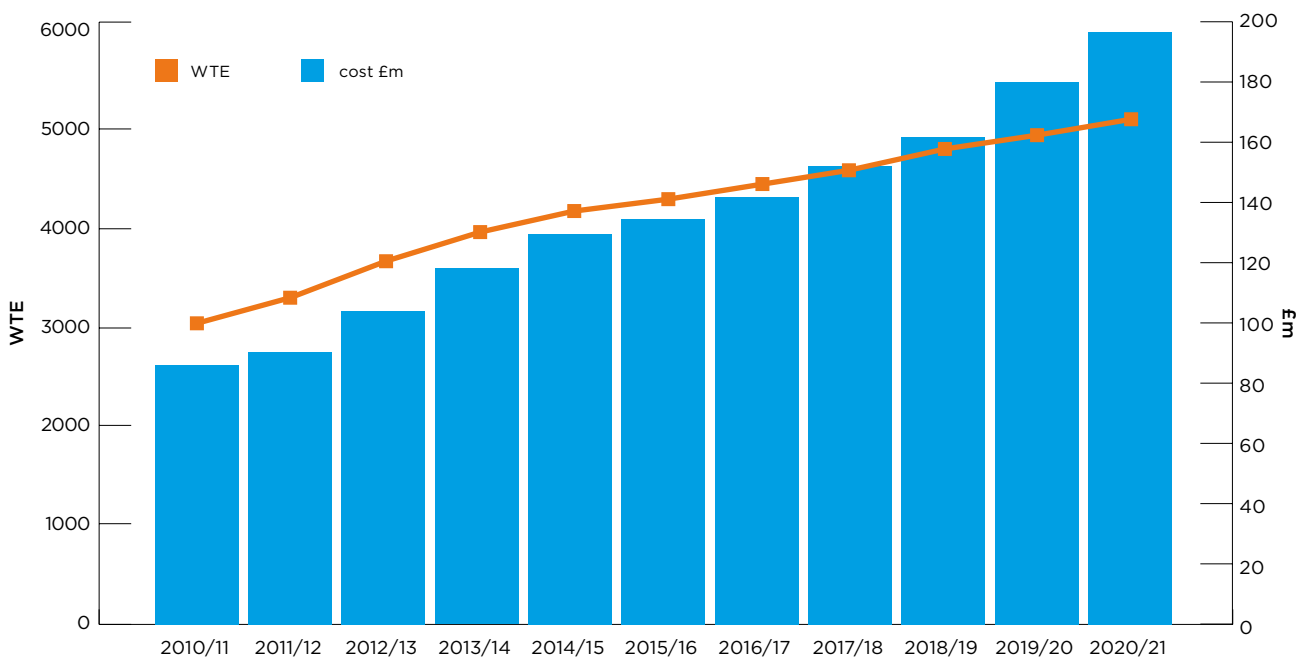
for agency nursing (Fig. 16). While NHS Scotland has the objective of a reduction in temporary agency expenditure (Scottish government, 2006, 2010), it continues to be a cost pressure for the majority of NHS boards.

This data is only the shifts that have been filled by bank and agency staff. There will be a proportion of requested shifts left unfilled or filled by existing staff doing additional hours or overtime.

Although temporary staff may fill staffing gaps, there is evidence of clinical risk. Research (Senek et al, 2020b) demonstrates that higher proportions of temporary staff relate to increased rates of care left undone. In addition, the likelihood of a ‘care left undone’ event is comparable between significantly understaffed shifts with no temporary nursing staff to fully-staffed shifts with a high proportion of temporary nursing staff (Kalisch and Williams, 2009).\*

Not only does an over-reliance on bank and agency add to clinical risk, this does not represent a true reflection of demand for short-term supplementary staffing.

**Figure 15: NHS bank cost and WTE each year, trend 2010-11 to 2020-21**

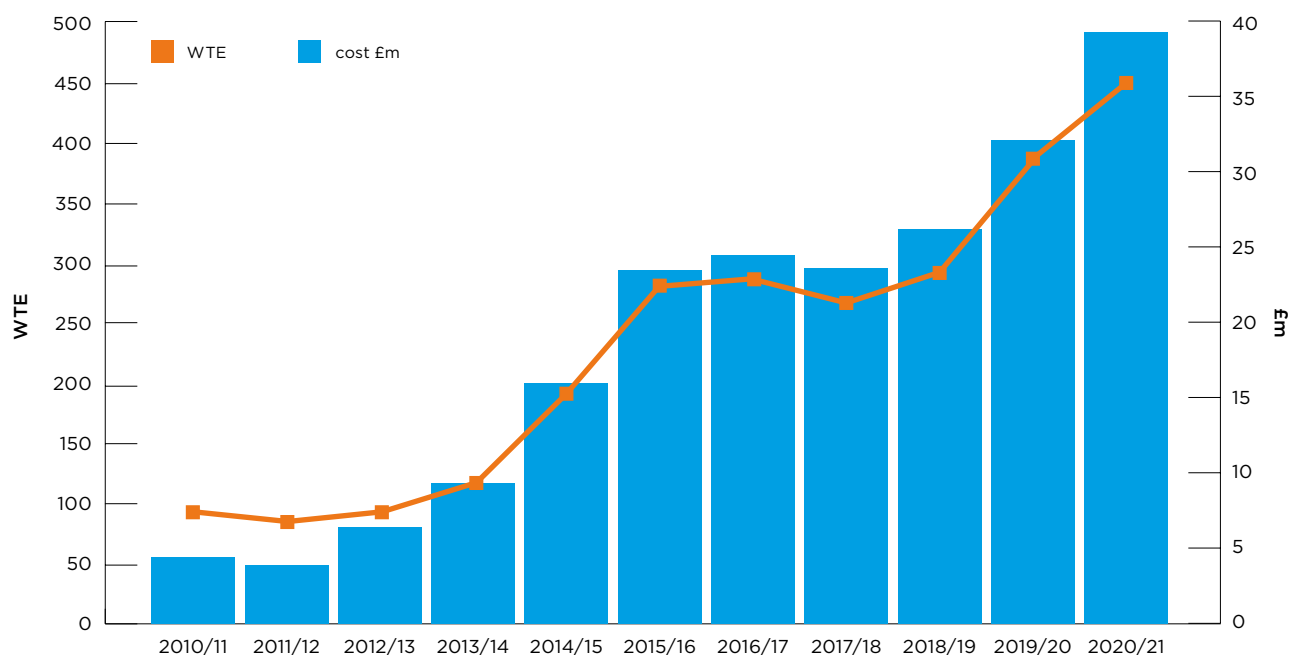


Source: NHS Education for Scotland NHS Scotland Workforce Statistics

\* Care left undone or missed care has been defined as patient care that is significantly delayed or omitted either in part or completely (Kalisch and Williams, 2009).



**Figure 16: NHS agency cost and WTE each year, trend 2010-11 to 2020-21**



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

There will always be times when some supplementary staffing (bank, agency, additional hours or overtime) is required to minimise the risk to patient care, for example, when there's an unexpected spike in sickness absence. But increased reliance on supplementary staffing particularly bank and agency is not sustainable. It may result in a lack of continuity of care for patients; it puts increasing pressure on existing nursing staff and affects their morale; and it leads to even more financial pressure when budgets are already extremely tight.

It is clear that without the willingness of staff to work additional hours, the NHS would grind to a halt. But the fact remains that nursing staff should not be forced to take on additional hours via health board nurse banks or nursing agencies, to make ends meet. Or because they feel the need to support hard-pressed colleagues working with fewer staff than required.

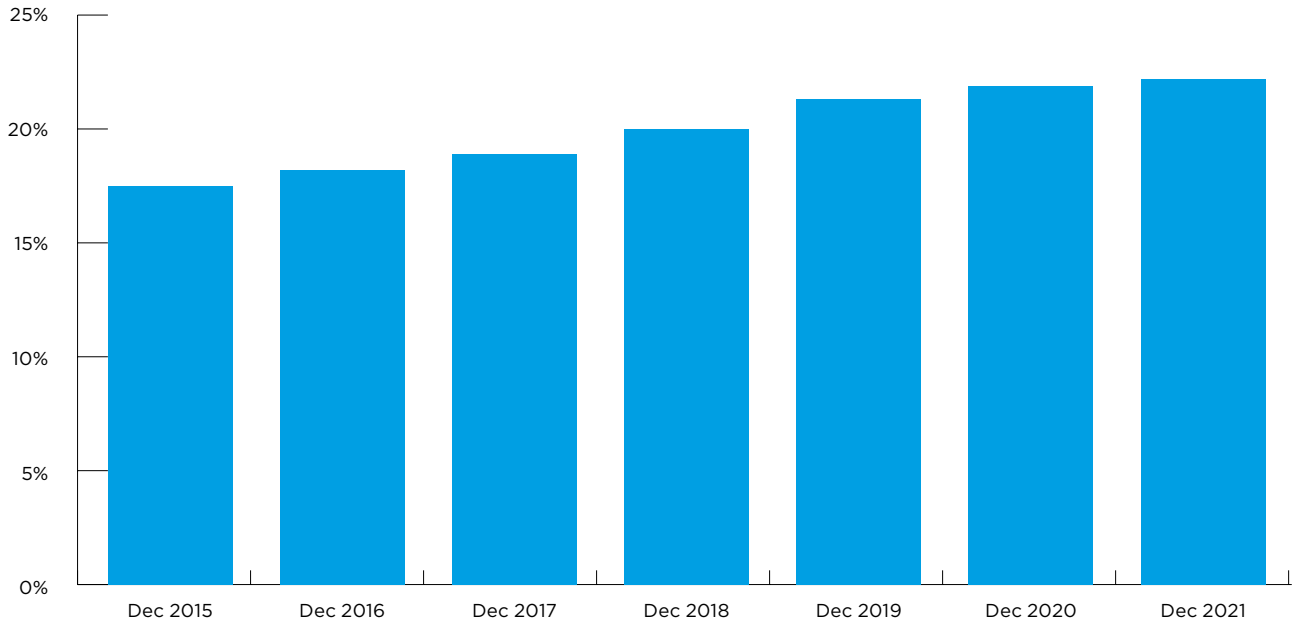
Gaps in NHS nursing workforce data must be addressed to enable transparency and more robust planning for the future. Quarterly reporting on bank and agency nursing use and cost in the NHS, plus improved navigation, functionally and filtering of the wider published NHS workforce dataset, would assist with transparency.

## Ageing workforce

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

In 2021, 21% of the NHS nursing and midwifery workforce was aged 55 years and over in comparison to 15% in 2012 (Fig. 17).

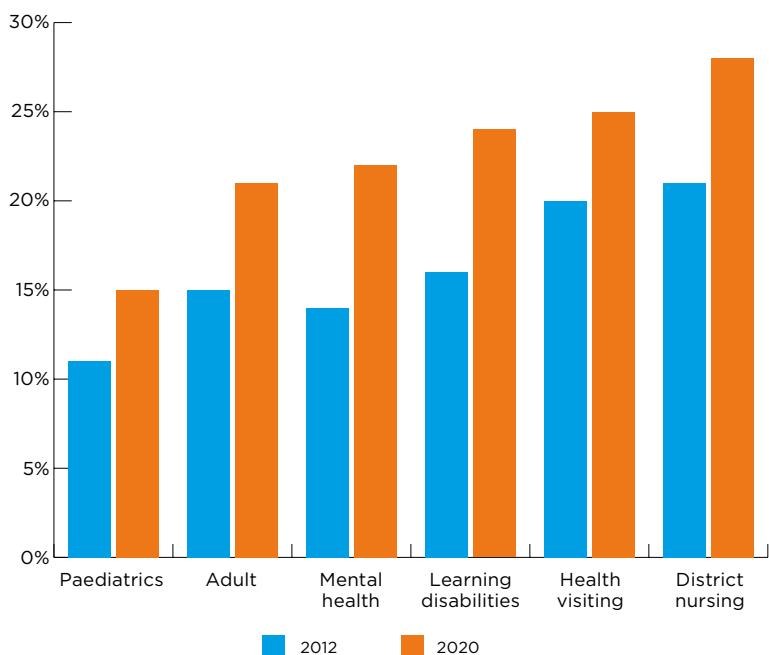
**Figure 17: NHS Scotland: nursing and midwifery staff aged 55 and over, 2015 to 2021 (headcount)**



Source: NHS Education for Scotland NHS Scotland Workforce Statistics

Over 16,500 nursing and midwifery staff (headcount) in NHS Scotland are aged 55 years and over (equivalent to over 13,500 WTE) (NES, 2022). This segment of the workforce can potentially leave the profession in the next 10 years and changes in NHS pension regulations may make that more likely with the consequences not yet clearly articulated in future planning. In addition, the impact of working during the COVID-19 pandemic may also push many to leave earlier than they might have been considering previously. Since 2012 the age profile changes in the workforce have been most pronounced for community nursing, particularly in health visiting and district nursing, and for mental health nursing and learning disabilities nursing (Fig. 18).

**Figure 18: Percentage of NHS nursing staff aged 55 and above, 2012 and 2020**



Source: RCN Scotland Freedom of Information Request to NHS Education for Scotland, January 2021

## Absence

**Before the pandemic, it was already acknowledged that the 'predicted absence rate' used across NHS Scotland for nursing and midwifery must be reviewed and increased.**

Predicted absence is the percentage of hours used for planned and unplanned absences of permanent staff. The measure is used alongside funded establishment, vacancies, bank and agency use and workload tools and methodologies to try to ensure the workforce required for delivery of patient care is available. NHS Scotland's predicted absence rate of 22.5% includes five absence categories: annual leave (14.5%); sickness absence (4%); maternity leave (1%); study leave 2%; and other leave (1%) (ISD, 2018b). The NHS Scotland rate of 22.5% is clearly not an accurate contemporary measure and contributes to gaps and staffing pressures and may be a driver for bank and agency use.

The actual absence rate for nursing and midwifery staff is known to differ from predicted absence rates. For example, average sickness absence (excluding COVID-related absences) for all staff groups is running at 4.7% (NES, 2022) which is above the sickness absence rate of 4% included in the predicted absence calculation. Provisions on leave for new parents including adoption leave or shared parental leave which came

into effect from April 2019 (Scottish government, 2019c) also require consideration. Once implemented, the Health and Care (Staffing) (Scotland) Act 2019 will also place a duty on NHS boards to give time and resources to staff for relevant training. Professional development and learning enable nursing staff to learn new skills and develop their careers; it is essential for patient safety and clinical effectiveness. Yet far too many of our members struggle to access professional development opportunities at work and instead must do it in their own time and at their own cost. The allocation of 2% for study leave is insufficient.

After the significantly increased workloads, stress and pressure of working through the pandemic, rest and recuperation for health care staff must be central to decision making on getting patients safely back to diagnostics and missed treatment. There must be funded and supported time out – not limited to annual leave – for all staff, regardless of where they work and for those who have been impacted by COVID-19. There is a body of evidence linking the health and wellbeing of the nursing workforce with patient outcomes, therefore, for the benefit of both staff and patients it is essential that staff are supported to recover and work in a safe environment (West, 2013; West et al, 2020).

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