Royal College of Nursing

UK Staffing for Safe and Effective Care: State of the nation's nursing labour market

RCN biannual report February 2022

SAFE STAFFING SAVES LIVES

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Contents

1. Foreword 4
2. Executive summary 5
3. Introduction 6
4. Nursing before the pandemic 8
5. The nursing workforce gap 11
6. UK-level data 12
7. What is needed? 33
8. Progress across the UK 34
9. References 38

1. Foreword

We all have the right to safe and effective care. It is right that we expect health and care professionals to look after us effectively, in a timely and compassionate way. And this is exactly the quality of care that nursing staff across the UK strive to provide each and every day.

Even though there has never been more pressure on health and care services across the UK than there is now, nursing staff have continued to advocate for safe and effective practices and working conditions. The COVID-19 pandemic has taken its toll but nurses in all areas still go above and beyond to provide the safest care possible.

However, it is clear that those making decisions about health and care services are not fully playing their part in supporting this minimum expectation for safe care that we all have.

If governments across the UK are serious about delivering safe care, then they must step up. They must take steps to understand what they need to do to grow and sustain the supply of UK nurses. They must be willing to invest in the health and care workforce to deliver the service and the outcomes policy makers say they want to protect.

Nursing staff must be protected and supported with proper safe and effective workplace conditions. And nursing must be valued and respected with appropriate pay for the level of responsibility, knowledge and skill for the safety critical work they do.

The RCN is not assured that workforce requirements are properly understood across the UK. Nor are we assured that all governments are using all policy and funding solutions available to them to ensure staffing for safe and effective care.

Enough is enough. The RCN will not relent in our mission to hold policy makers to account for safe staffing. Now is the opportunity for us all to speak up, together, on what matters the most: safe and effective care for everyone.

Pat Cullen
General Secretary & Chief Executive (Interim)

2. Executive summary

In the past two years, the complex external context has only highlighted and exacerbated existing, long-standing issues with health and care workforce supply and retention in the UK. This report sets out the nursing workforce picture in the UK – as far as the limited and inconsistent data allows.

Going into the COVID-19 pandemic, in January 2020, 73% of nursing staff surveyed by the RCN said that the staffing levels on their shift were not sufficient to meet all the needs of the patients safely and effectively. One in five (19%) said they felt unable to raise their concerns about staffing levels and patient care. Nursing staffing levels were not acceptable to staff or patients then – and this will not have improved given that demand has only continued to build during that time.

One in five nursing registrants in the UK are 56 years of age or over and due to retire in the next few years, perhaps earlier given the intolerable pressures they are experiencing.

The increase in the number of student acceptances – including the move in England to a student loan model in 2017 – does not reflect the size of sustained increase to nursing supply needed over this period.

Only 56% of new people joining the UK nursing register in 2021 were educated and trained in the UK. A long-standing reliance on international nursing workforce clearly continues to grow – potentially at a cost to other countries needing to retain their workforce.

The data presented in this report shows that the swelling in the numbers of nursing staff registered or working in the UK during the pandemic, is starting to drop. Health and care systems across the UK are now well past the point of crisis in terms of having sufficient staffing for safe and effective care.

Robust policy and investment measures for the short and long term are clearly required as a matter of urgency. As a minimum, every country in the UK must have accountability for health and care workforce enshrined in legislation, and every country must have a government funded health and care workforce plan, including fair pay for nursing staff.

3. Introduction

The nursing workforce is at the heart of health care in all settings. Nursing is uniquely positioned, as a profession, to support the public, drive prevention and play a part throughout an individual's entire care journey – from diagnosis, in crisis, and in ongoing treatment and management of a health condition, right the way through to end-of life care. Nursing staff work in primary and secondary care as well as public health and social care. When the nursing profession is under resourced, and under intolerable pressure, there isn't a single part of any health and care system that isn't affected.

Any unfilled nursing post in the UK, in any setting, compromises the quality of care received by patients and clients, and compromises their safety. There is a clear body of evidence that shows a direct link between nursing staffing levels and patient safety outcomes. This includes evidence that for every day that a patient is on a ward with fewer nurses than average, the chance of the patient dying increased by 3% (Griffiths P et al., 2019).

The World Health Organization (WHO) has made clear in their recent Global Strategic Directions on Nursing and Midwifery that governments should focus on actively strengthening efforts in nursing education, jobs, leadership and service delivery (WHO, 2021b). The RCN does not see the UK Government or governments across the UK clearly delivering on their commitment to this direction as a WHO member state.

The Royal College of Nursing (RCN) expects governments across the UK to take these risks seriously - to not only mitigate further loss to the workforce, but to take decisive action to grow the UK's domestic nursing workforce, significantly, using all and any policy and funding solutions available to achieve this aim. This includes paying nursing staff fairly for the work they do.

The past two years have revealed the extent of how ill-prepared the UK was for any further pressures on health and care systems in meeting the needs of the population. This mounting pressure continues to present grave risks to patients and the population, first and foremost. However, the risks to nursing staff – and to staff recruitment and retention as these pressures continue with no apparent let-up – must not be underestimated.

The nursing profession leads the way in infection prevention and control, and the management of vaccination programmes across the UK. They have stepped up in ways far beyond the scope of their normal everyday practise. And in return for this unwavering dedication, when their employers were unable to provide personal protective equipment (PPE), many colleagues were forced to use their own homemade PPE. Much of the nursing workforce has been unsupported when suffering the effects of long-COVID.

The public came out in support of nursing, but the same recognition and any meaningful support has not been mirrored by policy makers across the UK. In an RCN survey of nursing staff during the pandemic, 74% of respondents felt more valued than they did before the pandemic by the general public, 58% felt more valued by the media and 54% felt more valued by patients or people who use services (RCN, 2020a). Yet, only 18% stated they felt more valued by the government in their part of the UK.

4. Nursing before the pandemic

Going into the pandemic, health and care systems were on the backfoot due to nursing workforce shortages. At the beginning of 2020, the RCN invited nursing and midwifery staff from across the UK to describe their experiences of staffing levels the last time they were at work. The RCN survey was open to all nursing and midwifery staff working in different settings across the country and we received nearly 27,000 responses detailing staffing levels, how these affected patient care and how our members felt after work.

Throughout this section, we refer to experience regarding the 'last shift' to mean the last time somebody was at work, although we recognise this is not a universal term across all settings where nursing and midwifery staff work.

The responses provide a picture of what RCN members were already facing, in settings across the UK. We have not published this data before now due to the immediate shift in the health and care landscape for staff and patients from February 2020, however it is important and helpful to see the reality of staffing levels even before the added pressures of responding to COVID-19 and the subsequent backlog in patient care.

Here we provide key findings from this survey. [More information about the respondents to the survey and data tables can be found in Appendix A.]

Of those who responded and had knowledge of both planned and actual staffing levels, they identified how many staff were on their last shift, and how this compared to the planned numbers. The responses are a stark warning shot. Across the UK, almost six in 10 (58%) respondents reported a shortfall of registered nursing staff planned for their shift.

The staffing shortfall was not limited to registered nurses. Over half (51%) of respondents said there was a shortfall of at least one health care support worker on their shift.

We analysed responses from those who gave both planned and actual numbers of staff on each shift.

Nearly three quarters of respondents (73%) said that the staffing levels on their shift were not sufficient to meet the needs of the patients safely and effectively.

We are clear that the role of the senior nurse should be protected. They need space and time to be able to manage the team, make decisions and deal with situations that may arise. They should not be counted within the staffing numbers for that shift. We therefore asked respondents about the supervisory status of the nurses in charge. Only around one in four (27%) respondents told us the lead nurse held a supervisory status on their last shift, demonstrating that staffing was not sufficient, and the effective supervision of the accountable nurse of staff and care could be at risk.

Impact of nursing staffing levels on patient care

Over half (57%) of respondents felt that patient care was compromised on their last shift, and only a third (37%) said it was not compromised.

Respondents working in hospitals were most likely to say that care had been compromised (61%) compared to 44% of those working in the community.

We asked those who believe care had been compromised to state any reasons for this. The most common reason given was that there were not enough registered nurses (75%), the second most common reason (60%) was that there were not enough support staff.

Over a third of respondents (38%) said that they had to leave necessary care undone due to a lack of time.

Only around one in four (23%) respondents agreed they had enough time to provide the level of care they would like.

46% were concerned about skill mix and over a quarter (27%) were concerned that support staff were being expected to perform the duties of registered staff.

Only a quarter felt they had the time to support relatives and those of importance to the patient or service user.

One in five (21%) told us that clinical care took place in an inappropriate setting. However, this rose to 65% in A&E and urgent and emergency care.

Impact on nursing staff

Only 38% of respondents felt satisfied with the care they had provided and the job they had done. Only one in five (21%) respondents felt fulfilled after their last shift, twice as many (43%) felt demoralised.

Almost half (47%) felt exhausted and negative, compared to over a third (36% who felt exhausted but positive.

Taking breaks and working additional hours

We also asked about the working conditions on the last shift. The RCN is clear that it is not safe or acceptable for nursing staff to go without breaks.

Three in five (59%) were unable to take the breaks they were supposed to. Having the opportunity to take breaks varied across settings. Seven in 10 (70%) respondents working in a care home were unable to take their breaks as were a similar proportion (68%) of respondents working in the community. Respondents working in other settings were more likely to have been able to take breaks but still over half (55%) of those working in hospitals were not able to and neither were 57% of those working in non-hospital urgent and emergency care.

Almost two thirds (65%) worked additional hours. Furthermore, nine in 10 (90%) were unpaid for working these additional hours. Respondents working in the community were

most likely to have worked additional hours (73%), compared to 69% of those working in a care home and 62% of respondents working in a hospital.

Respondents working outside of the NHS were more likely to be paid for additional hours (22%) compared to those working for the NHS (8%).

Raising concerns

It is vital that all nursing staff feel able and supported to raise concerns relating to staffing levels or patient care being compromised.

Nearly one in five (19%) said they felt unable to raise their concerns.

Of those who did raise concerns, only two in five (40%) were able to say that action had been taken to address the issue. A similar number (38%) said no action had been taken, and one in five (21%) did not know if any action had been taken.

The RCN's 2020 survey results clearly demonstrate that going into the pandemic, nursing staff were already concerned about insufficient staffing levels, and for the impact on safety and effectiveness of care, even before the needs of the UK changes and increased beyond all recognition. The RCN is clear that nursing staff can only keep going for so long without any credible solutions to the health and care workforce crisis in sight, and with no real recognition of their contribution.

5. The nursing workforce gap

The pre-existing nursing workforce vacancies across the UK now face increased risk to recruitment and retention. Insufficient sustainable nursing supply to meet the needs of the population will undoubtedly lead to risks in service quality, and to patient care and outcomes. Any recent increases in nursing staff working in health services anywhere in the UK will include registrants who have joined or returned to the NHS since the start of the COVID-19 pandemic as part of the response needed during this time, and there is a high risk that this will not be sustained.

Yet governments across the UK are yet to publish fully funded health and care workforce strategies to ensure sufficient demand-led workforce planning to meet the needs of the population now and in the future.

We conducted a further survey in May 2020, to understand the extent to which RCN members felt valued by the public, by their employers and by their governments (RCN, 2020a).

Nearly three quarters of respondents (73%) said higher pay would make them feel more valued. This was reported by all staff in every sector of health and social care, whether they are considering leaving the profession or not. Despite this, nursing staff pay still does not reflect their level of skill and responsibility.

RCN members need to know that their governments are taking credible action to ensure nursing workforce supply to enable safe staffing levels in every care setting. Instead, the data shows a sustained over-reliance on international workforce in the context of under-investment the growth and development of domestic UK-registered nurses, and an immigration system that prevents recruitment to the social care workforce.

In this report we present key data points from publicly available data which illustrates the current size and shape of the nursing workforce in the UK, and in individual countries. It is important to note that data indicators are not consistent across the UK. Data sets do not link together in any coherent way to support a clear understanding of:

- where nursing staff are employed in the UK (for example, care services or sectors)
- attrition rates of nursing students or the wider workforce.

6. UK-level data

Applicants and acceptances to nursing degree courses

This section looks at data and trends regarding the number of applicants and acceptances to a nursing course in higher education institutions (HEI) in the UK, as a key indication of numbers of new entrants into the UK nursing profession (UCAS, 2021).

Data published by the Universities and Colleges Admissions Service (UCAS) is the only data available to stakeholders outside the system reflecting the size and makeup of the UK domestic nursing supply. The information presented below includes dental nursing, midwifery and continuous professional development (CPD) courses/modules. It does not represent the true number of individuals that applied and were accepted to pre-registration nursing courses.

For instance, analysis from bespoke UCAS data obtained by the RCN showed that when courses not leading to nursing registration are removed, across the UK, since 2015, almost 25,000 individuals have been accepted to nursing courses other than pre-registration nursing.

Analysis conducted by the Royal College of Nursing using filtered data purchased from UCAS on the number of applicants and acceptances to the Nursing & Midwifery Council approved pre-registered nursing courses from 2015-2020 shows fewer number of applicants and acceptances when the courses that do not lead to registration are removed. However, filtered data for this reporting period is not yet available for purchase, for further analysis.

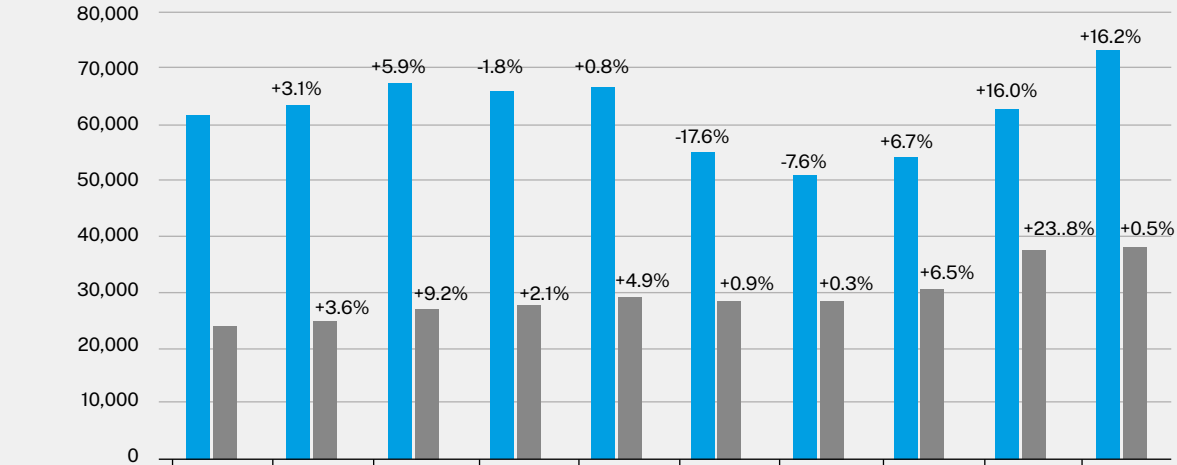
A recent UCAS report focusing on applicants and acceptances, at universities in England, only corroborates this finding, stating: 'at the end of the 2021 cycle, 25,105 applicants had been placed on nursing courses'. This highlights that published data for 2021 shows 5,080 individuals accepted onto alternative courses that do not lead to registration (UCAS, 2022).

Publicly available UCAS data for 2021, shows a record high number of 73,085 applicants to nursing courses in the UK – bearing in mind the above caveat that this data includes applicants and acceptances to nursing courses that do not lead to registration. This represents an increase of 16.2% (10,165 more applicants) compared to 2020.

Figure 1 below shows the trend in applicants and acceptances to nursing courses between 2012 and 2021 across the UK. The positive trend observed between the 2019 and 2020 application cycle continued in 2021.

After the sharp increase in the number of acceptances observed between 2019 and 2021 when 7,240 (a 23.8% increase) more applicants were accepted into nursing courses, the number of placed students seems to have stabilised with only a 0.5% (+175 acceptances) increase in 2021 as compared to 2020.

Figure 1: Nursing applicants and acceptances in the UK, with year-on-year percentage changes, 2012-2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Applicants	61,770	63,675	67,415	66,190	66,730	54,985	50,805	54,225	62,920	73,085
Acceptances	23,835	24,700	26,965	27,535	28,890	28,620	28,540	30,390	37,630	37,805

Source: Universities and Colleges Admissions Service (UCAS) - Nursing applicants and acceptances by declared country of domicile

Table 1 below shows the number of placed applicants to UK university nursing programmes by declared country of domicile. Over three-quarters (77.3%) of all applicants are domiciled in England. Between 2016 and 2021, the number of accepted applicants from outside the European Union (EU) increased by 533.3% between 2016 and 2021 (320 additional accepted applicants), whereas the number of placed applicants from the EU decreased by 27.2% (140 fewer acceptances). The number of placed applicants domiciled in each of the UK countries has increased significantly since 2016.

Table 1: Placed applicants to nursing programmes in the UK, with percentage change

Domicile	2016	2017	2018	2019	2020	2021	% Change 2016-21	% Change 2016-21
England	22,630	22,045	21,745	23,060	28,920	29,240	29.2%	1.1%
Northern Ireland	1,105	1,090	1,090	1,110	1,340	1,305	18.1%	-2.6%
Scotland	2,950	3,225	3,375	3,655	4,410	4,365	48%	-1%
Wales	1,630	1,730	1,785	1,925	2,110	2,140	31.3%	1.4%
EU (excluding UK)	515	425	410	410	480	375	-27.2%	-21.9%
Not EU	60	105	135	235	370	380	533.3%	2.7%
Total	**27,535**	**28,620**	**28,540**	**30,390**	**37,630**	**37,805**	**37.3%**	**0.5%**

Source: Universities and Colleges Admissions Service (UCAS) - Accepted applicants by declared country of domicile

Table 2, overleaf, shows the number of placed applicants by country of provider. The table shows that 80% of all UK acceptances to a nursing programme were to providers located in England. The overall number of acceptances in 2021 reached a record number of 37,810 placed students, representing a 30.9% increase compared to 2016. Between 2020 and 2021, only Northern Ireland and Scotland data show a decrease in the number of placed applicants, with 125 (-11.1%) and 175 (-3.7%) fewer acceptances, respectively. As mentioned, this data must be used with caution.

Table 2: Placed applicants to nursing courses in the UK by country of provider

Domicile	2016	2017	2018	2019	2020	2021	% Change 2016-21	% Change 2016-21
England	23,280	22,575	22,200	23,630	29,740	30,185	29.7%	1.5%
Northern Ireland	760	805	855	910	1,125	1,000	31.6%	-11.1%
Scotland	3,350	3,615	3,725	4,040	4,785	4,610	37.6%	-3.7%
Wales	1,500	1,625	1,760	1,815	1,985	2,015	34.3%	1.5%
Total	**28,890**	**28,620**	**28,540**	**30,395**	**37,635**	**37,810**	**30.9%**	**0.5%**

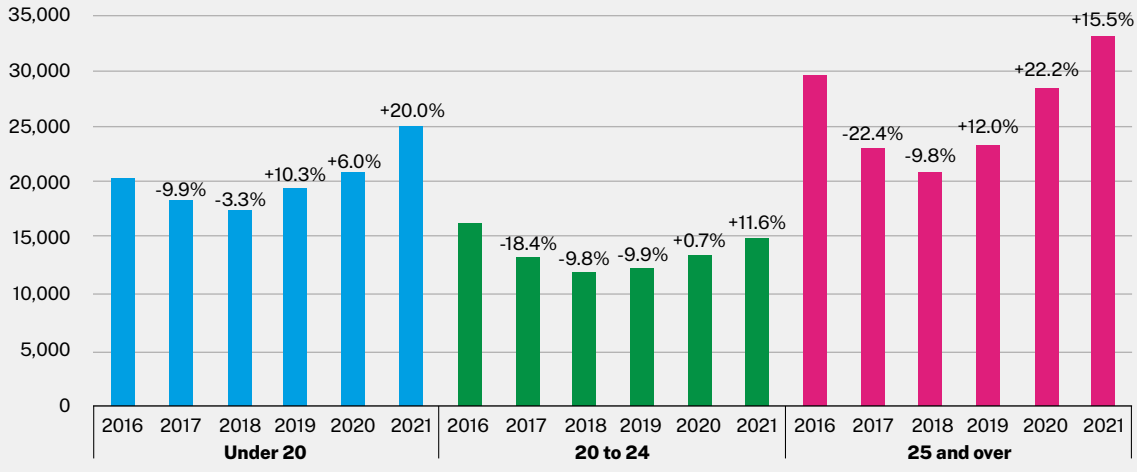
Source: Universities and Colleges Admissions Service (UCAS) - Placed applicants by country of provider

Applicants and acceptances by age

The following section looks at the number of applicants and placed applicants to a nursing course in the UK according to the age profile.

Figure 2 shows that between 2020 and 2021 there were increases in the number of applicants for all age groups, with the increase being relatively more significant among those under the age of 20 (20% or 4,175 more applicants) and those aged 25 and over (15.5% or 4,425 more applicants). Applicants from these two age groups account for 80% of the total number of applicants to nursing programmes. The age group that shows a decrease in the number of applicants was the 20 to 24 years old group, with 8% decrease (1,365 fewer applicants) between 2016 and 2021, compared to 22.3% and 10.6% increases among the under 20s and 25 and over age groups, respectively.

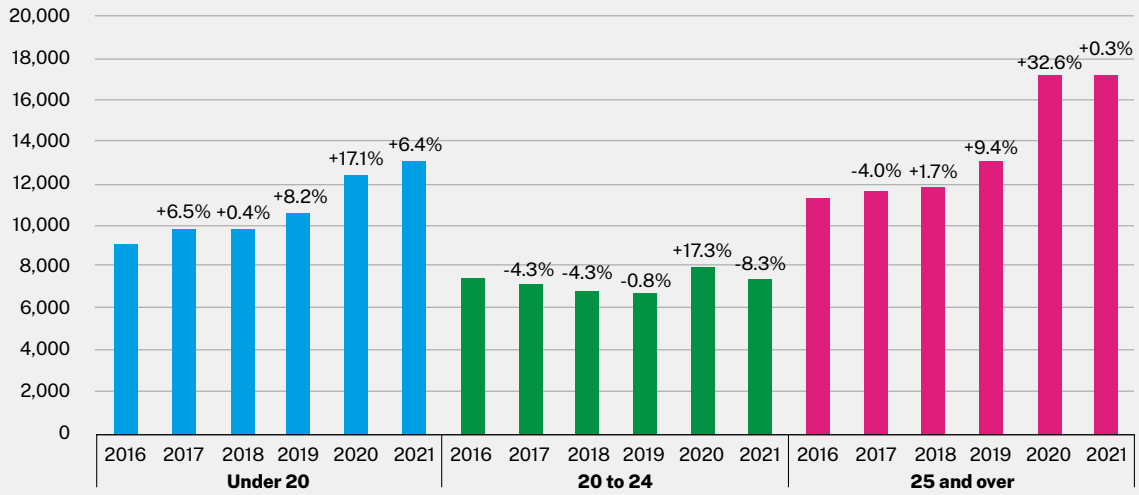
Figure 2: Applicants to nursing programmes by age, and year-on-year percentage change, 2016-2021



Source: Universities and Colleges Admissions Service (UCAS) - Applicants by declared country of domicile

Figure 3 shows the age profile of placed applicants. Between 2020 and 2021, there was a decline in the number of placed students aged 20 to 24 (-8.3% or 655 fewer acceptances). By contrast, the number of acceptances among those under the age of 20 and those aged 25 and over grew by 6.4% (+790) and 0.3% (+50), respectively. Between 2016 and 2021, the number of acceptances among the 20 to 24 years old age group has decreased by 2.3% (-175) compared to an increase of 44.1% among the under 20 age group (+4,035) and 53.9% among those aged 25 and over (+6,060).

Figure 3: Placed applicants (acceptances) to nursing courses in the UK by age, and year-on-year percentage change, 2016-2021



Source: Universities and Colleges Admissions Service (UCAS) - Accepted applicants by declared country of domicile

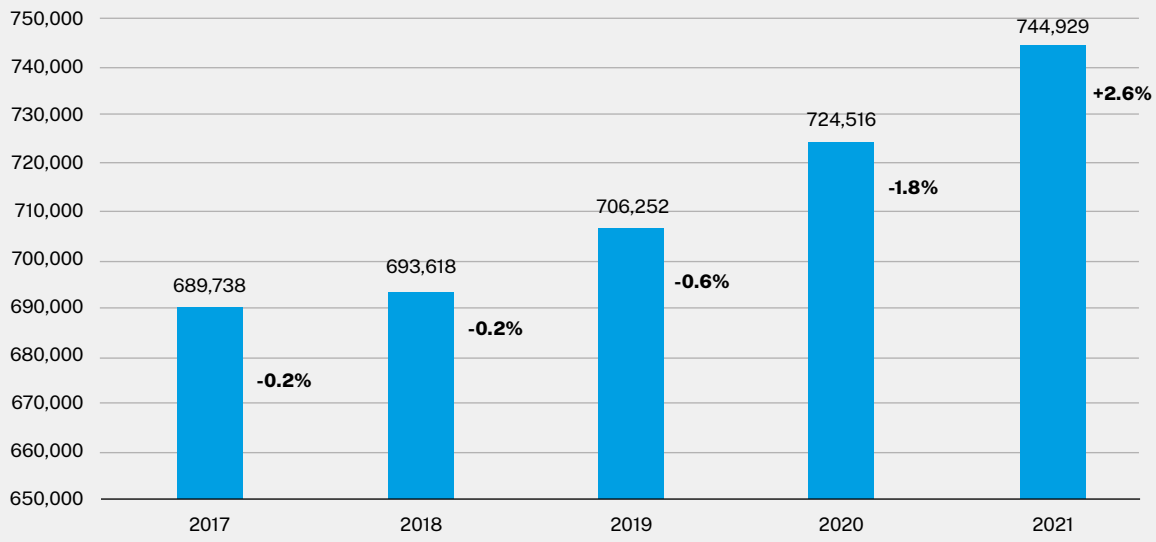
Nursing register data

This section presents data from the nursing register, held by the nursing regulator, the Nursing and Midwifery Council (NMC). This provides recent trends in the number of nurses, midwives and nursing associates registered to practice in the UK. This includes registrants educated in the UK, as well as the internationally educated and recruited nursing workforce. This data set does not capture which sectors or roles registrants work in and will include a wide range of public and independent sectors, including education.

Latest NMC data shows that the overall number of nursing registrants has increased in the last year - largely due to international recruitment. However, the number of leavers has also increased compared to the same period in previous years, which suggests we are now starting to see a drop in numbers.

NMC registration reports show that there are 744,929 nurses, midwives and nursing associates on the register as of September 2021, which is an increase of 20,413 (2.8%) since September 2020 (NMC, 2021). At the time of reporting, there were also 14,630 nurses and midwives on the COVID-19 temporary register and between April and September 2021, 1,361 nursing professionals left the temporary register to join the permanent one.

Figure 4: Total number of NMC registrants, with year-on-year percentage changes (September 2017 - September 2021)



The following table breaks these figures down into more detail, by type of registration. Since September 2017, there has been a 7.2% increase in the number of nurses, a 12.6% increase in the number of midwives and a decrease of 16.7% dual registrants. The register opened to nursing associates when this role was introduced in England in 2019. Between September 2020 and September 2021, there has been an increase of 103.5% (+2,802) registered nursing associates.

Table 3: Number of NMC registrants by registration type (September 2017 - September 2021)

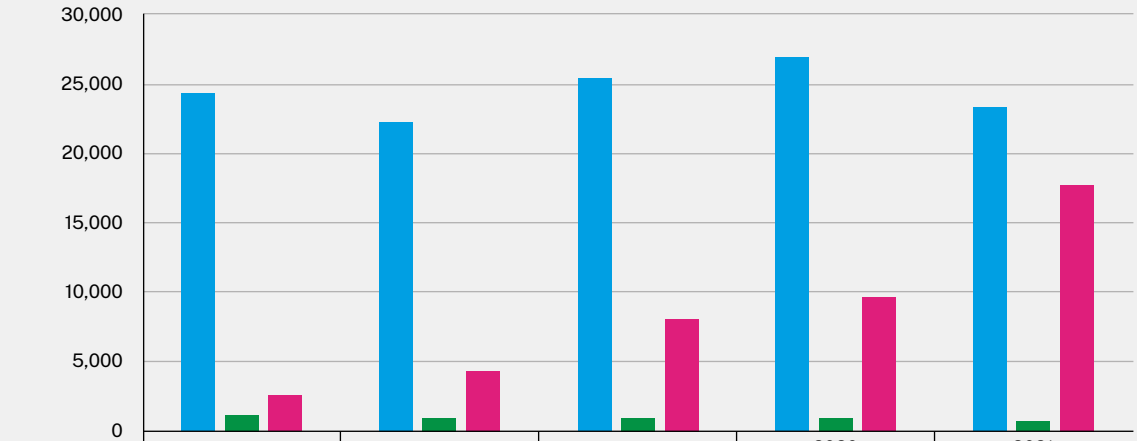
Registration Type	2017	2020	2021	% Change 2017-21	% Change 2020-21
Midwife	35,217	38,855	39,664	12.6%	2.1%
Nurse	646,243	675,803	692,858	7.2%	2.5%
Nurse and midwife	8,278	7,151	6,898	-16.7%	-3.5%
Nursing associate	N/A	2,707	5,509	N/A	103.5%
Total	**689,738**	**724,516**	**744,929**	**8%**	**2.8%**

Prior to 2021 the number of leavers was decreasing year-on-year. However, the data indicates a change in direction in 2021, with more people leaving the register than in 2020. In 2020, 24,142 NMC registrants left the register, compared to 26,863 in 2021 - an increase of 11.3%.

This suggests that many who may only have stayed to support the workforce during the pandemic, are now starting to leave the register. There is significant risk that the number of leavers will continue to increase in the coming years, especially as the pandemic eases, without significant intervention to improve recruitment and retention.

Looking at new entrants to the NMC register ('joiners'), the overall number (including UK, EEA and non-EEA registrants) stood at 41,664 in September 2021 – a rise of 11.6% from September 2020. This is largely accounted for by a significant rise in the number of entrants first registered outside the EEA.

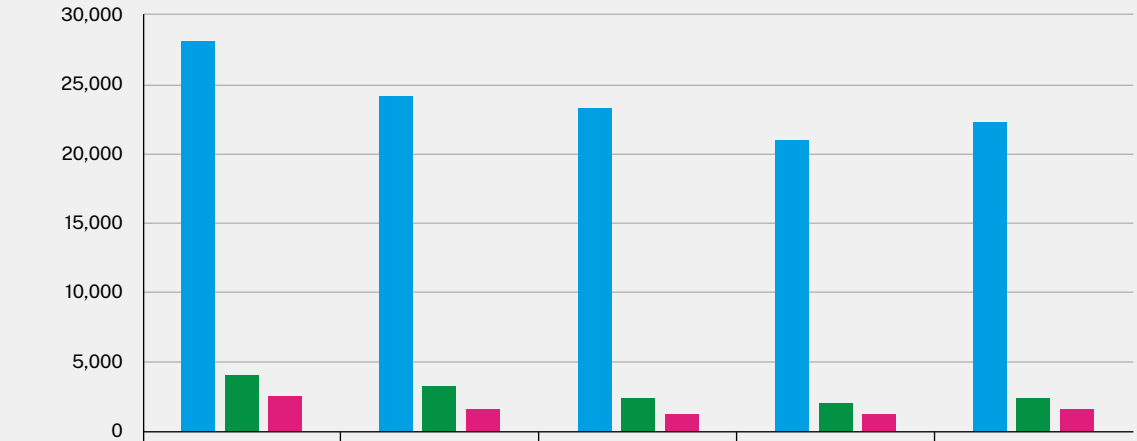
Figure 5: Number of new entrants to the NMC register (September 2017 - September 2021)



	2017	2018	2019	2020	2021
UK	24,202	22,168	25,309	26,837	23,263
EEA	1,107	888	885	937	710
Outside EEA	2,474	4,194	8,009	9,548	17,691
Total	**27,783**	**27,250**	**34,203**	**37,322**	**41,664**

This 'joiners' data indicates again that the UK is disproportionately over-reliant on international recruitment to grow the workforce with inequitable growth in the domestic workforce. In 2021, a total of 26,863 registrants left the NMC register.

Figure 6: Number of leavers from the NMC register (September 2017 - September 2021)



	2017	2018	2019	2020	2021
UK	27,997	24,046	23,113	20,558	22,667
EEA	4,026	3,548	3,081	2,250	2,375
Outside EEA	2,238	1,846	1,498	1,334	1,821
Total	**34,261**	**29,440**	**27,692**	**24,142**	**26,863**

Nursing and age

The register data shows that the proportion of older registrants has grown over the last few years. Overall, as of September 2021, one in five (21.2%) are aged 56 and therefore approaching retirement age, meaning we could see a large drop in numbers in the coming years.

Figure 7: Registrants by age, September 2017 compared to September 2021

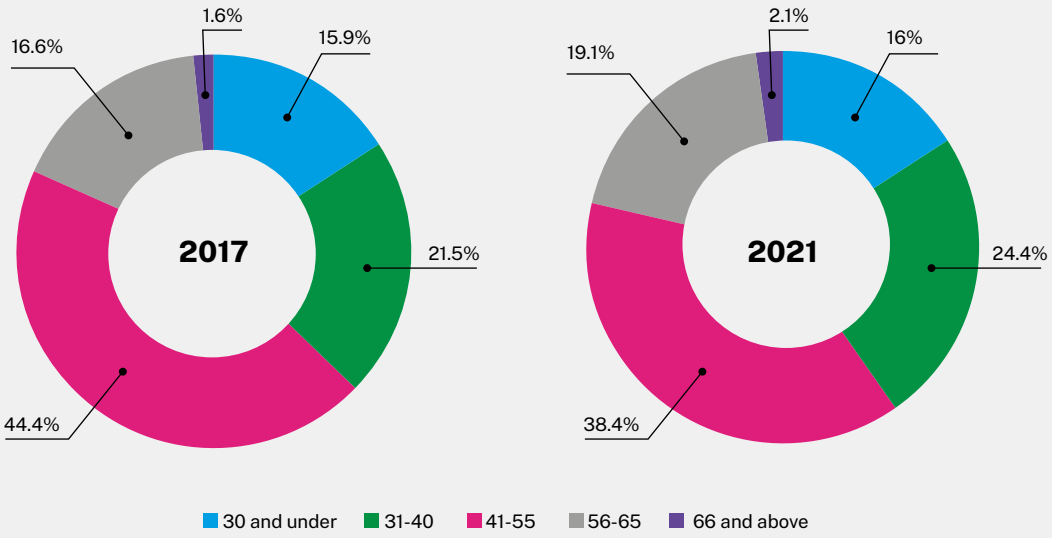


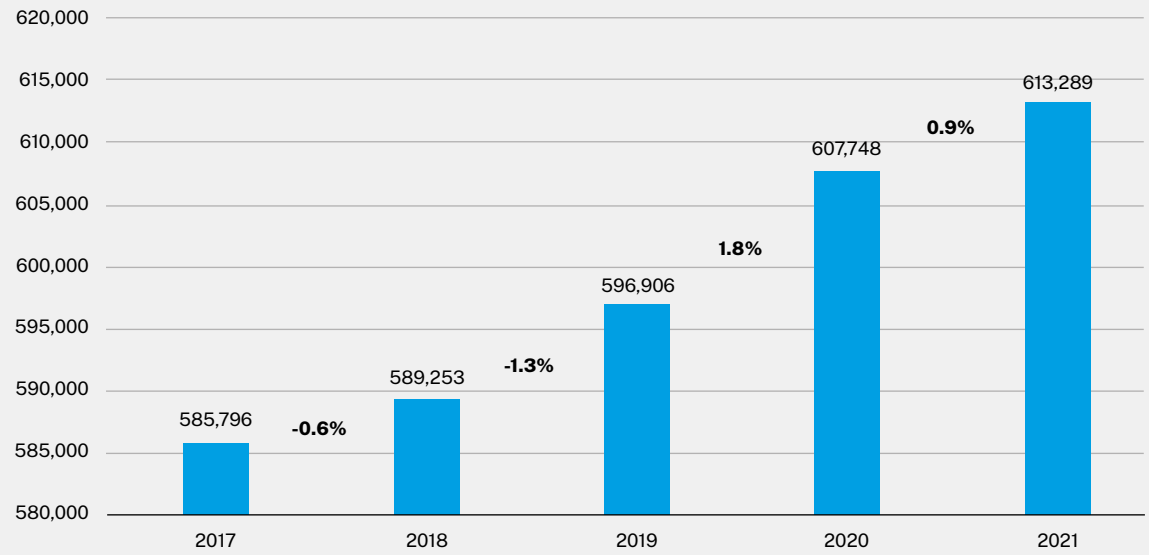
Table 4 below shows the breakdown of registrants across the four fields of nursing practice: adult, children, learning disabilities and mental health. One nurse or midwife can register under multiple fields of practice.

Across the four fields of practice in September 2021, three quarters (74.9%) are adult nurses, 7.3% are children's nurses, 2.3% are learning disability nurses and 12.4% are mental health nurses. Since 2017, the only field with a decrease in the number of registrants was learning disability nursing (-1.0%).

Field of practice	2017	2020	2021	% Change 2017-21	% Change 2020-21
Adult	526,412	544,361	558,068	6%	2.5%
Children	49,590	53,539	54,715	10.3%	2.2%
Learning disabilities	17,470	17,494	17,288	-1%	-1.2%
Mental health	88,659	91,215	92,107	3.9%	1%

Below shows that of the total number of registrants, 613,289 (82.3%) professionals first registered in the UK.

Figure 8: number of nurses, midwives and nursing associates whose initial registration was in the UK, with year-on-year percentage changes (2017-2021)



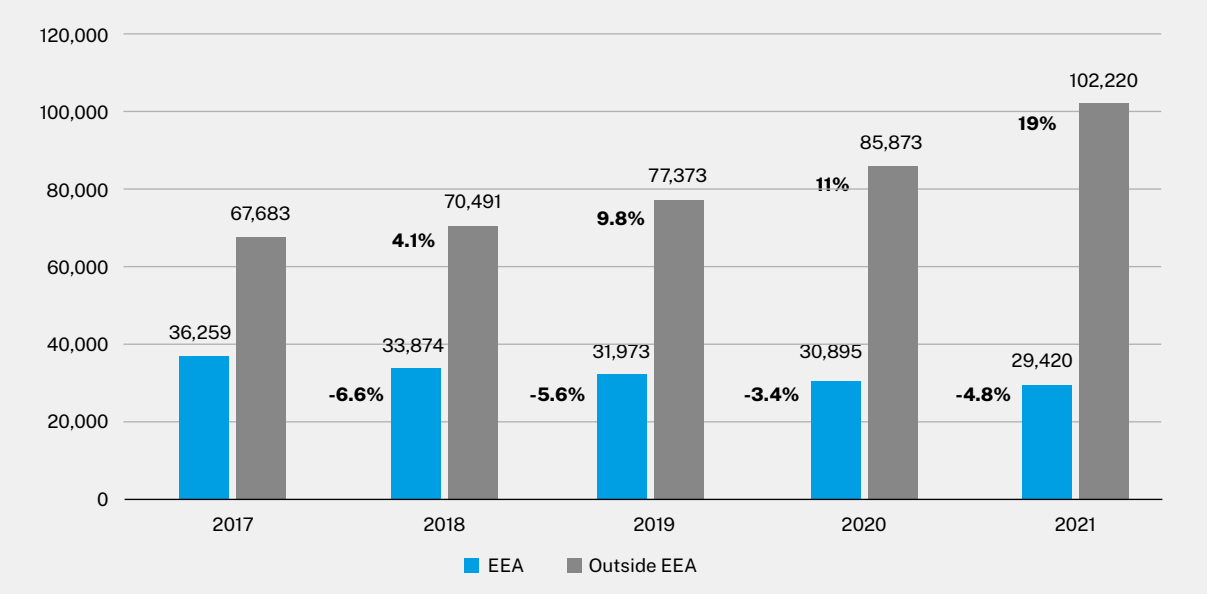
The below table shows the number of registrants according to their country of initial registration.

Table 5: Number of NMC registrants by country of initial registration (2017-2021)

Country of initial registration	2017	2020	2021	% Change 2017-21	% Change 2020-21
England	544,713	570,620	583,541	7.1%	2.3%
Northern Ireland	24,076	25,932	26,229	8.9%	1.1%
Scotland	68,826	70,998	71,822	4.4%	1.2%
Wales	35,851	37,291	38,053	6.1%	2.0%

Figure 9, overleaf, shows there are a further 29,420 (3.9%) nurses and midwives who trained in the EU or European Economic Area (EEA) and registered to work in the UK. In addition, 102,220 (13.7%) are nurses and midwives first registered outside the EEA. The majority of those registrants first registered outside the EEA qualified either in the Philippines (39.5%) or India (33.3%).

Figure 9: Number of nurses and midwives whose initial registration was in the EEA or outside the EEA, with year-on-year percentage changes (September 2017 - September 2021)



Since September 2016, the number of nursing professionals from the European Economic Area (EEA) has decreased by 24.5%. In the last year, the number of nurses and midwives first qualified in the EEA has fallen by 4.8%, while the number qualified outside the EEA has grown by 19.0%. This decrease has broadly coincided with the UK's decision to leave the European Union, with registered nurses and midwives choosing to leave the UK or not to move to the UK for work.

Since 2016, the number of professionals from outside the EEA has increased by 52.4% indicating that the UK continues to rely on international recruitment to meet staffing needs.

England

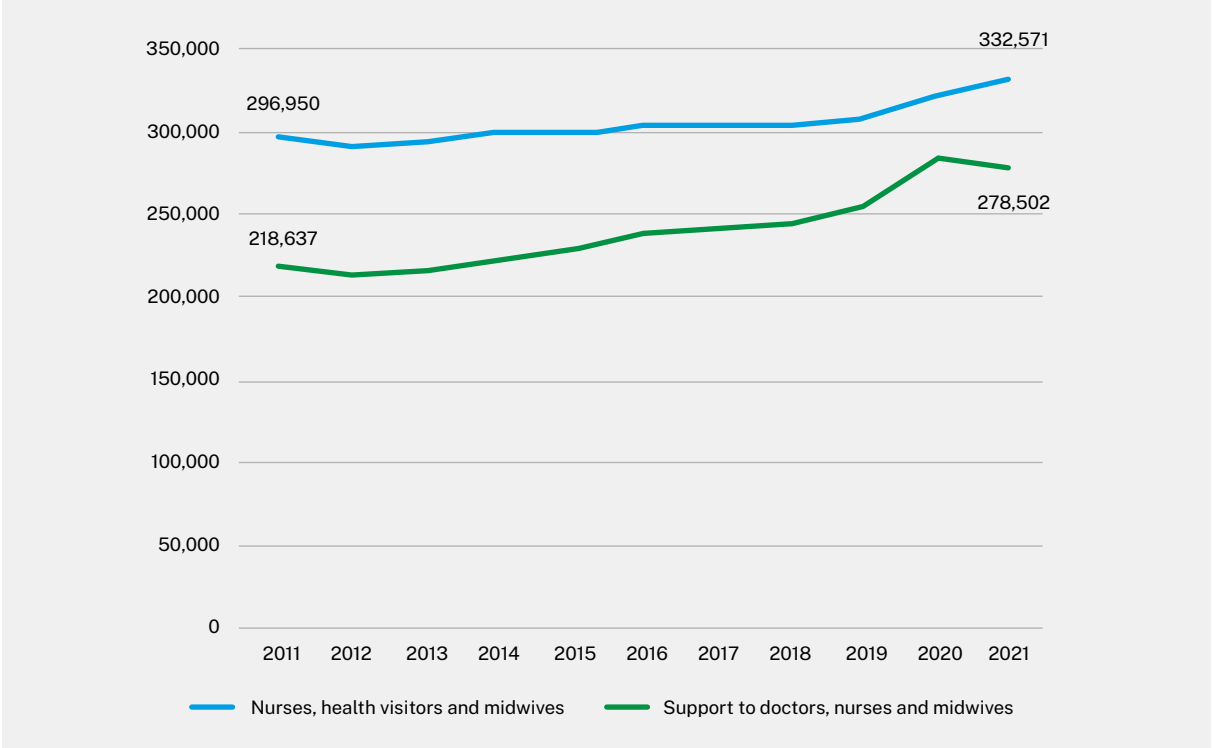
In England, publicly available data demonstrating the size of the nursing workforce currently in health and care services is limited to NHS provider organisations. There is no equivalent statutory workforce data publicly available for NHS commissioned and funded independent sector organisations). There has been an overall increase of 12% in the full-time equivalent (FTE) number of registered nurses, health visitors and midwives working in NHS provider organisations between 2011 and 2021 (rising from 296,950 to 332,571) (NHS Digital, 2021). Between 2020 and 2021, the number of registered nurses, health visitors and midwives has risen by 3%.

Figure 10, overleaf, shows the trend in registered nursing and midwifery staff and nursing support staff in the NHS in England between July 2011 and July 2021. It should be noted that the figures include staff who have joined or returned to the NHS since the start of the COVID-19 pandemic as part of the response needed during this time and is unlikely to be sustained.

There has been an overall increase of 27.4% increase in the numbers of support staff to doctors, nurses and midwives between 2011 and 2021 (rising from 218,637 to 278,502).

Between 2019 and 2020, the number of support staff to doctors, nurses and midwives rose by 10.9%, which largely reflected the number of nursing students on paid placements as part of the temporary COVID response. Since 2020, the number has fallen by 1.7% (NHS Digital, 2021).

Figure 10: Registered nursing and midwifery staff and nursing support staff in the NHS in England between July 2011 and July 2021



While there has been a 13.4% increase in the registered nurse workforce in the area of adult nursing between 2016 and 2021, this should be considered along the much higher rate of growth in the support workforce of 26.6%.

Table 6: England, registered nursing, midwifery and health visiting staff (FTE) by selected work area (2016-2021)

	2016	2020	2021	% Change 2016-21	% Change 2020-21
All	303,934	322,975	332,571	9.4%	3%
Adult nursing	176,873	192,913	200,647	13.4%	4%
Children's nursing	21,296	23,949	24,594	15.5%	2.7%
Community health nursing	35,901	36,286	37,562	4.6%	3.5%
Mental health nursing	35,321	37,315	38,131	8%	2.2%
Learning disabilities/ difficulties	3,453	3,206	3,109	-10%	-3.0%
Health visitors	9,385	6,632	6,289	-33%	-5.2%
Midwives	21,226	21,945	21,942	3.4%	0%

Source: NHS Digital

Table 7: England, support staff to doctors, nurses and midwives (FTE) by selected work area (2016-2021)

	2016	2020	2021	% Change	% Change
All	237,863	283,372	278,502	17.1%	-1.7%
Adult and general	86,971	113,150	110,103	26.6%	-2.7%
Children and young people	5,765	6,621	6,418	11.3%	-3.1%
Mental health	20,963	24,606	23,404	11.6%	-4.9%
Learning disabilities/ difficulties	4,718	3,658	3,536	-25.1%	-3.3%
Community services	14,780	17,047	17,006	15.1%	-0.2%
Maternity services	6,773	7,783	7,016	3.6%	-9.9%

Source: NHS Digital

Figure 11 below shows the number of vacancies and the vacancy rate from 2018 to 2021 in the registered nursing workforce in the NHS in England. Over this period, the number of vacancies started at 42,589 (12% vacancy rate) and peaked at 44,195 (12.3% vacancy rate) in the first quarter of 2019/20.

This data is a useful proxy source and can be best used to track trends across the system and the size of the gap in planned workforce. The number of vacancies published by NHS Digital shows the minimum number of vacancies. The latest available data (second quarter of 2021/22) on local vacancy rates highlights the variance across England, with the highest rates in London in (13.1%) and the South East (11.8%) and the lowest in the South West (7.8%).

Figure 11: Registered nursing vacancies (FTE) and vacancy rate, 2018-2021

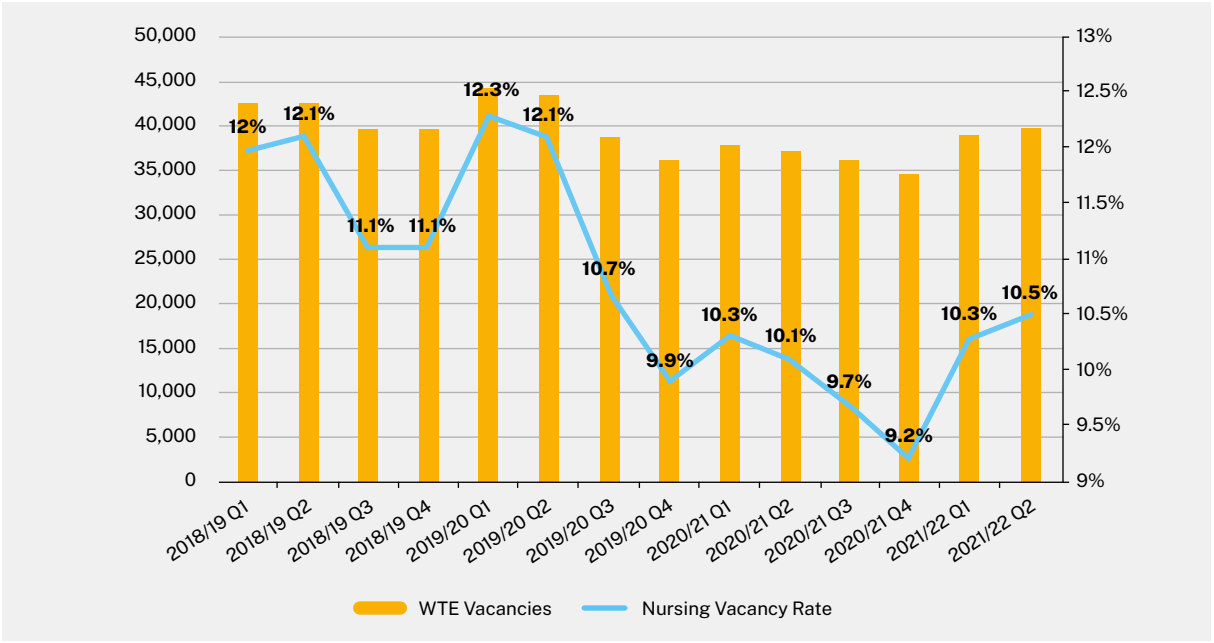
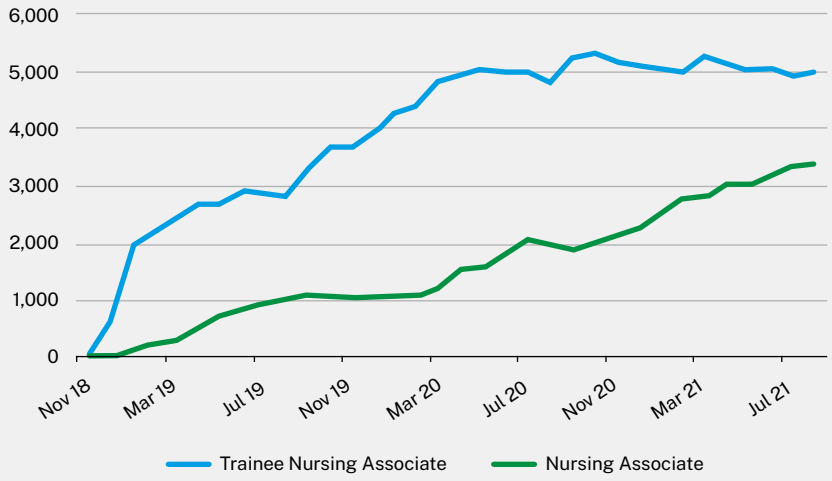


Figure 12, overleaf, plots the number of nursing associates and trainee nursing associates employed in the NHS in England since the introduction of the role. By July 2021, there were 4,923 trainee nursing associates and 3,350 nursing associates in the NHS workforce in England.

Figure 12: Nursing associates and trainee nursing associates, 2018-2021

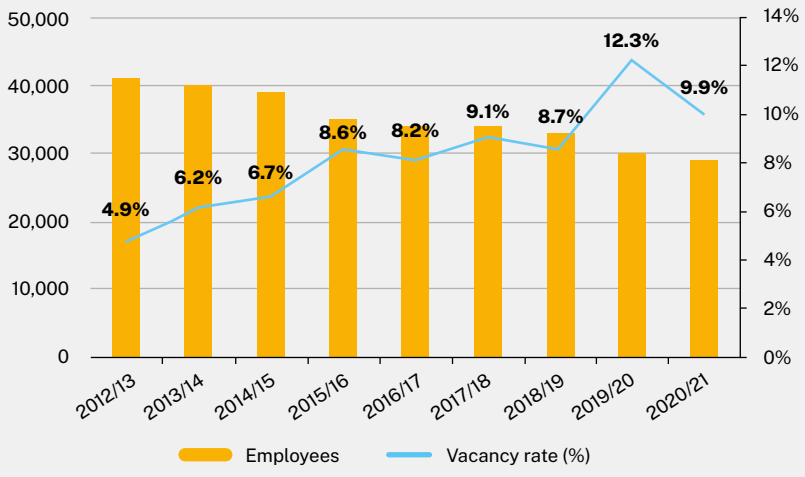


Data from Skills for Care provides an estimate of workforce numbers and vacancies in the adult social are sector outside the NHS in England in local authorities and across many individual providers in the independent care sector. Overall, there were an estimated 105,000 unfilled posts overall in English social care in 2019/20, equivalent to 6.8% of the workforce.

Among the registered nursing workforce, there were an estimated 29,000 registered nurse employees, representing a fall of 29.3% since 2012/13 from 41,000.

The registered nurse vacancy rate across this period, has risen from 4.9% in 2012/13 to 9.9% in 2020/21 highlighting the severe recruitment and retention problems faced by the sector.

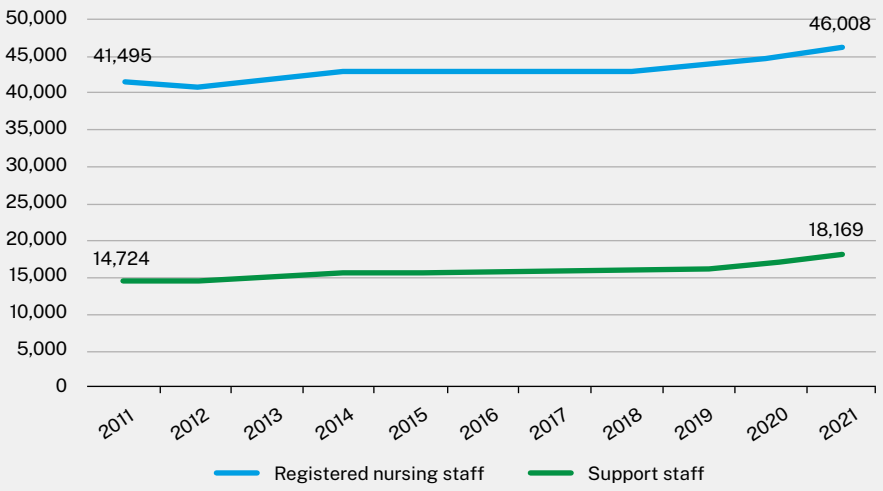
Figure 13: Registered nurses in adult care sector and vacancy rate, 2012-2021



Scotland

Figure 14 shows the NHS nursing workforce trend between 2011 and 2021, showing the latest available data at the time of publication (NHS for Scotland, 2021). There were 46,008 (FTE) in the registered nursing and midwifery workforce as at September 2021, representing a 3.2% increase over the previous 12 months. There were 18,169 (FTE) in the nursing support workforce as at September 2021 (annual increase of 6%), The increased nursing support worker workforce in June and September 2020 was largely reflective of the number of nursing students on paid placements as part of the temporary COVID-19 response.

Figure 14: Scotland, registered and non-registered nursing and midwifery staff (FTE) 2011-2021



Source: NHS Education for Scotland, Data at September

BACK TO CONTENTS

Table 8 provides a breakdown by selected work areas for registered nursing and midwifery staff (FTE). Table 9 provides the equivalent trend data for nursing support workers. In adult nursing, which constitutes the largest group, the registered workforce grew by just 2.8% between September 2016 and September 2021 while the nursing support workforce grew by 13.1%.

Table 8: NHS Scotland, registered nursing and midwifery staff by selected work area (FTE) 2016-21

	2016	2020	2021	% Change 2016-21	% Change 2020-21
All	43,043	44,591	46,008	6.9%	3.2%
Adult	23,702	24,114	24,375	2.8%	1.1%
Mental health	6,500	6,622	6,651	2.3%	0.4%
District nursing	2,866	2,933	3,075	7.3%	4.8%
Midwifery	2,258	2,308	2,310	2.3%	0.1%
Health visiting	1,739	1,937	1,916	10.2%	-1.1%
Paediatrics	1,580	1,543	1,631	3.2%	5.7%
Learning disabilities	675	606	615	-8.9%	1.4%

Source: NHS Edication for Scotland

Table 9: NHS Scotland, nursing and midwifery health care support workers by selected work area (FTE), 2016-21

	2016	2020	2021	% Change 2016-21	% Change 2020-21
All	16,051	17,141	18,169	13.2%	6%
Adult	10,018	10,858	11,328	13.1%	4.3%
Mental health	2,904	2,963	3,050	5%	2.9%
District nursing	640	710	763	19.2%	7.5%
Midwifery	487	611	622	27.7	1.8%
Paediatrics	468	509	508	8.5%	-0.2%
Learning disabilities	559	410	394	-29.5%	-3.9%
Health visiting	276	258	247	-10.5%	-4.3%

Source: NHS Edication for Scotland

Vacancy figures

There are gaps in the data shown in Figure 15 as no national NHS Scotland vacancy figures were published by NHS Education for Scotland for March, June or December 2020. This is because of reduced data reporting from NHS Boards due to the COVID-19 pandemic.

Figure 15 shows that total number of vacancies and the vacancy rate have both increased steadily since 2016. There were 5,761 FTE vacancies across the nursing and midwifery registered and support workforce at September 2021. The vacancy rate (8.2%) reached a record high in September 2021, rising from 7.1% in June 2021 and 6.6% in March 2021.

Figure 15: Number of vacancies and vacancy rate, nursing and midwifery workforce (2016-2021)

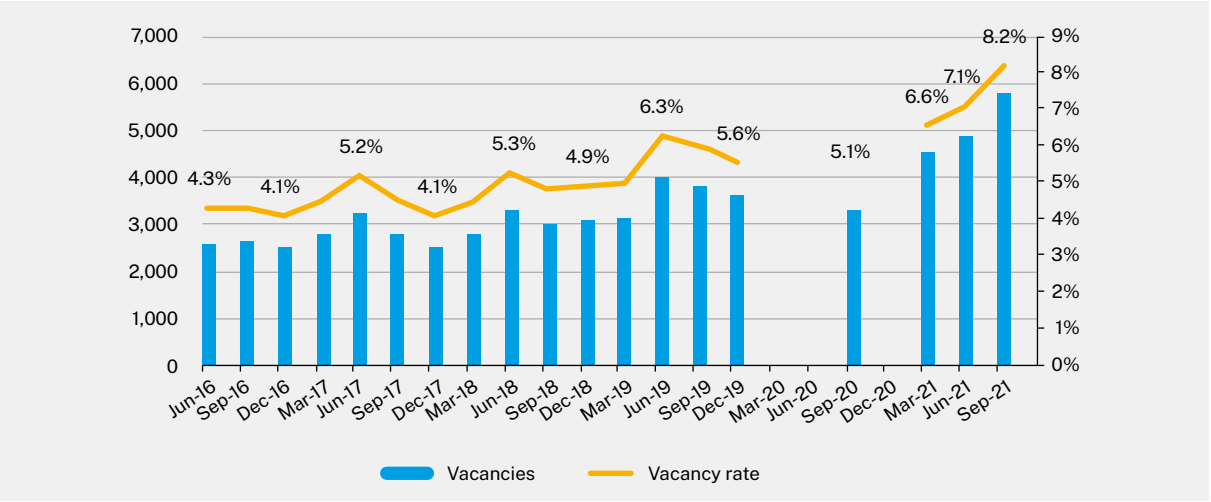


Table 10, overleaf, provides an estimate of the number of registered nurses employed in the social service sector in Scotland in 2020 and Table 11 shows the trend over the last five years. The data, which is collated by the Scottish Social Services Council and is the latest available data), shows that the majority (59%) are employed in care homes for adults, with a further substantial number (37%) employed by nursing agencies which introduce and supply registered nurses to independent and voluntary sector health care providers and to the NHS in Scotland.

Table 10: Nurses by sub-sector and employer type in the social service sector, 2020

	Public sector	Private sector	Voluntary sector	Total
Adult day care	10	-	-	10
Care homes for adults	30	3,890	320	4,230
Day care of children	10	-	-	10
Field work services (children)	50	-	-	50
Housing support/care at home	-	40	110	150
Nurse agencies	-	2,550	110	2,670
Offender accomodation services	-	-	10	10
Residential child care	20	0	10	40
School care accomodation	-	-	20	20
Total	**120**	**6,490**	**580**	**7,190**

Source: Scottish Social Services Workforce Data

Table 11: Nurses employed in the social service sector, 2016-20

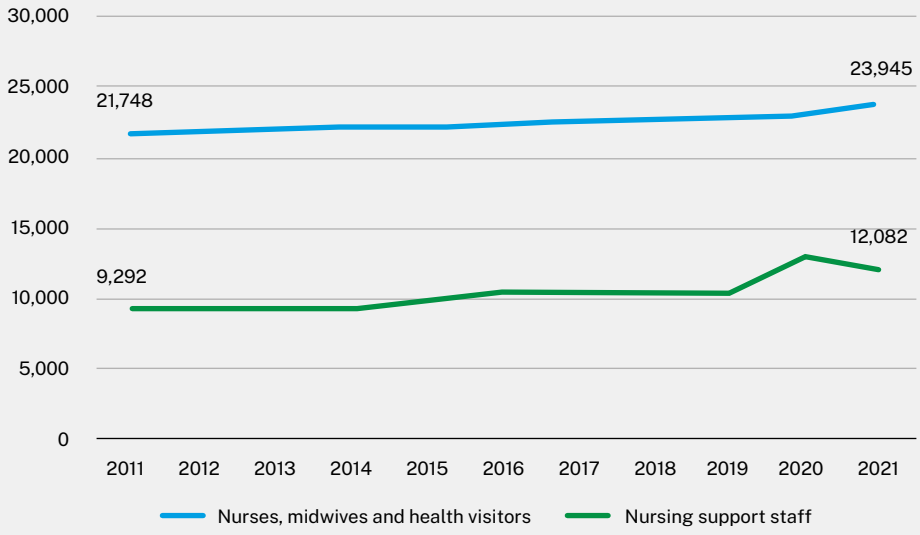
	2016	2019	2020	% Change 2016-20
Total registered nurses	6,630	7,390	7,190	8.4%

Source: Scottish Social Services Workforce Data, 2021

Wales

Figure 16 below shows that that number of registered nursing and midwifery staff has grown by 10.1% from 21,748 (FTE) in 2010 to 23,945 in 2021. The nursing support workforce has grown from 9,262 (FTE) to 12,082 (30%). The nursing support workforce grew by 22.5% between 2019 and 2020, largely reflecting the number of students on paid clinical placements. Since 2020, the number has fallen by 6.5%.

Figure 16: Wales, registered nursing and midwifery staff and nursing support staff (FTE) 2011-2021



Source: StatsWales Welsh Government (September figures up to 2020; then March 2021 figures)

Figure 17, overleaf, shows the trend in specific specialisms between 2011 and 2021 in the registered nursing workforce. The number of district nurses has decreased by 9.9% while the number of midwives (FTE) and health visitors have has increased by 20.1% and 17.4% respectively. Since 2017, the number of children's nurses has tripled from 303 to 966.

Figure 17: Wales, registered nursing staff in selected specialisms (FTE) 2011-2021

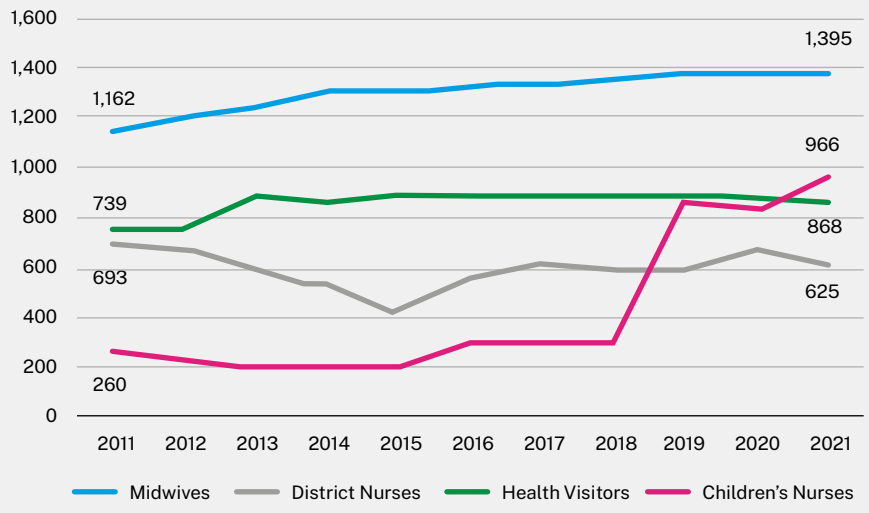


Table 12 shows the latest available data for the nursing workforce employed in general practice, which makes up approximately 25% of the total non-GP workforce of 7,617 across 404 practices.

Table 12: General Practice Nursing Workforce, 2020

Practice nurse	950
Advanced nurse practitioner	258
Extended role practice nurse	160
Nurse specialist	42
Trainee nurse	5
Nursing partner	3
Health care assistant/Apprentice	574

Source: Welsh Government (2021)

Looking at social care provision in Wales, the latest available data for 2018 shows that among the 1,300 individual, external care providers commissioned by local authorities in Wales, they employed an estimated 53,000 people. Of these 1,545 (3.5%) are registered nurses, a further 65.5% are care workers, care officers and care assistants and 9.1% are senior care workers (Social Care Wales, 2021). [2] In addition, among local authority regulated services ie services that deliver social care in Wales, are owned and/or managed by Welsh local authorities, there is an estimated workforce of 11,900, of which 62.3% are care workers, care officers and care assistants and 4.8% are senior care workers. Less than 1% of this workforce are registered nurses.

Northern Ireland

In the last year, the registered nursing and midwifery workforce has grown by 2.5% while the nursing support workforce has remained unchanged.

Figure 18 shows that the registered nursing and midwifery workforce (FTE) grew by 20% between 2011 and 2021 while the nursing support workforce grew by 22%.

Figure 18: Northern Ireland, registered nursing and midwifery staff (FTE), nurse support staff (2011-2021)

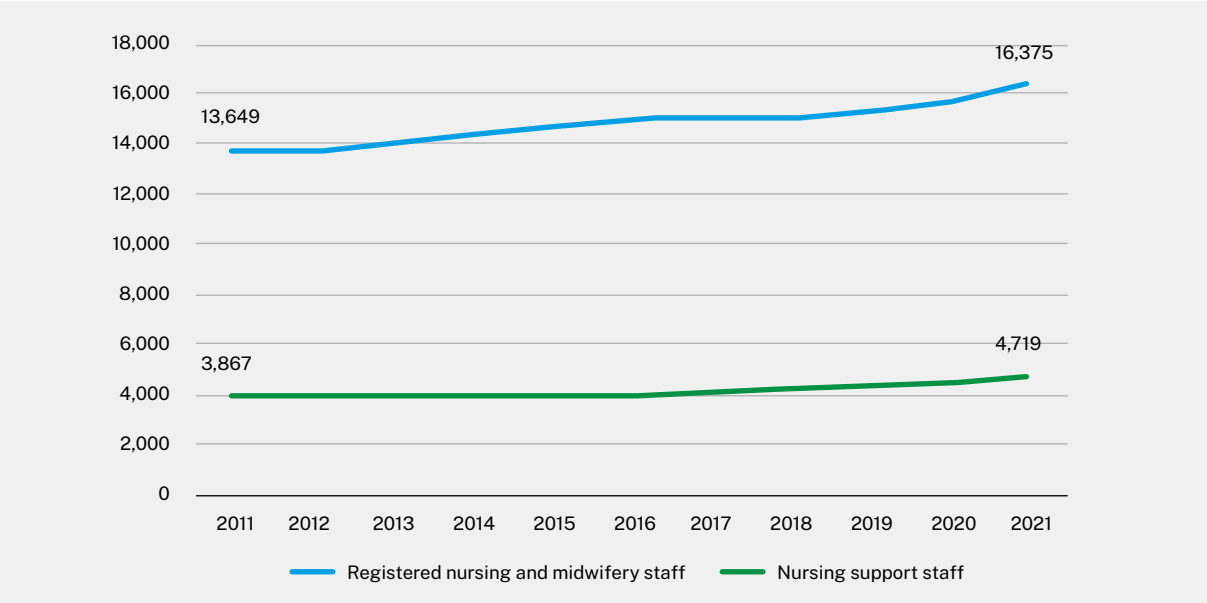
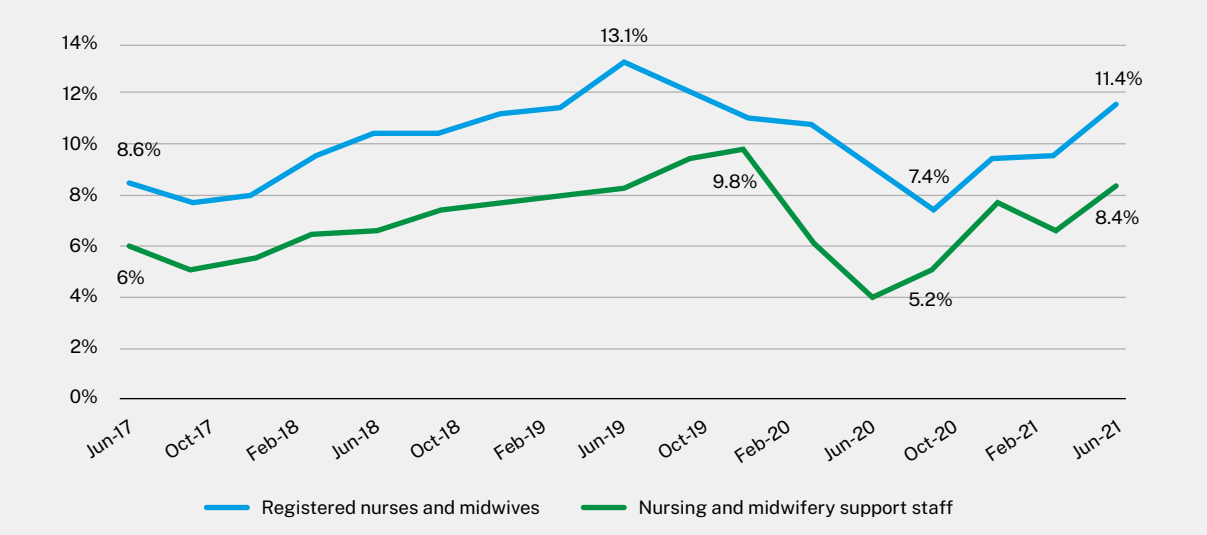


Figure 19: Vacancy rates among the nursing, midwifery and nursing support workforce (2017-2021)



BACK TO CONTENTS

7. What is needed?

Over the past two years, the RCN has worked to influence the UK Government and governments and systems across the UK, with the aim of securing staffing for safe and effective care in all health and care settings.

Our work to secure workforce accountability in legislation in every country in the UK, as well as government-funded health and care workforce strategies to meet the needs of the population in each country, continues to be a priority. It is also in this context, that RCN members continue to fight for fair pay for nursing staff, in recognition of their level of responsibility and skill, and as the only action governments can take which has an immediate impact on nursing recruitment and retention.

In May 2021, we published the first UK overarching *Nursing Workforce Standards* (RCN, 2021). These Standards were developed through review of current research literature and in collaboration with expert reference groups contributing professional expertise. These Standards promote excellence in safe staffing and apply across all areas of nursing and all sectors within the UK. They are designed to support a safe and effective nursing workforce alongside each nation's legislation, and we expect all workplaces, and health and care systems, to adopt and apply them. Based on the new RCN *Nursing Workforce Standards*, we have established new RCN principles for staffing for safe and effective care, which will underpin all our own leadership and activity in this domain, and which we expect to underpin all policy makers and employers in their decision making.

Responsibility and accountability - there is a clear governance framework that details responsibility and accountability for demand-led assessment of a diverse and inclusive health and care workforce, based on population need and reducing health inequalities - reflecting the RCN Nursing Workforce Standards and workforce planning.

Clinical leadership and safety - the right number of registered nurses and nursing support staff with the right knowledge, skills and experience are in the right place at the right time, in all settings where nursing staff provide care.

Wellbeing, health and safety - the nursing workforce is entitled to work in inclusive, healthy and safe environments. The dignity, health and wellbeing of all nursing staff is essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness.

Due to sustained over-reliance of the UK on international workforce recruitment, there is a risk that UK Government and devolved administrations will breach their own – and global – codes of practice, in their drives to recruit international nursing staff to address domestic workforce shortages.

The RCN is clear that all international recruitment must be carried out ethically, in line with the UK (DHSC, 2021) and global (WHO, 2021a) 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.

8. Progress across the UK

Over the last two years, the RCN has communicated the realities of nursing staff during the pandemic as well as shared examples of best practice. We launched the following surveys to challenge policy makers and system leaders and support RCN members to hold them to account – including in instances where decisions run great risk such as compromising nursing education and practice standards and allowing unacceptable workplace safety issues for nursing staff and patients.

- Our *Staffing Levels on the Frontline* survey in January 2020 explored current staffing levels, along with the impact on patient care and staff wellbeing in all health care settings in the UK. We received nearly 27,000 responses detailing staffing levels, how these affected patient care and how staff felt after work (findings published in this report).

- The *Building a Better Future* survey was open to all RCN members from May to June 2020. Completed by almost 42,000 members, it explored the impact of working on the frontline and how the pandemic has changed the professional lives of nursing staff (RCN, 2020a).

- And our all-member surveys on access to PPE and to vaccines have helped us show and report on inequities across the membership, including for Black and Minority Ethnic nursing staff, and nursing staff working in care homes (RCN, 2020b, 2020c, 2020d).

In May 2021, we published the first UK *Nursing Workforce Standards* (RCN, 2021). These Standards were developed through review of current research literature and in collaboration with Expert Reference Groups contributing professional expertise.

The *Fair Pay for Nursing* campaign called for a 12.5% increase in pay for all NHS nursing staff and at least parity with pay, terms and conditions in independent sectors across the UK. Fair pay for nursing is essential for staffing for safe and effective care to reflect the skills of modern nursing, for employers to retain existing nursing staff and to encourage people to become nurses by making the career more attractive. RCN members continue to lobby hard and engage their political representatives on this matter, and many others.

With our *Nursing Workforce Standards* now published, our priority will be to focus on their dissemination, implementation and evaluation. We are developing further resources to support RCN members to use the *Nursing Workforce Standards* and the raising concerns and escalation guidance including the updated *Ask, Listen, Act* practical guide.

The RCN forums are collaborating to develop setting specific content to seek to put the RCN *Nursing Workforce Standards* into practice and to support RCN members to make use of them in different healthcare settings. We are also capturing examples across the membership where the Standards and guidance have been used, to support others to achieve positive outcomes for nursing staff and patients alike.

The RCN is also embarking on a programme of work to create a UK Professional Framework for Nursing that is inclusive of all settings. A key strand of this work is a professional practice workstream which includes reviewing the principles of nursing practice, definition, jurisdiction and the value of nursing.

England

Our aim in England is to enforce staffing for safe and effective care by securing a change in law to ensure that the Secretary of State for Health and Care has accountability for workforce planning and supply. Early in 2020, RCN members accelerated campaigning on this by handing in two public petitions to 10 Downing Street which helped secure a debate on nursing shortages in the Westminster Parliament.

The RCN published updated, detailed modelling in *Beyond the Bursary* to strengthen calls on the UK Government to commit to properly funding nursing education. This report included the perspectives of people who reported that they would have studied nursing, had they not needed to personally pay tuition fees. The RCN reiterated its position that the UK Government needs to introduce universal, living maintenance grants that reflect actual student need, and reimburse tuition fees or forgive current student loan debt for all nursing, midwifery, and allied health care students set to pay back loans since they were introduced.

After this report, the first Spotlight on Nursing Students virtual lobby week was launched in December 2020, during which RCN student members met with 32 MPs from across the political spectrum to lobby for additional support for nursing students.

In July 2020, NHS England/Improvement released 'We are the NHS: People Plan for 2020/21' (Plan). This built upon the previous 'Interim People Plan' published in June 2019, setting out practical actions that employers and systems must take to strengthen the NHS and wider health and care services. The RCN responded by stating that the UK Government must take rapid action to resolve the current workforce shortage and address significant issues in supply of domestically educated nursing staff. At the time of publication, there is still no publicly available, fully funded, transparent health and care workforce demand-led strategy based on an assessment of future population-based need.

The major development for England in 2021 was the laying of the Health and Care Bill in Parliament in July. This Bill presents the most significant opportunity for securing explicit legal accountability with the Secretary of State for Health and Care for the provision of workforce, as well as legal UK Government accountability for assessing workforce requirements of the health care system to respond to changing needs of the population and for planning and supply to meet those requirements. At the time of publication, the UK Government has rejected amendments seeking to do this. The RCN continues to seek support from Parliamentarians for several amendments to the Bill reflecting the RCN's principles for staffing for safe and effective care.

Wales

In 2020 the RCN had the momentous achievement of joining 16 other health organisations in Wales to campaign for change to the Health and Social Care (Quality and Engagement) (Wales) Act 2020. This means the annual quality reports of NHS Health Boards must explain now how they have improved the quality of care in terms of workforce numbers, skills and planning according to the Health Care Standards. During the final stage of the passing of the bill the Counsel General specifically thanked RCN Wales for their contribution.

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. The RCN also worked extremely hard to make sure that patient safety concerns are paramount in the handling of the COVID-19 pandemic.

Later this year the RCN will launch a public campaign to challenge the Welsh Government to extend safe staffing legislation into community, mental health and care homes.

Scotland

The Health and Care (Staffing) Act received Royal Assent in June 2019 and a 2019 RCN report outlined in detail how the Act addressed the five RCN's principles for staffing for safe and effective care. Work towards implementation of the Act was postponed due to the COVID-19 pandemic, however, the reasons for the prior passage of the Act have been made even clearer during the pandemic. The RCN has continued to emphasise the need for the implementation and the vital role of the legislation will play in addressing the ongoing workforce challenges. This was a key theme in the RCN's *Protect the Future of Nursing* manifesto for the Scottish Parliament elections in May 2021. RCN members campaigned to ensure all political parties understand the importance of implementing the Act as soon as possible and the benefits this will bring for the quality of care and wellbeing of staff.

These are some of the issues the RCN lobbied on and got into the legislation:

- Real time risk assessment, mitigation and escalation (NHS)
- DoN reports on compliance (NHS).
- Options to contest decisions (NHS).
- Evidence-based establishment setting
- Clinicians at heart of decisions (NHS)
- Time and resources for SCNs (NHS)
- Engaging and informing staff (NHS)
- Time for relevant training
- Reporting to Scottish Government and Parliament
- External scrutiny from Healthcare Improvement Scotland and Care Inspectorate
- Government duties on nursing supply.

Whilst the Act was a landmark achievement in the RCN's efforts to see safe staffing embedded in workforce planning for health and care in Scotland, workforce planning was already a broad legal duty for NHS Scotland under the National Health Service Reform (Scotland) Act 2004. Much of the RCN's work with respect to the safe staffing principles since 2020 has been to ensure that staffing arrangements during the pandemic have been made in accordance with existing processes and that the professional and personal impact on our members was considered, including work alongside the specific actions connected to the Act itself, and work the RCN is doing to prepare for the Act coming into force.

Northern Ireland

2020 began with RCN members in Northern Ireland engaged in strike action to secure measures to promote safe and effective care, as well as pay parity with England. At this time there had been no sitting government in Northern Ireland for three years and pay and safe staffing had become a very contentious issue. Nurses and nursing staff in Northern Ireland had been raising issues about safe staffing and pay for many years. The health care workers strike put pressure on the political parties and consequently the Northern Ireland Executive was reformed. A publication *New Decade, New Approach* co-written by the UK and Irish Governments, identified how the new Northern Ireland Executive would move forward, including on health policy.

The week the Northern Ireland Executive was reformed the new Health Minister met with trade unions to try to bring the industrial dispute to an end. As a result of these discussions, a new safe staffing framework was agreed with the endorsement of the full Northern Ireland Executive and pay parity with England and Wales was restored. This safe staffing framework addressed all the demands made by RCN members. Through consultative ballot RCN members agreed to suspend strike action in order to allow the framework to be implemented.

Since then, and notwithstanding the additional pressures generated by the COVID-19 pandemic, our focus throughout the year was on holding the Department of Health to account for the full implementation of the safe staffing framework proposals. Whilst satisfactory progress has been made in some aspects, especially the increase in pre-registration commissioned places and an increase in funding for post registration nurse education, the RCN remains concerned at the pace of progress over other issues, particularly the development of safe nurse staffing legislation. The RCN is currently engaged in extensive lobbying to re-focus the attention of policy makers on this priority and to ensure that legislation is delivered within the current Northern Ireland Assembly mandate.

The securing of Northern Ireland Executive commitments on safe nurse staffing and pay parity was attributable to the outstanding commitment and sacrifices made by RCN members in Northern Ireland. These qualities have been reflected not only during the industrial action itself but latterly in holding the Department of Health to account for the delivery of its safe staffing commitments and through the incredible achievements of nursing staff in meeting the challenges presented by the pandemic. The people of Northern Ireland are truly indebted to RCN members.

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