Royal College of Nursing

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

UK POLICY REPORT

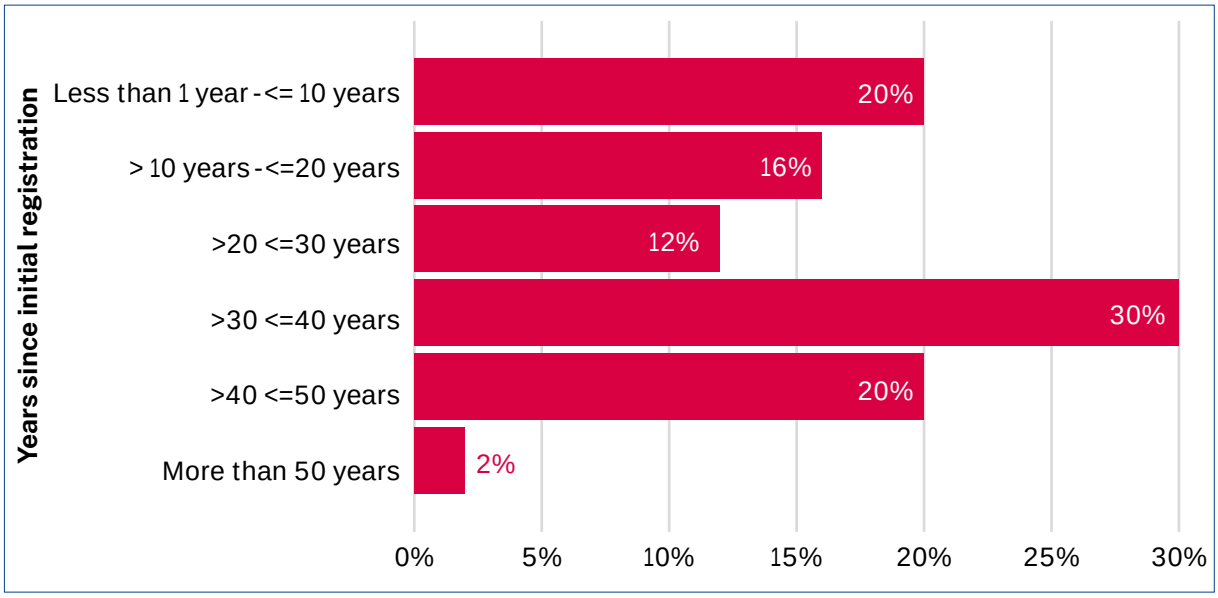
retention, and remuneration of nursing staff, both in the public and independent sectors, covering health and social care in all settings.

In practice, high levels of vacant posts lead to additional expenses for employers to fill

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

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

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



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

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

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

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

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

Nursing professionals in the UK are not only leaving in significant numbers, but they are

Why are nurses leaving the profession?

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

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

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

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

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

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

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

Figure 4: Proportion of nursing staff thinking about leaving their jobs in

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

Source: Royal College of Nursing. Employment survey 2021

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

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

A recent comprehensive review of the evidence on supporting nurses and midwives to deliver [illegible] nursdeliverh6

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

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

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

Staffing levels and workforce planning

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

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

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

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

Internationally, several countries have safe staffing legislation in place, for example, Belgium, Estonia and Japan (Belgian Health Care Knowledge Centre, 2022; The Lancet Global Health Commission, 2022; Morioka et al., 2017). However, the impact on nursing

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

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

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

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

(BTEmployers must embed the RCN Nursin6

Nursing leadership

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

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

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

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

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

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

- Governments must embed a chief nursing officer within central government, at parity with the chief medical officer role. This role must hold leadership and provide expert advice within policy-making structures so that all public policy recognises and enables the fundamental role nursing holds

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

Since April 2020, the salary level for an experienced nurse in Scotland has grown

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

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

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

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

Pensions

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

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

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

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

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

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

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

Workforce inequalities

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

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

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

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

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

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

Flexible working

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

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

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

An increasing number of studies demonstrate the positive benefits of flexible working arrangements. A review by Joyce et al., (2010) found that flexible working interventions that increase worker control and choice were likely to have a positive impact on health outcomes, including improvements in physical health (reduced systolic blood pressure and heart rate), mental health (eg, reduced psychological stress) and general health (eg, tiredness and sleep quality). Moseley et al., (2008) found that having access to

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

- Employers should enable and promote flexible working, offering a range of flexible employment policies and practices compatible with the competing responsibilitiese

Career progression

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

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

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

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

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

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

A total of 89% of people on the NMC permanent register identify as female (NMC, 2022a).

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

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

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

Violence, bullying and harassment

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

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

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

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

71% of all Black respondents, 62% of Asian respondents, and 34% of those of mixed

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

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

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

Psychological safety

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

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

The RCN is concerned that increased stress exacerbated by the pressures of working

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

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

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

73% of respondents to the RCN's survey on the staffing of their last shift told us that

The costs of accessing work

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

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

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

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

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

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

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

In the context of rising costs of living and real terms pay curk.

Visas, funds and additional costs for internationally recruited nurses

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

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

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

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

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

Internationally educated nursing staff make an invaluable contribution to patient care as well as a significal paicaal[illegible]

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

The RCN considers that these types of exploitative terms and conditions can make the UK an unattractive place to work as well as [illegible]

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

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

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

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

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

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

budget, developing arrangements for accelerated pay progression from Band 5 to Band 6 and buiC

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