10 Unsustainable Pressures on the Health and Care System in England

November 2021

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Introduction

Members of the Royal College of Nursing (RCN) working across health and social care in England dispute statements that the current situation in health and care is sustainable.

Action needs to be taken to retain as many nursing staff as possible in light of serious staffing vacancies, as well as high levels of exhaustion and burnout. On top of this, the system is currently dealing with the immediate challenge of rising COVID-19 cases, intensified pressures as winter approaches and clearing the growing backlog of undelivered care to people in need.

The RCN is clear that in England, the Government must take action to invest in a number of measures to develop a sustainable nursing workforce supply to meet the needs of the population now and in the longer term, and to ensure staffing for safe and effective care in all health and care settings.

This includes delivering a fair NHS pay award to help attract and retain nursing staff, the required enhancing of pay and conditions in social care to achieve at least pay parity with the NHS, as well as greater investment in the service overall. By doing so this will help ensure that health and social care capacity is no longer overwhelmed but equipped to deal with the needs of our population.

The RCN has particularly identified ten areas that currently demonstrate unsustainable, untenable conditions within the health and care system across England. All of these are reliant on nursing.

1. NHS bed occupancy rate

Acute care is safest when hospitals operate with **bed-occupancy rates below 85%** because there is evidence that this can reduce the risk of infections and enable hospitals to respond more efficiently to outbreaks of flu and winter bugs, such as the norovirus[i].

≤ 85%
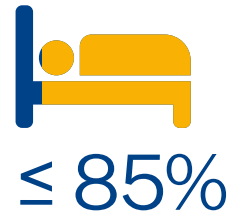
However, latest data in June revealed that **around two in five trusts exceeded the 85% bed occupancy rate between April and June 2021**. This is of particular concern given that pressures are only going to intensify as we move towards winter. Overall, 83.8% of the 123,707 hospital beds available overnight were occupied between April and June 2021. However, 82 trusts exceeded 85% occupancy rate[ii]. Half of these are running at over 90% bed occupancy, including six trusts reaching levels above 95%[iii].

It is considered that **occupancy is so high due to the extreme pressure hospitals are under from a high number of all emergency admissions**, and the escalating care needs of patients who have been experiencing delays in elective treatment due to the pandemic.

% of overnight beds occupied in NHS trusts in England

■ 95% and over (6)　■ 90% to 94% (29)　■ 85% to 89% (47)　■ Under 85% (109)

Accident and Emergency attendances have increased by 35.5% over the past year and are now back to pre-pandemic levels, having decreased over the past two years, emergency admissions now account for almost a quarter (23.9%) of all accident and emergency attendances[iv]. This increase alongside the already high bed occupancy levels are likely to directly impact the ability of trusts to provide safe and timely services for all patients and can mean that a number of patients are not receiving the level of care they need. In addition, despite best efforts, the average hospital in England is at risk of being unable to effectively manage the flow of patients.

35.5%

compared to October 2020

NHS A&E attendances and emergency admissions
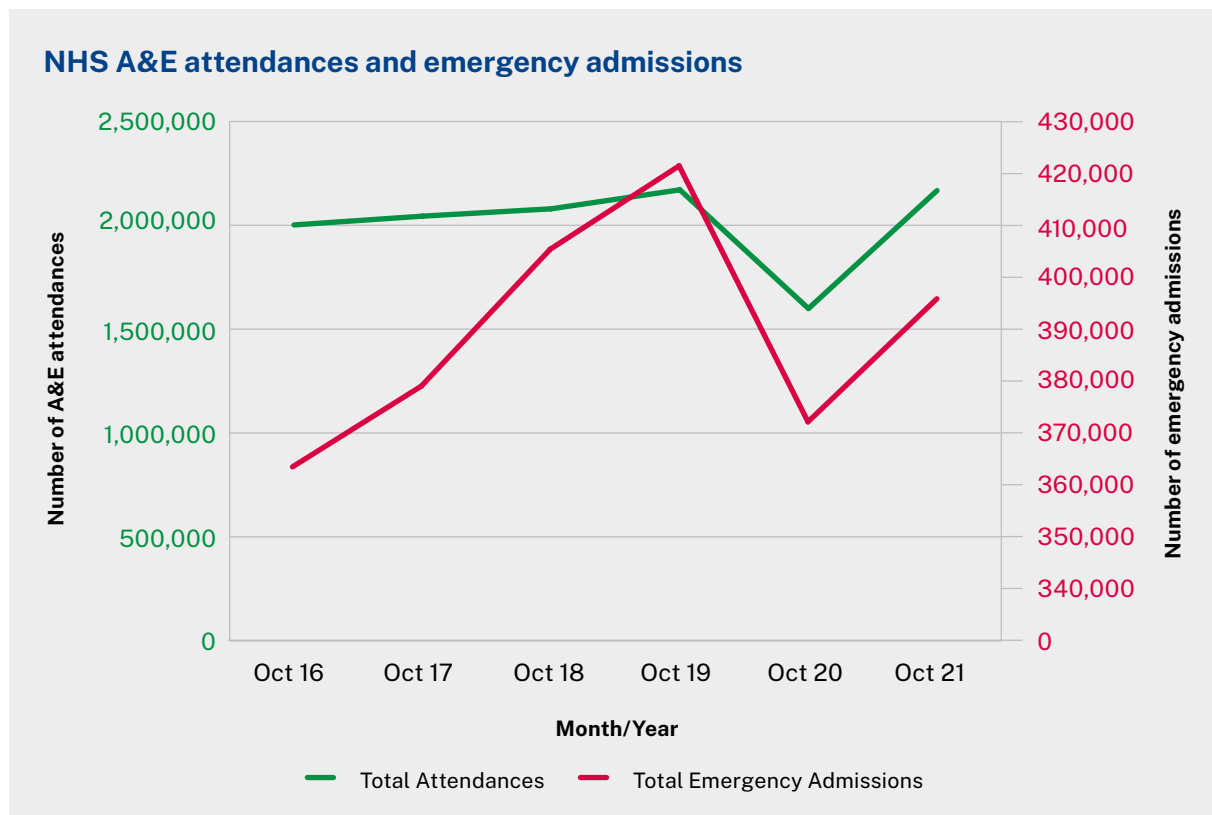
# 2. Sickness absence in nurses working in the NHS and social care

Rising sickness absence amongst NHS staff has a direct impact on sustainability of services. High staff absence rates frequently indicate significant health and wellbeing issues in the workforce, and possible high levels of burnout. Spikes in staff sickness rates put even more pressure on services and the ability of staff to deliver safe and effective care, as remaining staff are even more stretched as they try to cover for those off sick.

The NHS in England recorded over 88,417 more sick days among nurses and health visitors in June 2021 compared to June 2019 – an increase of 22.3%. In June 2021, 27,217 full-time equivalent (FTE) sick days were lost due to COVID-19, but sickness absence due to mental health reasons, such as anxiety, stress and depression, remain the most common reason for staff sickness.[v]
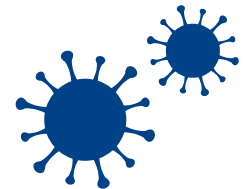
27,217

FTE sick days were lost due to COVID-19 in June 2021

Number of FTE days lost due to type of sickness for nurses and health visitors in the NHS in England [v]

Increase of 30% — Mental health reasons: June 2019: 104,276; June 2021: 135,556

Increase of 83% — Chest and respiratory problems: June 2019: 9,650; June 2021: 17,621

Increase of 39% — Headache / migranes: June 2019: 9,926; June 2021: 13,794

Number of staff (vertical axis)

Health condition (horizontal axis)

Legend: June 2019, June 2021
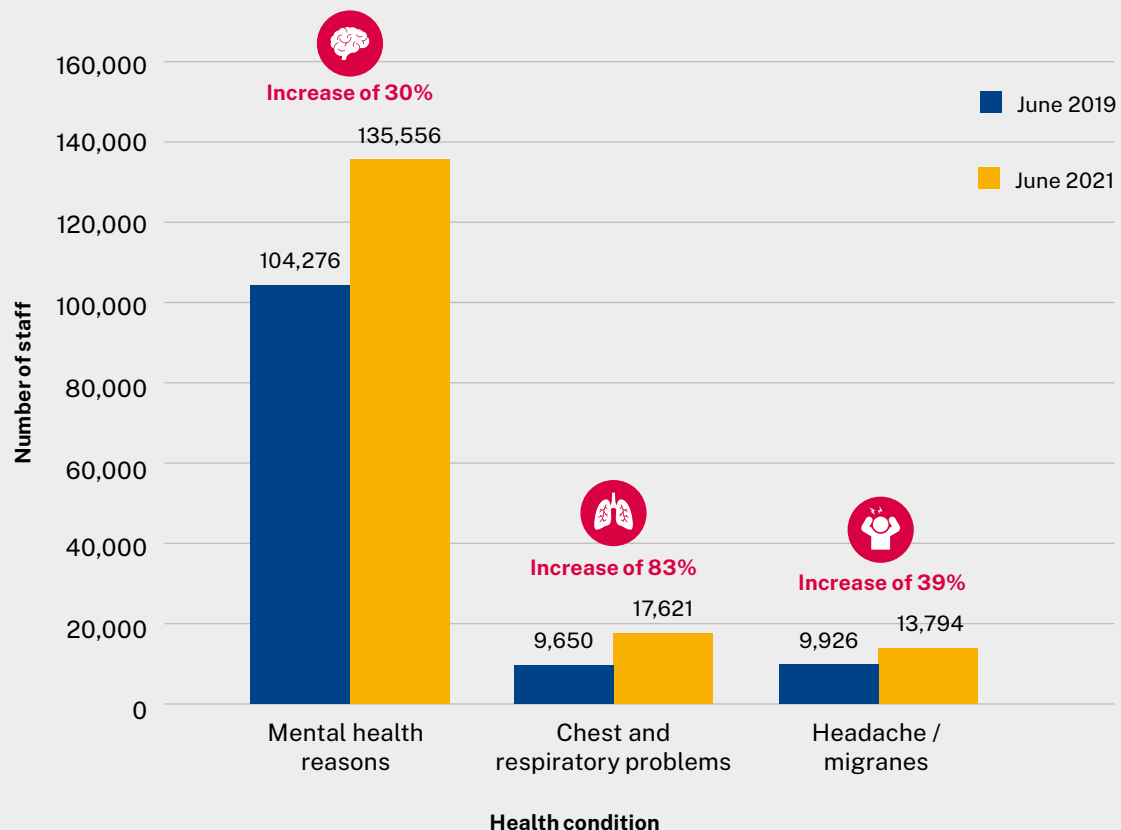
The latest NHS Staff Survey 2020, (which took place during October/November 2020 and was published in March 2021) found that 46.4% of all staff said that they had gone to work in the last three months despite not feeling well enough to perform their duties[vi]. There is no available sickness absence data for nursing staff working in services commissioned, but not delivered, by the NHS.

Comparably, the average number of sickness days taken every year among registered nurses working in the social care sector has almost doubled during the pandemic, increasing from an estimated average of around four days per year in 2019/20 to 7.7 in 2020/21[vii]. Registered nurses working in social care often work in smaller teams than those in acute NHS settings, meaning that an unexpected sickness absence can have an even greater impact on both patients and the colleagues required to cover their work.

Registered nurses working in social care are also more likely to only have access to statutory sick pay, as opposed to the occupational sick pay offered to registered nurses working in the NHS, a factor which may also contribute to high vacancy and turnover rates in social care.[viii]

46.4%

of all staff said that they had gone to work in the last three months despite not feeling well enough to perform their duties

3. NHS nursing workforce vacancy rate

Vacant nursing posts compromise the safety and quality of care that patients receive, and health outcomes[ix]. Going into the pandemic, the nursing vacancy rate was 9.9% (as of March 2020)[x].

Latest statistics from June 2021 show 38,952 FTE registered nurse vacancies in England, equating to a rate of 10.3%.[xi] This increase is concerning because fewer nurses left the profession due to the needs arising from the pandemic, so this rise may be indicative of a significant risk of increased attrition[xii]. Since published central NHS vacancy records began in 2017, the registered nurse vacancy rate in the NHS has been around this level or higher, showing the serious and sustained pressure on professionals working in understaffed services.

Vacancies are more severe in areas of care which were clearly identified as service delivery priorities in the *NHS Long Term Plan*[xiii]. There have been consistent decreases in the number of NHS district nurses (-44.0%), school nurses (-30.6%), learning disability nurses (-44.0%), mental health nurses (-6.1%), and health visitors (-22.4%) between September 2009 (when workforce reporting began) and July 2021.

The critical requirement to tackle the high vacancy rate in nursing is one core element which demonstrates that the UK Government must be made legally accountable for delivering staffing for safe and effective health and care services. The RCN is calling for the Health and Care Bill to be amended to make the Secretary of State for Health and Care accountable for health and care workforce planning, funding and supply, as well as amending the Bill to ensure demand-led workforce strategy and planning becomes a reality.

Ensuring that registered nurse staffing levels in both the NHS and social care are sustainable must be a priority if the UK Government want to reduce delayed transfers of care and prevent avoidable acute admissions.

38,952
FTE registered nurse vacancies in the NHS in England (June 2021)

NHS England FTE registered nurse vacancies
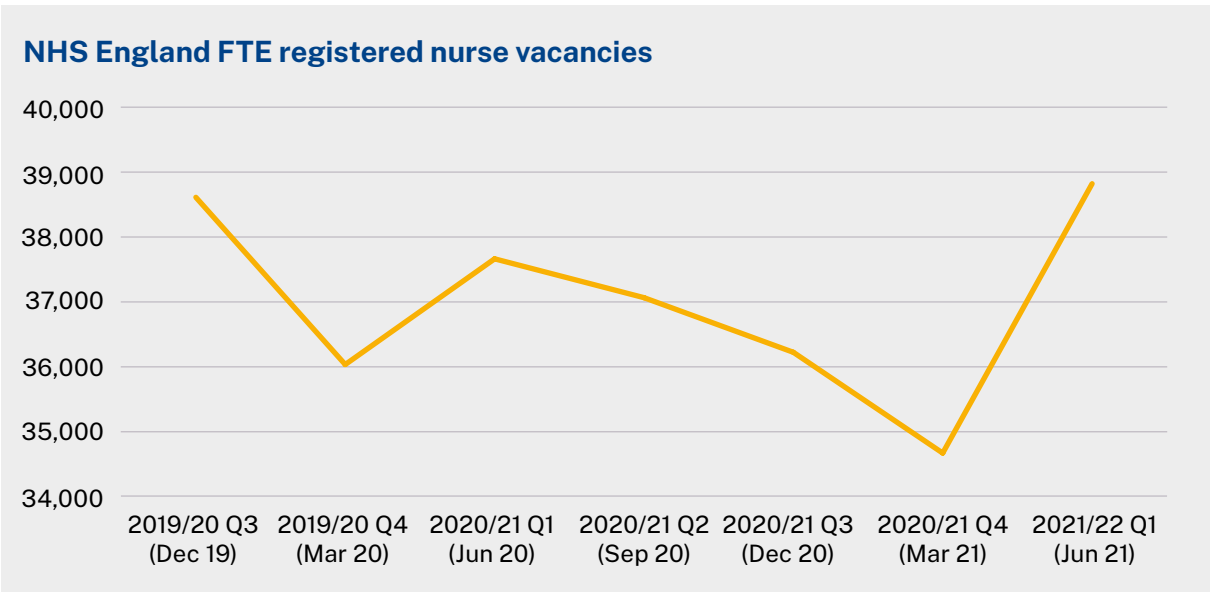
4. High COVID-19 infection rates

The UK is experiencing the highest total number of cases of COVID-19 in Europe (9,448,402 as of 11 November 2021)[xiv]. The data is collected for international comparison and as such is UK wide. The UK Government's latest COVID-19 data (as of 11 November 2021) shows 42,408 daily cases. The latest data in for England shows 35,472 new cases for 11 November 2021.[xv]

In the UK, there were 6,519 patients admitted to hospital in a week (as of 7 November) and the total number of deaths within 28 days of testing positive was 1,138 in the last seven days (as of 11 November 2021). This is despite the success of the vaccination rollout in the UK (87.7% of the population has had one dose, 79.9% have had both doses and 19.9% as of 11 November 2021 has had the booster or third dose).[xvi]

There is a worrying trend across Europe as European Region data[xvii] from the World Health Organization reveals rising cases, for example, in the last week (as of 1 November 2021) the following countries have had increases in their COVID-19 cases: Austria (increased by 67%), Greece (64%), Czech Republic (59%), Poland (51%), Ireland (44%), Germany (29%) and France (22%)[xviii]

Given this trend indicating another potential wave of the pandemic across the region – and the UK's already high total of cases – it is crucial that the UK Government takes into account the trajectory of infection rates in the context of the wider pressures we set out here.

Delivery of the COVID-19 vaccination programme is managed through NHS hospital, primary and community care. Nursing staff are playing a vital role in ensuring all those who require vaccination can get it as soon as possible. As the UK Government is now rolling out the COVID-19 booster programme – for people aged 50 years and over, health and social care workers and younger people at risk – this will place even greater demands on existing capacity, with an exhausted workforce heading into intense winter pressures across the health and care system.

85.7%
of the population has had one dose
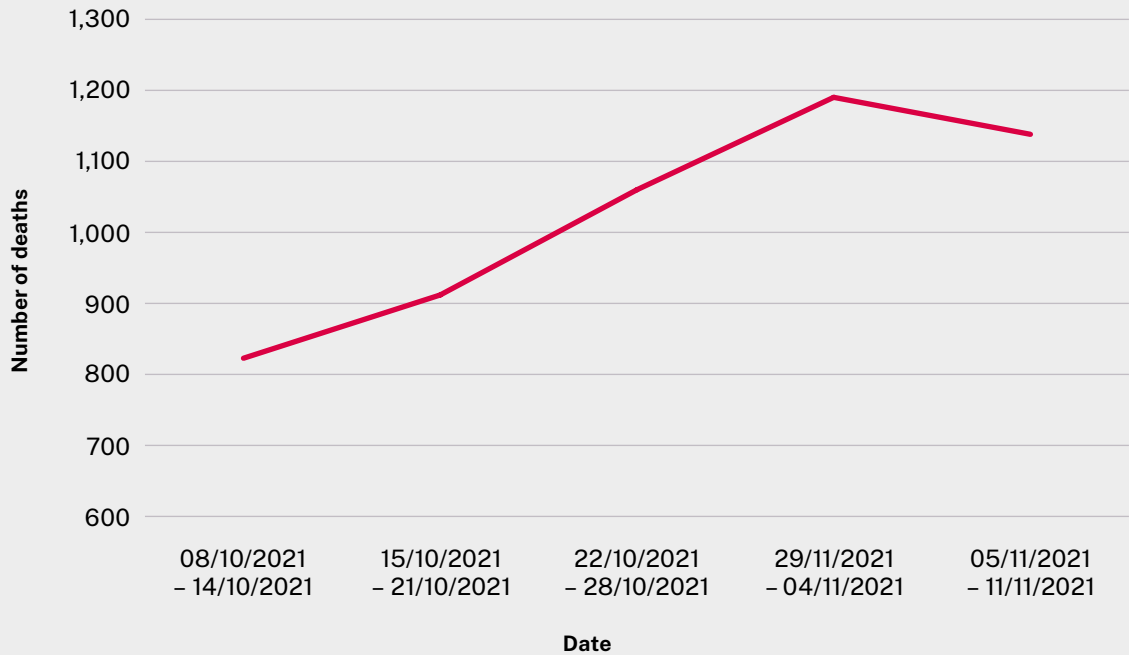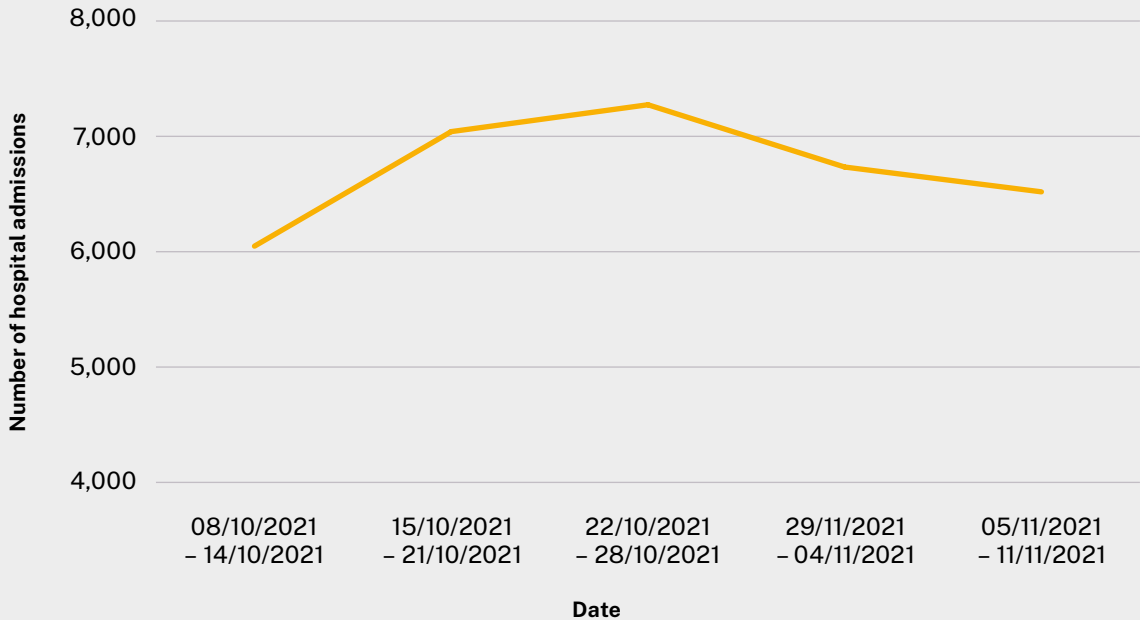
79.9%
have had both doses

19.9%
has had the booster or third dose

Weekly number of deaths within 28 days of positive test as of 11 November 2021
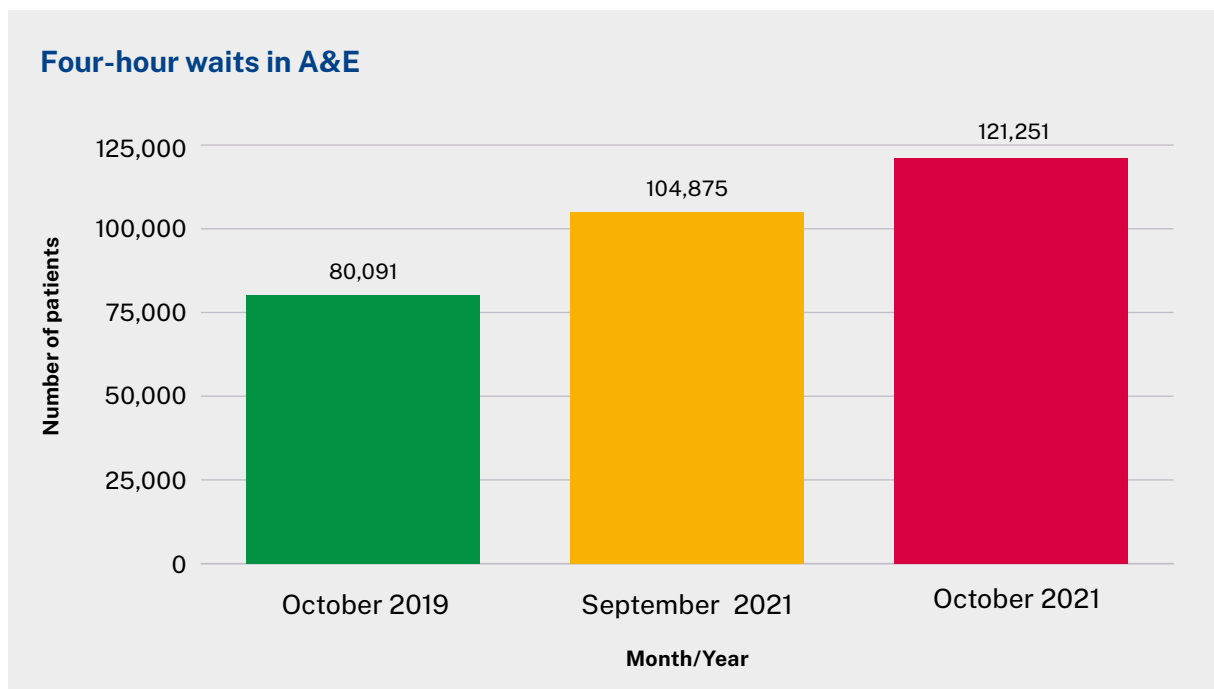

Weekly number of new admissions to hospital as of 7 November 2021

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5. NHS hospital waiting times

Early in the pandemic the number of attendances to A&E departments dropped, leading to a decrease in the number of admissions and improved performance against the four-hour target.[xix] However, these numbers are now back to pre-pandemic levels. In October 2021 the number of patients unacceptably waiting for over 12 hours on "corridor trolley beds" for bed admission increased to a record high of 7,059 compared to 5,025 in September 2021 (a 40.5% increase) and a nine-fold increase compared to 725 in October 2019.[xx]

The number of four-hour waits in A&E, from decision to admit to admission, has also substantially increased to 121,251 in October 2021 – a large increase compared to September 2021 (104,875) and October 2019 (80,091).[xxi] A shortage of available beds leads to more patients unacceptably receiving care in 'escalation beds' or in corridors rather than permanent wards. Temporary measures like this are often supported by expensive locum or agency staff and can be harder to maintain safe and effective care, including optimum infection control [xxii].

Four-hour waits in A&E

Number of patients

125,000	
100,000	
75,000	
50,000	
25,000	
0	

October 2019: 80,091
September 2021: 104,875
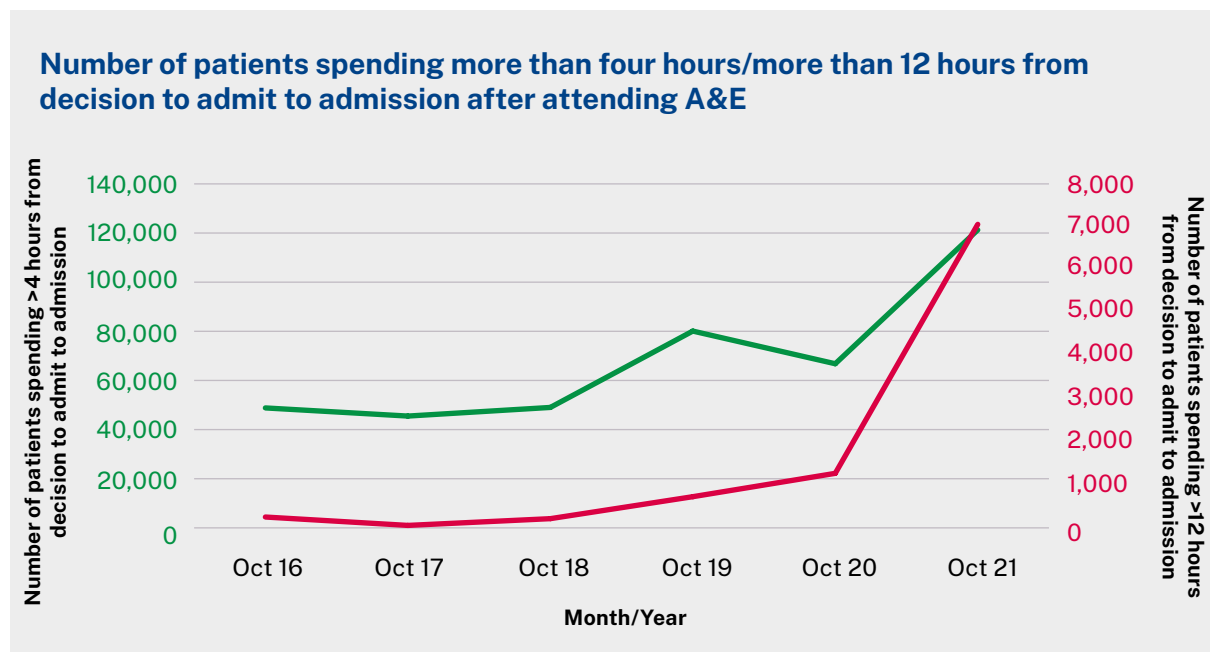October 2021: 121,251

Month/Year

NHS England figures from October 2021 show that waiting times for ambulances were over two minutes longer than the seven-minute target for responding to the most urgent calls. The average response time for an ambulance that can take a patient to hospital (rather than a paramedic coming by bike or car) was close to the worst on record in October 2021 – eleven minutes 57 seconds[xxiii].

For category two emergency calls (which cover heart attacks, seizures, and road traffic accidents) the average wait in October 2021 was over 53 minutes 54 seconds, meaning that ambulances were taking almost three times as long to arrive than the minimum national target of 18 minutes.[xxiv]

Finally, for category three emergencies (not immediately life-threatening), the average response time was three hours 10 minutes, just over half an hour more than the national two-hour standard.[xxv]

These wait times are affecting some of the people in the most pressing and urgent need of NHS assistance, who are routinely receiving unacceptable waiting times for care, clearly a symptom of an unsustainable system. We are clear that delivery of care within inadequate environments such as that frequently referred to as 'corridor care' or 'corridor nursing' is fundamentally unsafe and must not be normalised.

Number of patients spending more than four hours/more than 12 hours from decision to admit to admission after attending A&E

6. NHS elective / community waiting times

The 'backlog' of people requiring elective care and treatment due to delays in the pandemic is becoming more evident. Latest figures from NHS England[xxvi] show that the number of people waiting to start consultant-led elective treatment has risen to a total of 5.8 million people at the end of September 2021, the highest number since records began in August 2007. This is nearly two and half times more than the 2.3 million patients when the waiting list was at its shortest in January 2009[xxvii] and is the equivalent of around one in 10 of the English population waiting to start treatment.[xxviii]

The number of people having to wait more than 52 weeks to start treatment was 300,566 in September 2021 – a 115% increase from September 2020 (139,545) and just over 180 times the number in February 2020 (1,613), on the eve of the pandemic[xxix].

231,421 urgent cancer referrals were made by GPs in September 2021, up 15% from the 201,013 reported in September 2020, and 19% from the 195,196 in September 2019. The 93% target for patients to be seen by a specialist consultant within two weeks of an urgent GP referral is still not being met and has declined; 90.1% of people were seen by a consultant within two weeks in September 2019, this has fallen to 84.1% in September 2021.[xxx]

The Secretary of State for Health and Care has recognised that waiting times are likely to get "a lot worse" before they get better[xxxi]. These figures are also not necessarily a true indication of the people, effort, and resources which are required to reduce waiting times quickly, safely, and effectively.

The figures do not show how many people waiting for services now have health concerns that are more serious or complex than they would have been, had it been possible for them to have been treated earlier. They also do not account for the number of cases that may be treated somewhat differently now (for example, settings or practice), than they might have expected or experienced prior to the pandemic. Trying to address the unmet needs people have, is likely to also place additional pressure on others.

+15%

Urgent cancer referals in September 2021

7. Social care workforce vacancies

The number of registered nurses working in social care in England has continued to decline, and high turnover rates in social care reflect unsuitable, pressurised, and underpaid working conditions that lead staff to leave their role, fuelling the social care workforce crisis and impacting patient care. Without improved working terms and conditions, staff turnover and vacancy rates in social care will continue to grow.

The number of registered nurse jobs in social care has decreased year-on-year between 2012/13 and 2020/21. In this time, the number of jobs has fallen by 33%. Over the past year (between 2019/2020 and 2020/2021), there was a decrease of 1,800 jobs or 5% fewer.[xxxii]

Between 2012/13 and 2020/21 the number of jobs has fallen by

17,000

34,000   51,000
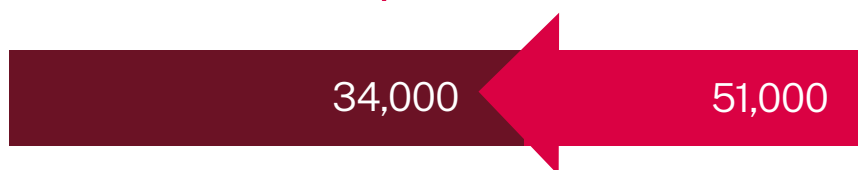
Social care has significant longstanding problems with overall staff turnover, which has continued to increase steadily since 2012. Registered nurses working in social care had the highest turnover (leaving the sector or moving to another employer) rates of any job role in social care, at 38.2%, which is much higher than nurses working in the NHS, who had a turnover rate of 8.8% as at March 2021.[xxxiii] Levels of registered nurse sickness across social care have nearly doubled over the course of the pandemic (an average of 7.7 days lost were lost to sickness in 2020/21 compared to around four an estimated average of around four days before the pandemic).[xxxiv]

7.7 days

lost on average due to sickness in 2020/21

The significant decrease in the number of registered nurses working in social care, coupled with rising sickness and turnover rates, indicate staffing levels that do not always enable and support staff to deliver safe and effective care for residents or people requiring specific care packages and support. This is also in the context of the increasing demand, high complexity and acuity of care needs of that vulnerable population being cared for within social care settings.

8. International recruitment in the NHS and social care

Internationally qualified nursing staff have always played a vital role in the UK's health and care services, and in improving the health and wellbeing of the population. The RCN very much values exchange of expertise and learning, and nursing is very much recognised as a global profession. However, it is also critical that the health and care system in the UK is not disproportionately reliant on internationally recruited workforce, as this is unsustainable, unethical, and not a credible alternative to investing in domestic nursing supply. As of March 2021, internationally qualified nurses make up 16.7% (122,591)[xxxv] of the registered nursing workforce in the UK.

There are severe workforce vacancies within health and social care across the whole of the UK. For England, at the 2019 general election the UK Government committed to recruiting 50,000 more registered nurses by 2024. Given the state of the domestic nursing workforce, it is clear that many new recruits are likely to be from overseas, though there is still no published plan. Recruitment from outside of the UK continues to feature as an important part of the workforce supply strategy of NHS organisations, in line with the **NHS People Plan**[xxxvi], however, maintaining or increasing current levels of international recruitment is not sustainable. Appropriate and ethical international recruitment must always complement sufficient growth of the domestic workforce, and not at the expense of appropriate education, training, and investment in the domestic workforce, and nor must it be unethical when it comes to countries from around the world already experiencing severe shortages themselves.

50,000
more registered
nurses by 2024

# 9. Insufficient domestic NHS and social care nursing supply

The UK Government needs to substantially increase the supply of registered nurses to put the health and care system and the nursing profession on a sustainable footing. Despite UK Government championing of growth in the numbers of people applying to degree programmes, in the context of population and service need there are still not enough people studying nursing at university in England. The pace and scale are nowhere near what is needed.

Although the number of registered nurses, nursing associates and midwives in England is at a record high, the number of people joining the register for the first time only increased by 1.1% between March 2020–March 2021. This is slower growth compared to the 11.4% increase in 2019–20, or the 9.6% rise in 2018–2019.[xxxvii] There have been fewer people leaving the Nursing and Midwifery Council (NMC) register than in previous years, although the NMC suggests that the age profile of the register may reflect that people have potentially delayed their retirement and stayed on to help tackle the pandemic[xxxviii]. If the 51,500 (approx.) professionals on the register who are aged over 60 retire in the next few years, the UK Government needs to ensure sufficient supply to fill these gaps.[xxxix]

Analysis of Universities and Colleges Admissions Service (UCAS) data reveals the number of people accepted onto nursing degree courses across England in 2020 is 24,755. While this represents an increase of 22% compared to 2016, its only 4,460 more acceptances.[xl] This must be seen in the context of approximately 40,000 nursing vacancies in the NHS in England alone – and without publicly available assessment of the scale of nursing staff required to meet population need.

Since the withdrawal of funding for nursing students in 2016, an act which UK Government intended to increase numbers, there has been a decline in the number of people applying to study nursing in England. UCAS data shows that the number of applicants to pre-registration nursing courses is 18% lower than it was in 2016 (8,295 fewer applicants). The UK Government needs to take further action to recruit many more people into nursing higher education in England to address the thousands of nursing vacancies[xli].

Number of applicants and acceptances to pre-registration nursing degree courses in England (2015 – 2020)
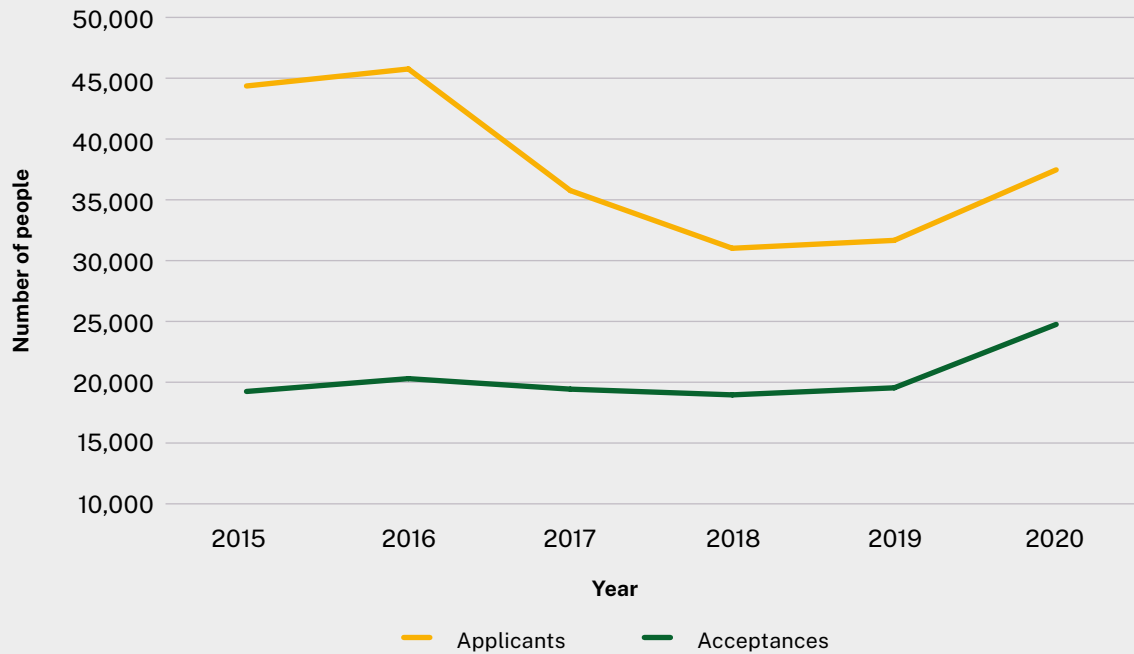
Nurses, midwives and nursing associates with an address in England joining the register for the first time (2018 – 2021)

10. Increased demand for social care services

There is widespread recognition that the formal adult social care sector in England has faced multiple challenges over many years. Many organisations have consistently highlighted these key challenges over a long period of time. In England, social care services have experienced years of underfunding, despite continued increasing population need. The population aged over 65 in England is projected to increase by 49% (to 14.9 million) by 2041 and the fastest increase will be seen in the 85 years and over age group.[xlii]

Increases in demand for social care have led to widespread unmet needs, with services required to deliver a high level of acuity and complexity of care. Social care is not free and many service users are required to financially contribute to their care. The cost of care is dependent on the type of care needed and individual finances. People who use services can also face spiralling costs for care leaving many to rely on informal and often stressful care arrangements being passed on to family, neighbours and friends. Estimates suggest at least 4.5 million people provided informal, unpaid care to someone else in 2019/20[xliii]. By relying on informal care many people are also at risk of going without specialist support from trained carers.

The pressures facing the social care sector have only worsened during the pandemic. The latest Care Quality Commission State of Care report[xliv] sets out how the pressures on the system have had a damaging impact on those who access health and care services and describes a health and social care system that risks becoming a 'tsunami of unmet needs' across all sectors, with increasing numbers of people unable to access care.

14.9m
people aged over 65 in England by 2041

Source: ONS. Population Projections.
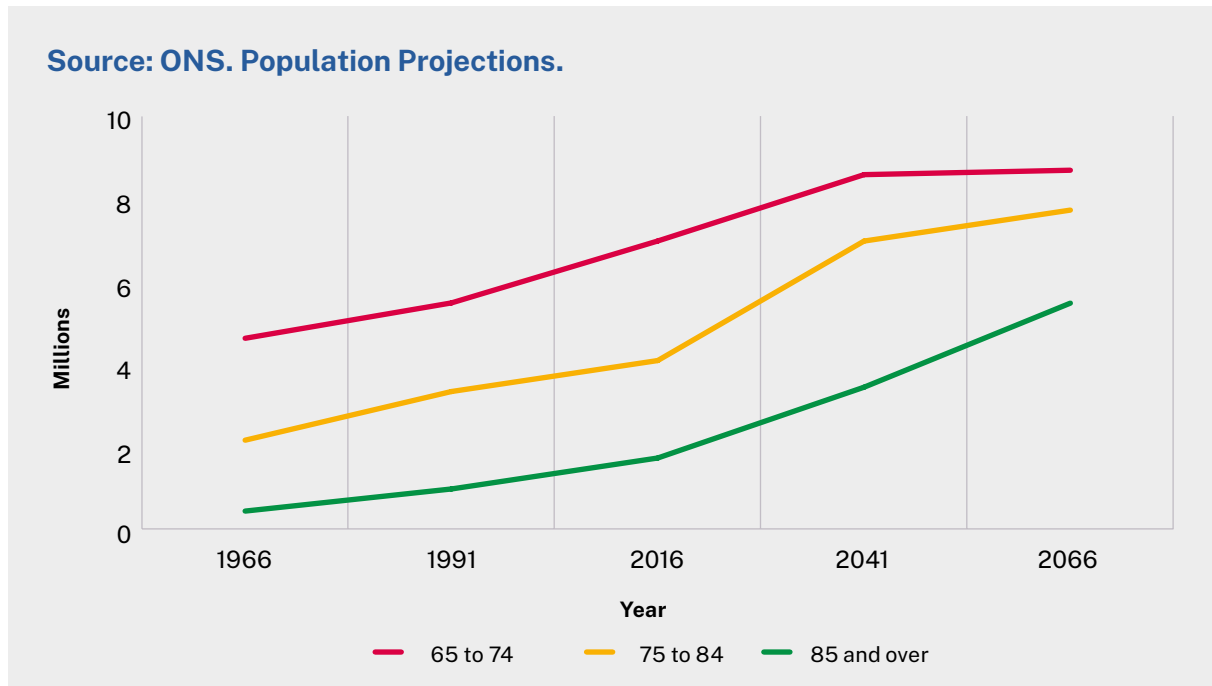
How can the UK Government put health and care services on a more sustainable footing? The pressures facing the health and care system in England existed well before the pandemic struck. Annual reports of a winter crisis were commonplace and there continues to be an insufficient response when it comes to the scale and sustainability of the action that is required to address the underlying challenges facing health and care services, including the sustained, significant workforce vacancies.

The UK Government must begin with a legal duty for the Secretary of State for Health and Social Care to assess projected demand-led health and care workforce requirements based on population need, for the short, medium, and long term. The Secretary of State must be accountable for the planning and supply of the workforce. The RCN is calling for both duties to be included in the Health and Care Bill.

The Budget must provide for a fully funded health and care workforce strategy to ensure there are enough staff to meet current and future population need.

The UK Government must act urgently to retain registered nurses already working in the profession. The current pay award for NHS staff does not go far enough, with 92% of RCN members who voted saying it is unacceptable.[xlv] It is up to the UK Government to ensure that registered nurses and nursing staff are paid fairly for skill and responsibility in a safety critical industry. Patient care is significantly impacted by the shortage of skilled professionals.

The UK Government must bring forward reforms to put social care on a sustainable footing, including funding to ensure that pay, terms and conditions for nurses working in social care are at least on par with the NHS.

References

i   Royal College of Surgeons of England (May 2018) NHS bed occupancy rates now at worst ever, new figures show. **NHS bed occupancy rates now at worst ever, new figures show — Royal College of Surgeons (rcseng.ac.uk)**

ii   NICE guideline 94 (March 2018). Chapter 39 bed occupancy. Emergency and acute medical care in over 16s: service delivery and organisation. **https://www.nice.org.uk/guidance/ng94/evidence/39.bed-occupancy-pdf-172397464704**

iii   BMJ (August 2021) Hospital bed occupancy rates in England reach dangerously high levels. **https://www.bmj.com/content/374/bmj.n2079**

iv   **https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity**

v   NHS Sickness Absence Rates June 2021, Provisional Statistics. Published 280 October 2021. [Online]. Available at: **NHS Sickness Absence Rates - NHS Digital**

vi   NHS Staff Survey 2020 (**https://www.nhsstaffsurveys.com/static/af-b76a44d16ee5bbc764b6382efa1dc8/ST20-national-briefing-doc.pdf**)

vii   Skills for Care. The State of the adult social care sector and workforce in England 2021. **https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Work-force-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf**

viii   GMB (September 2020): **https://www.gmb.org.uk/news/over-80-care-staff-could-be-forced-work-when-ill-poverty-sick-pay**

ix   Combined nurse and assistant staff shortages 'increase patient death risk' (2019) **https://www.nursingtimes.net/news/workforce/combined-nurse-assistant-staff-shortages-increase-patient-death-risk-22-08-2019/**

x   NHS Vacancy Statistics - NHS Digital June 2021 **https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey**

xi   ibid

xii   Registration data reports - Nursing & Midwifery Council (**https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/**)

xiii   NHS Long Term Plan (**https://www.longtermplan.nhs.uk/**)

xiv   NHS Digital Statistics - NHS Digital (July 2021) **https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/july-2021**

xv   Cases in the UK | Coronavirus in the UK (**data.gov.uk**)

xvi   UK Summary of insights on Covid-19 **https://coronavirus.data.gov.uk/**

xvii   UK Government Coronavirus (COVID-19) in the UK **https://coronavirus.data.gov.uk/**

xviii   WHO Europe **COVID-19 situation in the WHO European Region**

xix   https://worldhealthorg.shinyapps.io/euro_covid19_epidata/

xx   https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/
       pressures/pressure-points-in-the-nhs

xxi   https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-
       times-and-activity

xxii   ibid

xxiii RCEM_briefing_on_hospital_beds.pdf (cloudinary.com)

xxiv   https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-qual-
       ity-indicators/ambulance-quality-indicators-data-2021-22/

xxv   ibid

xxvi   ibid

xxvii https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-
       times/rtt-data-2021-22/

xxviii ibid

xxix   Based on an estimated England population of 56,550,000, from Office of
       National Statistics, England population mid-year estimate June 2020, released
       June 2021, https://www.ons.gov.uk/peoplepopulationandcommunity/populatio-
       nandmigration/populationestimates#timeseries

xxx   https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-
       times/rtt-data-2021-22/

xxxi   NHS England, Cancer Waiting Times – National Time series https://www.eng-
       land.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

xxxii https://twitter.com/sajidjavid/status/1414177971619962885?lang=en-gb

xxxiii Skills for Care (October 2021) The state of the adult social care sector and work-
       force in England: https://www.skillsforcare.org.uk/adult-social-care-workforce-
       data/Workforce-intelligence/publications/national-information/The-state-of-
       the-adult-social-care-sector-and-workforce-in-England.aspx

xxxiv CQC (22 October 2021) The state of health care and adult social care in
       England 2020/21: https://www.cqc.org.uk/sites/default/files/20211021_stateof-
       care2021_print.pdf

xxxv   https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-
       intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-
       the-Adult-Social-Care-Sector-and-Workforce-2021.pdf

xxxvi Nursing and Midwifery Council, The NMC register (UK) – 1 April 2020 to 31 March
       2021 (2021), https://www.nmc.org.uk/globalassets/sitedocuments/data-re-
       ports/annual-2021/0005b-nmc-register-2021-web.pdf

xxxvii NHS England » We are the NHS: People Plan for 2020/21 – action for us all
       https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-
       2020-21-action-for-us-all/

xxxviii Op cit, Nursing and Midwifery Council, The NMC Register England – 1 April 2020
       to 31 March 2021

xxxix ibid

xl   Nursing and Midwifery Council, The NMC Register England – 1 April 2020 to 31 March 2021 data tables (2021), **https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/annual-2021/nmc-register-march-2021-england-data-tables.xls**

xli   Analysis of UCAS end of cycle data 2015-2020 of nursing degree courses leading to registration (unpublished bespoke analysis)

xlii   ibid

xliii **https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2019.pdf**

xliv DWP Family Resources Survey: financial year 2019 to 2020 - GOV.UK **https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020 March 2021**

xlv   CQC (22 October 2021) The state of health care and adult social care in England 2020/21: **https://www.cqc.org.uk/sites/default/files/20211021_stateofcare2021_print.pdf**

xlvi Royal College of Nursing press release **https://www.rcn.org.uk/news-and-events/news/uk-nhs-pay-deal-consultation-result-150921**

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