Unheeded warnings: health care in crisis
The UK nursing labour market review 2016
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1. Introduction and commentary

This report provides a review of the UK nursing labour market, looking at recent data and trends for nursing staff working in the health sector across the UK, drawing out differences and similarities across the four UK countries. The review uses national data sets to estimate the size, shape and composition of the nursing workforce. The review covers:

- the UK nursing workforce across the whole UK economy
- immigration
- the nursing workforce in NHS England, Scotland, Wales and in Health and Social Care, Northern Ireland
- nursing earnings
- pre-registration education and graduate earnings.

The publication of this year’s Labour Market Review (LMR) comes just a few months after the decision was made by the Migration Advisory Committee (MAC) to place nurses on the Shortage Occupation List\(^1\). When occupations are placed on this list, fewer restrictions are placed on UK employers recruiting candidates directly from overseas; specifically from outside the EU. They would no longer need to complete a residency test, which involves demonstrating that a search for suitable candidates within the UK in the first instance has been unsuccessful.

This decision and the reasons for doing so, encapsulate the risks taken with securing sufficient supply in the nursing workforce. The RCN has been warning about the risks of woefully inadequate workforce planning going back at least twenty years.

The MAC has stated clearly that there is a nursing shortage in the UK and has explained that the current shortage is mostly down to factors which could, and should, have been anticipated by the health, care and independent sectors. These issues include an ageing population, problems with staff training, pay and recruitment, compounded by a squeeze on budgets.

Much of the MAC’s analysis resonates with the RCN’s warnings in our Labour Market Review and elsewhere. The analysis points out that demand for nursing staff has grown due to the ageing population, reforms to the delivery of health and social care, the push to increase nurse to patient ratios in the wake of the Francis Report and staffing guidelines, as well as the changing role of the profession, with nursing staff taking on more duties previously carried out by others. This growth in demand for nursing staff should and could have been predicted through workforce planning.

The analysis also repeats our concerns about the uncoordinated approach to managing the supply of qualified nurses, with fragmented workforce planning structures, cumulative reductions in the number of training places for nurses and the move away from bursaries to a student loan system. In relation to this decision to replace bursaries with loans for nursing students, the MAC warns that public sector pay restraint may limit the numbers prepared to take up the extra places provided by universities through the new system being introduced in England. This year’s LMR also points to the narrowing gap between graduate and non-graduate earnings in the economy as a whole which may impact on nursing as a degree choice.

The committee also points to the failure to ensure that the number of nurses trained is sufficient to meet demand for nurses in the care and independent sectors, creating a structural undersupply in these areas. The MAC goes on to question their low levels of involvement in and contribution to the training of pre-registration nurses in the UK, despite their reliance on this cohort of staff.

Both the RCN and the MAC have highlighted the historic pattern of peaks and troughs in the supply of migrant nurses, with the committee suggesting that migrant nurses have been used to save costs. It states that nursing is an occupation in which migrants earn, on average, less than UK workers doing the same job. In most other graduate occupations, migrants earn on average more than UK workers in the same job.

Pay restraint is also a shared issue of major concern, with the MAC indicating that pay could be a key driver of poor retention of nurses in permanent roles in the NHS and care sectors, with many moving to agency work or leaving the profession altogether. It also points to the use of significant pay increases in the late 1990s and 2000s to target severe nurse shortages in the NHS and questions why this strategy could not be repeated now given the shortage of nurses.

The RCN believes that unless the UK governments rapidly get to grips with the demand and supply factors causing the current nursing shortage and take strategic action to address the supply issues, including recruitment and retention, the shortage is likely to get worse. The potentially serious and dangerous implications for health and social care should not be underestimated. Without sufficient nursing staff and exponentially rising demand, patient care is being put at risk.
2. The UK nursing workforce

The Labour Market Review aims to estimate the size, shape and composition of the nursing workforce using Office of National Statistics datasets in addition to data collected by the four UK health departments. It should be noted that datasets often use different terminology, particularly around the definition of nurses and midwives and nursing support staff, and data is sometimes collected across different time frames and that these differences have been identified where significant. For example, some data sets refer to registered and others to qualified nurses. Nursing support staff are referred to as nursing assistants and auxiliaries in official data while other definitions are used by different health departments.

Section 2 provides an analysis of figures from the Labour Force Survey (LFS) which provides official measures of employment and unemployment for the UK. It gives an indication of the number of nurses, nursing assistants and auxiliaries and midwives working across the UK economy (as defined by the Office for National Statistics).

**Figure 1: Nurses, nursing assistants/auxiliaries and midwives in employment (2006-2016)**

The LFS provides an estimation of the size of individual sectors as defined by standard industrial classification (SIC) codes and the number of people working in given occupations as defined by standard occupation classification (SOC) codes – in this case nurses\(^2\), nursing auxiliaries and

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\(^2\) SOC 2231 defines nurses as those providing ‘general and/or specialised nursing care for the sick, injured and others in need of such care, assist medical doctors with their tasks and work with other health care professionals and within teams of health care workers. They advise on and teach nursing practice’.
assistants\(^3\) and midwives.\(^4\) These groups are classified as working in the NHS, other parts of the public sector and the independent and voluntary sectors.

Figure 1 shows a steady increase in the number of nurses between 2006 and 2016, with the exception of a period of decline between 2008 and 2010. There were estimated to be around 665,841 people employed in the occupational category of nurse in 2016, having risen by 23% since 2006.

There are an estimated 302,381 people employed in the category of nursing auxiliaries and assistants in the UK in 2016, having risen by 37% since 2006.

In addition, there are estimated to be around 42,308 people employed as midwives in the UK in 2015, having risen by 27% since 2006.

Over this same period, the total number of people in employment rose by 7% from almost 29 million to just around 31.7 million.

**Figure 2: Nurses and midwives in employment and sector of work (2016)**

**Figure 3: Nursing auxiliaries and assistants in employment and sector of work (2016)**

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3. SOC 6141 defines nursing auxiliaries and assistants as who ‘assist doctors, nurses and other health professionals in caring for the sick and injured within hospitals, homes, clinics and the wider community.’

4. SOC 2232 defines midwives as those who ‘deliver, or assist in the delivery of babies, provide antenatal and postnatal care and advise parents on baby care. They work with other health care professionals, and advise on and teach midwifery practice.’
Analysis of LFS data show that the majority of both nurses and nursing auxiliaries/assistants work for health authorities or NHS trusts/boards. Around one in seven nurses and one in five nursing auxiliaries/assistants work in the private or independent sector.

According to LaingBuisson (independent health, community care and childcare sector analysts) revenues generated by private or independent sector providers in the health and care market grew by 5% in 2015 to reach £45.3bn.

They explain that growth was led by private acute health care, driven by private demand as well as NHS ‘choose and book’ patients opting to receive NHS paid treatment in independent hospitals, followed by care homes for older people (driven by privately paying residents) and mental health hospitals. Private and independent sector providers therefore play a major role in delivering care, yet it is difficult to assess current or future workforce needs because it is largely excluded from both official workforce data and formal workforce planning processes.

**Figure 4: Proportion of nurses, nursing auxiliaries/assistants and all UK employees working part time (2006-2016)**

![Graph showing part-time working among nurses, nursing auxiliaries/assistants, and all UK employees](chart)

Source: Analysis of the Labour Force Survey 2006-2016

Figure 4 shows estimates of part-time working among the nursing workforce as compared to the whole UK working population.

In 2006, almost two fifths (37%) of nurses reported that they worked part time, dropping to 28% in 2013 and then moving up to 33% in 2015. A similar trend is evident among nursing auxiliaries and assistants, with 41% reporting working part time in 2006, declining to 35% in 2013 and increasing to 37% in 2015.

Part-time working is clearly more prevalent in the nursing workforce than the workforce as a whole; just over a quarter reported they worked part time dropping to 22% in 2014 before returning to 26% in 2016.

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5  www.laingbuisson.co.uk/MediaCentre/PressReleases/HealthcareReview28.aspx

6  Full-time and part-time status is self-classified by respondents to the Labour Force Survey.
Figure 5: Proportion of female nurses, female nursing auxiliaries/assistants and all female UK employees working part time (2004-2014)


Figure 5 looks at part-time working in more detail though analysis of the incidence among female employees only, due to the high proportion of women in the health care workforce (around 90% of nurses and 80% of nursing auxiliaries and assistants are female).

Among all female employees in the UK, part-time working is higher than among men. In 2016, two fifths (41%) of all women reported working part time in 2016 compared to 12% of men.

Looking at nurses in employment, there was an overall downward trend in part-time working among the female workforce between 2006 and 2013 from 37 to 30%. By 2016, the proportion working part time has returned to the level seen in 2006. The trend appears slightly more erratic among nursing auxiliaries and assistants, with peaks and troughs over the last 10 years, finishing at 41% in 2016.
3. Immigration

Section 3 considers the issue of immigration, the current numbers of nursing staff born or trained outside the UK and recent developments impacting on immigration.

The first major development is the decision to place nursing on the Shortage Occupation List, in recognition that the demand for qualified nurses across all health and social care providers currently exceeds the available supply.

The second major development is the June 2016 referendum decision for the UK to leave the European Union.

This section draws on data from the Nursing and Midwifery Council (NMC) and the Labour Force Survey (LFS) to provide estimates about the number of nursing staff born or trained outside the UK. There are key differences in the data presented, in particular the NMC data presents the number of qualified nurses and midwives who registered abroad. All nurses and midwives who practise in the UK must be on the register, however this does not necessarily mean they are working as a nurse or midwife. Since the Labour Force Survey asks respondents about their country of birth, there are therefore methodological differences between the data analysed and presented.

3.1 Nursing and Midwifery Council data

Looking first at Nursing and Midwifery Council (NMC) data to give an indication of the number of nurses and midwives on the NMC register, there were 686,782 nurses and midwives on the register as of 31 March 2015. This represents an increase of 5,924 (0.9%) since 2014. Of these registrants, around 33,000 nurses who trained in the EU or European Economic Area (EEA) are registered to work in the UK. Over 9,000 EEA nurses joined the NMC register in 2015/16, which is a 21% increase on 2014/15 figures.

3.1.1 Inflow and outflow of registrants

The NMC also records verifications issued to other countries which gives an indication of the outflow of registered nurses compared to inflow from new registrants. Figure 6 shows that the inflow has been higher than outflow since 2013/14.

Of the 4,866 verifications issued in 2015/16, two fifths (46%) were issued to Australia, 20% to the USA, 10% to Ireland and 6% to New Zealand.
3.1.2 New entrants 2015-16

Figure 7 shows the trend in numbers of new nurses entering the labour market from UK training between 2006/7 and 2015/16. It shows that there were 17,257 new registrations in 2015-16, a fall of 25% since 2013-14, reflecting, at least in part, reductions in the number of nursing students.
Figure 8 shows the pattern of annual registration of nurses and midwives from non-EEA countries and EEA countries since 2006-07. The NMC data records when a nurse registers, but this does not necessarily mean that they are working in the UK as a nurse.

Overall numbers have been rising rapidly since 2010/11, tripling over this period from 3,858 to 11,261 in 2015/16, with most growth seen in registrations from nurses initially registered in the EU. The drop in mid-to-late 2000s is linked to stricter immigration rules as well as more costly application requirements implemented by the NMC for international nurses. Meanwhile, the number of EU registrants has increased as health and social care organisations seek to fill workforce gaps and nursing staff seek to leave European countries hit by economic downturn.

In 2015/16, 60% of new entrants to the NMC register were from the UK, 32% from the EEA and 8% from outside the EEA.

**Figure 8: Number of new entrants to the UK nursing register from non-EEA and EEA sources (2006/7 to 2015/16)**

Source: Nursing and Midwifery Council
3.2 Labour Force Survey data

This section looks at data from the Labour Force Survey (LFS), looking at responses from respondents who report working as nurses, midwives or nursing auxiliaries and assistants and their country of birth. This analysis includes people who became UK nationals after moving to the UK and people who were born abroad to UK national parents and therefore may be slightly higher than other estimates. However, this gives an indication of the reliance on EU and non-EU nationals among health and social care providers.

Across all providers, there are an estimated 21% of the nursing and midwifery workforce and 25% of the nursing auxiliary and assistant workforce who were born outside the UK. The reliance on foreign born nursing staff is particularly high in the private sector, making up two fifths of the nursing and midwifery workforce and almost a third of the nursing auxiliary and assistant workforce.

Table 1: Country of birth as percentage of occupational groupings

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<thead>
<tr>
<th></th>
<th>All sectors</th>
<th>NHS</th>
<th>Private firms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EU %</td>
<td>Non-EU %</td>
<td>EU %</td>
</tr>
<tr>
<td>Qualified nurses and midwives</td>
<td>6.8</td>
<td>14.6</td>
<td>6.4</td>
</tr>
<tr>
<td>Nursing auxiliaries and assistants</td>
<td>5.1</td>
<td>20.2</td>
<td>5.7</td>
</tr>
</tbody>
</table>


3.3 European nationals in the nursing workforce

Depending on the settlement that the UK negotiates with the EU post-Brexit, the UK may restrict the flow of immigrants from Europe. The future situation of EEA nationals already working in the health and care sector is also unresolved. Both these factors could cause a major problem for staffing in the NHS and other health and social care organisations, either directly through new restrictions preventing EU-born NHS staff from working in Britain, or indirectly because EU-born staff may choose to leave the UK due to the uncertainty created before new rules are put in place on migration restriction.

Analysis of the data suggests that the country of birth for almost 7% of all nurses and midwives and 5% of nursing auxiliaries and assistants in the UK workforce is within another EU country. In addition, almost 15% of all nurses and midwives and 20% of nursing auxiliaries and assistants employed in the UK were born in other countries.

For nurses and midwives working for a health authority or NHS trust, the proportion born in another EU country is estimated at just over 6% and the proportion born in another country is 15%. Among nursing auxiliaries and assistants, almost 6% were born in another EU country and further 20% outside the EU.

The figures are much higher for private firms, with 12% of nurses and midwives born in another EU country and 30% in a non-EU country. Looking at nursing auxiliaries and assistants, 5% were born elsewhere in the EU while 25% report their country of birth as a non-EU country.
3.4 Shortage Occupation List

The Shortage Occupation List is designed to temporarily assist employers in meeting domestic market shortages, and is regularly reviewed by the Migrant Advisory Committee (MAC).

The most recent full review was held in 2013, and it was not recommended that nurses should be placed on the list at that time. However, a partial review in 2015 concluded that there was a significant shortage of nurses and that they should be added to the list for a limited period.

The report released by MAC in March 2016 criticised the Department of Health for using immigration as a "get-out-of-jail-free card" when shortfalls should have been anticipated and domestic nurses should have been trained.

The committee recommended that there should be a maximum annual cap of 5,000 places for nurses under Tier 2 (work visas for skilled migrants from outside the European Economic Area) with the limit reducing gradually over the next three years. This limit was set because the annual quota of Tier 2 visas currently stands at 20,700 for every industry that wants to bring in non-EU workers, and the committee identified the danger of nurses crowding out skilled migrants from occupations not in shortage, including engineers and workers in the financial sector. In addition, UK employers wishing to recruit a non-EEA nurse are also required to complete a Resident Labour Market Test.
4. The nursing workforce in NHS England, Scotland, Wales and in Health and Social Care in Northern Ireland

This section looks at trends in the nursing workforce across the four UK countries between 2009 and 2015. While services are often referred to as the NHS they are mostly independent from each other and operate under different management, rules, and political authority.

This timeframe has been used to allow for consistent comparison of data, taking into account methodological changes made by NHS Digital in England, which is responsible for the provision of NHS workforce data.

These methodological changes have involved the re-categorisation of the workforce, which in turn impacts on the comparability with previously published workforce numbers which have been used in previous editions of the RCN’s Labour Market Review.

Since NHS Digital have produced revised historical data going back to September 2009, this date has been used as the starting point for this year’s Labour Market Review for workforce data relating to all four countries’ national health services.

All efforts have been made to ensure consistency between measures but there are variations in definitions and methods of data collection between the different countries. Although data may not be fully comparable between countries, we can see a general upward trend in the registered nursing, midwifery and health visiting workforce and an upward trend in the health care assistant/health care support worker workforce over the last ten years in England, Scotland and Wales. Trends for each country are explored further in the report.

Table 2: Full-time equivalent (FTE) and percentage change in the qualified nursing, midwifery and health visiting workforce, 2009, 2014-2015, England, Scotland, Wales and Northern Ireland

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<tbody>
<tr>
<td>England</td>
<td>297,430</td>
<td>299,819</td>
<td>302,408²</td>
<td>1.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Scotland</td>
<td>42,670</td>
<td>42,616¹</td>
<td>43,085</td>
<td>1.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Wales</td>
<td>21,714</td>
<td>21,987</td>
<td>22,146</td>
<td>2.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>13,934</td>
<td>14,472</td>
<td>14,725</td>
<td>5.7%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

⁸ Data for all four countries is provided as whole time equivalent (WTE) figures and measured at September annually.
⁹ NHS Hospital & Community Health Service (HCHS) monthly workforce statistics – Provisional Statistics. (2016)
Table 3: Full-time equivalent (FTE) and percentage change in the health care assistant/health care support worker workforce, 2009, 2014-2015, England, Scotland, Wales and Northern Ireland

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<tbody>
<tr>
<td>England</td>
<td>134,153</td>
<td>137,224</td>
<td>141,976</td>
<td>5.8%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Scotland</td>
<td>15691</td>
<td>15,575</td>
<td>15732</td>
<td>0.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Wales</td>
<td>6,671</td>
<td>6,313</td>
<td>6,537</td>
<td>1.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>4,125</td>
<td>3,990</td>
<td>4,044</td>
<td>-2.0%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Notes on tables 2 and 3:

- England 2009, 2014-2015. Table 2 figures are WTE qualified nursing, midwifery and health visiting staff in hospital and community services. Table 3 figures are nursing support staff.

- Scotland 2009, 2014-2015. Table 2 figures are nursing and midwifery staff, bands 5–9 in NHS Scotland. Table 3 figures are 1-4 nursing and midwifery staff.

- Wales 2009, 2014-2015. Table 2 figures are WTE qualified nursing, midwifery and health visiting staff and nursing support staff in hospitals and the community excluding nursing assistant practitioner, nursery nurse, nursing assistant/auxiliary, nurse learner – pre-registration, and nurse learner – post 1st level. Table 3 figures are WTE nursing assistant practitioner, nursery nurse, nursing assistant/auxiliary, nurse learner – pre-registration, and nurse learner – post 1st level.

- Northern Ireland 2009, 2014-2015 Table 2 figures are WTE qualified nursing and midwifery staff in the health and social care workforce. Table 3 figures are WTE nurse support staff.

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11 StatsWales (2014) Nursing staff by grade and year, Qualified nursing, midwifery and health visiting staff and nursing support staff
https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/Nursing-Midwifery-and-Health-Visitors/NursingStaff-by-Grade-Year

4.1 NHS England nursing workforce

4.1.2 Hospital and community

Figure 9: Qualified nursing and midwifery staff (FTE); health care/nursing assistants (2004-2014) Index change: 2004 = 100

Source: NHS Digital

Figure 9 shows the trend in qualified nursing staff and unregistered nursing staff in the NHS in England between 2004 and 2014. While there has been an overall increase of 9% in the FTE number of qualified nurses and midwives (from 286,841 in 2004 to 313,514 in 2014), the chart shows that there were two periods when numbers fell; between 2006 and 2007, and 2010 and 2011.

Looking at numbers of health care assistants and nursing assistants/auxiliaries, there has been an overall downward trend between 2004 and 2014, with full-time equivalent staff falling by 4% (from 110,196 to 108,556). However, numbers have returned to growth since 2012 when they stood at 103,549.
Figure 10 shows monthly staffing figures and tracks the trend in the qualified nursing and midwifery workforce in more detail. This shows an overall downward trend between 2009 and 2012 and reaching a ten-year low of 269,912 in August 2012. There has since been an overall recovery in numbers, reaching 285,387 in March 2016.

Table 4 looks in detail at the trend in qualified nursing, midwifery and health visiting staff between 2011 and 2015, and shows the mixed fortunes across different work areas.

Numbers increased over this period in adult and children's nursing, among midwives and health visitors, there have been sizeable falls in community and learning disability/difficulty nursing.

**Table 4: England, qualified nursing, midwifery and health visiting staff (FTE) by work area (2011-2015)**

<table>
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<tbody>
<tr>
<td>All</td>
<td>277,047</td>
<td>271,407</td>
<td>274,627</td>
<td>278,981</td>
<td>281,437</td>
<td>1.6%</td>
</tr>
<tr>
<td>Adult</td>
<td>166,977</td>
<td>165,017</td>
<td>168,410</td>
<td>172,511</td>
<td>174,960</td>
<td>4.8%</td>
</tr>
<tr>
<td>Children's nursing</td>
<td>17,490</td>
<td>17,839</td>
<td>19,157</td>
<td>19,467</td>
<td>19,650</td>
<td>12.3%</td>
</tr>
<tr>
<td>Community health</td>
<td>40,281</td>
<td>39,836</td>
<td>36,705</td>
<td>36,490</td>
<td>36,413</td>
<td>-9.6%</td>
</tr>
<tr>
<td>Mental health</td>
<td>39,024</td>
<td>39,178</td>
<td>37,397</td>
<td>37,536</td>
<td>37,659</td>
<td>-3.5%</td>
</tr>
<tr>
<td>Health visitors</td>
<td>7,802</td>
<td>7,687</td>
<td>7,910</td>
<td>7,963</td>
<td>7,986</td>
<td>2.3%</td>
</tr>
<tr>
<td>Learning disabilities/difficulties</td>
<td>4,667</td>
<td>4,613</td>
<td>4,035</td>
<td>3,999</td>
<td>4,000</td>
<td>-14.3%</td>
</tr>
<tr>
<td>Midwives</td>
<td>19,878</td>
<td>20,178</td>
<td>20,344</td>
<td>20,357</td>
<td>20,414</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
Figures 11 and 12 look at more recent, monthly data and confirms the recent opposing trends in staffing numbers between adult and community nursing. By February 2015, the number of full-time equivalent qualified nursing staff had reached 177,716 in adult settings and 36,260 in community services.

**Figure 11: NHS England monthly staffing, qualified nursing (FTE) in adult settings (September 2009-March 2016)**

Source: NHS Digital

**Figure 12: NHS England monthly staffing, qualified nursing staff (FTE) in community health September 2009 -March 2016**

Source: NHS Digital
Community health nursing has seen an overall 12% drop in FTE staffing numbers since September 2009 and looking in greater depth at the workforce groups in this work area shows how two different occupations have fared. While the number of health visitors has grown by a quarter since 2009, the number of district nurses has dropped by 41%. The Health Visitor Implementation Plan 2011-15 assisted a dramatic increase in the number of health visitors, yet numbers have fallen since the end of the programme. The number of district numbers has been falling since 2009 as the number being trained has failed to keep up with the number leaving or retiring.
Figure 14: Source of recruitment of joiners to the qualified nursing staff group (as can be best determined from the data available)

Figure 14 looks at the source of recruitment to the qualified nursing workforce as can be best determined from the data available. It should be noted that for a sizeable proportion of joiners the source of recruitment is unknown, ranging from 42% for 2010-11 to 17% in 2014-15. While this makes analysis difficult, there are some interesting trends in the data.

The proportion of the nursing staff joining the workforce from the EU rose from 3.5% in 2010-11 to 12.4% in 2013-14, with a smaller number (1.5%) recruited from outside the EU.

The proportion of joiners from education/training dropped slightly from 15.3% to around 14% while the level of movement around the NHS appears to have slowed down with the proportion of joiners coming from other NHS organisations falling from 33% in 2010-11 to 26%.

Source: NHS Digital, 2016
4.2 NHS in Scotland

Figure 15: Scotland, registered and non-registered nursing and midwifery staff (FTE) 2009-2015. Index change: 2009=100

Source: Information Services Division, Scotland

Figure 15 shows the related patterns of growth in the registered and non-registered nursing and midwifery workforce in NHS Scotland between 2009 and 2015. While the number of FTE registered nursing and midwifery rose slightly from 42,670 in 2009 to 43,085 in 2015 (1%), the period has been one of decline followed by recovery, falling to a low of 41,066 in 2012.

A similar trend can be seen in the non-registered nursing and midwifery workforce, starting at 15,691 in 2009, reaching its lowest point of at 14,671 in 2012 before rising to 15,732 in 2015.

Community nursing workforce data has been under review in Scotland due to issues with data quality and in 2014/15 an NHS Scotland wide project to improve the accuracy of recording and reporting on the community nursing workforce was carried out. Longer term trend data is not available as data prior to the completion of the review (for December 2014 and earlier) is not comparable.

Table 5: NHS Scotland nursing staff by selected community speciality, 2015

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<tr>
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<tbody>
<tr>
<td>District nursing</td>
<td>3,478.2</td>
<td>3,461.5</td>
<td>3,494.2</td>
<td>3,503.6</td>
</tr>
<tr>
<td>Health visiting</td>
<td>1,889.8</td>
<td>1,874.0</td>
<td>1,899.4</td>
<td>1,902.7</td>
</tr>
<tr>
<td>Specialist nursing</td>
<td>1,227.4</td>
<td>1,250.9</td>
<td>1,235.8</td>
<td>1,247.6</td>
</tr>
<tr>
<td>Public health nursing</td>
<td>627.6</td>
<td>629.9</td>
<td>630.4</td>
<td>618.6</td>
</tr>
<tr>
<td>School nursing</td>
<td>350.3</td>
<td>342.6</td>
<td>356.2</td>
<td>358.1</td>
</tr>
</tbody>
</table>

Source: Information Services Division, Scotland
4.3 NHS in Wales

Figure 16: Wales, qualified nursing and midwifery staff and nursing support staff (FTE), 2006-2015. Index change 2006=100

Figure 16 shows that the number of qualified nursing and midwifery staff has risen gradually by 6% from 20,980 (FTE) in 2006 to 22,146 in 2015, while the nursing support workforce dropped from 6,920 (FTE) in 2006 to 6,313 in 2014 (9%) before recovering slightly to 6,537 in 2015.
Looking in more detail at the nursing and midwifery workforce in Wales between 2011 and 2015, Table 6 shows an overall drop in maternity services, paediatric nursing and learning disabilities. The biggest growth has been seen in community services. A 10% increase in community psychiatry nurses has been partially offset by a 6% fall in nursing numbers in other psychiatry settings.
Figure 17: Nursing workforce (FTE) community nursing services, health visitors and district nurses (2006-2015). Index change: 2006 = 100

Source: StatsWales. Nursing staff by area of work and year 2006-2015

Figure 18 shows a similar picture to England in relation to the trend in qualified nurses working in community services; with an overall increase in numbers working in community services (28% increase in FTE nursing staff). However while the number of FTE health visitors has grown by 50% from 582 to 896, the number of district nurses has fallen by 42% over the same 10-year period, from 896 in 2006 to 522 in 2015.
4.4 Health and social care in Northern Ireland

Figure 18: Qualified nursing and midwifery staff (FTE), unqualified nursing staff/nurse support staff (2006-2015). Index change: 2006=100

Using the March Workforce Census data, the qualified nursing and midwifery workforce (FTE) grew overall between 2006 and 2015, rising by 7%, having recovered from a dip in numbers between 2010 and 2011.

The nursing support staff workforce peaked in 2008 before reaching a low of 3,849 in 2012 and then rising back to 4,019 in 2015.

Table 7: Northern Ireland, qualified nursing and midwifery staff (FTE) by work area (2011-2015)

<table>
<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Acute nurses</td>
<td>7,171</td>
<td>7,197</td>
<td>7,334</td>
<td>7,520</td>
<td>7,778</td>
<td>8.5</td>
</tr>
<tr>
<td>Mental health nurses</td>
<td>1,581</td>
<td>1,627</td>
<td>1,617</td>
<td>1,636</td>
<td>1,591</td>
<td>0.6</td>
</tr>
<tr>
<td>Midwifery</td>
<td>1,014</td>
<td>1,040</td>
<td>1,086</td>
<td>1,095</td>
<td>1,079</td>
<td>6.4</td>
</tr>
<tr>
<td>District nurses*</td>
<td>824</td>
<td>834</td>
<td>860</td>
<td>853</td>
<td>793</td>
<td>-3.8</td>
</tr>
<tr>
<td>Paediatric nurses</td>
<td>637</td>
<td>682</td>
<td>713</td>
<td>749</td>
<td>765</td>
<td>20.1</td>
</tr>
<tr>
<td>Health visitors**</td>
<td>438</td>
<td>427</td>
<td>458</td>
<td>461</td>
<td>491</td>
<td>12.1</td>
</tr>
<tr>
<td>Learning disability nurses</td>
<td>437</td>
<td>421</td>
<td>417</td>
<td>428</td>
<td>404</td>
<td>-7.6</td>
</tr>
</tbody>
</table>

Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census

*Includes community staff nurses working within district nursing services

**Includes student health visitors from 2014 onwards
Table 7 provides the numbers of qualified nursing and midwifery workforce by work area between 2011 and 2015. The number of FTE nurses working in acute settings rose by 8.5% over this period and there was also growth in the number of paediatric nurses (20%), health visitors (12%) and midwives (6%). There was some growth in the number of mental health nurses until 2014, before falling back almost to 2011 levels. There has also been a dip in the number of learning disability and district nurses since 2011.

4.5 Nursing and age

The following figures provide estimates of the age profile of qualified nursing staff using available data from NHS England, Scotland and Health and Social Care Northern Ireland. Data is not available for Wales. Analysis of the figures shows a progressively ageing workforce. Comparisons of data from 2006 and 2015 highlight how older workers form a substantial and growing component of the workforce in all countries.

Figure 19: NHS England, age profile, qualified nursing staff, September 2006 and September 2015 (headcount)

Figure 19 shows the shift in age profile among the qualified nursing workforce in England between 2006 and 2015. While over a third (38%) of the workforce was aged 45 or over in 2010, this has risen to 48% in 2015.
Figure 20: Scotland, nursing and midwifery staff, September 2006 and 2015 (headcount)

Source: Information Services Division, Scotland

Figure 20 shows a similar age profile in the nursing workforce in Scotland to that in England. Two fifths (43%) of the nursing and midwifery workforce was aged over 45 in 2006, compared to over half (54%) in 2015.

Figure 21: Northern Ireland, qualified nursing, midwifery and health visiting staff by age, 2005 and 2015 (headcount)

Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census
Figure 21 shows the sharp change in the age profile of the qualified nursing workforce in Northern Ireland between 2006 and 2015. In 2006 63% of qualified nursing staff were below the age of 45, compared with just over half (53%) in 2015.

Due to changes in the NHS pension scheme and government policy, the average retirement age of nurses has risen:

- the normal NHS pension age has increased from 60 to 65
- the NHS early retirement age increased from 50 to 55
- the UK government abolished the default retirement age of 65 years
- the state pension age is due to increase to 66 by 2020, to 67 by 2028 and to 68 by 2046.

Although the number of nurses approaching retirement (55 year or older) has increased over the past 10 years, the number of actual retirements has been flat, suggesting an increasing number of nurses are delaying their retirement.14
5. Nursing and earnings

5.1 Nursing staff

Section 5 looks at average earnings growth for nursing staff compared to other employees in the UK, using official statistics.

**Figure 22: Median weekly earnings for full-time employees compared to CPI and RPI inflation. Index: 2010=100**

![Graph showing median weekly earnings growth for nurses and nursing auxiliaries](image)

Source: Office for National Statistics. Annual Survey of Hours and Earnings and Consumer Price Inflation time series dataset

Figure 22 shows the growth in full-time weekly earnings for all UK nursing staff and all UK employers between 2010 and 2015, using 2010 figures as the base. Since 2010, nominal weekly earnings rose by 3.5% for nurses and 5.5% for nursing auxiliaries, compared to 5.9% for the whole population working full time. Meanwhile, the Retail Prices Index (RPI) has risen by 19% and the Consumer Prices index (CPI) by 15%.

Median weekly full-time earnings for nursing staff stood at £615 in 2015 and £373 for nursing auxiliaries and assistants.
Figure 23: Real terms annual change for median weekly earnings (full-time employees)

Source: Office for National Statistics. Annual Survey of Hours and Earnings and Consumer Price Inflation time series dataset

Figure 24: Real terms annual change for median weekly earnings (part-time employees)

Source: Office for National Statistics. Annual Survey of Hours and Earnings and Consumer Price Inflation time series dataset

Figure 23 looks at year-on-year changes in median weekly earnings since 2010, adjusting for RPI inflation. It shows that in every year between 2010 and 2015, real terms median weekly earnings growth has been below zero for all full-time employees in the UK economy. Among full-time nurses, there has been a cumulative real terms fall in weekly earnings of 13.9% and a 9.9% cumulative real terms drop for nursing auxiliaries and assistants.
Figure 24 shows real terms median weekly earnings growth for part-time workers between 2010 and 2015. Part-time nursing auxiliaries and assistants have experienced a cumulative real terms fall in earnings of 16.2%, while earnings have dropped by 18.2% for part-time nurses.

Median part-time earnings for nursing staff stood at £324 in 2015 and £195 for nursing auxiliaries and assistants.

### 5.2 NHS earnings

The data presented below show trends in median earnings for qualified nursing, midwifery and health visitor staff in England between 2011 and 2016. Comparative data for the other UK countries are not available.

However, it must be noted that due to different approaches taken to pay awards across the UK, each country now has its own Agenda for Change pay scale. For example, a nurse employed on the first point of Agenda for Change Band 5 in Northern Ireland has a starting salary of £526 less than a counterpart in Scotland.

This data should be interpreted against the background of public sector pay constraint since 2012.

- 2012: pay freeze for those earning above £21,000 per year.
- 2013: 1% consolidated uplift for all staff in UK.
- 2014: 1% non-consolidated uplift only for staff at the top of their pay band in England and Northern Ireland; a one-off payment of £187 in Wales; 1% consolidated uplift for all staff in Scotland.
- 2015: 1% consolidated uplift for those earning up to point 42 of the Agenda for Change pay scale (£56,504) in England; 1% consolidated uplift for all Agenda for Change staff in Wales and Scotland as well as the Living Wage.
- 2016: 1% consolidated pay uplift for all staff.

Figure 26 shows that while RPI rose by 18.9% between 2010 and 2016, nominal earnings (not taking into account inflation) changed for the following staff groups:

- all staff on Agenda for Change pay bands: 10.3%
- qualified nursing, midwifery and health visiting staff: 9.5%
- support to doctors and nursing staff: 13.2%.
**Figure 25: Nominal annual change in median annual earnings: all Agenda for Change staff; qualified nursing, midwifery and health visiting staff; and support to doctors and nursing staff compared to RPI, England (2010-2016)**

Source: NHS Digital

Figure 26 shows median annual earnings trend figures obtained from NHS Digital, with growth adjusted for RPI inflation. It shows that qualified nursing, midwifery and health visiting staff suffered a real terms, cumulative, drop of 9.4%, while support to doctors and nursing staff saw a drop of 5.7%.

**Figure 26: Real terms (RPI) annual change in median annual earnings: all Agenda for Change staff; qualified nursing, midwifery and health visiting staff; and support to doctors and nursing staff, England (2010-2016)**

Source: NHS Digital
6. Nurse education and graduate earnings

This section looks at data and trends regarding the number of commissioned student places as well as demand for and entry to nursing courses in higher education institutions (HEI). This data is widely used as an indication of the future supply of qualified nurses into the UK workforce. It has also been recently used to estimate the likely demand for nursing courses prior to the decision to replace the current system of grants and bursaries for nursing students, with the standard system for other courses covering both living costs and tuition fees in England.

The rationale for this change has been the search for cost savings, allied to the removal of what is seen as an artificial cap on student places, which is currently determined by the funding made available by Health Education England. The Government has estimated that 10,000 new nursing student places will be created by 2020 and point to current oversubscription as an indication of future demand for nursing courses.

This section also looks at the graduate wage premium to provide a perspective on the relative attraction of pursuing a nursing degree (along with the associated loans to cover tuition fees and living costs) compared to a career taking a non-graduate route.

6.1 Higher education

Figure 27 looks at the number of applications and acceptances to all courses in UK higher education institutions between 2011 and 2015 and the relationship between the two figures. In 2015 the acceptance rate reached 74%.

Figure 28 looks at the number of applicants and acceptances for nursing courses between 2010 and 2014 and shows that the total number of applicants rose by 85%, while the number of acceptances rose by 26% over the period. The acceptance rate has remained stable at around 40% through this period.

While figures for HEI entry are given for the UK, the number of places commissioned – which is the key determinant of future intake to education – is undertaken separately by each UK country.
Figure 27: Applicants for entry to all courses at higher education institutions in the UK (2011-15)

![Graph showing applicants and acceptances from 2011 to 2015.](image)

Source: UCAS Annual reference tables

Figure 28: Applicants for entry to nursing courses at higher education institutions in the UK (2010-14)

![Graph showing applicants and acceptances from 2010 to 2014.](image)

Source: UCAS Annual reference tables

Figure 29 shows that the numbers of student places commissioned in England have begun to rise again, after falling to 17,219 in 2012/13. There are 20,003 planned places for 2015/16 compared to 22,815 in 2003/4.
Figure 29: England, number of nursing places commissioned (2005/6 to 2015/16)

Sources: Parliamentary Question 29 November 2013 [179089] www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131129/text/131129w0002.htm

Figure 30 shows that student intake places in Scotland fell by a quarter between 2005/6 and 2012/13, dropping from 3,592 to 2,713. Numbers have begun to rise again since 2013/14, with 3,185 places planned for 2014/15.
Figure 30: Scotland, nursing and midwifery student intakes (2003/04 to 2014/15)

Source: Information Services Division, Scotland

Figure 31 shows a fall of 27% in commissioned places between 2005/6 and 2012/13 in Wales, dropping from 1,260 to 919. In 2016/17, there are 1,418 places planned, representing a 54% increase from 2012/13. In 2015/16 3038 places were planned.

Figure 31: Wales, number of nursing places commissioned, 2004/5 to 2014/5 and places planned for 2016/17

Source: Health and Social Services, Welsh Government
Figure 33 shows a fall of 20% in the number of commissioned places in Northern Ireland between 2008/9 and 2015/16, dropping from 792 to 645. An increase of 100 places was planned for 2016/17.

**Figure 32: Northern Ireland, number of nursing places commissioned, 2008/9 to 2016/17**

![Graph showing the number of commissioned places in Northern Ireland from 2008/9 to 2016/17.](source)

Source: A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015-2025)

### 6.2 Graduate earnings

Analysis by the Institute for Fiscal Studies (IFS) shows that graduates in the UK economy currently enjoy significantly higher wages than those without a degree, despite the rapid rise in the number of people with degrees over the past three decades. However, IFS researchers predict that future graduates across all occupations are likely to benefit less and that hence, we believe future increases in the proportion of graduates in the UK will tend to reduce graduates’ relative wages.

Their analysis shown below illustrates that graduates in their late thirties earn about 1.6 times as much per hour as those who left school at 16 and this ratio has remained roughly the same for the past 30 years.

Between 2008 and 2013, real terms median hourly earnings of graduates fell by nearly 20%. Non-graduates saw similar falls, thus maintaining the gap between the two groups.

The data presented below show trends in median earnings for qualified nursing, midwifery and health visitor staff in England between 2011 and 2016. Comparative data for the other UK countries are not available.

However, it must be noted that due to different approaches taken to pay awards across the UK, each country now has its own Agenda for Change pay scale. For example, a nurse employed on the first point of Agenda for Change Band 5 in Northern Ireland has a starting salary of £526 less than a counterpart in Scotland and £217 less than in England or Wales.

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16 [www.ifs.org.uk/publications/8409](http://www.ifs.org.uk/publications/8409)
IFS researchers have concluded that the main reason the increase in graduate numbers has not driven down the premium is ‘because firms have used the increased supply of highly educated workers to switch to a different, less hierarchical and more decentralised management structure.’ Organisations have changed the way they work to make better use of the more highly skilled employees available. 

As nursing is a graduate profession, the key question is not whether nursing graduates earn more than nursing non-graduates, but whether the future gains from obtaining and self-funding a degree are worthwhile in comparison to other career options.
The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

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Royal College of Nursing Evidence to the
NHS Pay Review Body 2017-18

September 2016
Royal College of Nursing Evidence to the NHS Pay Review Body 2017-18

This submission accompanies the evidence presented by Staff Side and supports the key recommendations made in the report. It also makes some additional observations and recommendations based on the findings from our own research.

1. **Introduction and Recommendations**

1.1 Through the RCN’s submission - alongside our Labour Market Review and evidence on agency staffing produced in collaboration HCL Nursing, a major nursing agency - our warnings about the consequences of the failure to plan and reward the nursing workforce properly could not be starker. The nursing workforce faces multiple challenges:

- Chronic staff shortages
- Intensified workloads
- Increased agency use as staff seek to restore the real of earnings due to pay restraint
- Worrying low levels of morale

1.2 Meanwhile, there is uncertainty over the future of workforce supply due to student funding changes and the implications of the UK’s decision to leave the European Union.

1.3 The NHS is attempting large scale reorganisation of structures and services in order to deal with a changing and ageing population and the impact of reduced budgets in both health and social care. The success of these changes will depend on the involvement and engagement of a committed and motivated workforce. Yet another year of pay restraint will send a clear message that the nursing workforce is undervalued and their contribution to the NHS underappreciated.

1.4 This year’s submission shows that nursing staff in the NHS have experienced a real terms drop in median earnings of between 9% and 14% since 2011. The RCN, along with its sister trade unions, is asking for pay rises for this and subsequent years to be set at a level above the current 1% public sector pay policy in recognition of the many problems facing the nursing workforce. While a meaningful pay rise will not on its own alleviate the challenges to recruitment, retention and morale, it will provide a strong and welcome signal to the workforce.

1.5 Despite the evidence that nursing staff choose to work for agencies for higher salaries, employers have not drawn on the facility in Agenda for Change to pay local retention and recruitment premia. While would prefer a long-term approach to deal with staffing issues, we ask the PRB to support our call for employers to look in the short-term to RRPs, bank and overtime provisions to reduce the reliance on agency staffing.

1.6 We are also asking the PRB to support our call for a long-term comprehensive workforce strategy in order to address issues relating to workforce planning and staff management.

1.7 In line with the Joint Staff Side submission we are calling for:

- A realignment of Agenda for Change in order to deal with structural issues and ensure the framework is fit for purpose. This entails:
  - returning to a UK-wide pay scale using Scotland as a reference point
  - restructuring Bands 1-3 to pay the Living Wage and maintain pay differentials
- A pay award in line with RPI (1.9%) applied equally to all staff in Agenda for Change
- A comprehensive workforce strategy to tackle the many and inter-related challenges facing the NHS workforce, including increasing use of agency staff, stagnating wage levels, declining morale and motivation and increased staff shortages across the UK.
2. **Nursing Shortage**

2.1 This year’s decision by the Migration Advisory Committee to place nursing on the Shortage Occupation List (SOL) in the UK has been the culmination and consequence of years of poor workforce planning, pay restraint and weak decision making on staffing issues. The Committee’s findings are stark:

- The vacancy rate is estimated to be around 9% - surpassing the maximum 5% rate as set out by the National Institute for Health and Care Excellence (NICE) to accommodate operational flexibility needs
- one in three nurses are due to retire in the next 10 years with a lack of homegrown nurses to fill the imminent gap;
- retention issues have been a major contributor to current shortages yet higher pay has not been used as a way of improving retention or recruitment despite the evidence that nursing staff choose agency working for higher salaries
- leaving the EU will put strain on the workforce due to the NHS’s reliance on nurses from EU countries
- current bursary and fee arrangements for undergraduate nurses will be replaced with student loans for new students in England from 2017: the impact on future supply is unknown and unmodelled
- spending on agency nurses equates to around one tenth of the nursing pay bill – this is a clear reflection of a nurse shortage
- demand for nursing care is increasing due to a growing and ageing population, reforms to the way care is delivered and the changing role of nurses as they take on more responsibilities.

2.2 This year’s Labour Market Review (LMR) produced by the Royal College of Nursing highlights that the decision to place nursing on the SOL confirms repeated warnings made by the RCN that there are widespread nurse shortages across the UK caused by poor workforce planning and lack of a coherent workforce strategy.

2.3 The MAC concluded that the shortage in the nursing workforce is due to previous underestimations of future demand and unclear estimates of supply, with staffing decisions being primarily financially driven, rather than based on clinical need.

**Evidence of nursing shortage**

2.4 The MAC concluded that national data and evidence from employers and trade unions strongly suggested a shortage of registered nursing but acknowledged that there is a lack of a clear authoritative source on vacancy data and that it is difficult to form a clear picture across the four UK countries. While vacancy statistics are available for Scotland and Northern Ireland, they are not routinely published in England of Wales. However, other sources such as a BBC Freedom of Information request shows that on 1 December 2015, the NHS in England, Wales and Northern Ireland had more than 23,443 nursing vacancies - equivalent to 10% of the workforce.

**NHS England**

2.5 In Health Education England’s evidence to the MAC review of the nursing workforce, NHS England was estimated to have a vacancy rate of 9.4% as of March 2015. For adult nurses, who account for more than two thirds of the nursing workforce, the vacancy rate was 9.8%. There were also notable regional variations, with high vacancy levels among trusts in London and the South East.
2.6 Between November 2014 and November 2015, the joining rate across the nursing, midwifery and health visiting workforce stood at 8.9%, compared to a leaving rate of 10.4% showing a high level of instability in the NHS in England.

NHS Scotland

2.7 As of March 2016, the vacancy rate in the nursing and midwifery workforce stood at 3.6% (2.9% short-term and 0.7% long-term) compared to 3.3% at March 2015 (2.5% short-term and 0.8% long-term).

Health and Social Care Northern Ireland

2.8 As at March 2015, the vacancy rate (FTE) stood at 3.8% across the whole nursing workforce, with a long-term rate (over 3 months) 1.6%. This compares to an overall vacancy rate of 3.1% in September 2014 (long-term rate of 1%)

The impact of the removal of student bursaries

2.9 In England, the bursary system will be replaced by a loans system for pre-registration student nurses, midwives and allied health professionals from 2017. The Government’s plans stated a student who chose to take a maximum tuition and maintenance loan for three years would graduate with student loan borrowing of between £47,712 and £59,106 depending on the course studied, location and whether or not the student lives in the parental home.

2.10 The Government has claimed that this new system will lead to an increase in the number of nurses. However, there appears to have been little or no modelling work undertaken to explore the impact on the labour market. In the long-term, much will depend on whether nursing is seen as both a comparatively attractive career and choice of university course.

2.11 The RCN responded to the Government consultation on the proposals and pointed out the Government has not adequately addressed the risks to future security of supply of the NHS workforce. We stated that: ‘As well as the risk that the proposals could deter potential nursing students from applying and result in shortages, there is also a risk that an ’open market’ approach could result in uneven distribution of students across nursing specialisms or geographic locations. The Government has also not fully considered the risk that removing the bursary could result in severed links between the student and the NHS, impacting on students’ future loyalty to the NHS as an employer.’

2.12 The RCN’s response also included a membership survey of over 17,000 individuals. The submission showed that:
- Over two thirds of existing nurses and current nursing students surveyed would not have studied nursing if they had had to take out student loans and pay tuition fees (rising to 85% for those who were aged over 26 when studying)
- 89% believe that the changes would result in decreased numbers of student nurses
- 80% of nurse educators do not support the changes
- 90% of respondents believe that the changes will disadvantage certain groups of students
- 80% of respondents believe that the student funding changes will have a negative impact on patient care

The impact of the UK decision to leave to European Union

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1 RCN (2016) RCN response to the Department of Health consultation: Changing how healthcare education is funded
www.rcn.org.uk/professional-development/publications/pub-005689
2.13 This section provides an analysis from Labour Force Survey (LFS) data, looking at responses from respondents who report working as nurses, midwives or nursing auxiliaries and assistants and their country of birth. This analysis includes people who became UK nationals after moving to the UK and people who were born abroad to UK national parents and therefore may be slightly higher than other estimates. However, this gives an indication of the reliance on EU and non-EU nationals in the NHS.

2.14 Across all providers, there are an estimated 7% of the nursing and midwifery workforce and 5% of the nursing auxiliary and assistant workforce who were born in another EU country. In the NHS, 6% of the nursing and midwifery workforce and the nursing auxiliary and assistant workforce were born in another EU country.

Table 1: Country of birth as percentage of occupational groupings

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<th>All sectors</th>
<th>NHS</th>
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<tbody>
<tr>
<td></td>
<td>EU %</td>
<td>Non-EU %</td>
</tr>
<tr>
<td>Qualified nurses and midwives</td>
<td>6.8</td>
<td>14.6</td>
</tr>
<tr>
<td>Nursing auxiliaries and assistants</td>
<td>5.1</td>
<td>20.2</td>
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2.15 Depending on the settlement that the UK negotiates with the EU post-Brexit, the UK may restrict the flow of immigrants from Europe. The future situation of EEA nationals already working in the health and care sector is also unresolved. Both these factors could cause a major problem for staffing in the NHS, either directly through new restrictions preventing EU-born NHS staff from working in Britain, or indirectly because EU-born staff may choose to leave the UK due to the uncertainty created before new rules are put in place on migration restriction.
3. **Recruitment and retention**

3.1 Experimental analysis of the Labour Force Survey shows that of all the respondents classed as nurses (SOC 2231) and working for the NHS in the first quarter of 2015, 96% were still in employment in the first quarter of 2016. Of the 4% not in employment, this was made up of the following:

- 2.2% retired
- 1.5% long-term sick or disabled

Of the 96% still in employment – this was made up of the following:

- 94.2% still working for the NHS
- 2.1% working for a private firm

Of those now working for a private firm, all were continuing to be employed as a nurse. Of those still working in the NHS:

- 87.8% working as a nurse
- 7.8% working as a nursing auxiliary/assistant
- 1.6% working as a therapy professional
- 1.8% working as a care worker/home carer

3.2 These figures show that the workforce face challenges of turnover in the nursing staff either leaving the workforce entirely or leaving for the private sector. There are also small, but significant numbers remaining in the NHS but moving to other occupations, including working as nursing auxiliaries and assistants.

3.3 It is difficult to compare turnover rates across the UK due to differences in data collection and methodology, however tables 2 and 3 look at available data for turnover levels among the NHS nursing workforce in England and Scotland. Table 1 shows that the turnover rate among the nursing workforce has accelerated since 2011/12. Between November 2014 and November 2015, the joining rate for the nursing, midwifery and health visitor workforce was 8.9% compared to a leaving rate of 10.4%. Table 2 shows that turnover in NHS Scotland has also steadily risen in the nursing and midwifery workforce over recent years, growing from 5.8% in 2011/12 to 7.2% in 2015/16.

3.4 In Northern Ireland, the joining rate for the nursing and midwifery workforce was 6.8% and the leaving rate was 5.2% for the 12 months to March 2016.

<table>
<thead>
<tr>
<th>Table 2: NHS England: Joiner and Leaver rates by percentage</th>
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<tr>
<td></td>
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<tr>
<td>Joiners</td>
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<td>Leavers</td>
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*Source: NHS Digital*

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<th>Table 3: NHS Scotland: Turnover by percentage</th>
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<tr>
<td></td>
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<tr>
<td>Nursing and midwifery</td>
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<tr>
<td>All staff</td>
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</table>

2 Similar workforce data is unavailable for Wales.
3.5 There is a growing acknowledgement that retention of staff is vital. The English Department of Health’s evidence to the Migration Advisory Committee set out the full scope and depth of the problem:

“A major issue in the retention of nurses relates to the overall working conditions and poor image associated with the profession. The organisations that nurses work in are seen as becoming less stable in terms of their structures and leadership, leading to a poor working environment. Nurse to patient ratios are reducing due to recruitment issues, leading to increased stress and fatigue levels among nurses. This may encourage nurses to move to different roles or to reduce their hours. Other issues include the high proportion of nurses at retirement age and, as nursing is a predominantly female workforce, a significant proportion leave or reduce their hours to look after children or become carers.”

3.6 This evidence shows that there are fewer nurses looking after more patients with more complex needs. This is leading to stress and fatigue which in turn may encourage nurses to move to different roles or reduce their hours. It is for these reasons that the RCN, along with its sisters health trade unions, is calling for a comprehensive workforce strategy to help create a healthy and safe working environment for staff and improve their working lives which will ultimately improve the quality of patient care. We call on the PRB to support the Staff Side in calling for a comprehensive workforce strategy to coordinated approach to pay, terms and conditions, workforce supply, training and development, career progression, working environment and job design, health and wellbeing at work and staff management.
4. Morale and Motivation

4.1 Experimental analysis of the Labour Force Survey shows that 3.1% of nurses in the NHS were actively looking for a new job at the time of the survey. While the majority of these respondents provide no categorisable response for the reason for looking for a new job, the table below shows that the most commonly stated motivation is a dissatisfaction with pay levels, followed by a wish to change occupation. It is worth noting that among those with a second job at the time of the survey, none of these respondents were looking for a new job suggesting that their motivations were better met by working an additional job rather than leaving their main job.

Table 4: Reasons for looking for a new job*

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<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay unsatisfactory in present job</td>
<td>19.2%</td>
</tr>
<tr>
<td>Want to change occupation</td>
<td>11.6%</td>
</tr>
<tr>
<td>Want to work shorter hours than in present job</td>
<td>11.3%</td>
</tr>
<tr>
<td>Journey to work unsatisfactory in present job</td>
<td>8.5%</td>
</tr>
<tr>
<td>Present job fills in time before finding another job</td>
<td>8.1%</td>
</tr>
<tr>
<td>Want to change sector</td>
<td>8.1%</td>
</tr>
<tr>
<td>Want to work longer hours than in present job</td>
<td>7.5%</td>
</tr>
<tr>
<td>Other aspects of present job unsatisfactory</td>
<td>40.7%</td>
</tr>
<tr>
<td>Other reasons</td>
<td>43.4%</td>
</tr>
</tbody>
</table>

*respondents were able to give more than one answer

Source: RCN analysis of Labour Force Survey Quarter 1, 2016

4.2 Results from three national staff surveys undertaken in the last 12 months indicate high levels of workload with many nursing respondents reporting there were insufficient staffing levels for them to carry out their job properly. A large proportion also indicated they regularly work additional hours; that they have experienced work-related stress and have turned up for work despite not feeling well enough to do so.

4.3 In recent submissions to the Pay Review Body, the RCN has repeated our concern that nursing staff are consistently working additional hours and that this is often unpaid. For example, in last year’s evidence we highlighted figures from the RCN’s 2015 Employment Survey showing that a third of respondents (35%) stated they work in excess of their contracted hours several times a week and a further 16% work in excess of their contracted hours on every shift. Nursing staff face disciplinary action if they breach their professional Code, however their duty of care is all too often undermined by pressures caused by inadequate staffing levels and skill mix, leading to excessive working hours, stress and burnout.

4.4 The NHS England Staff Survey 2015 showed the following results:

- 31% of registered nurses work paid additional hours over and above their contracted hours in an average work (38% in 2014). In addition, 74% work unpaid hours (71% in 2014).
- Among nursing and health care assistants, 31% work paid extra hours (41% in 2014) and 39% work unpaid hours (36% in 2014).
- 23% of registered nurses reported that on average, they work 6 or more hours per week as unpaid additional hours and 15% of nurses work on average 6 or more hours per week as paid overtime.
- 39% of nurses and 35% of health care assistants reported they had experienced work-related stress in the previous 12 months (unchanged from 2014)

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*www.nhsstaffsurveys.com/Page/1006/Latest-Results/2015-Results/*
- 63% of nurses and 67% of health care assistants stated they had gone to work in the last 3 months despite not feeling well enough to perform their duties
- 62% of registered nurses and 64% of health care assistants would recommend their organisation as a place to work.

4.5 NHS Scotland Staff Survey 2015 Survey results for nursing and midwifery staff:
- 39% reported they feel able to meet all the conflicting demands on their time at work
- 26% reported there were enough staff for them to do their job properly
- 59% would recommend their workplace as a good place to work
- 79% reported they still intend to be working with their health board in 12 months’ time

4.6 Health and Social Care Northern Ireland 2015 Survey results for nursing and midwifery staff:
- 58% would recommend their organisation as a place to work
- 69% are able to deliver the standard of care they aspire to
- 39% can meet the conflicting demands of their work
- 28% stated that there enough staff in their team/area/department to do their job properly
- 53% have worked additional paid hours
- 77% have worked additional unpaid hours

4.7 In research undertaken by the Institute for Employment Studies on the labour market for nurses in the UK, it was reported the main drivers of the nursing shortage were the impact of post-Francis safe staffing guidelines driving up demand; too few newly qualified nurses linked to poor workforce planning; and the ageing workforce. They also found workplace pressures in many trusts and organisations, with the most common being long hours, burnout, the pay freeze and low morale. These issues were impacting on staff retention and contributing to high turnover in some organisations.

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4 www.gov.scot/Publications/2015/12/5980
6 Institute for Employment studies (2016) The labour market for nurses in the UK and its relationship to the demand for, and supply of, international nurses in the NHS
5. Temporary staffing

5.1 Experimental analysis of Labour Force Survey data shows that in winter 2016, less than half of one per cent of nurses in the NHS worked permanently through an employment agency. However, 5% of nurses permanently employed in the NHS had a second job at the time of the survey and of these the majority (71%) were working as a nursing or midwifery professional (SOC232). Other occupations included ‘caring professional services’ and ‘health professionals.’ Of those working as a nursing or midwifery professional as a second job, 29% reported that this was a temporary job through an agency. This suggests that at least 2% of nurses in the NHS work in a nursing role through an employment agency either as their main or second job at one time. Given that LFS respondents are asked whether they hold a second job in the reference week of the survey being administered, this is likely to hugely underestimate the number of nurses who regularly undertake additional agency work.

5.2 A collaborative piece of research undertaken between the RCN and HCL Nursing Agency was undertaken this year to explore the dynamics behind the demand and supply for temporary nursing staff. Table 4 shows key findings from a survey undertaken among temporary nursing staff working through HCL. It shows that the majority of respondents worked in the NHS during their last assignment, with others working in independent sector health care providers, care or nursing homes, domiciliary care or GP practices. Assignments were across a range of settings, including hospital wards and theatres, mental health and community health care settings.

5.3 Two thirds of respondents work solely for an agency (HCL or another agency) while a third work through an agency in addition to their full-time or part-time nursing job. Of those who combine agency and other nursing work, 81% work in the NHS and 15% work in the independent sector.

5.4 Of those who work in the NHS as their main job, the majority (91%) also worked in the NHS in their last assignment and half (51%) are also employed through the NHS Bank indicating the high level of reliance on the same NHS nursing staff working extra hours either through an agency or the NHS Bank.

Table 5: Key results from HCL Survey

<table>
<thead>
<tr>
<th>Location of last assignment (%)</th>
<th>Setting (%)</th>
<th>Where temporary staff work (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS</td>
<td>Hospital wards</td>
<td>31</td>
</tr>
<tr>
<td>Independent sector health care provider</td>
<td>Theatres</td>
<td>21</td>
</tr>
<tr>
<td>Care or nursing home</td>
<td>Mental health care</td>
<td>19</td>
</tr>
<tr>
<td>Other eg domiciliary care services and GP practices</td>
<td>Community health care</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

5.5 The survey also explored the main motivations and drawbacks for working through an agency. Table 5 shows that the main negative aspects include dealing with uncertainty whether agency is available when needed, the lack of pension and regularly having to work in new environments. The main reasons for working through an agency include judgment that agency working affords greater levels of flexibility, higher pay than either contracted employment or through the NHS Bank, and that it can offer the opportunity to gain experience in a different area or specialism. It is clear that flexibility and better rates of pay are the main drivers of working for an agency, showing evidence of how the NHS should address its recruitment and retention strategies.
Table 6: Key results from HCL Survey: reasons for undertaking agency working

<table>
<thead>
<tr>
<th>Best things about working through an agency (%)</th>
<th>Main drawbacks (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More control over the shift worked</td>
<td>Uncertainty over work availability</td>
</tr>
<tr>
<td>80</td>
<td>71</td>
</tr>
<tr>
<td>More control or choice over the number of hours worked</td>
<td>No or limited pension</td>
</tr>
<tr>
<td>67</td>
<td>52</td>
</tr>
<tr>
<td>Better rates of pay</td>
<td>Unfamiliar working environments</td>
</tr>
<tr>
<td>67</td>
<td>41</td>
</tr>
<tr>
<td>Better work-life balance</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Ability to gain experience in a new area</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

5.6 Since 2015, the Department of Health in England has set restrictions on the use of agency staff. In September 2015, Trusts were set individual expenditure ceilings for agency nursing staff and in April 2016, caps were set on the on hourly rates paid for agency staff. There is however, a ‘break glass’ provision for Trusts that can show the need to over-ride the caps on exceptional ‘safety grounds’.

5.7 The survey of HCL nursing staff asked about reactions to any reduction to their hourly rate for taking up temporary work in the NHS. Two fifths stated that they would stop doing agency work in the NHS and switch to the private sector while a quarter would consider stopping nursing altogether and pursue a career change. The monetary impact would clearly impact people in different ways as equal numbers (27%) responded they would work fewer agency shifts as would work more agency shifts, with the cap acting as both incentive and disincentive.

5.8 While the National Audit Office estimates that the total hours of agency and bank nurse time would equate to 30,000 full-time equivalent nurses across all trusts in England alone, it is far from clear that the agency cap alone will address the nursing shortage7. Indeed, the Public Accounts Committee concluded that ‘the NHS will not solve the problem of reliance on agency staff until it solves its wider workforce planning issues’8. Tighter restrictions, on top of nursing shortages will only mean that Trusts will be unable to recruit the staff needed to provide safe care. As set out in the Joint Staff Side evidence, controls on agency staff should only form part of a wider workforce strategy focused on sustainable recruitment and retention.

5.9 The RCN, along with the Migration Advisory Committee, is clear that the over-reliance on agency staffing is a reflection of a nursing shortage and a direct consequence of wage levels in the NHS. The MAC found that recruitment and retention of permanent staff is made difficult by wage levels, with the consequence being a high level of reliance on agency nursing. It also found that employers are preferring to pay agency costs rather than recruitment and retention premia. The MAC concludes: ‘The issue here is not one of shortage per se, in that a nurse still ends up doing the work. It is really about cost.’

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7 National Audit Office (2016) Managing the Supply of Clinical Staff in England

8 Public Accounts Committee (2016) Managing the supply of NHS clinical staff in England
www.publications.parliament.uk/pa/cm201516/cmselect/cmpubacc/731/73102.htm
6. Nursing Earnings

6.1 This section examines trends in median earnings, using data from the NHS England workforce as an illustrative example of the impact of public sector pay restraint. However, it must be noted that due to different approaches taken to pay awards across the UK, there are effectively four different AfC pay scales.

6.2 Figure 1 shows that while RPI rose by 19.4% between 2011 and 2016, nominal earnings (not taking into account inflation) changed for the following staff groups:

- all staff on Agenda for Change pay bands: 7.1%
- qualified nursing, midwifery and health visiting staff: 5.8%
- support to doctors and nursing staff (includes health care assistants and support workers): 10.1%

Figure 1: Nominal annual change in median annual earnings: all Agenda for Change staff; qualified nursing, midwifery and health visiting staff; and support to doctors and nursing staff compared to RPI, England (2011-2016)

Source: NHS Digital

6.3 Figure 2 shows median annual earnings trend figures, with growth adjusted for RPI inflation:

- Qualified nursing, midwifery and health visiting staff have suffered a real terms, cumulative, drop of 13.6%
- Support to doctors and nursing staff saw a drop of 9.3% between 2011 and 2016.
6.5 It is vital that nurses’ pay levels compete effectively with pay in other graduate professions, yet starting salaries for qualified nurses have consistently fallen behind median graduate salaries in the UK.\(^9\) Using the England NHS pay structure for illustrative purposes, median graduate starting salaries are £8,091 or 37% higher than the bottom of AfC Band 5.

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\(^9\) High Fliers Research *The Graduate Market in 2016*  
www.highfliers.co.uk/download/2016/graduate_market/GMReport16.pdf
Northern Ireland

6.6 As stated above, there are effectively four different pay scales in operation across the UK, with staff in Northern Ireland faring the worst. For example, a nurse starting on AfC Band 5 in Northern Ireland is paid £526 less than their counterpart in Scotland and £217 less than in England or Wales. A nurse at the top of band 5 is paid £566 less than a nurse in Scotland and £282 less than in England or Wales.

6.7 Figure 4 shows how the value of salaries at the top of band 5 has changed since 2011/12, with Northern Ireland compared to the other UK countries to illustrate the growing gap. While the value of the top point of band 5 has increased by 4.1% in Scotland and 3% in England and Wales over that time, the increase has only been 2% in Northern Ireland.

Figure 4: Value of Top Point of Band 5 2011/12-2016/17 (across four UK countries)

6.8 Last year, the RCN provided specific evidence on the situation in Northern Ireland highlighting the growing disparity in pay between Northern Ireland and the other UK countries, with Northern Ireland clearly at the bottom of the table for all bands. We described this is as unfair, unequal and unacceptable and our description still stands.

6.9 The RCN led a campaign in 2015/16 which included the threat of industrial action for the first time in the RCN’s history. This led to Northern Ireland Executive pledging to honour the PRB’s recommendations for 2016/17 and the postponement of the RCN’s ballot on action. While this action was welcome, we call on the PRB to address the situation of large and growing anomalies between pay points across the UK.

6.10 The Joint Staff Side evidence calls for a realignment of pay scales across the UK to harmonise all AfC pay points. The RCN urges the PRB to recommend this course of action.

Recruitment and retention premia

6.11 Oxleas Foundation Trust introduced a new scheme this year offering new nurses a higher salary by paying them money directly that would have been paid into the NHS Pension Scheme. Nursing staff had to opt out of the scheme in order to receive the higher pay deal. This scheme, which was eventually withdrawn, was drawn up to offer a higher rate to compete with employment agencies. East and North Hertfordshire NHS Trust subsequently launched a similar recruitment campaign to encourage Band 5 and 6 nurses, midwives and operating department practitioners to take up substantive roles at its hospitals, rather than working solely for agencies. This also involves opting out of the NHS Pension Scheme.
6.12 These schemes, which are likely to be copied by other NHS organisations, demonstrate that higher rates are being offered where there are staff shortages instead of Recruitment and Retention Premia. They are putting at significant risk future pension and deferred income and so risking poverty in later age and potentially (if significant numbers of employers chose to follow) undermining the NHS Pension Scheme,
7. **Recommendations**

7.1 The Migration Advisory Committee stated that: ‘The restraint on nurses’ pay instituted by the government was presented to us, and in the evidence to the pay review bodies, as an immutable fact. It is not. It is a choice.’

7.2 It highlighted that reluctance in the NHS to use pay to resolve shortages has led to trusts using other methods such as grade drift, or employing agency nurses. It also stated that there is much evidence to suggest that pay is a key driver of poor retention of nurses in permanent roles, with many nurses moving to agency work or leaving the profession altogether. The RCN is calling on the RCN to support our call for local employers to make better use of Recruitment and Retention Premia, bank and overtime provisions.

7.3 The RCN agrees with this analysis and calls on the Pay Review Body to make a recommendation beyond the 1% pay policy restriction and to support Staff Side’s pay claim which includes:

- A **realignment** in order to deal with structural issues and ensure the framework is fit for purpose. This entails:
  - returning to a UK-wide pay scale using Scotland as a reference point
  - restructuring Bands 1-3 to pay the Living Wage and maintain pay differentials
- a **pay award** in line with RPI, applied equally to all staff in Agenda for Change
- A comprehensive **workforce strategy** to tackle the many and inter-related challenges facing the NHS workforce, including increasing use of agency staff, stagnating wage levels, declining morale and motivation and increased staff shortages across the UK
1. Introduction and commentary

This report provides a review of the UK nursing labour market, looking at recent data and trends for nursing staff working in the health sector across the UK, drawing out differences and similarities across the four UK countries. The review uses national data sets to estimate the size, shape and composition of the nursing workforce. The review covers:

- the UK nursing workforce across the whole UK economy
- immigration
- the nursing workforce in NHS England, Scotland, Wales and in Health and Social Care, Northern Ireland
- nursing earnings
- pre-registration education and graduate earnings.

The publication of this year’s Labour Market Review (LMR) comes just a few months after the decision was made by the Migration Advisory Committee (MAC) to place nurses on the Shortage Occupation List1. When occupations are placed on this list, fewer restrictions are placed on UK employers recruiting candidates directly from overseas; specifically from outside the EU. They would no longer need to complete a residency test, which involves demonstrating that a search for suitable candidates within the UK in the first instance has been unsuccessful.

This decision and the reasons for doing so, encapsulate the risks taken with securing sufficient supply in the nursing workforce. The RCN has been warning about the risks of woefully inadequate workforce planning going back at least twenty years.

The MAC has stated clearly that there is a nursing shortage in the UK and has explained that the current shortage is mostly down to factors which could, and should, have been anticipated by the health, care and independent sectors. These issues include an ageing population, problems with staff training, pay and recruitment, compounded by a squeeze on budgets.

Much of the MAC's analysis resonates with the RCN's warnings in our Labour Market Review and elsewhere. The analysis points out that demand for nursing staff has grown due to the ageing population, reforms to the delivery of health and social care, the push to increase nurse to patient ratios in the wake of the Francis Report and staffing guidelines, as well as the changing role of the profession, with nursing staff taking on more duties previously carried out by others. This growth in demand for nursing staff should and could have been predicted through workforce planning.

The analysis also repeats our concerns about the uncoordinated approach to managing the supply of qualified nurses, with fragmented workforce planning structures, cumulative reductions in the number of training places for nurses and the move away from bursaries to a student loan system. In relation to this decision to replace bursaries with loans for nursing students, the MAC warns that public sector pay restraint may limit the numbers prepared to take up the extra places provided by universities through the new system being introduced in England. This year’s LMR also points to the narrowing gap between graduate and non-graduate earnings in the economy as a whole which may impact on nursing as a degree choice.

The committee also points to the failure to ensure that the number of nurses trained is sufficient to meet demand for nurses in the care and independent sectors, creating a structural undersupply in these areas. The MAC goes on to question their low levels of involvement in and contribution to the training of pre-registration nurses in the UK, despite their reliance on this cohort of staff.

Both the RCN and the MAC have highlighted the historic pattern of peaks and troughs in the supply of migrant nurses, with the committee suggesting that migrant nurses have been used to save costs. It states that nursing is an occupation in which migrants earn, on average, less than UK workers doing the same job. In most other graduate occupations, migrants earn on average more than UK workers in the same job.

Pay restraint is also a shared issue of major concern, with the MAC indicating that pay could be a key driver of poor retention of nurses in permanent roles in the NHS and care sectors, with many moving to agency work or leaving the profession altogether. It also points to the use of significant pay increases in the late 1990s and 2000s to target severe nurse shortages in the NHS and questions why this strategy could not be repeated now given the shortage of nurses.

The RCN believes that unless the UK governments rapidly get to grips with the demand and supply factors causing the current nursing shortage and take strategic action to address the supply issues, including recruitment and retention, the shortage is likely to get worse. The potentially serious and dangerous implications for health and social care should not be underestimated. Without sufficient nursing staff and exponentially rising demand, patient care is being put at risk.
2. The UK nursing workforce

The *Labour Market Review* aims to estimate the size, shape and composition of the nursing workforce using Office of National Statistics datasets in addition to data collected by the four UK health departments. It should be noted that datasets often use different terminology, particularly around the definition of nurses and midwives and nursing support staff, and data is sometimes collected across different time frames and that these differences have been identified where significant. For example, some data sets refer to registered and others to qualified nurses. Nursing support staff are referred to as nursing assistants and auxiliaries in official data while other definitions are used by different health departments.

Section 2 provides an analysis of figures from the *Labour Force Survey* (LFS) which provides official measures of employment and unemployment for the UK. It gives an indication of the number of nurses, nursing assistants and auxiliaries and midwives working across the UK economy (as defined by the Office for National Statistics).

![Figure 1: Nurses, nursing assistants/auxiliaries and midwives in employment (2006-2016)](image)

The LFS provides an estimation of the size of individual sectors as defined by standard industrial classification (SIC) codes and the number of people working in given occupations as defined by standard occupation classification (SOC) codes – in this case nurses\(^2\), nursing auxiliaries and

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\(^2\) SOC 2231 defines nurses as those providing ‘general and/or specialised nursing care for the sick, injured and others in need of such care, assist medical doctors with their tasks and work with other health care professionals and within teams of health care workers. They advise on and teach nursing practice’.
assistants\(^3\) and midwives.\(^4\) These groups are classified as working in the NHS, other parts of the public sector and the independent and voluntary sectors.

Figure 1 shows a steady increase in the number of nurses between 2006 and 2016, with the exception of a period of decline between 2008 and 2010. There were estimated to be around 665,841 people employed in the occupational category of nurse in 2016, having risen by 23% since 2006.

There are an estimated 302,381 people employed in the category of nursing auxiliaries and assistants in the UK in 2016, having risen by 37% since 2006.

In addition, there are estimated to be around 42,308 people employed as midwives in the UK in 2015, having risen by 27% since 2006.

Over this same period, the total number of people in employment rose by 7% from almost 29 million to just around 31.7 million.

**Figure 2: Nurses and midwives in employment and sector of work (2016)**

![Figure 2: Nurses and midwives in employment and sector of work (2016)](source)

**Figure 3: Nursing auxiliaries and assistants in employment and sector of work (2016)**

![Figure 3: Nursing auxiliaries and assistants in employment and sector of work (2016)](source)

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3. SOC 6141 defines nursing auxiliaries and assistants as who ‘assist doctors, nurses and other health professionals in caring for the sick and injured within hospitals, homes, clinics and the wider community’.

4. SOC 2232 defines midwives as those who ‘deliver, or assist in the delivery of babies, provide antenatal and postnatal care and advise parents on baby care. They work with other health care professionals, and advise on and teach midwifery practice’.
Analysis of LFS data show that the majority of both nurses and nursing auxiliaries/assistants work for health authorities or NHS trusts/boards. Around one in seven nurses and one in five nursing auxiliaries/assistants work in the private or independent sector.

According to LaingBuisson (independent health, community care and childcare sector analysts) revenues generated by private or independent sector providers in the health and care market grew by 5% in 2015 to reach £45.3bn.

They explain that growth was led by private acute health care, driven by private demand as well as NHS ‘choose and book’ patients opting to receive NHS paid treatment in independent hospitals, followed by care homes for older people (driven by privately paying residents) and mental health hospitals.\(^5\) Private and independent sector providers therefore play a major role in delivering care, yet it is difficult to assess current or future workforce needs because it is largely excluded from both official workforce data and formal workforce planning processes.

**Figure 4: Proportion of nurses, nursing auxiliaries/assistants and all UK employees working part time (2006-2016)**

![Graph showing part-time working among nurses, nursing auxiliaries/assistants, and all UK employees (2006-2016).](image_url)

Source: Analysis of the Labour Force Survey 2006-2016

Figure 4 shows estimates of part-time working among the nursing workforce as compared to the whole UK working population.\(^6\)

In 2006, almost two fifths (37%) of nurses reported that they worked part time, dropping to 28% in 2013 and then moving up to 33% in 2015. A similar trend is evident among nursing auxiliaries and assistants, with 41% reporting working part time in 2006, declining to 35% in 2013 and increasing to 37% in 2015.

Part-time working is clearly more prevalent in the nursing workforce than the workforce as a whole; just over a quarter reported they worked part time dropping to 22% in 2014 before returning to 26% in 2016.

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\(^5\) [www.laingbuisson.co.uk/MediaCentre/PressReleases/HealthcareReview28.aspx](www.laingbuisson.co.uk/MediaCentre/PressReleases/HealthcareReview28.aspx)

\(^6\) Full-time and part-time status is self-classified by respondents to the Labour Force Survey.
Figure 5: Proportion of female nurses, female nursing auxiliaries/assistants and all female UK employees working part time (2004-2014)


Figure 5 looks at part-time working in more detail though analysis of the incidence among female employees only, due to the high proportion of women in the health care workforce (around 90% of nurses and 80% of nursing auxiliaries and assistants are female).

Among all female employees in the UK, part-time working is higher than among men. In 2016, two fifths (41%) of all women reported working part time in 2016 compared to 12% of men.

Looking at nurses in employment, there was an overall downward trend in part-time working among the female workforce between 2006 and 2013 from 37 to 30%. By 2016, the proportion working part time has returned to the level seen in 2006. The trend appears slightly more erratic among nursing auxiliaries and assistants, with peaks and troughs over the last 10 years, finishing at 41% in 2016.
3. Immigration

Section 3 considers the issue of immigration, the current numbers of nursing staff born or trained outside the UK and recent developments impacting on immigration.

The first major development is the decision to place nursing on the Shortage Occupation List, in recognition that the demand for qualified nurses across all health and social care providers currently exceeds the available supply.

The second major development is the June 2016 referendum decision for the UK to leave the European Union.

This section draws on data from the Nursing and Midwifery Council (NMC) and the Labour Force Survey (LFS) to provide estimates about the number of nursing staff born or trained as a nurse outside the UK. There are key differences in the data presented, in particular the NMC data presents the number of qualified nurses and midwives who registered abroad. All nurses and midwives who practise in the UK must be on the register, however this does not necessarily mean they are working as a nurse or midwife. Since the Labour Force Survey asks respondents about their country of birth, there are therefore methodological differences between the data analysed and presented.

3.1 Nursing and Midwifery Council data

Looking first at Nursing and Midwifery Council (NMC) data to give an indication of the number of nurses and midwives on the NMC register, there were 686,782 nurses and midwives on the register as of 31 March 2015. This represents an increase of 5,924 (0.9%) since 2014. Of these registrants, around 33,000 nurses who trained in the EU or European Economic Area (EEA) are registered to work in the UK. Over 9,000 EEA nurses joined the NMC register in 2015/16, which is a 21% increase on 2014/15 figures.

3.1.1 Inflow and outflow of registrants

The NMC also records verifications issued to other countries which gives an indication of the outflow of registered nurses compared to inflow from new registrants. Figure 6 shows that the inflow has been higher than outflow since 2013/14.

Of the 4,866 verifications issued in 2015/16, two fifths (46%) were issued to Australia, 20% to the USA, 10% to Ireland and 6% to New Zealand.

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3.1.2 New entrants 2015-16

Figure 7 shows the trend in numbers of new nurses entering the labour market from UK training between 2006/7 and 2015/16. It shows that there were 17,257 new registrations in 2015-16, a fall of 25% since 2013-14, reflecting, at least in part, reductions in the number of nursing students.
Figure 8 shows the pattern of annual registration of nurses and midwives from non-EEA countries and EEA countries since 2006-07. The NMC data records when a nurse registers, but this does necessarily mean that they are working in the UK as a nurse.

Overall numbers have been rising rapidly since 2010/11, tripling over this period from 3,858 to 11,261 in 2015/16, with most growth seen in registrations from nurses initially registered in the EU. The drop in mid-to-late 2000s is linked to stricter immigration rules as well as more costly application requirements implemented by the NMC for international nurses. Meanwhile, the number of EU registrants has increased as health and social care organisations seek to fill workforce gaps and nursing staff seek to leave European countries hit by economic downturn.

In 2015/16, 60% of new entrants to the NMC register were from the UK, 32% from the EEA and 8% from outside the EEA.

**Figure 8: Number of new entrants to the UK nursing register from non-EEA and EEA sources (2006/7 to 2015/16)**

Source: Nursing and Midwifery Council
3.2 Labour Force Survey data

This section looks at data from the *Labour Force Survey* (LFS), looking at responses from respondents who report working as nurses, midwives or nursing auxiliaries and assistants and their country of birth. This analysis includes people who became UK nationals after moving to the UK and people who were born abroad to UK national parents and therefore may be slightly higher than other estimates. However, this gives an indication of the reliance on EU and non-EU nationals among health and social care providers.

Across all providers, there are an estimated 21% of the nursing and midwifery workforce and 25% of the nursing auxiliary and assistant workforce who were born outside the UK. The reliance on foreign born nursing staff is particularly high in the private sector, making up two fifths of the nursing and midwifery workforce and almost a third of the nursing auxiliary and assistant workforce.

**Table1: Country of birth as percentage of occupational groupings**

<table>
<thead>
<tr>
<th></th>
<th>All sectors</th>
<th>NHS</th>
<th>Private firms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EU %</td>
<td>Non-EU %</td>
<td>EU %</td>
</tr>
<tr>
<td>Qualified nurses and midwives</td>
<td>6.8</td>
<td>14.6</td>
<td>6.4</td>
</tr>
<tr>
<td>Nursing auxiliaries and assistants</td>
<td>5.1</td>
<td>20.2</td>
<td>5.7</td>
</tr>
</tbody>
</table>


3.3 European nationals in the nursing workforce

Depending on the settlement that the UK negotiates with the EU post-Brexit, the UK may restrict the flow of immigrants from Europe. The future situation of EEA nationals already working in the health and care sector is also unresolved. Both these factors could cause a major problem for staffing in the NHS and other health and social care organisations, either directly through new restrictions preventing EU-born NHS staff from working in Britain, or indirectly because EU-born staff may choose to leave the UK due to the uncertainty created before new rules are put in place on migration restriction.

Analysis of the data suggests that the country of birth for almost 7% of all nurses and midwives and 5% of nursing auxiliaries and assistants in the UK workforce is within another EU country. In addition, almost 15% of all nurses and midwives and 20% of nursing auxiliaries and assistants employed in the UK were born in other countries.

For nurses and midwives working for a health authority or NHS trust, the proportion born in another EU country is estimated at just over 6% and the proportion born in another country is 15%. Among nursing auxiliaries and assistants, almost 6% were born in another EU country and further 20% outside the EU.

The figures are much higher for private firms, with 12% of nurses and midwives born in another EU country and 30% in a non-EU country. Looking at nursing auxiliaries and assistants, 5% were born elsewhere in the EU while 25% report their country of birth as a non-EU country.
3.4 Shortage Occupation List

The Shortage Occupation List is designed to temporarily assist employers in meeting domestic market shortages, and is regularly reviewed by the Migrant Advisory Committee (MAC).

The most recent full review was held in 2013, and it was not recommended that nurses should be placed on the list at that time. However, a partial review in 2015 concluded that there was a significant shortage of nurses and that they should be added to the list for a limited period.

The report released by MAC in March 2016 criticised the Department of Health for using immigration as a "get-out-of-jail-free card" when shortfalls should have been anticipated and domestic nurses should have been trained.

The committee recommended that there should be a maximum annual cap of 5,000 places for nurses under Tier 2 (work visas for skilled migrants from outside the European Economic Area) with the limit reducing gradually over the next three years. This limit was set because the annual quota of Tier 2 visas currently stands at 20,700 for every industry that wants to bring in non-EU workers, and the committee identified the danger of nurses crowding out skilled migrants from occupations not in shortage, including engineers and workers in the financial sector. In addition, UK employers wishing to recruit a non-EEA nurse are also required to complete a Resident Labour Market Test.
4. The nursing workforce in NHS England, Scotland, Wales and in Health and Social Care in Northern Ireland

This section looks at trends in the nursing workforce across the four UK countries between 2009 and 2015. While services are often referred to as the NHS they are mostly independent from each other and operate under different management, rules, and political authority.

This timeframe has been used to allow for consistent comparison of data, taking into account methodological changes made by NHS Digital in England, which is responsible for the provision of NHS workforce data.

These methodological changes have involved the re-categorisation of the workforce, which in turn impacts on the comparability with previously published workforce numbers which have been used in previous editions of the RCN’s Labour Market Review.

Since NHS Digital have produced revised historical data going back to September 2009, this date has been used as the starting point for this year’s Labour Market Review for workforce data relating to all four countries’ national health services.

All efforts have been made to ensure consistency between measures but there are variations in definitions and methods of data collection between the different countries. Although data may not be fully comparable between countries, we can see a general upward trend in the registered nursing, midwifery and health visiting workforce and an upward trend in the health care assistant/health care support worker workforce over the last ten years in England, Scotland and Wales. Trends for each country are explored further in the report.

Table 2: Full-time equivalent (FTE) and percentage change in the qualified nursing, midwifery and health visiting workforce, 2009, 2014-2015, England, Scotland, Wales and Northern Ireland

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<tbody>
<tr>
<td>England</td>
<td>297,430</td>
<td>299,819</td>
<td>302,408</td>
<td>1.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Scotland</td>
<td>42,670</td>
<td>42,616</td>
<td>43,085</td>
<td>1.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Wales</td>
<td>21,714</td>
<td>21,987</td>
<td>22,146</td>
<td>2.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>13,934</td>
<td>14,472</td>
<td>14,725</td>
<td>5.7%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
Table 3: Full-time equivalent (FTE) and percentage change in the health care assistant/health care support worker workforce, 2009, 2014-2015, England, Scotland, Wales and Northern Ireland

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</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>134,153</td>
<td>137,224</td>
<td>141,976</td>
<td>5.8%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Scotland</td>
<td>15,691</td>
<td>15,575</td>
<td>15,732</td>
<td>0.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Wales</td>
<td>6,671</td>
<td>6,313</td>
<td>6,537</td>
<td>1.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>4,125</td>
<td>3,990</td>
<td>4,044</td>
<td>-2.0%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Notes on tables 2 and 3:

- England 2009, 2014-2015. Table 2 figures are WTE qualified nursing, midwifery and health visiting staff in hospital and community services. Table 3 figures are nursing support staff.

- Scotland 2009, 2014-2015. Table 2 figures are nursing and midwifery staff, bands 5–9 in NHS Scotland. Table 3 figures are 1-4 nursing and midwifery staff.

- Wales 2009, 2014-2015. Table 2 figures are WTE qualified nursing, midwifery and health visiting staff and nursing support staff in hospitals and the community excluding nursing assistant practitioner, nursery nurse, nursing assistant/auxiliary, nurse learner – pre-registration, and nurse learner – post 1st level.\(^{11}\) Table 3 figures are WTE nursing assistant practitioner, nursery nurse, nursing assistant/auxiliary, nurse learner – pre-registration, and nurse learner – post 1st level.

- Northern Ireland 2009, 2014-2015 Table 2 figures are WTE qualified nursing and midwifery staff in the health and social care workforce.\(^{12}\) Table 3 figures are WTE nurse support staff.

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\(^{11}\) StatsWales (2014) Nursing staff by grade and year, Qualified nursing, midwifery and health visiting staff and nursing support staff. https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/Nursing-Midwifery-and-Health-Visitors/NursingStaff-by-Grade-Year

4.1 NHS England nursing workforce

4.1.2 Hospital and community

Figure 9: Qualified nursing and midwifery staff (FTE); health care/nursing assistants (2004-2014) Index change: 2004 = 100

Figure 9 shows the trend in qualified nursing staff and unregistered nursing staff in the NHS in England between 2004 and 2014. While there has been an overall increase of 9% in the FTE number of qualified nurses and midwives (from 286,841 in 2004 to 313,514 in 2014), the chart shows that there were two periods when numbers fell; between 2006 and 2007, and 2010 and 2011.

Looking at numbers of health care assistants and nursing assistants/auxiliaries, there has been an overall downward trend between 2004 and 2014, with full-time equivalent staff falling by 4% (from 110,196 to 108,556). However, numbers have returned to growth since 2012 when they stood at 103,549.
Figure 10 shows monthly staffing figures and tracks the trend in the qualified nursing and midwifery workforce in more detail. This shows an overall downward trend between 2009 and 2012 and reaching a ten-year low of 269,912 in August 2012. There has since been an overall recovery in numbers, reaching 285,387 in March 2016.

Table 4 looks in detail at the trend in qualified nursing, midwifery and health visiting staff between 2011 and 2015, and shows the mixed fortunes across different work areas.

Numbers increased over this period in adult and children’s nursing, among midwives and health visitors, there have been sizeable falls in community and learning disability/difficulty nursing.

### Table 4: England, qualified nursing, midwifery and health visiting staff (FTE) by work area (2011-2015)

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>All</td>
<td>277,047</td>
<td>271,407</td>
<td>274,627</td>
<td>278,981</td>
<td>281,437</td>
<td>1.6%</td>
</tr>
<tr>
<td>Adult</td>
<td>166,977</td>
<td>165,017</td>
<td>168,410</td>
<td>172,511</td>
<td>174,960</td>
<td>4.8%</td>
</tr>
<tr>
<td>Children’s nursing</td>
<td>17,490</td>
<td>17,839</td>
<td>19,157</td>
<td>19,467</td>
<td>19,650</td>
<td>12.3%</td>
</tr>
<tr>
<td>Community health</td>
<td>40,281</td>
<td>39,836</td>
<td>36,705</td>
<td>36,490</td>
<td>36,413</td>
<td>-9.6%</td>
</tr>
<tr>
<td>Mental health</td>
<td>39,024</td>
<td>39,176</td>
<td>37,397</td>
<td>37,536</td>
<td>37,659</td>
<td>-3.5%</td>
</tr>
<tr>
<td>Health visitors</td>
<td>7,802</td>
<td>7,687</td>
<td>7,910</td>
<td>7,963</td>
<td>7,986</td>
<td>2.3%</td>
</tr>
<tr>
<td>Learning disabilities/difficulties</td>
<td>4,667</td>
<td>4,613</td>
<td>4,035</td>
<td>3,999</td>
<td>4,000</td>
<td>-14.3%</td>
</tr>
<tr>
<td>Midwives</td>
<td>19,878</td>
<td>20,178</td>
<td>20,344</td>
<td>20,357</td>
<td>20,414</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
Figures 11 and 12 look at more recent, monthly data and confirms the recent opposing trends in staffing numbers between adult and community nursing. By February 2015, the number of full-time equivalent qualified nursing staff had reached 177,716 in adult settings and 36,260 in community services.

**Figure 11: NHS England monthly staffing, qualified nursing (FTE) in adult settings (September 2009-March 2016)**

![Graph showing staffing numbers in adult settings from September 2009 to March 2016.](source)

**Figure 12: NHS England monthly staffing, qualified nursing staff (FTE) in community health September 2009 -March 2016)**

![Graph showing staffing numbers in community health from September 2009 to March 2016.](source)
Community health nursing has seen an overall 12% drop in FTE staffing numbers since September 2009 and looking in greater depth at the workforce groups in this work area shows how two different occupations have fared. While the number of health visitors has grown by a quarter since 2009, the number of district nurses has dropped by 41%. The Health Visitor Implementation Plan 2011-15 assisted a dramatic increase in the number of health visitors, yet numbers have fallen since the end of the programme. The number of district numbers has been falling since 2009 as the number being trained has failed to keep up with the number leaving or retiring.
Figure 14: Source of recruitment of joiners to the qualified nursing staff group (as can be best determined from the data available)

Figure 14 looks at the source of recruitment to the qualified nursing workforce as can be best determined from the data available. It should be noted that for a sizeable proportion of joiners the source of recruitment is unknown, ranging from 42% for 2010-11 to 17% in 2014-15. While this makes analysis difficult, there are some interesting trends in the data.

The proportion of the nursing staff joining the workforce from the EU rose from 3.5% in 2010-11 to 12.4% in 2013-14, with a smaller number (1.5%) recruited from outside the EU.

The proportion of joiners from education/training dropped slightly from 15.3% to around 14% while the level of movement around the NHS appears to have slowed down with the proportion of joiners coming from other NHS organisations falling from 33% in 2010-11 to 26%.
4.2 NHS in Scotland

Figure 15: Scotland, registered and non-registered nursing and midwifery staff (FTE) 2009-2015. Index change: 2009=100

Figure 15 shows the related patterns of growth in the registered and non-registered nursing and midwifery workforce in NHS Scotland between 2009 and 2015. While the number of FTE registered nursing and midwifery rose slightly from 42,670 in 2009 to 43,085 in 2015 (1%), the period has been one of decline followed by recovery, falling to a low of 41,066 in 2012.

A similar trend can be seen in the non-registered nursing and midwifery workforce, starting at 15,691 in 2009, reaching its lowest point of at 14,671 in 2012 before rising to 15,732 in 2015.

Community nursing workforce data has been under review in Scotland due to issues with data quality and in 2014/15 an NHS Scotland wide project to improve the accuracy of recording and reporting on the community nursing workforce was carried out. Longer term trend data is not available as data prior to the completion of the review (for December 2014 and earlier) is not comparable.

Table 5: NHS Scotland nursing staff by selected community speciality, 2015

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<tbody>
<tr>
<td>District nursing</td>
<td>3,478.2</td>
<td>3,461.5</td>
<td>3,494.2</td>
<td>3,503.6</td>
</tr>
<tr>
<td>Health visiting</td>
<td>1,889.8</td>
<td>1,874.0</td>
<td>1,899.4</td>
<td>1,902.7</td>
</tr>
<tr>
<td>Specialist nursing</td>
<td>1,227.4</td>
<td>1,250.9</td>
<td>1,235.8</td>
<td>1,247.6</td>
</tr>
<tr>
<td>Public health nursing</td>
<td>627.6</td>
<td>629.9</td>
<td>630.4</td>
<td>618.6</td>
</tr>
<tr>
<td>School nursing</td>
<td>350.3</td>
<td>342.6</td>
<td>356.2</td>
<td>358.1</td>
</tr>
</tbody>
</table>

Source: Information Services Division, Scotland
4.3 NHS in Wales

Figure 16: Wales, qualified nursing and midwifery staff and nursing support staff (FTE), 2006-2015. Index change 2006=100

Figure 16 shows that the number of qualified nursing and midwifery staff has risen gradually by 6% from 20,980 (FTE) in 2006 to 22,146 in 2015, while the nursing support workforce dropped from 6,920 (FTE) in 2006 to 6,313 in 2014 (9%) before recovering slightly to 6,537 in 2015.

Source: StatsWales, Welsh Government
Table 6: Nursing and midwifery staff (FTE) by work area (2011-2015)

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<tbody>
<tr>
<td>Acute, elderly and general</td>
<td>15,839</td>
<td>15,913</td>
<td>15,937</td>
<td>15,891</td>
<td>16,181</td>
<td>2.2</td>
</tr>
<tr>
<td>Community services</td>
<td>3,478</td>
<td>3,536</td>
<td>3,695</td>
<td>3,808</td>
<td>3,915</td>
<td>12.6</td>
</tr>
<tr>
<td>Community psychiatry</td>
<td>1,256</td>
<td>1,325</td>
<td>1,339</td>
<td>1,337</td>
<td>1,376</td>
<td>9.6</td>
</tr>
<tr>
<td>Other psychiatry</td>
<td>3,141</td>
<td>3,075</td>
<td>3,064</td>
<td>3,036</td>
<td>2,951</td>
<td>-6.1</td>
</tr>
<tr>
<td>Maternity services</td>
<td>1,700</td>
<td>1,655</td>
<td>1,658</td>
<td>1,649</td>
<td>1,650</td>
<td>-2.9</td>
</tr>
<tr>
<td>Paediatric nursing</td>
<td>1,033</td>
<td>1,040</td>
<td>1,033</td>
<td>1,084</td>
<td>1,128</td>
<td>9.2</td>
</tr>
<tr>
<td>Community learning disabilities</td>
<td>299</td>
<td>300</td>
<td>281</td>
<td>281</td>
<td>284</td>
<td>-5.0</td>
</tr>
<tr>
<td>Other learning disabilities</td>
<td>470</td>
<td>465</td>
<td>452</td>
<td>444</td>
<td>448</td>
<td>-4.7</td>
</tr>
<tr>
<td>Neonatal nursing</td>
<td>423</td>
<td>419</td>
<td>439</td>
<td>428</td>
<td>418</td>
<td>-0.9</td>
</tr>
<tr>
<td>School nursing</td>
<td>211</td>
<td>220</td>
<td>207</td>
<td>222</td>
<td>222</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Source: StatsWales. Nursing staff by grade and year 2011-2015

Looking in more detail at the nursing and midwifery workforce in Wales between 2011 and 2015, Table 6 shows an overall drop in maternity services, paediatric nursing and learning disabilities. The biggest growth has been seen in community services. A 10% increase in community psychiatry nurses has been partially offset by a 6% fall in nursing numbers in other psychiatry settings.
Figure 17: Nursing workforce (FTE) community nursing services, health visitors and district nurses (2006-2015). Index change: 2006 = 100

Source: StatsWales. Nursing staff by area of work and year 2006-2015

Figure 18 shows a similar picture to England in relation to the trend in qualified nurses working in community services; with an overall increase in numbers working in community services (28% increase in FTE nursing staff). However while the number of FTE health visitors has grown by 50% from 582 to 896, the number of district nurses has fallen by 42% over the same 10-year period, from 896 in 2006 to 522 in 2015.
4.4 Health and social care in Northern Ireland

Figure 18: Qualified nursing and midwifery staff (FTE), unqualified nursing staff/nurse support staff (2006-2015). Index change: 2006=100

Using the March Workforce Census data, the qualified nursing and midwifery workforce (FTE) grew overall between 2006 and 2015, rising by 7%, having recovered from a dip in numbers between 2010 and 2011.

The nursing support staff workforce peaked in 2008 before reaching a low of 3,849 in 2012 and then rising back to 4,019 in 2015.

Table 7: Northern Ireland, qualified nursing and midwifery staff (FTE) by work area (2011-2015)

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</thead>
<tbody>
<tr>
<td>Acute nurses</td>
<td>7,171</td>
<td>7,197</td>
<td>7,334</td>
<td>7,520</td>
<td>7,778</td>
<td>8.5</td>
</tr>
<tr>
<td>Mental health nurses</td>
<td>1,581</td>
<td>1,627</td>
<td>1,617</td>
<td>1,636</td>
<td>1,591</td>
<td>0.6</td>
</tr>
<tr>
<td>Midwifery</td>
<td>1,014</td>
<td>1,040</td>
<td>1,086</td>
<td>1,095</td>
<td>1,079</td>
<td>6.4</td>
</tr>
<tr>
<td>District nurses*</td>
<td>824</td>
<td>834</td>
<td>860</td>
<td>853</td>
<td>793</td>
<td>-3.8</td>
</tr>
<tr>
<td>Paediatric nurses</td>
<td>637</td>
<td>682</td>
<td>713</td>
<td>749</td>
<td>765</td>
<td>20.1</td>
</tr>
<tr>
<td>Health visitors**</td>
<td>438</td>
<td>427</td>
<td>458</td>
<td>461</td>
<td>491</td>
<td>12.1</td>
</tr>
<tr>
<td>Learning disability nurses</td>
<td>437</td>
<td>421</td>
<td>417</td>
<td>428</td>
<td>404</td>
<td>-7.6</td>
</tr>
</tbody>
</table>

Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census

*includes community staff nurses working within district nursing services
**includes student health visitors from 2014 onwards
Table 7 provides the numbers of qualified nursing and midwifery workforce by work area between 2011 and 2015. The number of FTE nurses working in acute settings rose by 8.5% over this period and there was also growth in the number of paediatric nurses (20%), health visitors (12%) and midwives (6%). There was some growth in the number of mental health nurses until 2014, before falling back almost to 2011 levels. There has also been a dip in the number of learning disability and district nurses since 2011.

### 4.5 Nursing and age

The following figures provide estimates of the age profile of qualified nursing staff using available data from NHS England, Scotland and Health and Social Care Northern Ireland. Data is not available for Wales. Analysis of the figures shows a progressively ageing workforce. Comparisons of data from 2006 and 2015 highlight how older workers form a substantial and growing component of the workforce in all countries.

**Figure 19: NHS England, age profile, qualified nursing staff, September 2006 and September 2015 (headcount)**

Figure 19 shows the shift in age profile among the qualified nursing workforce in England between 2006 and 2015. While over a third (38%) of the workforce was aged 45 or over in 2010, this has risen to 48% in 2015.
Figure 20: Scotland, nursing and midwifery staff, September 2006 and 2015 (headcount)

Figure 20 shows a similar age profile in the nursing workforce in Scotland to that in England. Two fifths (43%) of the nursing and midwifery workforce was aged over 45 in 2006, compared to over half (54%) in 2015.

Figure 21: Northern Ireland, qualified nursing, midwifery and health visiting staff by age, 2005 and 2015 (headcount)

Source: Information Services Division, Scotland
Figure 21 shows the sharp change in the age profile of the qualified nursing workforce in Northern Ireland between 2006 and 2015. In 2006 63% of qualified nursing staff were below the age of 45, compared with just over half (53%) in 2015.

Due to changes in the NHS pension scheme and government policy, the average retirement age of nurses has risen:

- the normal NHS pension age has increased from 60 to 65
- the NHS early retirement age increased from 50 to 55
- the UK government abolished the default retirement age of 65 years
- the state pension age is due to increase to 66 by 2020, to 67 by 2028 and to 68 by 2046.

Although the number of nurses approaching retirement (55 year or older) has increased over the past 10 years, the number of actual retirements has been flat, suggesting an increasing number of nurses are delaying their retirement.14
5. Nursing and earnings

5.1 Nursing staff

Section 5 looks at average earnings growth for nursing staff compared to other employees in the UK, using official statistics.

Figure 22: Median weekly earnings for full-time employees compared to CPI and RPI inflation. Index: 2010=100

Figure 22 shows the growth in full-time weekly earnings for all UK nursing staff and all UK employers between 2010 and 2015, using 2010 figures as the base. Since 2010, nominal weekly earnings rose by 3.5% for nurses and 5.5% for nursing auxiliaries, compared to 5.9% for the whole population working full time. Meanwhile, the Retail Prices Index (RPI) has risen by 19% and the Consumer Prices index (CPI) by 15%.

Median weekly full-time earnings for nursing staff stood at £615 in 2015 and £373 for nursing auxiliaries and assistants.
Figure 23: Real terms annual change for median weekly earnings (full-time employees)

Source: Office for National Statistics. Annual Survey of Hours and Earnings and Consumer Price Inflation time series dataset

Figure 24: Real terms annual change for median weekly earnings (part-time employees)

Source: Office for National Statistics. Annual Survey of Hours and Earnings and Consumer Price Inflation time series dataset

Figure 23 looks at year-on-year changes in median weekly earnings since 2010, adjusting for RPI inflation. It shows that in every year between 2010 and 2015, real terms median weekly earnings growth has been below zero for all full-time employees in the UK economy. Among full-time nurses, there has been a cumulative real terms fall in weekly earnings of 13.9% and a 9.9% cumulative real terms drop for nursing auxiliaries and assistants.
Figure 24 shows real terms median weekly earnings growth for part-time workers between 2010 and 2015. Part-time nursing auxiliaries and assistants have experienced a cumulative real terms fall in earnings of 16.2%, while earnings have dropped by 18.2% for part-time nurses.

Median part-time earnings for nursing staff stood at £324 in 2015 and £195 for nursing auxiliaries and assistants.

5.2 NHS earnings

The data presented below show trends in median earnings for qualified nursing, midwifery and health visitor staff in England between 2011 and 2016. Comparative data for the other UK countries are not available.

However, it must be noted that due to different approaches taken to pay awards across the UK, each country now has its own Agenda for Change pay scale. For example, a nurse employed on the first point of Agenda for Change Band 5 in Northern Ireland has a starting salary of £526 less than a counterpart in Scotland.

This data should be interpreted against the background of public sector pay constraint since 2012.

• 2012: pay freeze for those earning above £21,000 per year.
• 2013: 1% consolidated uplift for all staff in UK.
• 2014: 1% non-consolidated uplift only for staff at the top of their pay band in England and Northern Ireland; a one-off payment of £187 in Wales; 1% consolidated uplift for all staff in Scotland.
• 2015: 1% consolidated uplift for those earning up to point 42 of the Agenda for Change pay scale (£56,504) in England; 1% consolidated uplift for all Agenda for Change staff in Wales and Scotland as well as the Living Wage.
• 2016: 1% consolidated pay uplift for all staff.

Figure 26 shows that while RPI rose by 18.9% between 2010 and 2016, nominal earnings (not taking into account inflation) changed for the following staff groups:

• all staff on Agenda for Change pay bands: 10.3%
• qualified nursing, midwifery and health visiting staff: 9.5%
• support to doctors and nursing staff: 13.2%. 
Figure 25: Nominal annual change in median annual earnings: all Agenda for Change staff; qualified nursing, midwifery and health visiting staff; and support to doctors and nursing staff compared to RPI, England (2010-2016)

Source: NHS Digital

Figure 26 shows median annual earnings trend figures obtained from NHS Digital, with growth adjusted for RPI inflation. It shows that qualified nursing, midwifery and health visiting staff suffered a real terms, cumulative, drop of 9.4%, while support to doctors and nursing staff saw a drop of 5.7%.

Figure 26: Real terms (RPI) annual change in median annual earnings: all Agenda for Change staff; qualified nursing, midwifery and health visiting staff; and support to doctors and nursing staff, England (2010-2016)

Source: NHS Digital
6. Nurse education and graduate earnings

This section looks at data and trends regarding the number of commissioned student places as well as demand for and entry to nursing courses in higher education institutions (HEI). This data is widely used as an indication of the future supply of qualified nurses into the UK workforce. It has also been recently used to estimate the likely demand for nursing courses prior to the decision to replace the current system of grants and bursaries for nursing students, with the standard system for other courses covering both living costs and tuition fees in England.

The rationale for this change has been the search for cost savings, allied to the removal of what is seen as an artificial cap on student places, which is currently determined by the funding made available by Health Education England. The Government has estimated that 10,000 new nursing student places will be created by 2020 and point to current oversubscription as an indication of future demand for nursing courses.

This section also looks at the graduate wage premium to provide a perspective on the relative attraction of pursuing a nursing degree (along with the associated loans to cover tuition fees and living costs) compared to a career taking a non-graduate route.

6.1 Higher education

Figure 27 looks at the number of applications and acceptances to all courses in UK higher education institutions between 2011 and 2015 and the relationship between the two figures. In 2015 the acceptance rate reached 74%.

Figure 28 looks at the number of applicants and acceptances for nursing courses between 2010 and 2014 and shows that the total number of applicants rose by 85%, while the number of acceptances rose by 26% over the period. The acceptance rate has remained stable at around 40% through this period.

While figures for HEI entry are given for the UK, the number of places commissioned – which is the key determinant of future intake to education – is undertaken separately by each UK country.
Figure 27: Applicants for entry to all courses at higher education institutions in the UK (2011-15)

Source: UCAS Annual reference tables

Figure 28: Applicants for entry to nursing courses at higher education institutions in the UK (2010-14)

Source: UCAS Annual reference tables

Figure 29 shows that the numbers of student places commissioned in England have begun to rise again, after falling to 17,219 in 2012/13. There are 20,003 planned places for 2015/16 compared to 22,815 in 2003/4.
Figure 29: England, number of nursing places commissioned (2005/6 to 2015/16)

Sources: Parliamentary Question 29 November 2013 [179089] www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131129/text/131129w0002.htm


Figure 30 shows that student intake places in Scotland fell by a quarter between 2005/6 and 2012/13, dropping from 3,592 to 2,713. Numbers have begun to rise again since 2013/14, with 3,185 places planned for 2014/15.
Figure 30: Scotland, nursing and midwifery student intakes (2003/04 to 2014/15)

Source: Information Services Division, Scotland

Figure 31 shows a fall of 27% in commissioned places between 2005/6 and 2012/13 in Wales, dropping from 1,260 to 919. In 2016/17, there are 1,418 places planned, representing a 54% increase from 2012/13. In 2015/16 3038 places were planned.

Figure 31: Wales, number of nursing places commissioned, 2004/5 to 2014/5 and places planned for 2016/17

Source: Health and Social Services, Welsh Government
Figure 33 shows a fall of 20% in the number of commissioned places in Northern Ireland between 2008/9 and 2015/16, dropping from 792 to 645. An increase of 100 places was planned for 2016/17.

Figure 32: Northern Ireland, number of nursing places commissioned, 2008/9 to 2016/17

6.2 Graduate earnings

Analysis by the Institute for Fiscal Studies (IFS) shows that graduates in the UK economy currently enjoy significantly higher wages than those without a degree, despite the rapid rise in the number of people with degrees over the past three decades. However, IFS researchers predict that future graduates across all occupations are likely to benefit less and that hence, we believe future increases in the proportion of graduates in the UK will tend to reduce graduates’ relative wages.

Their analysis shown below illustrates that graduates in their late thirties earn about 1.6 times as much per hour as those who left school at 16 and this ratio has remained roughly the same for the past 30 years.

Between 2008 and 2013, real terms median hourly earnings of graduates fell by nearly 20%. Non-graduates saw similar falls, thus maintaining the gap between the two groups.

The data presented below show trends in median earnings for qualified nursing, midwifery and health visitor staff in England between 2011 and 2016. Comparative data for the other UK countries are not available.

However, it must be noted that due to different approaches taken to pay awards across the UK, each country now has its own Agenda for Change pay scale. For example, a nurse employed on the first point of Agenda for Change Band 5 in Northern Ireland has a starting salary of £526 less than a counterpart in Scotland and £217 less than in England or Wales.

16 www.ifs.org.uk/publications/8409
IFS researchers have concluded that the main reason the increase in graduate numbers has not driven down the premium is ‘because firms have used the increased supply of highly educated workers to switch to a different, less hierarchical and more decentralised management structure.’ Organisations have changed the way they work to make better use of the more highly skilled employees available.

As nursing is a graduate profession, the key question is not whether nursing graduates earn more than nursing non-graduates, but whether the future gains from obtaining and self-funding a degree are worthwhile in comparison to other career options.