

RCN LABOUR MARKET REVIEW

Unheeded warnings: health care in crisis

The UK nursing labour market review 2016



Royal College of Nursing

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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 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.

¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/510630/Partial_review_of_the_shortage_occupation_list_-_review_of_nursing.pdf

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.

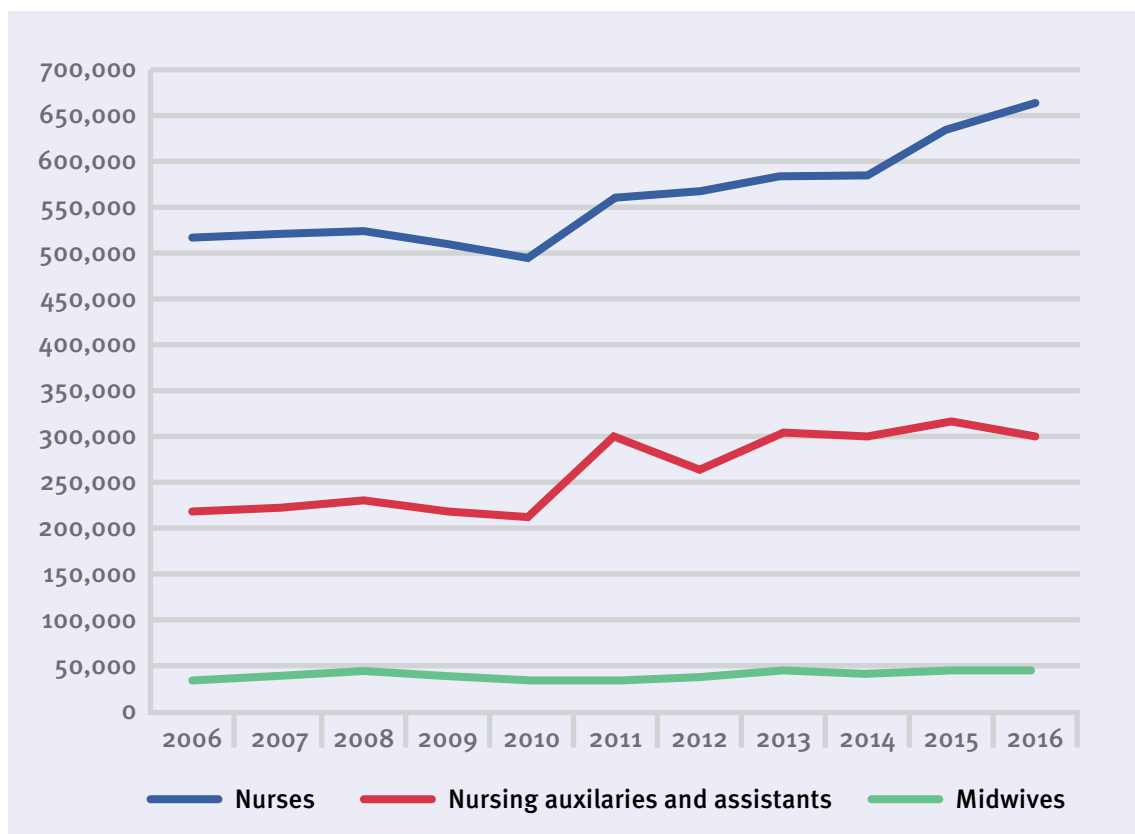
The RCN believes that unless the UK governments rapidly get to grips with the demand and supply factors causing the current nursing shortage and take strategic action to address the supply issues, including recruitment and retention, the shortage is likely to get worse. The potentially serious and dangerous 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)



Source: Analysis of Labour Force Surveys April-June 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 nurses², nursing auxiliaries and

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.'

assistants³ and midwives.⁴ These groups are classified as working in the NHS, other parts of the public sector and the independent and voluntary sectors.

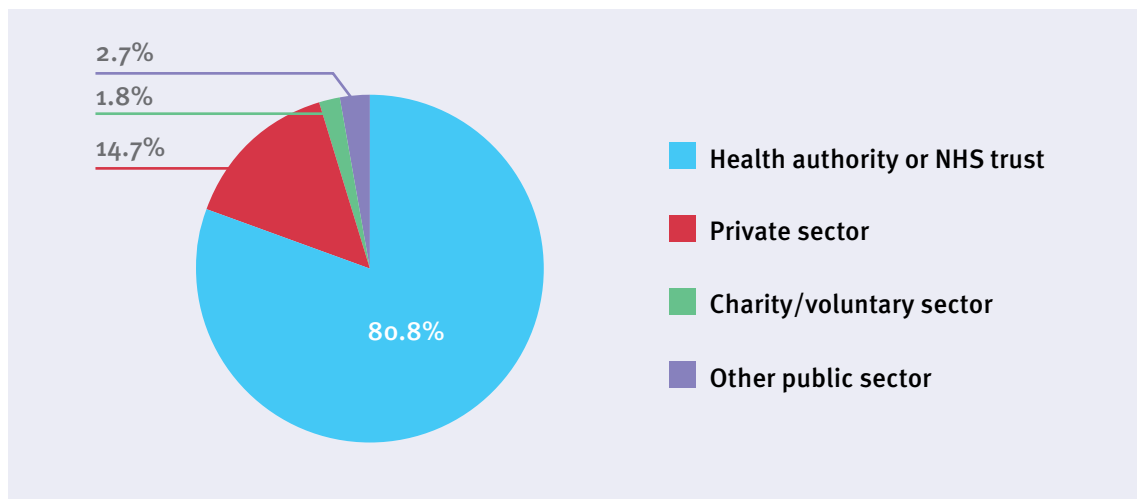
Figure 1 shows a steady increase in the number of nurses between 2006 and 2016, with the exception of a period of decline between 2008 and 2010. There were estimated to be around 665,841 people employed in the occupational category of nurse in 2016, having risen by 23% since 2006.

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.

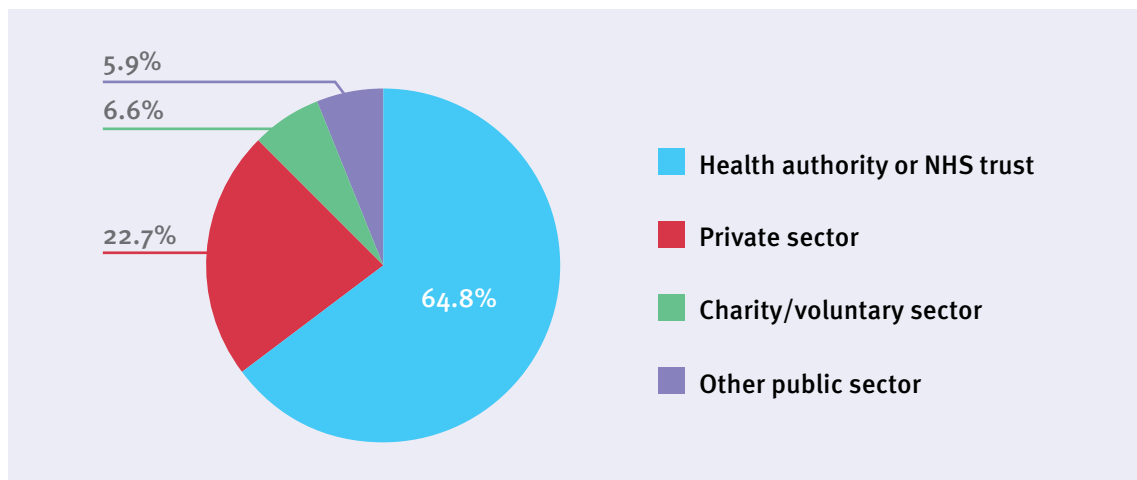
Over this same period, the total number of people in employment rose by 7% from almost 29 million to just around 31.7 million.

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



Source: Analysis of Labour Force Survey January-March 2016

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



Source: Analysis of Labour Force Survey January-March 2016

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.’

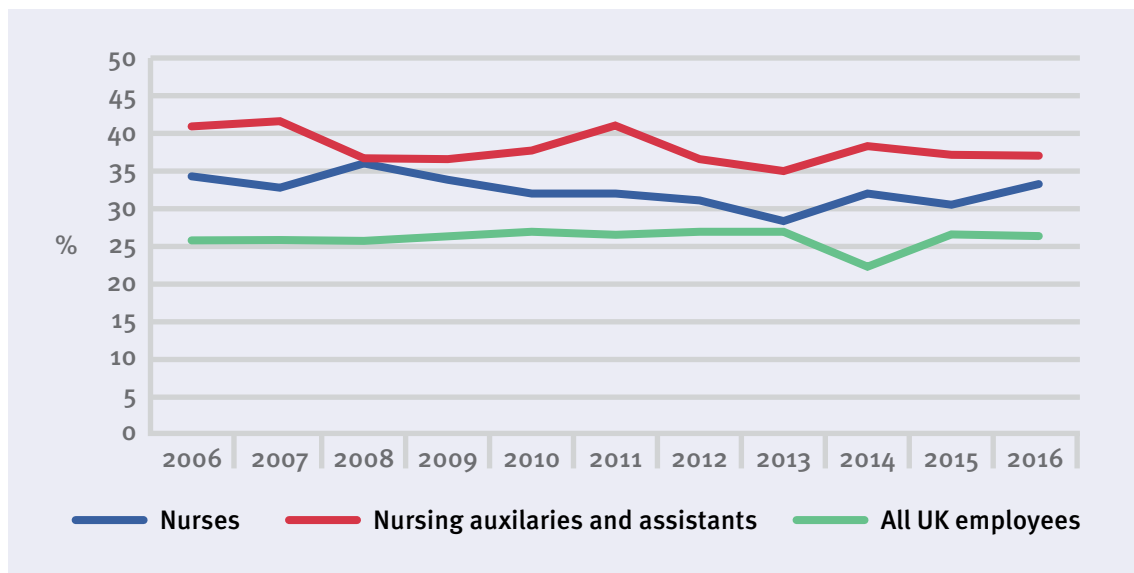
4 SOC 2232 defines midwives as those who ‘deliver, or assist in the delivery of babies, provide antenatal and postnatal care and advise parents on baby care. They work with other health care professionals, and advise on and teach midwifery practice.’

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)



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

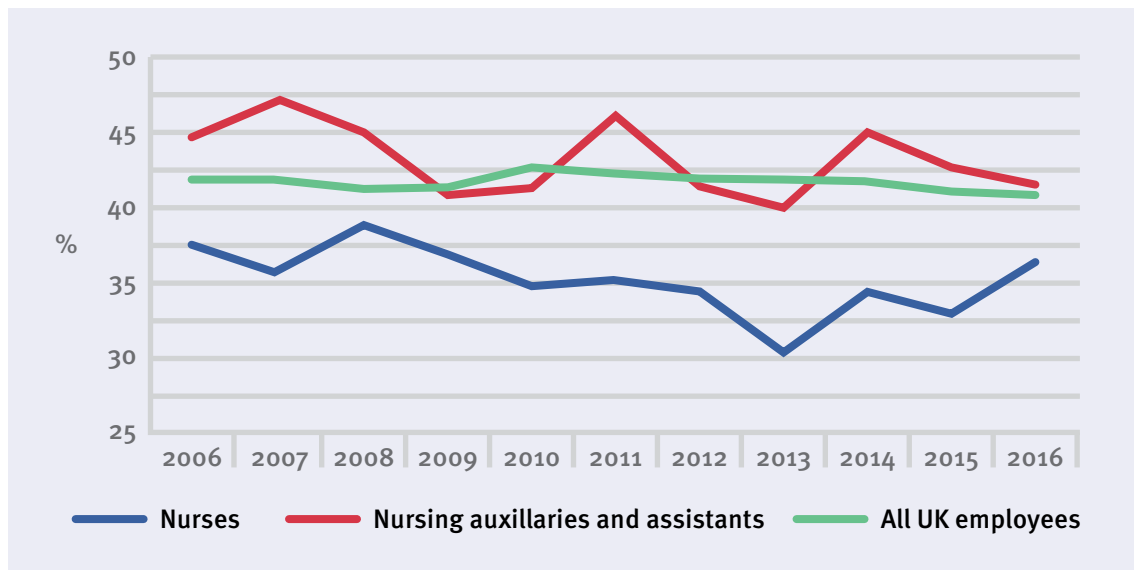
In 2006, almost two fifths (37%) of nurses reported that they worked part time, dropping to 28% in 2013 and then moving up to 33% in 2015. A similar trend is evident among nursing auxiliaries and assistants, with 41% reporting working part time in 2006, declining to 35% in 2013 and increasing to 37%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

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)



Source: Analysis of the *Labour Force Survey 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 2014.⁷ 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.

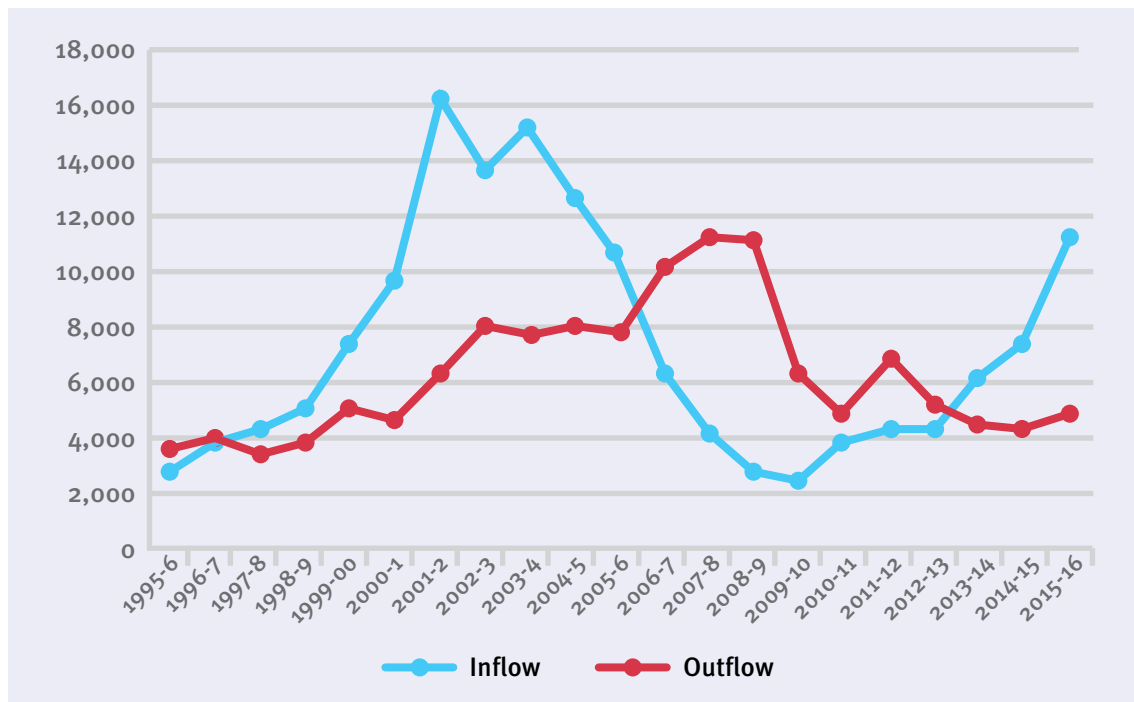
3.1.1 Inflow and outflow of registrants

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.

⁷ Nursing and Midwifery Council. *Annual Reports and Accounts 2014-15 and 2013-14*
www.nmc.org.uk/about-us/reports-and-accounts/annual-reports-and-accounts/

Figure 6: Inflow and outflow of nurses and midwives from the UK (1995/6 – 2015/6)

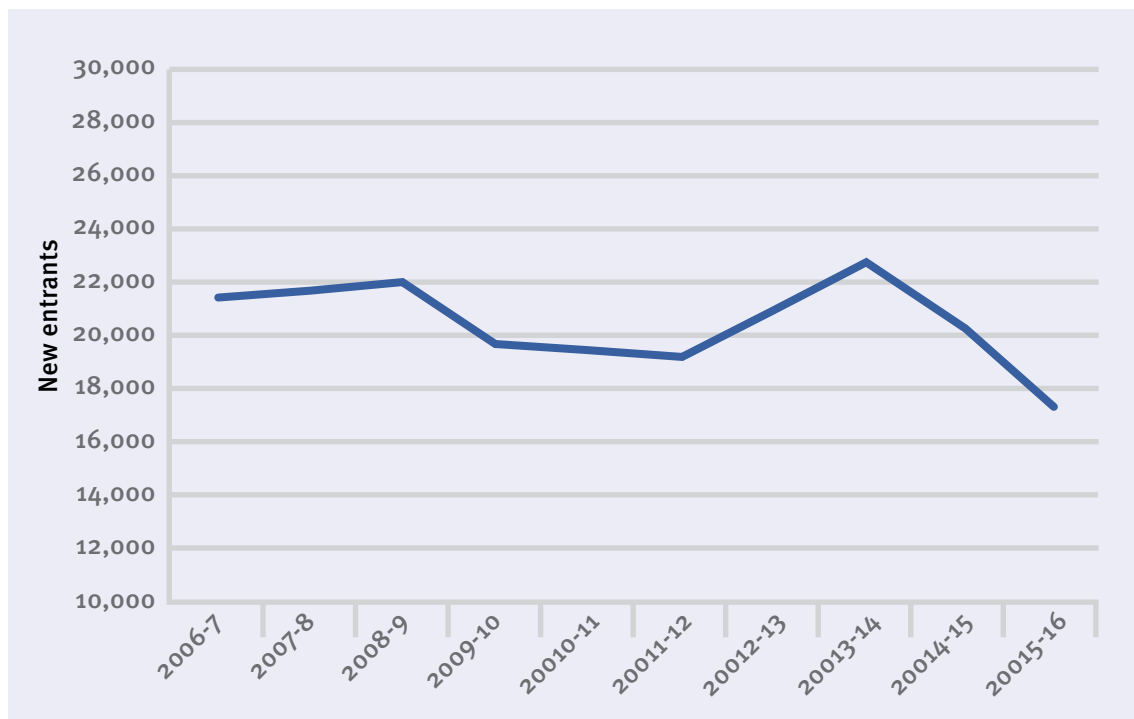


Source: Nursing and Midwifery Council

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 7: Number of new entrants to the UK nursing register from UK sources (2006/7 to 2015/16)



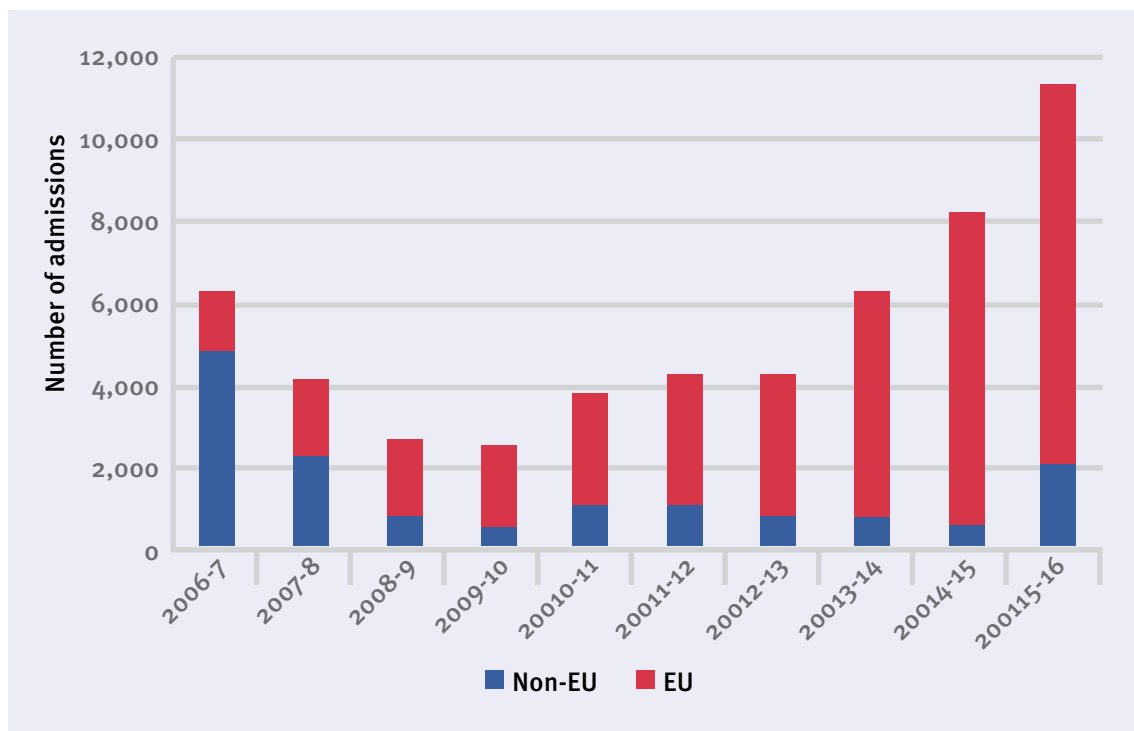
Source: Nursing and Midwifery Council

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

	All sectors		NHS		Private firms	
	EU %	Non-EU %	EU %	Non-EU %	EU %	Non-EU %
Qualified nurses and midwives	6.8	14.6	6.4	15.0	11.7	29.7
Nursing auxiliaries and assistants	5.1	20.2	5.7	19.7	5.2	24.7

Source: *Labour Force Survey*, January - March 2016

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 2015.⁸ 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

	2009	2014	2015	% change 2009-2015	% change 2014-2015
England	297,430	299,819	302,408 ⁹	1.7%	0.9%
Scotland	42,670	42,616 ¹⁰	43,085	1.0%	1.1%
Wales	21,714	21,987	22,146	2.0%	1.7%
Northern Ireland	13,934	14,472	14,725	5.7%	2.0%

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)

10 ISD Scotland (2015) *NHS Scotland Workforce – Data as at 30th September 2014 – Nursing and midwifery staff in post* www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables.asp?id=577#577

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

	2009	2014	2015	% change 2009-2015	% change 2014-2015
England	134,153	137,224	141,976	5.8%	3.5%
Scotland	15691	15,575	15732	0.3%	1.0%
Wales	6,471	6,313	6,537	1.0%	3.6%
Northern Ireland	4,125	3,990	4,044	-2.0%	1.4%

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.

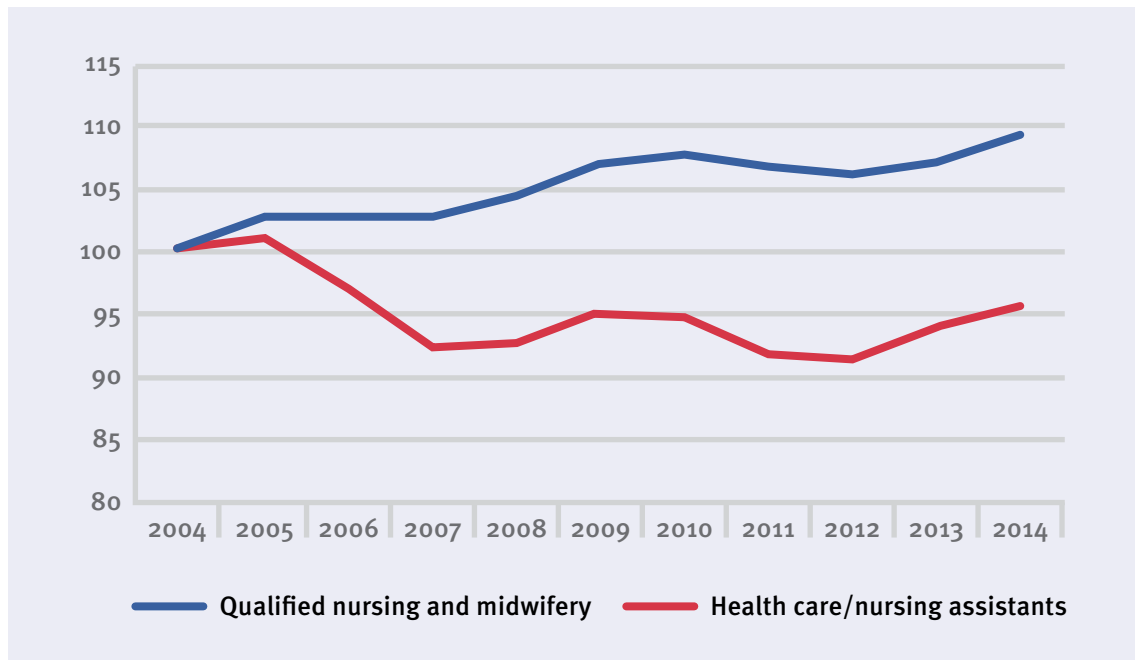
¹¹ StatsWales (2014) *Nursing staff by grade and year, Qualified nursing, midwifery and health visiting staff and nursing support staff* <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/Nursing-Midwifery-and-Health-Visitors/NursingStaff-by-Grade-Year>

¹² Department of Health, Social Services and Public Safety (2015) *Northern Ireland Health and Social Care Workforce Census March 2015* www.health-ni.gov.uk/news/northern-ireland-health-and-social-care-workforce-census-%E2%80%93-march-2015

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: NHS England, monthly staffing, qualified nursing, midwifery and health visiting (FTE) September 2009-March 2016



Source: NHS Digital

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)

	2011	2012	2013	2014	2015	% change 2011-2015
All	277,047	271,407	274,627	278,981	281,437	1.6%
Adult	166,977	165,017	168,410	172,511	174,960	4.8%
Children's nursing	17,490	17,839	19,157	19,467	19,650	12.3%
Community health	40,281	39,836	36,705	36,490	36,413	-9.6%
Mental health	39,024	39,178	37,397	37,536	37,659	-3.5%
Health visitors	7,802	7,687	7,910	7,963	7,986	2.3%
Learning disabilities/difficulties	4,667	4,613	4,035	3,999	4,000	-14.3%
Midwives	19,878	20,178	20,344	20,357	20,414	2.7%

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)



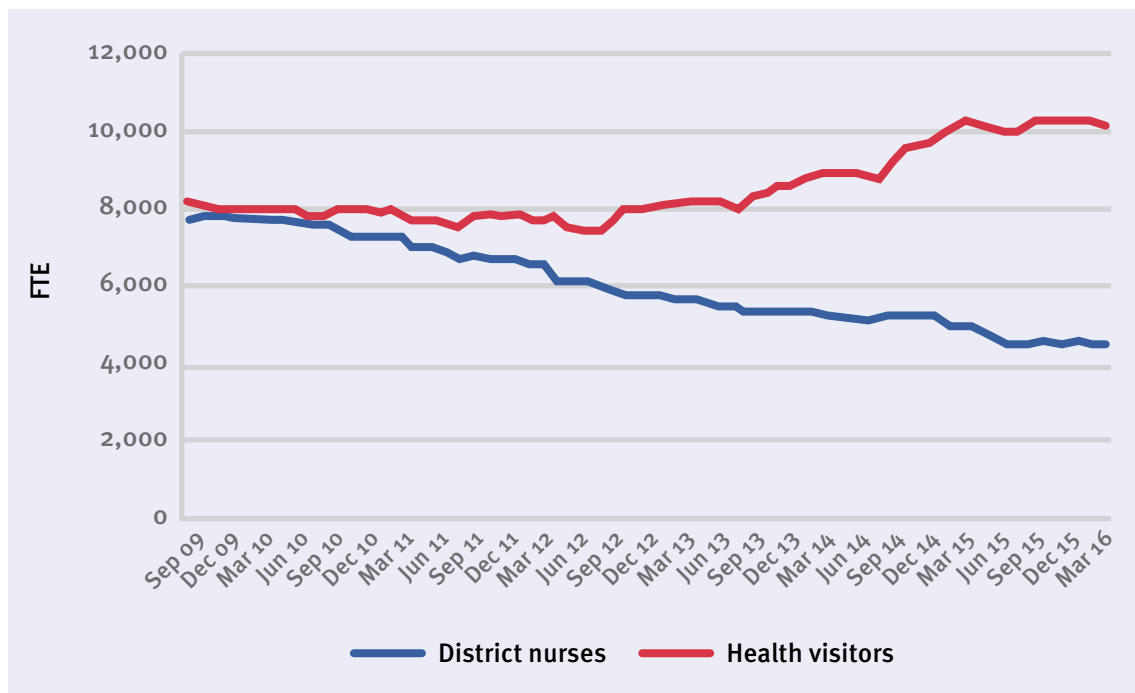
Source: NHS Digital

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



Source: NHS Digital

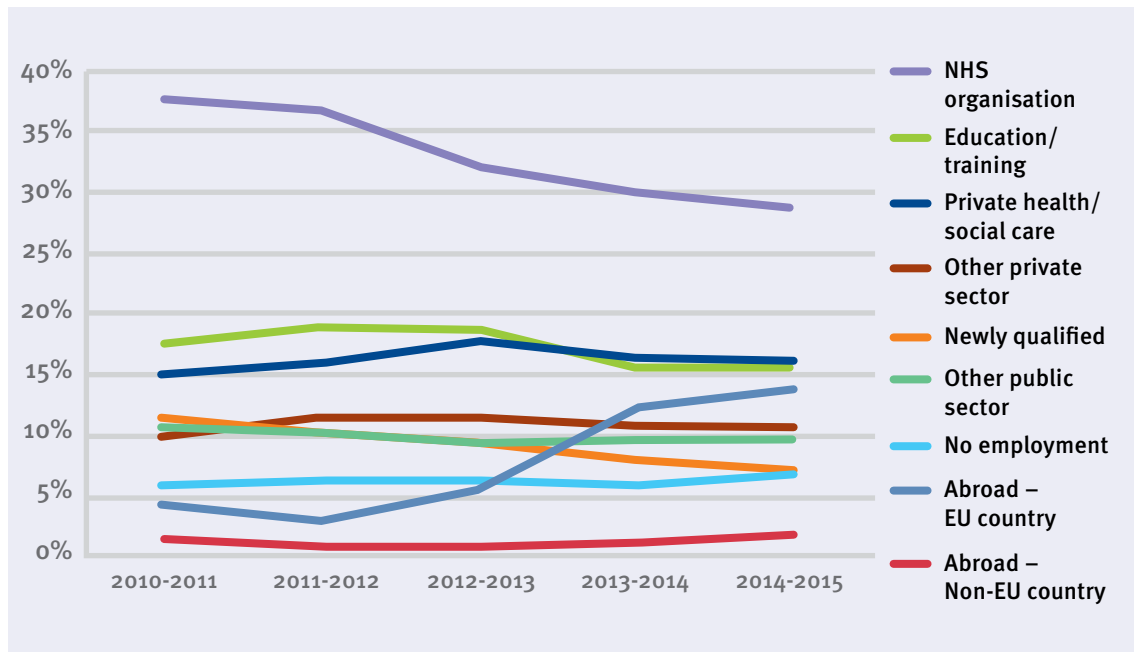
Figure 13: England, qualified nursing workforce (FTE), health visitors and district nurses (2009-2016)



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.¹³ 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)



Source: NHS Digital, 2016

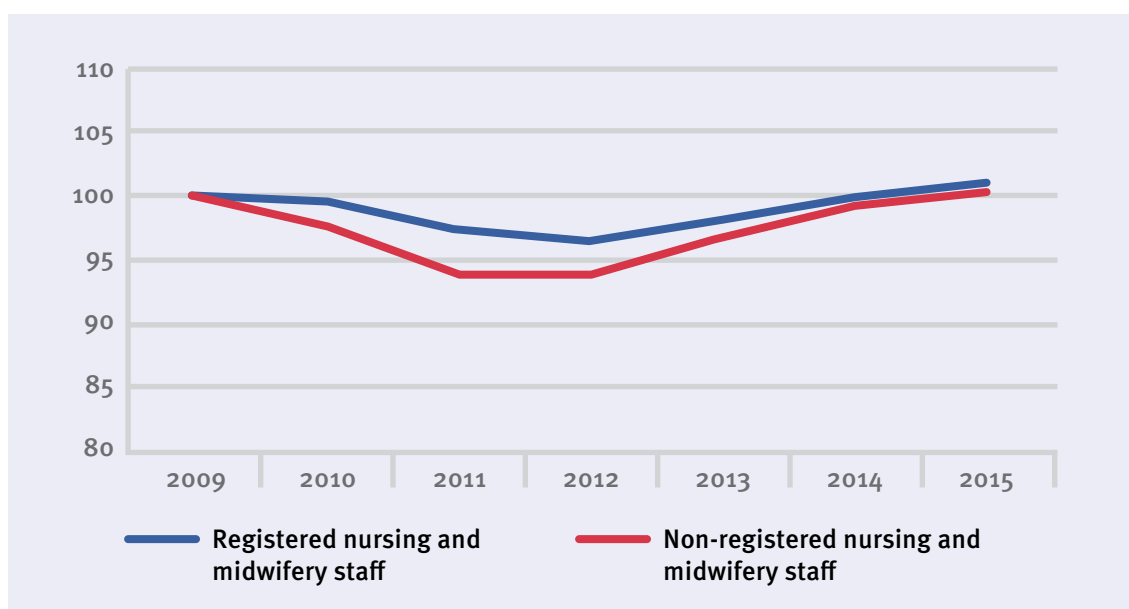
Figure 14 looks at the source of recruitment to the qualified nursing workforce as can be best determined from the data available. It should be noted that for a sizeable proportion of joiners the source of recruitment is unknown, ranging from 42% for 2010-11 to 17% in 2014-15. While this makes analysis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



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 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.

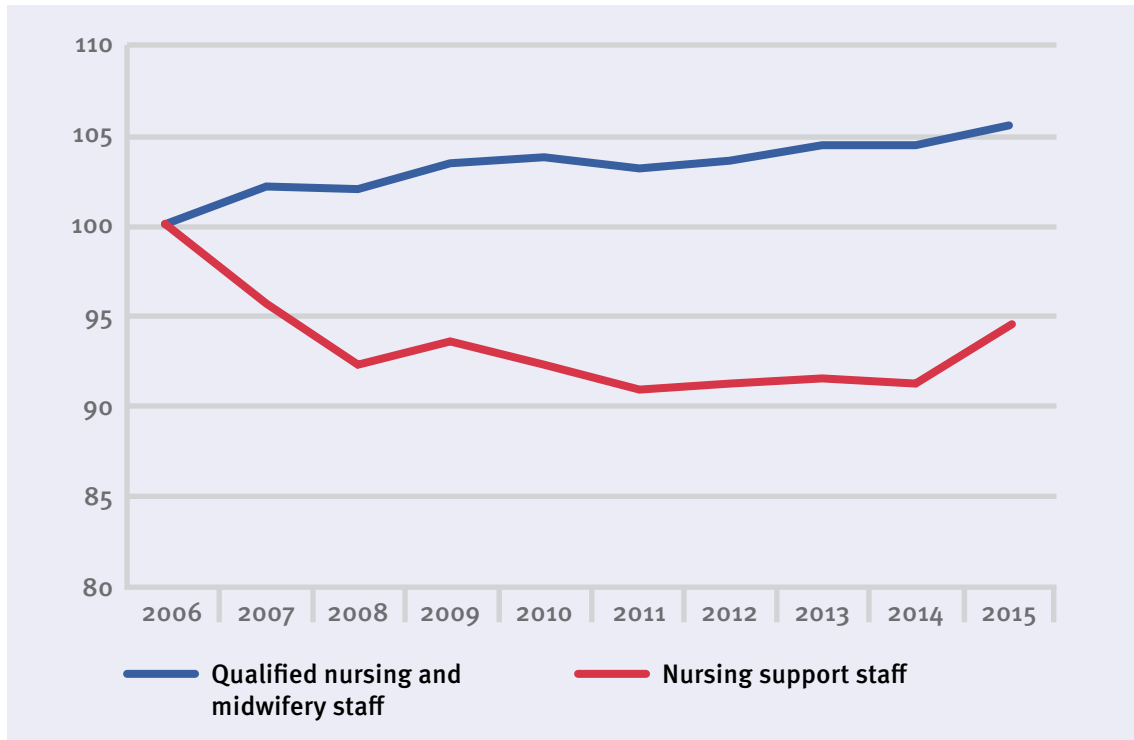
Table 5: NHS Scotland nursing staff by selected community speciality, 2015

	Mar 2015	Jun 2015	Sep 2015	Dec 2015
District nursing	3,478.2	3,461.5	3,494.2	3,503.6
Health visiting	1,889.8	1,874.0	1,899.4	1,902.7
Specialist nursing	1,227.4	1,250.9	1,235.8	1,247.6
Public health nursing	627.6	629.9	630.4	618.6
School nursing	350.3	342.6	356.2	358.1

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



Source: StatsWales, Welsh Government

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.

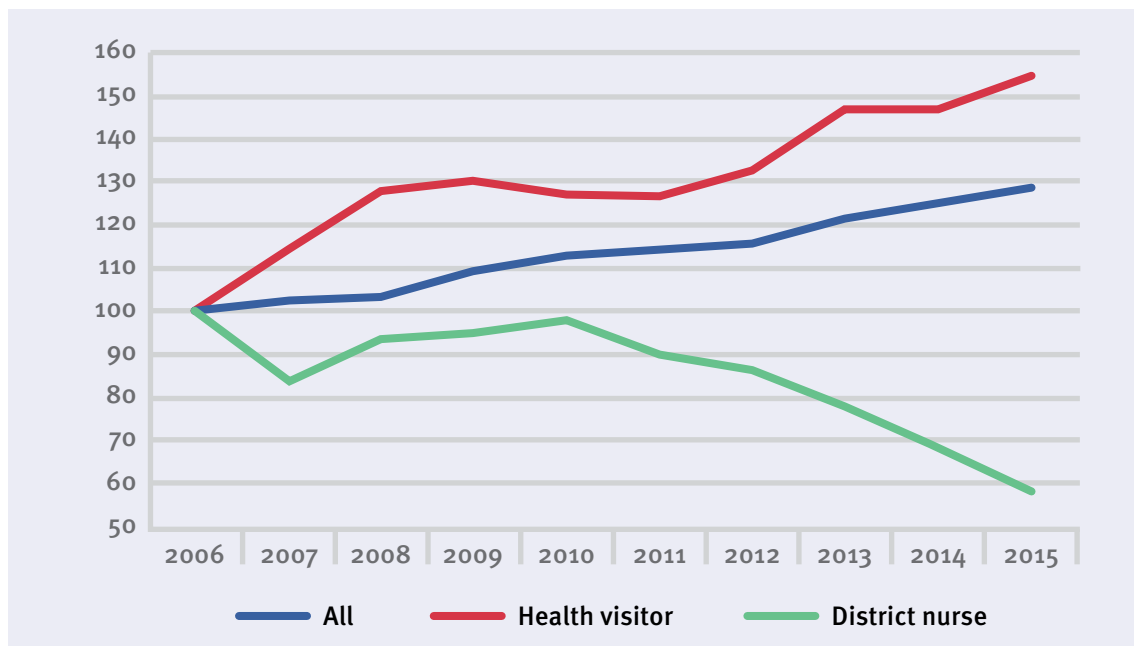
Table 6: Nursing and midwifery staff (FTE) by work area (2011-2015)

	2011	2012	2013	2014	2015	% change 2011-2015
Acute, elderly and general	15,839	15,913	15,937	15,891	16,181	2.2
Community services	3,478	3,536	3,695	3,808	3,915	12.6
Community psychiatry	1,256	1,325	1,339	1,337	1,376	9.6
Other psychiatry	3,141	3,075	3,064	3,036	2,951	-6.1
Maternity services	1,700	1,655	1,658	1,649	1,650	-2.9
Paediatric nursing	1,033	1,040	1,033	1,084	1,128	9.2
Community learning disabilities	299	300	281	281	284	-5.0
Other learning disabilities	470	465	452	444	448	-4.7
Neonatal nursing	423	419	439	428	418	-0.9
School nursing	211	220	207	222	222	5.3

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

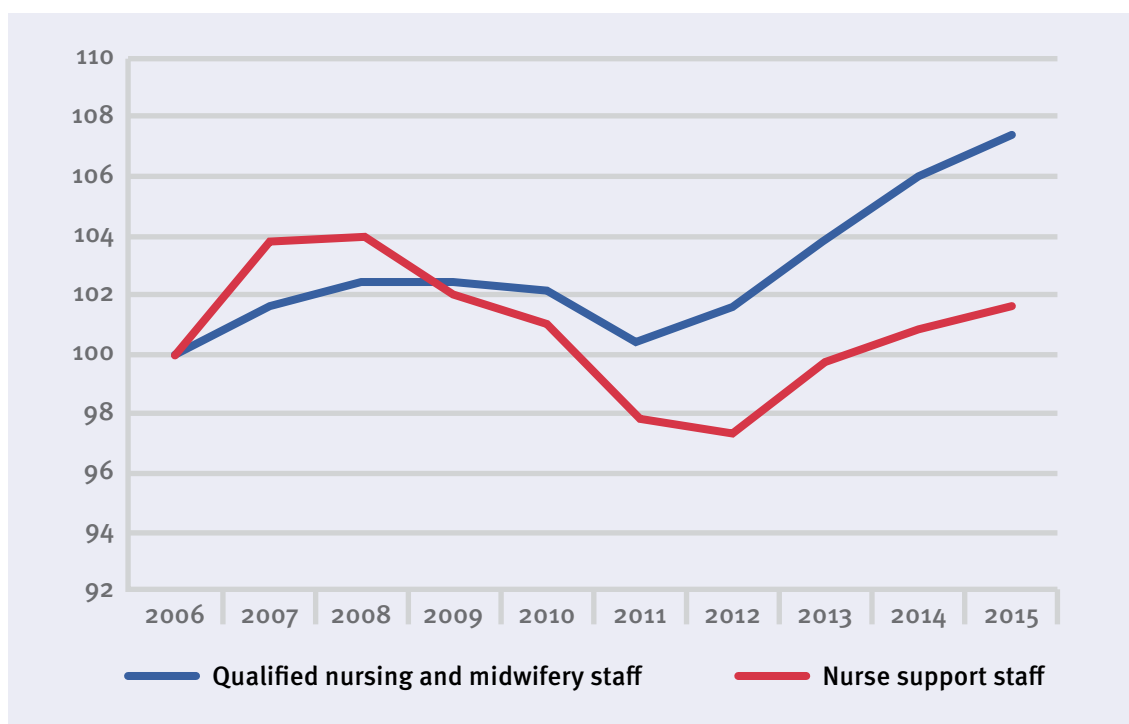


Source: StatsWales. Nursing staff by area of work and year 2006-2015

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



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

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)

	2011	2012	2013	2014	2015	% change 2011-2015
Acute nurses	7,171	7,197	7,334	7,520	7,778	8.5
Mental health nurses	1,581	1,627	1,617	1,636	1,591	0.6
Midwifery	1,014	1,040	1,086	1,095	1,079	6.4
District nurses*	824	834	860	853	793	-3.8
Paediatric nurses	637	682	713	749	765	20.1
Health visitors**	438	427	458	461	491	12.1
Learning disability nurses	437	421	417	428	404	-7.6

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

*includes community staff nurses working within district nursing services

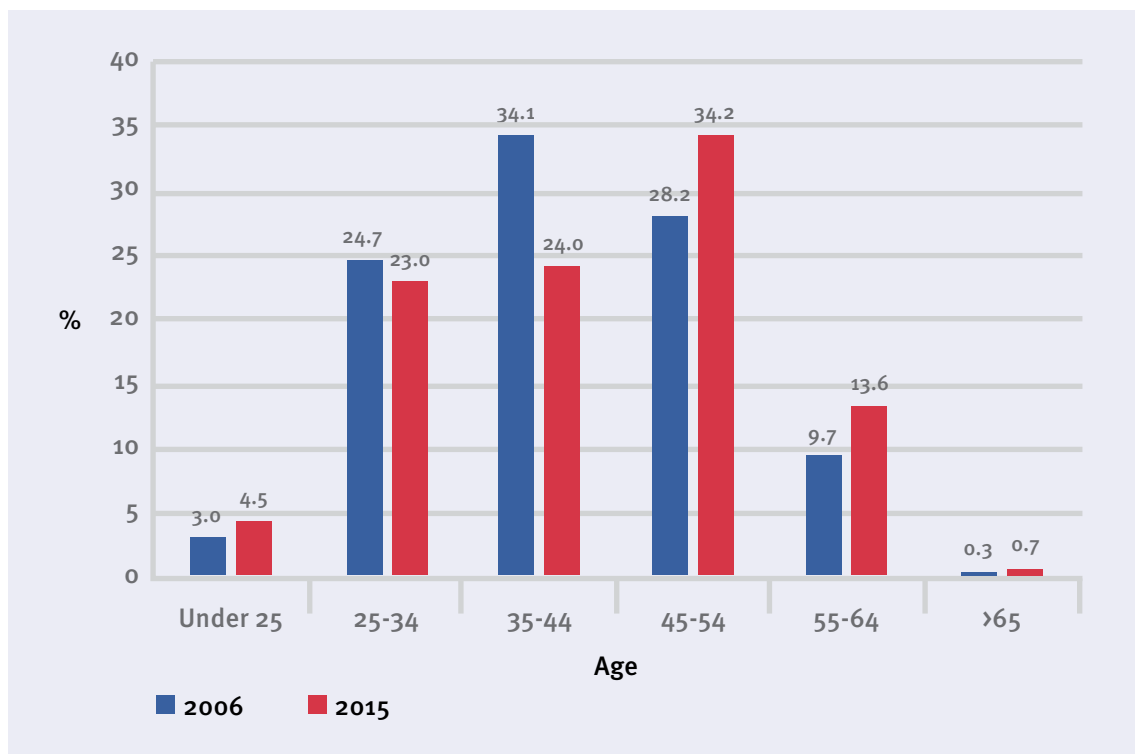
**includes student health visitors from 2014 onwards

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.

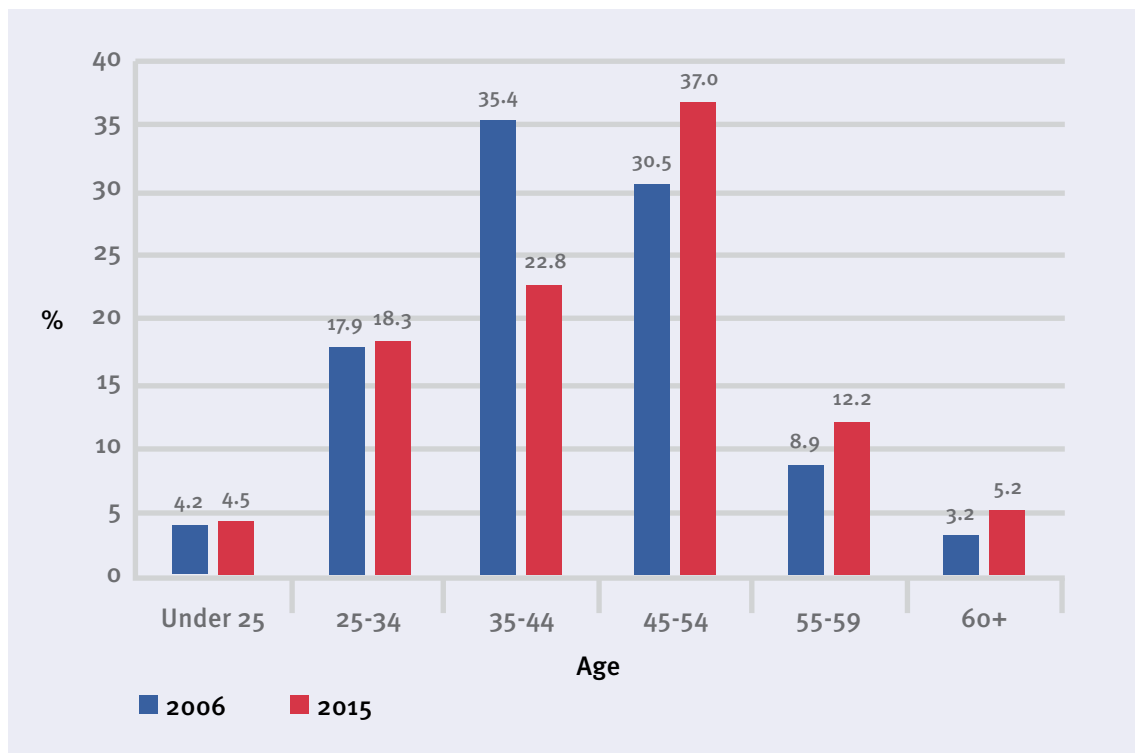
Figure 19: NHS England, age profile, qualified nursing staff, September 2006 and September 2015 (headcount)



Source: NHS Digital

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.

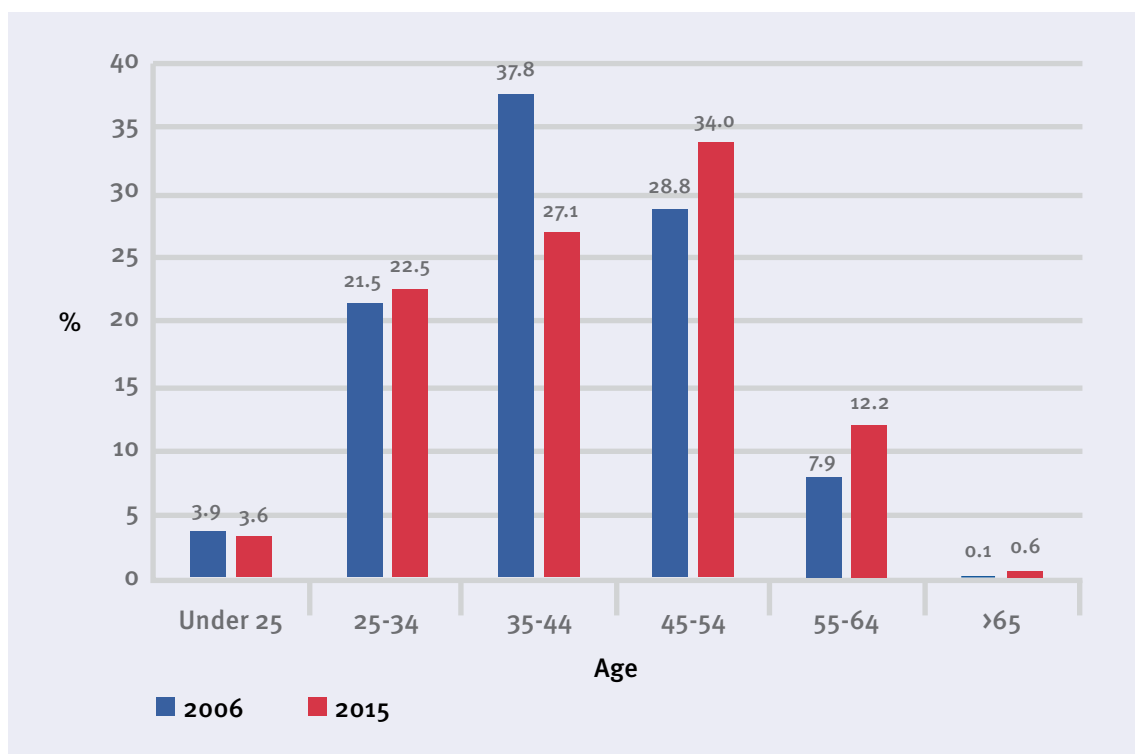
Figure 20: Scotland, nursing and midwifery staff, September 2006 and 2015 (headcount)



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

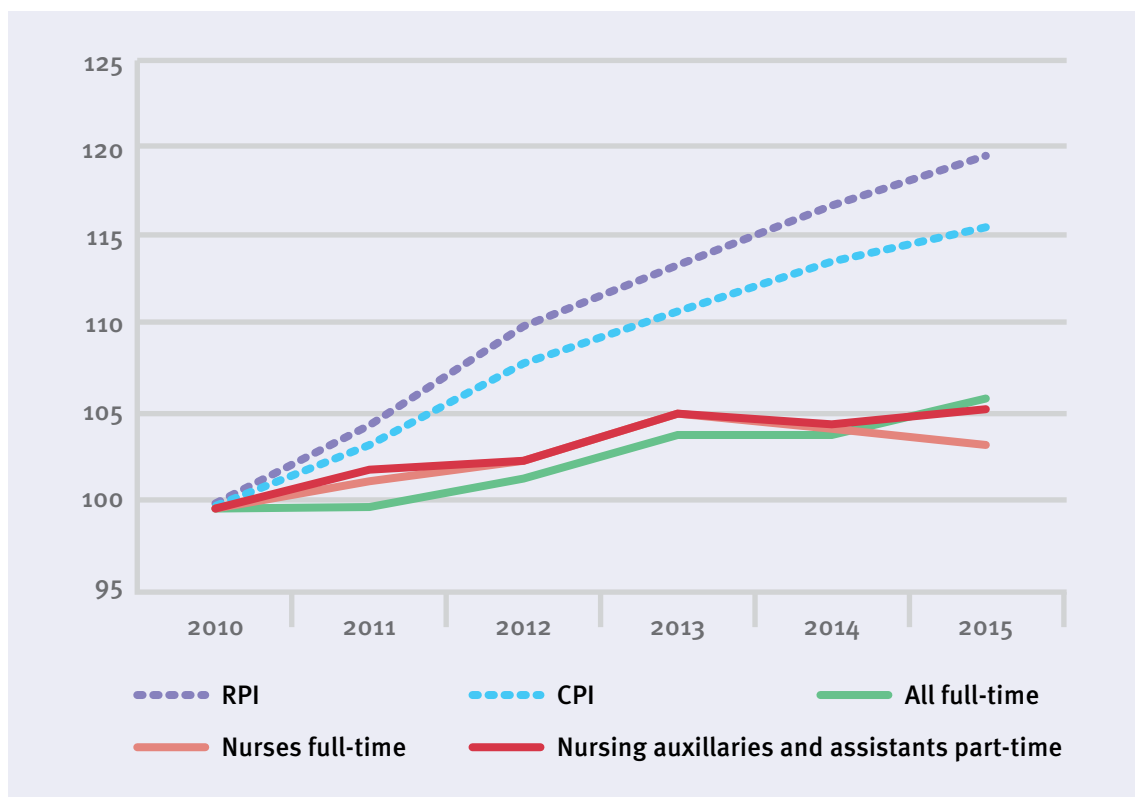
14 Indicative figures from NHS Digital showing reasons for leaving and staff movements among nursing staff has remained stable between 2011-15

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

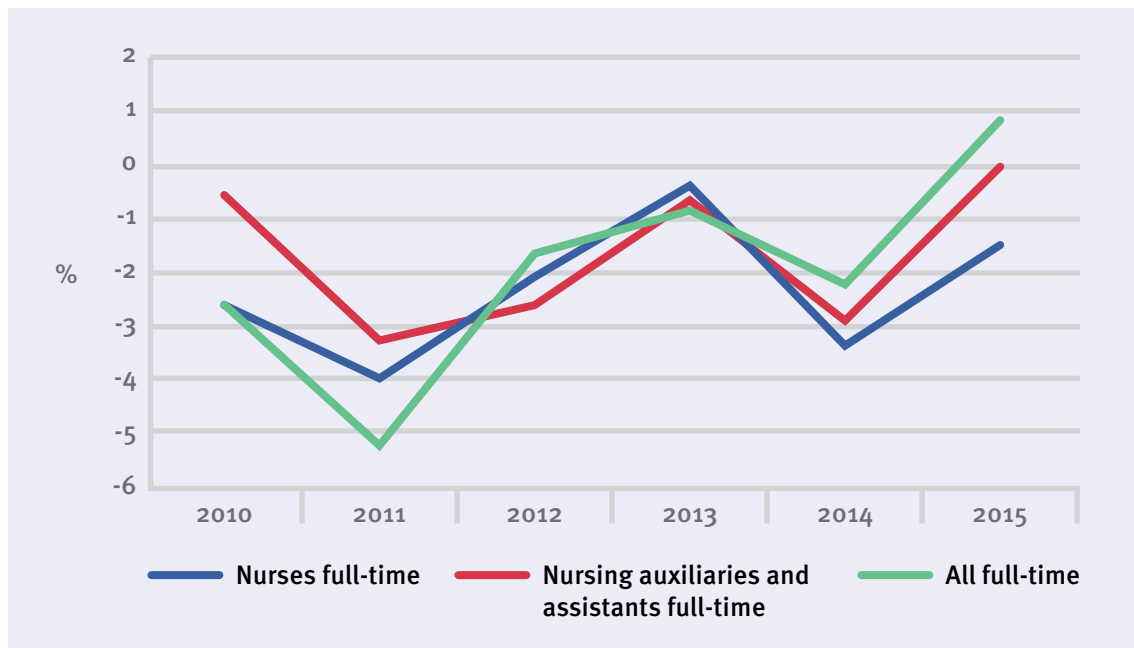


Source: Office for National Statistics. Annual Survey of Hours and Earnings and Consumer Price Inflation time series dataset

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%.

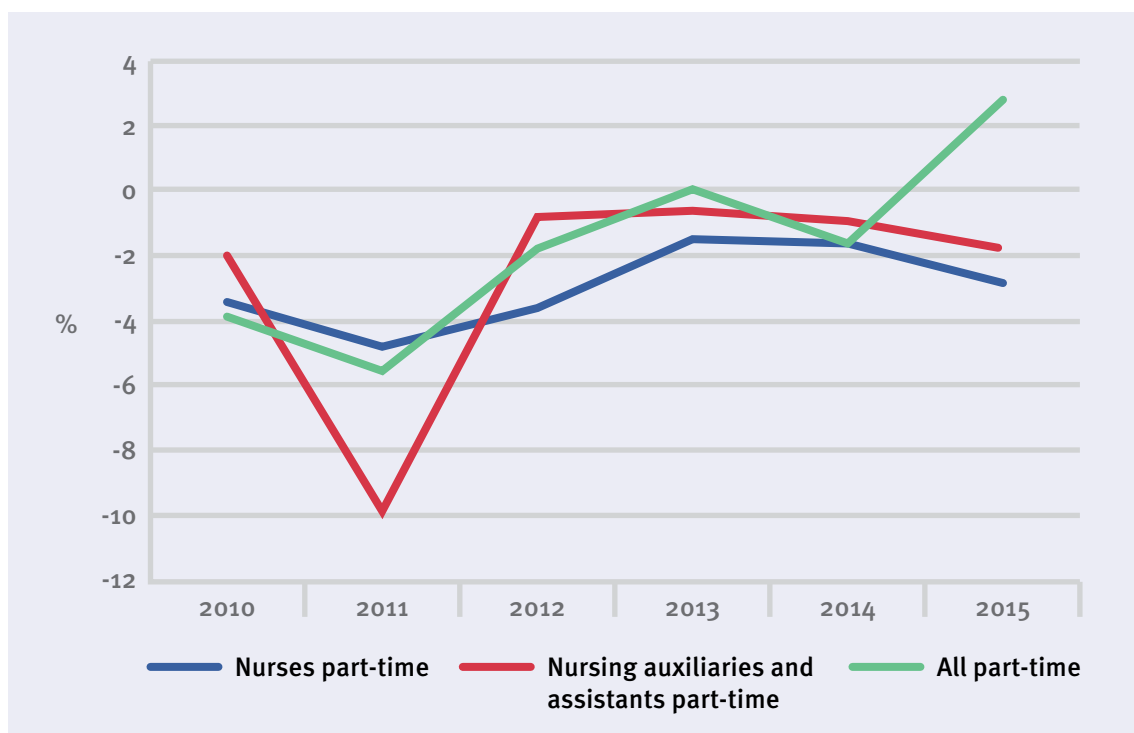
Median weekly full-time earnings for nursing staff stood at £615 in 2015 and £373 for nursing auxiliaries and assistants.

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.

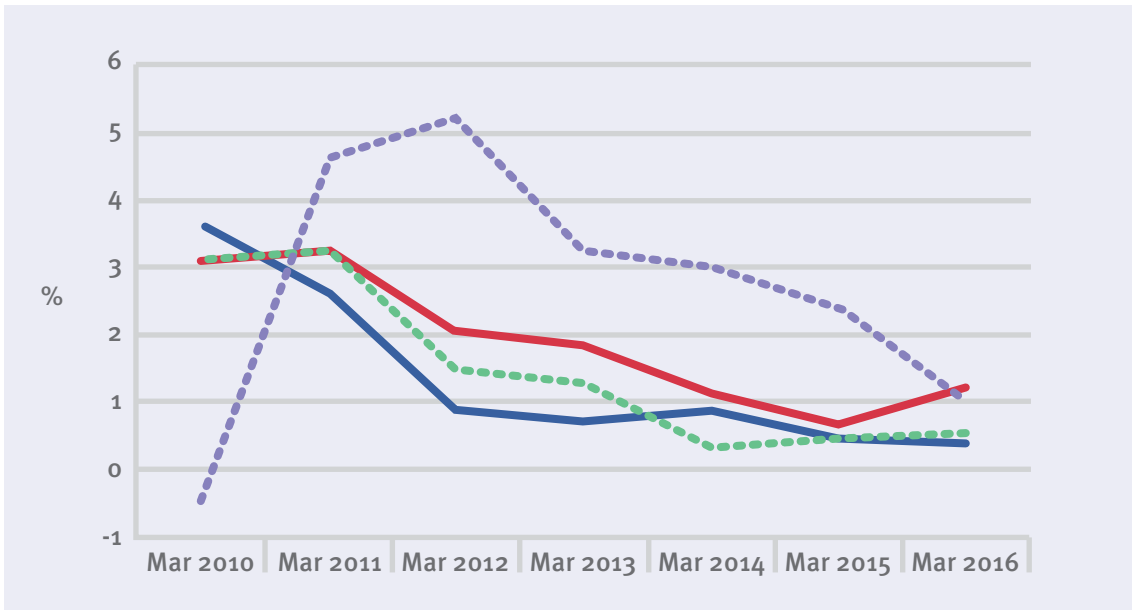
This data should be interpreted against the background of public sector pay constraint since 2012.

- 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%.

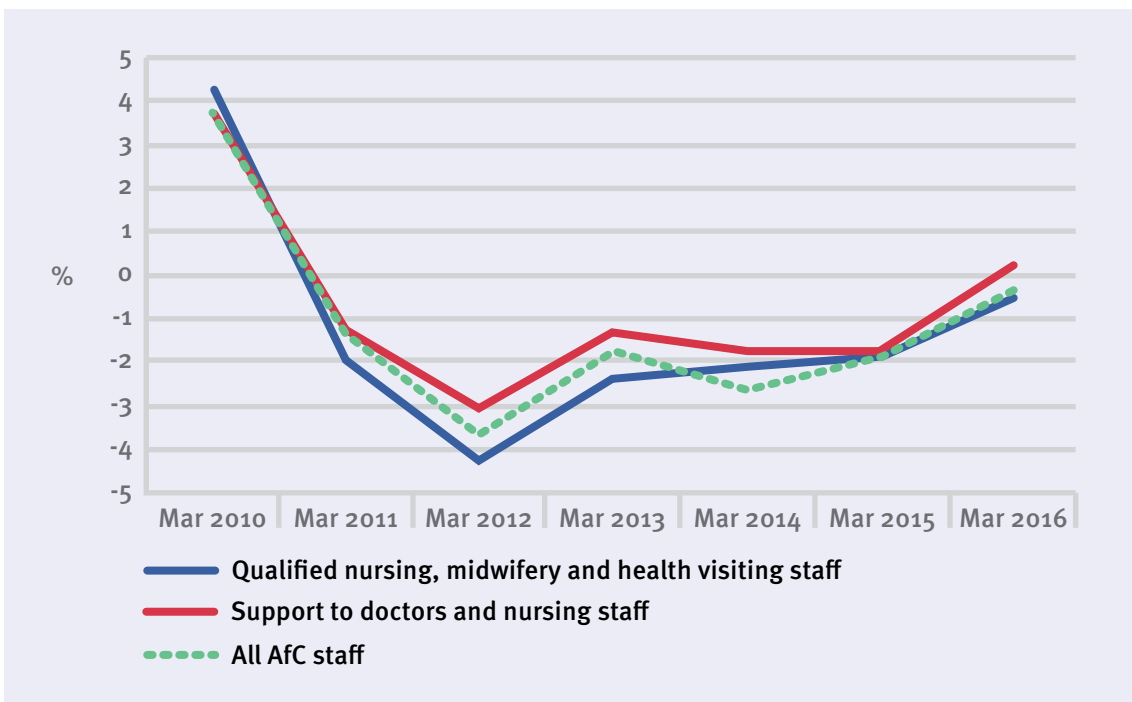
Figure 25: Nominal annual change in median annual earnings: all Agenda for Change staff; qualified nursing, midwifery and health visiting staff; and support to doctors and nursing staff compared to RPI, England (2010-2016)



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.

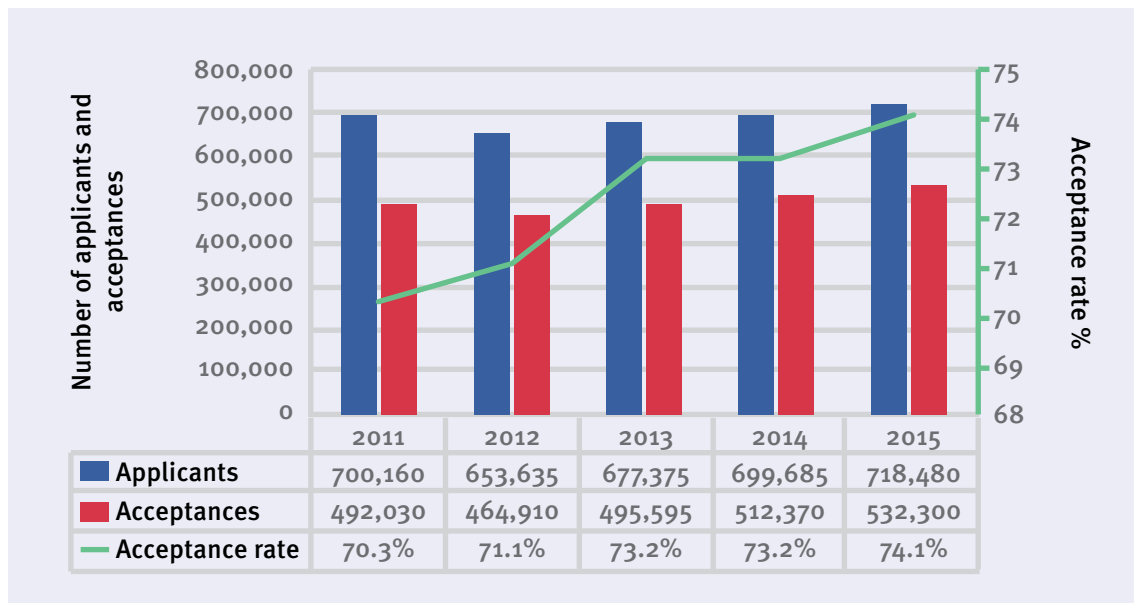
6.1 Higher education

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.

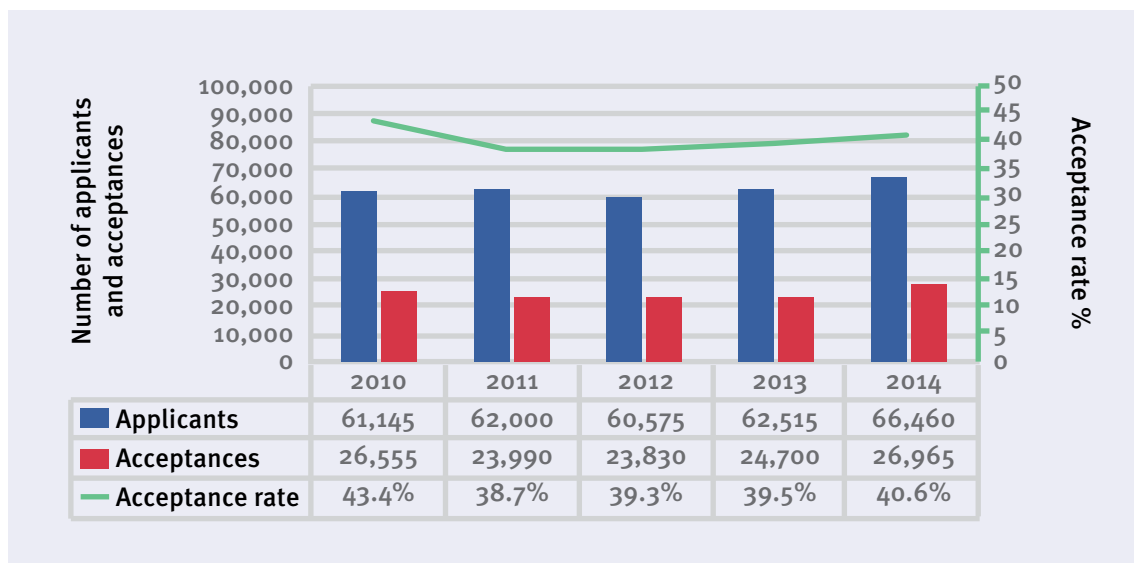
While figures for HEI entry are given for the UK, the number of places commissioned – which is the key determinant of future intake to education – is undertaken separately by each UK country.

Figure 27: Applicants for entry to all courses at higher education institutions in the UK (2011-15)



Source: UCAS Annual reference tables

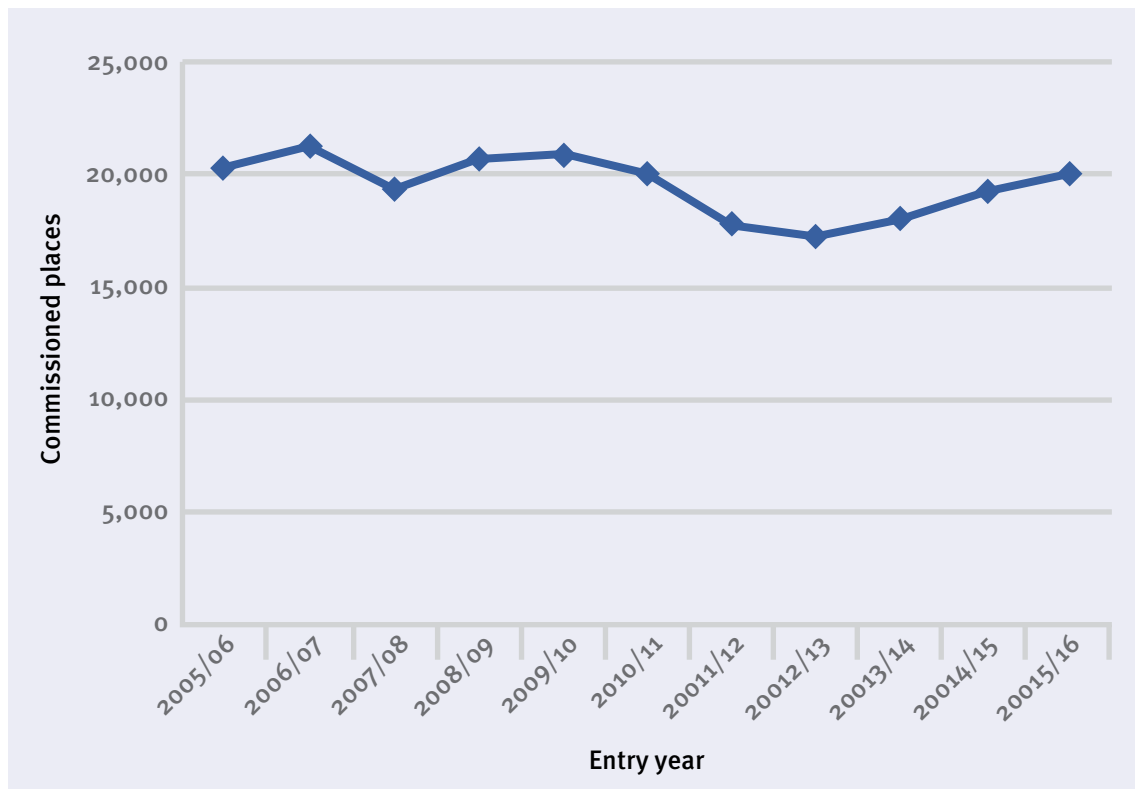
Figure 28: Applicants for entry to nursing courses at higher education institutions in the UK (2010-14)



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)

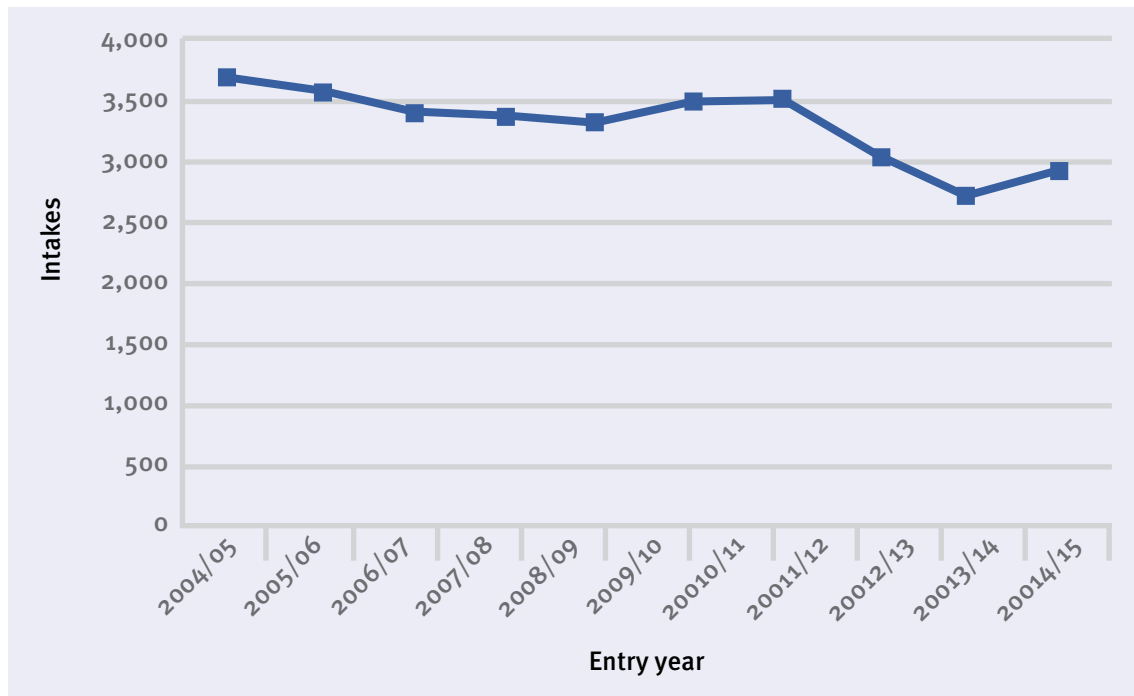


Sources: Parliamentary Question 29 November 2013 [179089] www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131129/text/131129w0002.htm

Health Education England *Draft Workforce Plan for England* <http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-interactive1.pdf>

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.

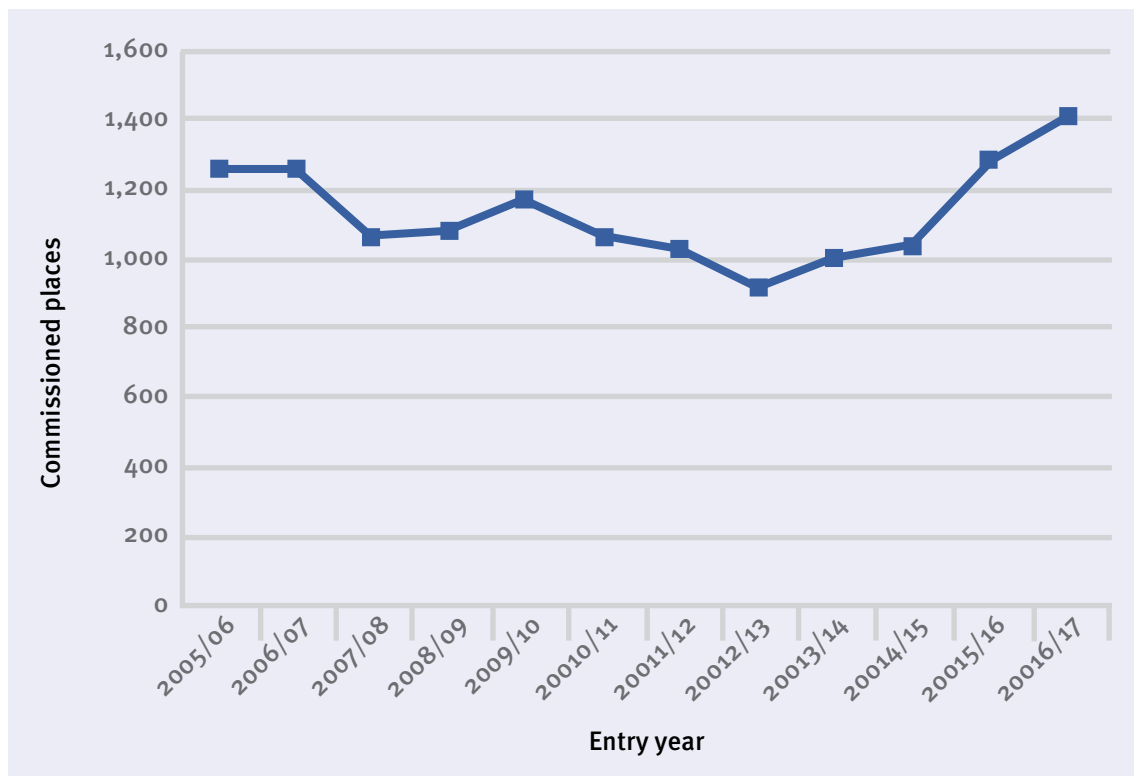
Figure 30: Scotland, nursing and midwifery student intakes (2003/04 to 2014/15)



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.

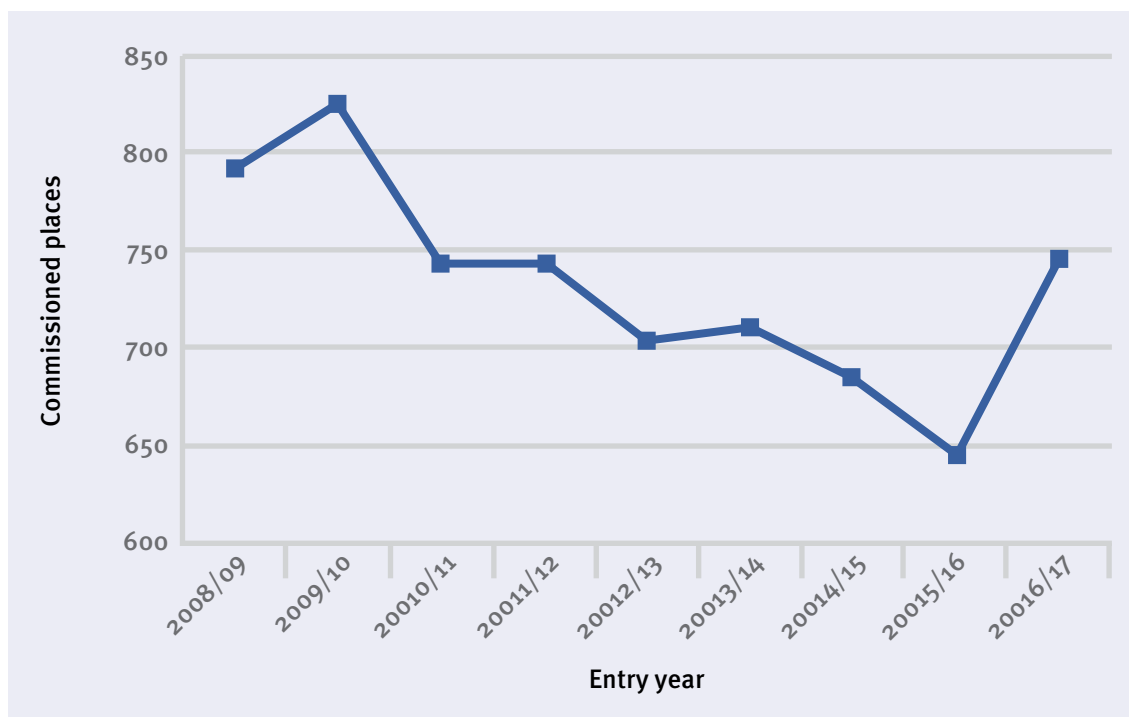
Figure 31: Wales, number of nursing places commissioned, 2004/5 to 2014/5 and places planned for 2016/17



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



Source: *A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015-2025)*¹⁵

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.¹⁶ 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.

¹⁵ www.health-ni.gov.uk/sites/default/files/publications/health/workforce-plan-nursing-midwifery-2015-2025.pdf

¹⁶ www.ifs.org.uk/publications/8409

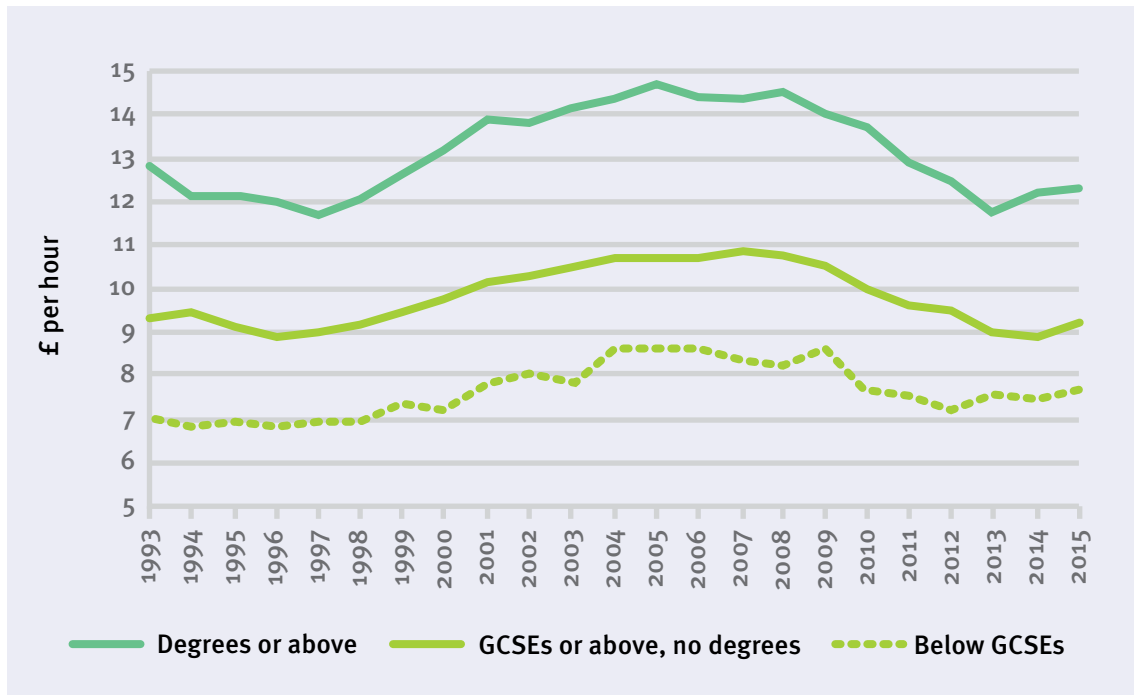


Figure 33: Median real hourly wage of 25- to 29-year-olds, by education

Source: Institute for Fiscal Studies: The puzzle of graduate wages

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.



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