

An uncertain future

The UK nursing labour market
review 2014



Royal College
of Nursing

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
- Nursing and Midwifery Council registrants
- the nursing workforce in NHS England, Scotland Wales and in health and social care, Northern Ireland
- nursing earnings
- pre-registration education.

This review takes place at a time of great uncertainty about the future of funding for health and social care services across the UK. While funding for all UK health systems is being reduced in real terms, the demand pressures on services continue to rise. These pressures come from a growing and ageing population, and rising unit costs. Previous labour market reviews from the last five years have warned about the consequences of a short-term approach to workforce reconfiguration, in reaction to reductions in staffing levels and the investment made into securing future supply through nurse education. All the signs pointed to a dangerous descent towards a nursing shortage in the UK, due to reduced investment allied to an increasingly ageing nursing workforce. The 2014 labour market review, which relies on verifiable national data sets, appears to show that these concerns have been somewhat heeded, with indications that higher numbers of nursing staff are now in employment and that planned cuts to nursing education commissioned have been halted. However, this year's review confirms the trend of an ageing nursing workforce, with around half of the NHS workforce now aged over 45. The report also highlights the phenomenon of stagnant wages across much of the UK economy, which the nursing workforce has been unable to avoid, with real wages at the same level in 2014 as they were in 2010.

Since the last labour market review, other surveys and data analysis not covered in this report are beginning to point to worrying trends in parts of the NHS, including under-reported vacancies and skill shortages, with many NHS organisations resorting to recruitment initiatives to attract nurses from Europe (see for example the NHS Employers survey on NHS qualified nurse supply and demand¹¹). The significance and consequence of these trends are not yet fully evident in the data reviewed and analysed for this report – but when placed alongside predictions about a funding crisis for health and social care services – point to a worrying future for the shape and composition of the future nursing workforce.

While it is welcome that most signs point to a reversal of cuts in staffing numbers, the distribution of extra investment varies across the UK countries and across different sectors. In general, there has been investment in acute, geriatric and general medicine sectors (seen as a response to the Francis report and other, associated reports which have highlighted problems with NHS care) yet this is at the expense of community nursing and mental health nursing. In addition, investment in nurses paid on Agenda for Change bands 5 and 6 has been at the expense of nurses on bands 7 and 8. While a reduction in senior nursing posts may lead to cost savings in the short term, it can only be detrimental to the quality and level of expertise, due to the loss of specialist and managerial roles.

¹¹www.nhsemployers.org/~media/Employers/Publications/NHS%20qualified%20nurse%20supply%20and%20demand%20survey%2012%20May.pdf

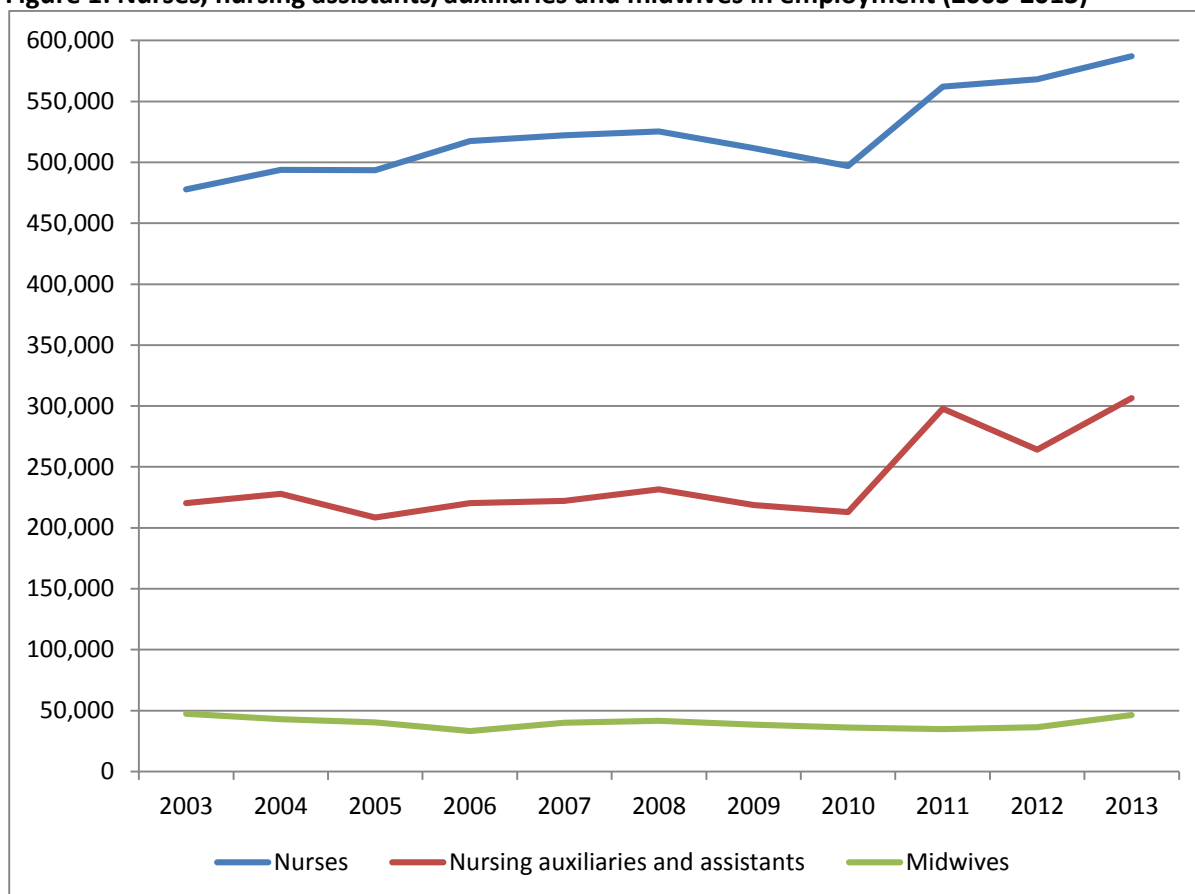
This 12-month review of developments affecting the nursing workforce serves to highlight the dangers of short-term approaches to both workforce planning and to people management in the UK. It cannot be sustainable to continue to allow nursing shortages, the degradation of specialist and senior nursing and the resultant impact on workload, morale and stress levels, only to have to react to the resulting problems with expensive recruitment drives among nursing staff in Europe and non-practicing nurses in the UK or the use of agency staff. Similarly, the need to improve the working environment and salaries for nursing staff must also be addressed with attention focused on increasing pay rates and improving working lives. Longer term, more considered approaches to workforce planning and people management are necessary to face growing and more complex demands on health and social care needs.

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 registered 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.

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 (2003-2013)



Source: Analysis of Labour Force Surveys April-June 2003-2013

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 assistants³ and midwives.⁴

Figure 1 shows a steady increase in the number of nurses between 2003 and 2013, with the exception of a period of decline between 2008 and 2010. There are estimated to be around 587,000 people employed in the occupational category of nurse in 2013, having risen by 23 per cent since 2003.

There are estimated to be around 306,600 people employed in the category of nursing auxiliaries and assistants in the UK in 2013, rising by 39 per cent since 2003, with the fastest growth in numbers seen in the years 2010 to 2011.

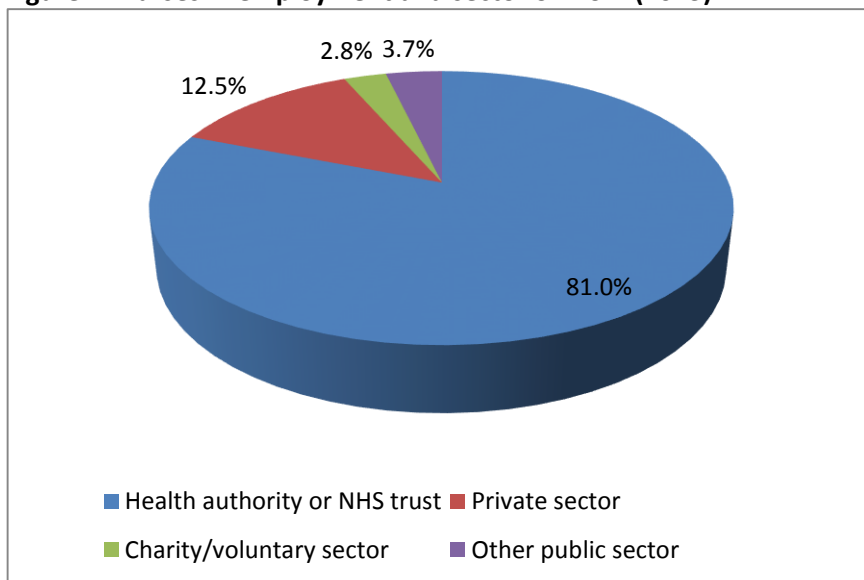
² SOC 2231 defines nurses as those providing 'general and/or specialised nursing care for the sick, injured and others in need of such care, assist medical doctors with their tasks and work with other health care professionals and within teams of health care workers. They advise on and teach nursing practice.'

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.'

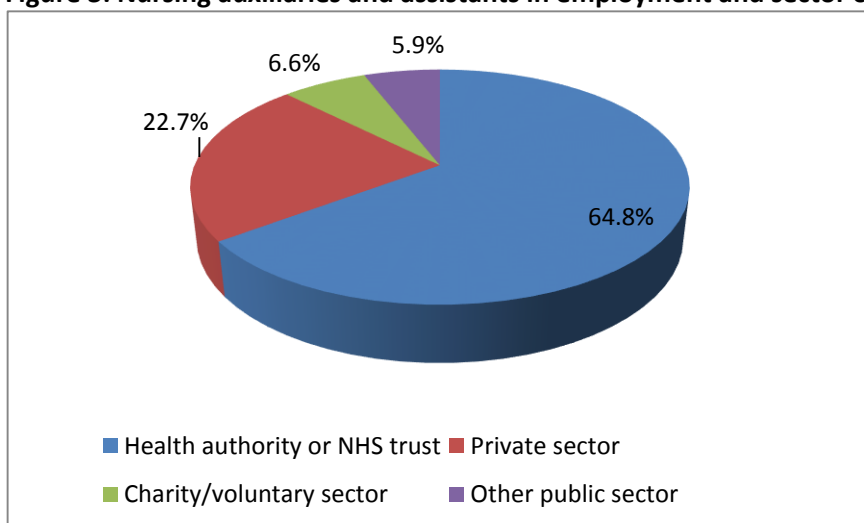
There are estimated to be around 46,400 people employed as midwives in the UK in 2013, having fallen from 47,300 in 2003. Over the decade, the number of midwives employed in the UK fell to its lowest level of approximately 33,200 in 2006.

Figure 2: Nurses in employment and sector of work (2013)



Source: Analysis of Labour Force Survey October-December 2013

Figure 3: Nursing auxiliaries and assistants in employment and sector of work (2013)



Source: Analysis of Labour Force Survey October-December 2013

Broadly, UK health services are delivered via three main sectors: publicly funded services through the NHS; services delivered by independent sector organisations (private companies, social enterprises) and services delivered by voluntary organisations.⁵

⁵ Skills for Health (2011) *Health Sector Workforce Intelligence: UK report*. www.skillsforhealth.org.uk

Analysis of LFS data indicates the sectors in which nurses and nursing auxiliaries/assistants work, showing that a larger proportion of nursing auxiliaries/assistants work outside the NHS than nurses. Figure 2 shows an analysis of LFS figures, showing that the majority (81 per cent) of nurses in the UK work in health authorities or NHS trusts. One in eight work in the private sector and just under three per cent work in the voluntary sector.

Figure 3 estimates that just under two thirds of all nursing assistants/auxiliaries work for health authorities or NHS trusts/boards; just under a quarter work in the private sector; and around seven per cent work in the voluntary sector.

Analysis by LaingBuisson calculates that revenues generated by independent sector providers in the health and care market stood at £40.5bn in 2012/13, with little change from the previous year, due in large part to 'subdued private spending out of disposable income and budget constraints amongst NHS and council purchasers of health and care services.'⁶

Figure 4: The regional distribution of employment, nurses (2013)

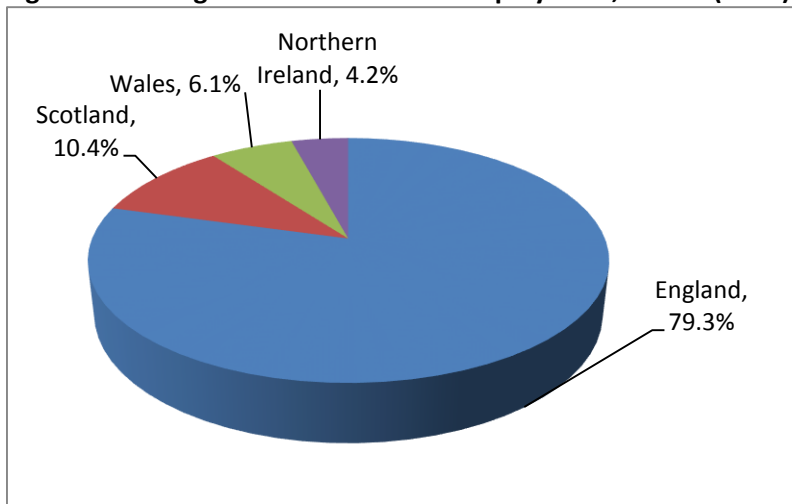
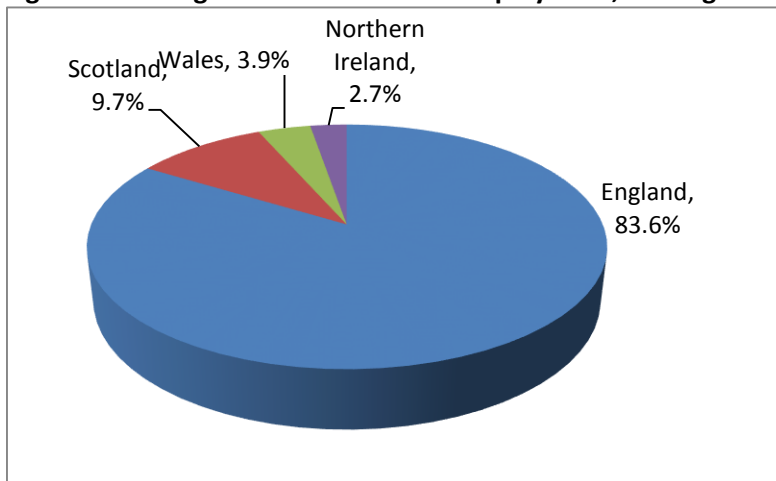


Figure 5: The regional distribution of employment, nursing auxiliaries and assistants (2013)

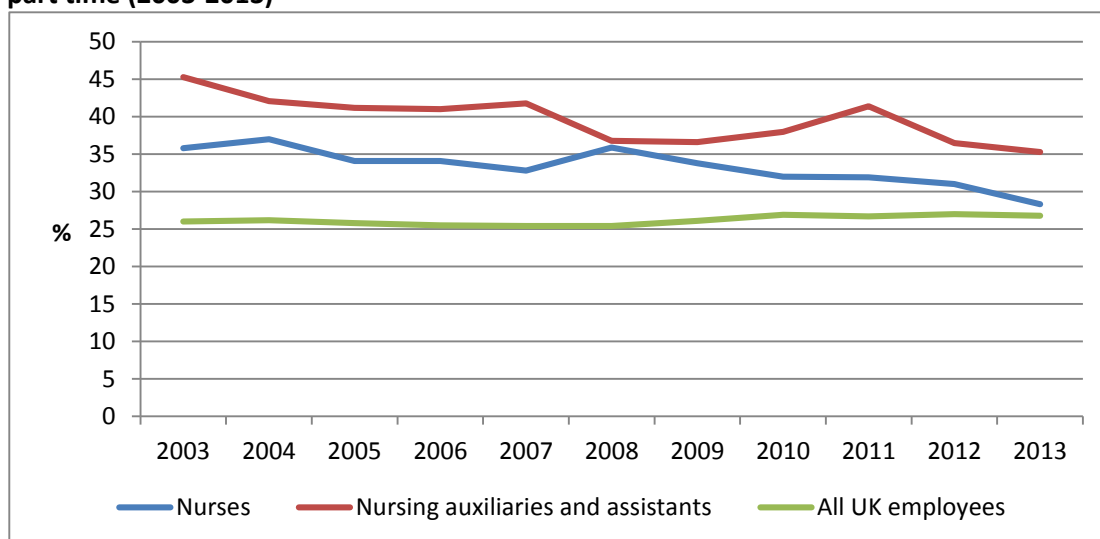


Source: Analysis of Labour Force Survey October-December 2013

⁶www.laingbuisson.co.uk/MediaCentre/PressReleases/LaingBuissonHealthcareMarketReview20132014.aspx

Figures 4 and 5 show estimates for the regional distribution of nurses and nursing auxiliaries/assistants, which broadly matches the population density of each UK country.

Figure 6: Proportion of nurses, nursing auxiliaries/assistants and all UK employees working part time (2003-2013)



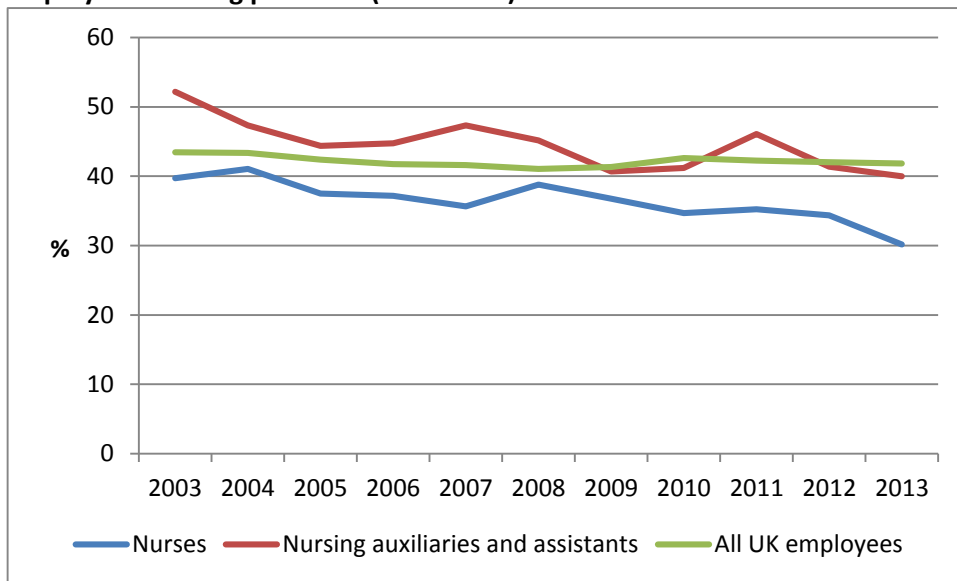
Source: Analysis of the Labour Force Survey 2003- 2013

Figure 6 shows estimates of part-time working among the nursing workforce as compared to the whole UK working population.⁷

In 2003, 36 per cent of nurses reported that they worked part time, dropping to 28 per cent in 2013. Among nursing auxiliaries and assistants, 45 per cent reported working part time, declining to 35 per cent in 2013. Part-time working is clearly more prevalent in the nursing workforce than the workforce as a whole, with just over a quarter reporting they worked part time over this period. However, the trend has been more static in the UK working population with very little overall change in part-time working between 2003 and 2013.

⁷ Full-time and part-time status is self-classified by respondents to the Labour Force Survey.

Figure 7: Proportion of female nurses, female nursing auxiliaries/assistants and all female UK employees working part time (2003-2013)



Source: Analysis of the Labour Force Survey 2003- 2013

Figure 7 takes the analysis of part-time working further and looks at the incidence among female employees only, to take into account the highly gendered nature of the health care workforce (around 90 per cent of nurses and 80 per cent of nursing auxiliaries and assistants are female). As might be expected, among the UK working population - part-time working is higher among the female workforce than in the workforce as a whole. Two fifths (42 per cent) of all women reported working part time in 2013 compared to 27 per cent of all men and women.

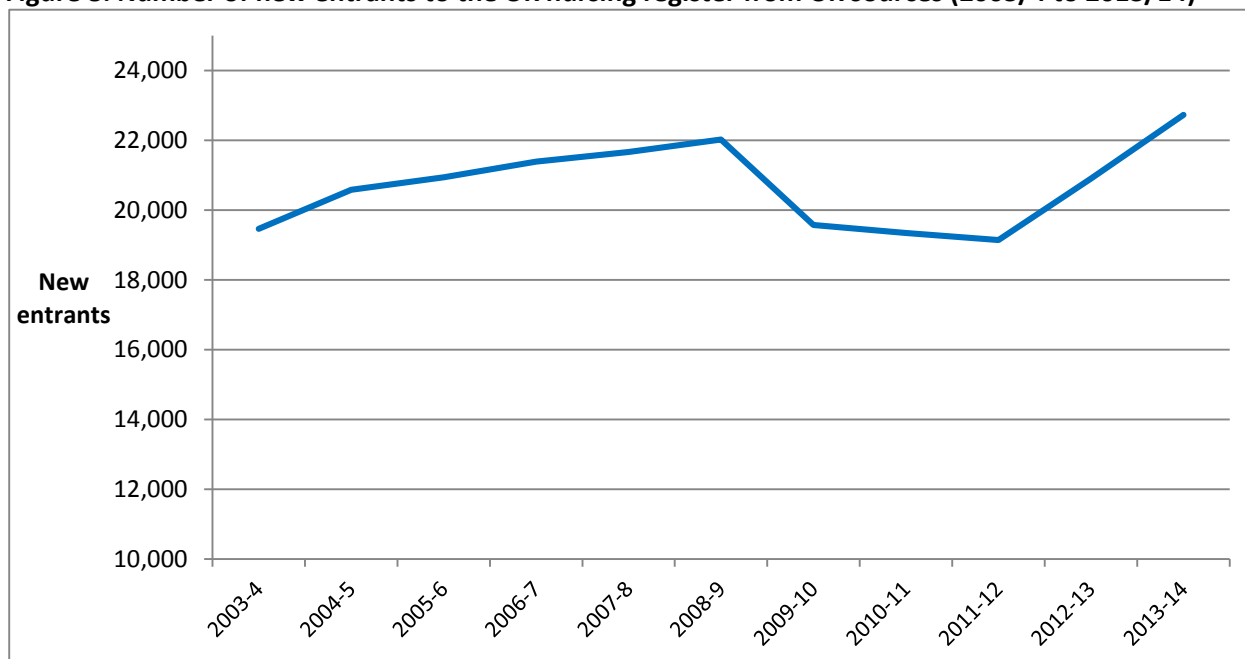
Figure 7 shows a similar picture to Figure 6, with a downward trend in part-time working among the female nursing workforce between 2003 and 2013. In 2003, 40 per cent of nurses reported working part time compared to 30 per cent in 2013. Among nursing auxiliaries and assistants, 52 per cent worked part time in 2003 and 40 per cent reported this pattern of work in 2013.

Reasons for the apparent drop in part-time working among nursing staff are not clear – particularly whether the impetus comes either from employers or employees. Further research would be needed to explore underlying reasons for this development, particularly in relation to other trends such as the use of agency and bank working, the ageing profile of the nursing workforce, and the fall in living standards across the whole economy.

3. Nursing and Midwifery Council registrants

Section 3 examines Nursing and Midwifery Council registrant data. As of March 2013, there were 673,567 nurses and midwives on the register, an increase of 1,899 (0.3 per cent) since 2012.⁸ All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register. However, this does not necessarily mean they are working as a nurse or midwife.

Figure 8: Number of new entrants to the UK nursing register from UK sources (2003/4 to 2013/14)

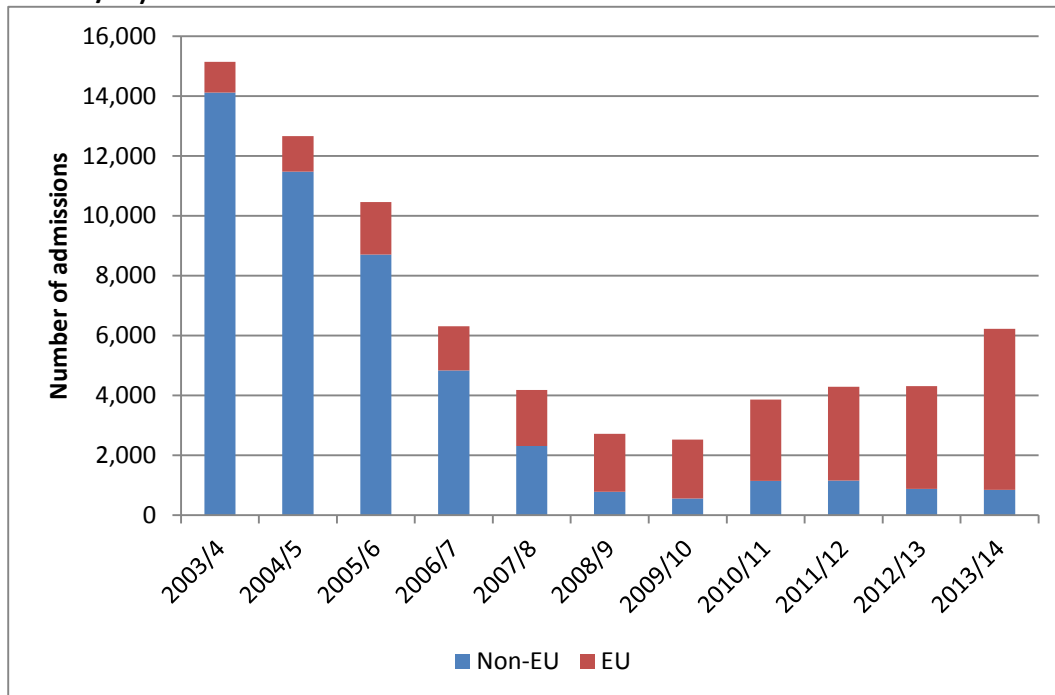


Source: Nursing and Midwifery Council, obtained under Freedom of Information

Figure 8 shows the trend in numbers of new nurses entering the labour market from UK training between 2003/4 and 2013/14. It shows that while there has been an overall rise of 16 per cent since 2003/4, there was a marked fall in numbers between 2008/9 and 2011/12, with new entrants dropping to 2003/04 levels. The figure shows that the number of new entrants reached a 10-year high of 22,730 in 2013/14.

⁸ Nursing and Midwifery Council. *Annual Reports and Accounts 2012-13 and 2011-12*
www.nmc-uk.org/About-us/Annual-reports-and-statutory-accounts/

Figure 9: Number of new entrants to the UK nursing register from non-EU and EU sources (2003/4 to 2012/13)



Source: Nursing and Midwifery Council, obtained under Freedom of Information

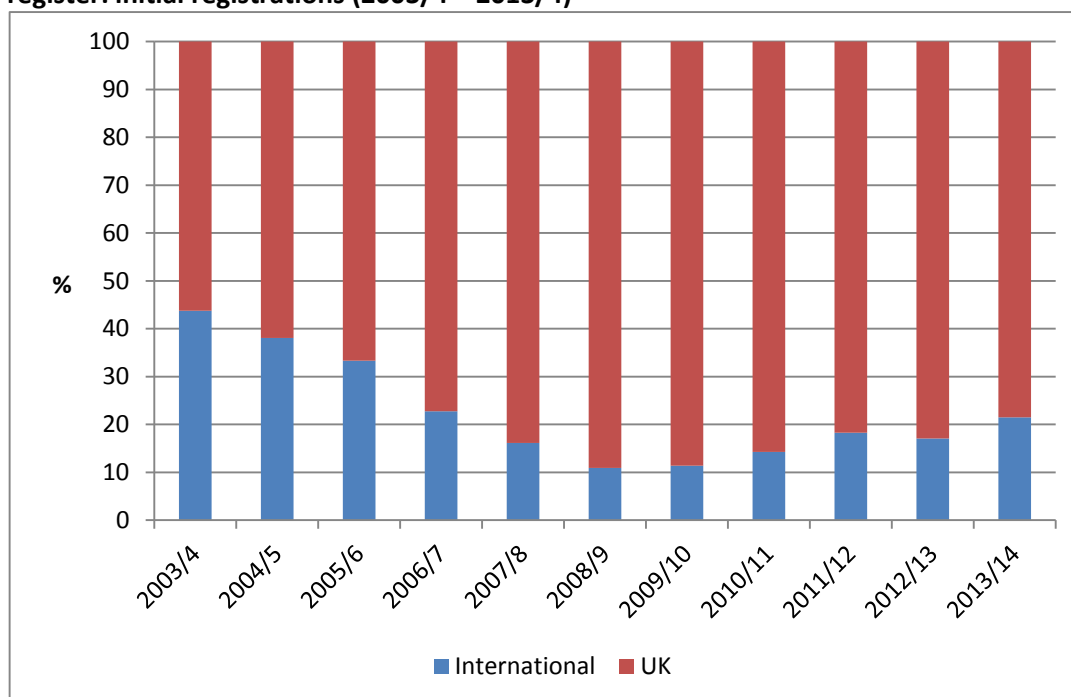
Figure 9 shows the pattern of annual registration of nurses and midwives from non-EU countries and EU countries since 2003/4. The NMC data records when a nurse registers, but this does not necessarily mean that they are working in the UK as a nurse.

Overall numbers dropped rapidly between 2003/4 and 2009/10 from 15,152 to 2,519 before rising to 6,228 in 2013/14, due mostly to a fall in non-EU registrants. This is mostly linked to stricter immigration as well as more costly application requirements implemented by the NMC for international nurses.

It is noticeable that the balance between non-EU and EU registrants has changed markedly over this period. In 2003/4, EU registrants made up just seven per cent of overseas admissions, compared to 87 per cent in 2013/14.

Of the 5,388 EU registrants in 2013/2014; 38 per cent trained in Spain, 25 per cent in Portugal, 10 per cent in Ireland, seven per cent in Romania, six per cent from Italy and four per cent in Poland. Of the 840 non-EU registrants, 36 per cent trained in the Philippines, 34 per cent in India, and nine per cent in Australia.

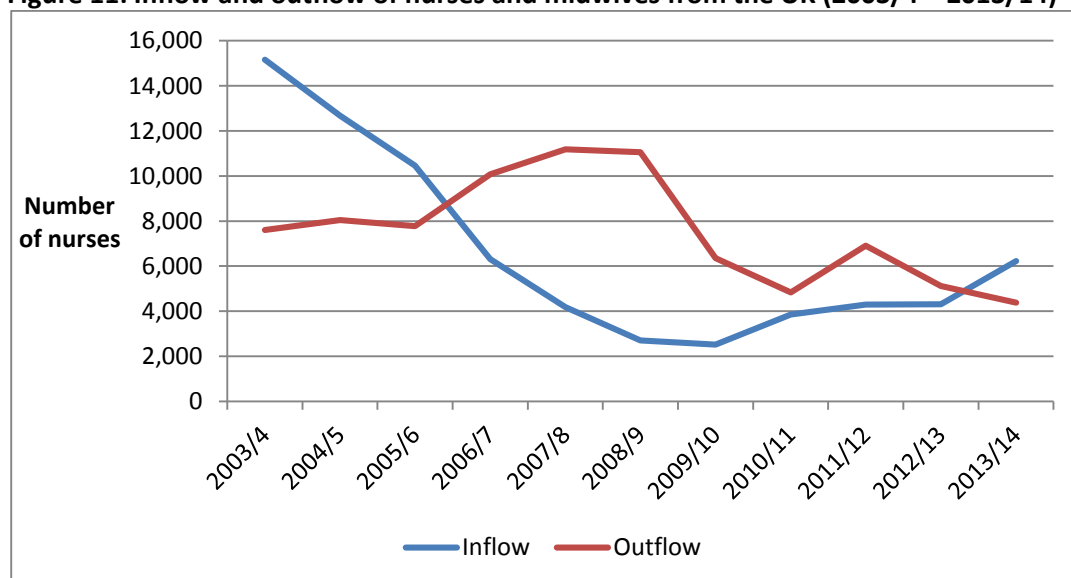
Figure 10: International and UK sources as percentage of total new admissions to the UK nursing register: initial registrations (2003/4 – 2013/4)



Source: Nursing and Midwifery Council, obtained under Freedom of Information

Figure 10 shows the balance between new entrants from UK and international sources. Admissions of international nurses declined steadily between 2003/4 and 2008/9, falling from 44 to 11 per cent of all new nurses on the UK register. Since then, figures have crept back up to 22 per cent.

Figure 11: Inflow and outflow of nurses and midwives from the UK (2003/4 – 2013/14)



Source: Nursing and Midwifery Council, obtained under Freedom of Information

The NMC records verifications issued to other countries which gives an indication of the outflow of registered nurses compared to inflow from new registrants. Figure 11 shows that the outflow trend has been fairly erratic between 2003/4 and 2013/14. Of the 4,379 verifications issued in 2013/14, half (49 per cent) were issued to Australia, 13 per cent to the USA, seven per cent each to New Zealand, Canada, and Ireland and four per cent to countries in the Middle East.

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 2003 and 2013.⁹ 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.

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

Table 1: Full-time equivalent (FTE) and percentage change in the qualified nursing, midwifery and health visiting workforce, 2003, 2011-2013, England, Scotland, Wales and Northern Ireland

	2003	2011	2012	2013	% change 2003-2013	% change 2012-2013
England	278,003	306,346	305,060	307,692 ¹⁰	10.7%	0.9%
Scotland	38,262 ¹¹	41,495	41,159	41,869 ¹²	9.4%	1.7%
Wales	19,514	21,686	21,755	21,923	12.3%	0.8%
Northern Ireland	12,497	13,649	13,823	14,139	13.1%	2.3%

Table 2: Full-time equivalent (FTE) and percentage change in the health care assistant/health care support worker workforce, 2003, 2011-2013, England, Scotland, Wales and Northern Ireland

	2003	2011	2012	2013	% change 2003-2013	% change 2012-2013
England	112,346	104,243	103,549	106,530	-5.2%	2.9%
Scotland	15,835	14,724	14,712	15,141	-4.4%	2.9%
Wales	7,184	6,294	6,314	6,332	-11.9%	0.3%
Northern Ireland	3,904	3,867	3,849	3,939	0.9%	2.3%

⁹ Data for all four countries is provided as whole time equivalent (WTE) figures and measured at 30 September annually.

¹⁰ HSCIC (2014) *NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England, Non-medical staff – 2003-2013* www.hscic.gov.uk/catalogue/PUB13741/nhs-staf-2003-2013-non-med-tab.xlsx

¹¹ ISD Scotland (2007) *Nursing and midwifery staff by time, NHS Board and NHS region (WTE)* www.isdscotland.org/Health-Topics/Workforce/Historic-Data/WFA01_HB_REG.xls

¹² ISD Scotland (2013) *NHS Scotland Workforce - Data as at 30th September 2013 - Nursing and midwifery staff in post* https://isdscotland.scot.nhs.uk/Health-Topics/Workforce/Publications/2013-11-26/Nursing_and_Midwifery_SIP_S2013.xls?86607868

Notes on tables 1 and 2:

- **England 2003, 2011-2013.** Table 1 figures are WTE qualified nursing, midwifery and health visiting staff in hospital and community services. Table 2 figures are health care assistants and nursing assistants/auxiliaries.
- **Scotland 2003.** Table 1 figures are WTE nursing and midwifery staff in NHS Scotland, excluding non-registered staff. Table 2 figures are non-registered nursing and midwifery staff.
- **Scotland 2011-2013.** Table 1 figures are nursing and midwifery staff, bands 5–9 in NHS Scotland. Table 2 figures are 1-4 nursing and midwifery staff. N.B. Scotland data was recalibrated using Agenda for Change bands after 2006 so 2011-2013 figures are not directly comparable with 2003 figures.
- **Wales 2003.** Table 1 figures are WTE qualified nursing, midwifery and health visiting staff and nursing support staff in hospitals and the community, excluding learners, nursery nurses and nursing assistants/auxiliaries.¹³ Table 2 figures are WTE learners, nursery nurses, and nursing assistants/auxiliaries.
- **Wales 2011-2013.** Table 1 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.¹⁴ Table 2 figures are WTE nursing assistant practitioner, nursery nurse, nursing assistant/auxiliary, nurse learner – pre-registration, and nurse learner – post 1st level.
- **Northern Ireland 2003.** Table 1 figures are WTE nursing, midwifery and health visiting staff in the health and personal social services workforce, excluding unqualified nursing staff.¹⁵ Table 2 figures are unqualified nursing staff.
- **Northern Ireland 2011-2013.** Table 1 figures are WTE qualified nursing and midwifery staff in the health and social care workforce.¹⁶ Table 2 figures are WTE nurse support staff.

¹³ StatsWales (2009) *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/Pre-2009/NursingStaff-by-Grade-Year>

¹⁴ 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>

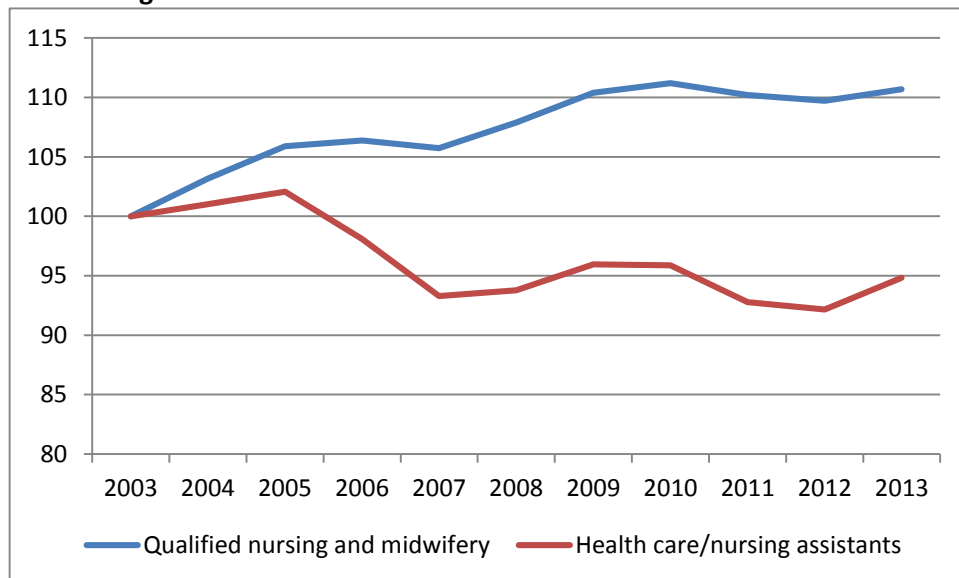
¹⁵ DHSSPSNI (2003) *Health and Personal Social Services Workforce Census September 2003 - Section 3: Nursing, Midwifery and Health Visiting Staff* www.dhsspsni.gov.uk/wf_census_03_sect3.pdf

¹⁶ DHSSPSNI (2013) *Northern Ireland Health and Social Care Workforce Census March 2013* www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf

4.1 NHS England nursing workforce

Figure 12: Qualified nursing and midwifery staff (FTE); health care/nursing assistants (2003-2013)

Index change: 2003 = 100

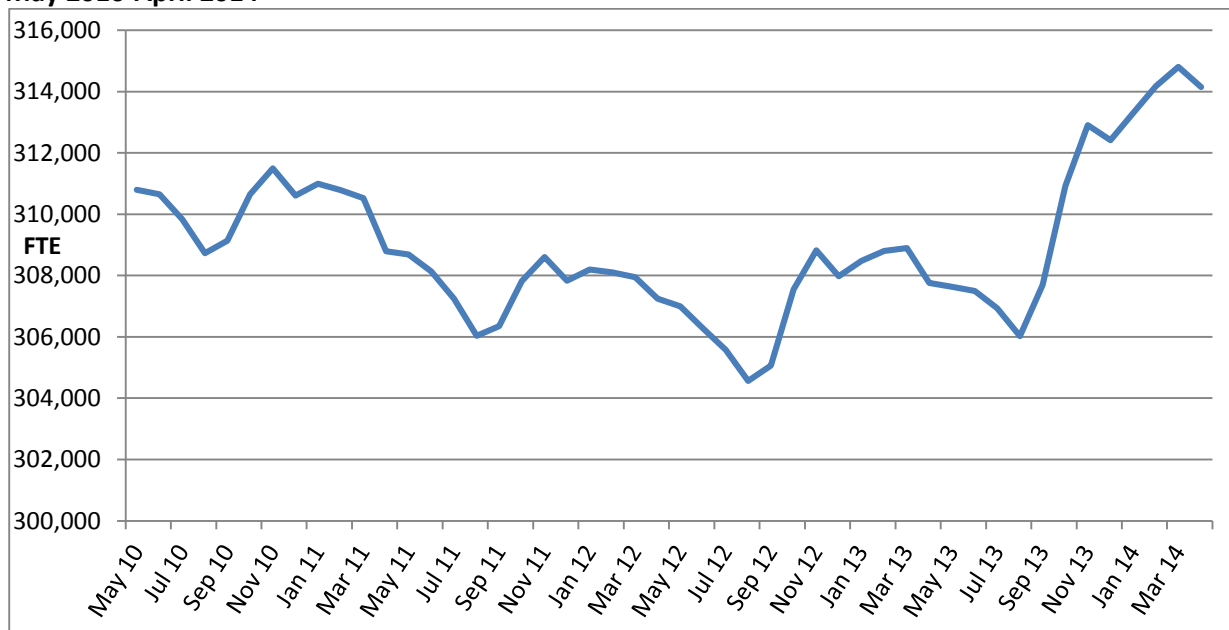


Source: Health and Social Care Information Centre

Figure 12 shows the trend in qualified nursing staff and unregistered nursing staff in the NHS in England between 2003 and 2013. There has been an overall increase in the FTE number of qualified nurses and midwives (from 278,003 in 2003 to 307,692 in 2013), broken up by two stages of decline between 2006 and 2007, and 2010 and 2011.

Looking at numbers of health care assistants and nursing assistants/auxiliaries, the overall trend has been one of decline, with the number of full-time equivalent staff having fallen by five per cent between 2003 and 2013.

Figure 13: NHS England, monthly staffing, qualified nursing, midwifery and health visiting (FTE) May 2010-April 2014



Source: Health and Social Care Information Centre

Figure 13 shows the trend in the qualified nursing and midwifery workforce in more depth, displaying monthly staffing figures. This shows an overall upward trend from May 2010, punctuated by some worrying dips in the number of nursing staff employed, reaching a low of 304,566 in August 2012 before rising to a peak of 314,802 in March 2014.

The increase in qualified nursing numbers follows recent critical focus on safe staffing levels in hospitals and the campaign for a mandatory minimum staffing level in the NHS in the wake of the Francis report.

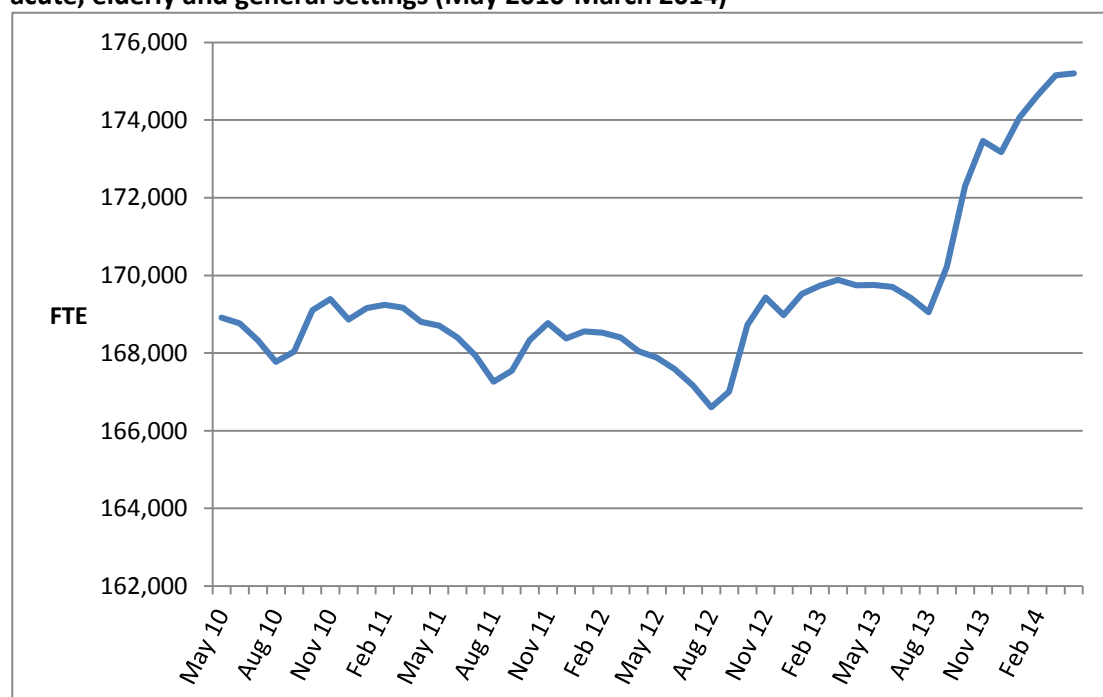
The government response to the Francis report into standards of care at Mid Staffordshire Foundation Trust has resulted in hospitals publishing the number of staff on wards on a daily basis. As Figure 14 shows below, this appears to have fed through to increased nursing staffing numbers in acute, general and elderly and general settings, which have seen an overall four per cent rise from 169,049 to 175,204 (FTE). Figure 15 also shows that there been a recent upturn in nursing numbers in community services. Having fallen from a high of 48,080 (FTE) in June 2010 to a low of 45,272 in August 2013 (a reduction of six per cent), figures bounced back to 46,535 in March 2014.

Table 3: England, qualified nursing, midwifery and health visiting staff (FTE) by work area (2010-2013)

	2010	2011	2012	2013	% change 2010-2013
Adult, elderly and general	309,139	306,346	305,060	307,692	-0.5%
Community services	47,779	46,399	46,035	45,716	-4.3%
Maternity services	26,654	24,916	24,510	24,627	-7.6%
Community psychiatry	15,986	15,575	15,767	15,694	-1.8%
Other psychiatry	25,334	24,477	23,558	22,896	-9.6%
Paediatric nursing	15,807	15,629	15,607	15,819	0.1%
School nursing	3,003	2,997	2,936	2,957	-1.5%
Community learning disabilities	2,570	2,367	2,268	2,086	-18.8%
Other learning disabilities	2,684	2,421	2,186	2,086	-22.3%
Education staff	1,279	1,241	1,290	1,227	-4.1%
Neonatal nursing	-	2,777	3,895	4,359	57.0%* *change 2011-13

Table 3 looks in detail at the trend in qualified nursing, midwifery and health visiting staff between 2010 and 2013, with the number of FTE nurses having fallen across all but two of the main work areas. The biggest fall was seen in learning disabilities, with a combined fall of 21 per cent across community and other care settings. The number of FTE nursing staff employed in maternity services fell by almost eight per cent while the total number providing psychiatry services in community and other settings fell by seven per cent. The number of neonatal nurses, meanwhile, increased by 57 per cent between 2011 and 2013.

Figure 14: NHS England monthly staffing, qualified nursing, midwifery and health visiting (FTE) in acute, elderly and general settings (May 2010-March 2014)



Source: Health and Social Care Information Centre

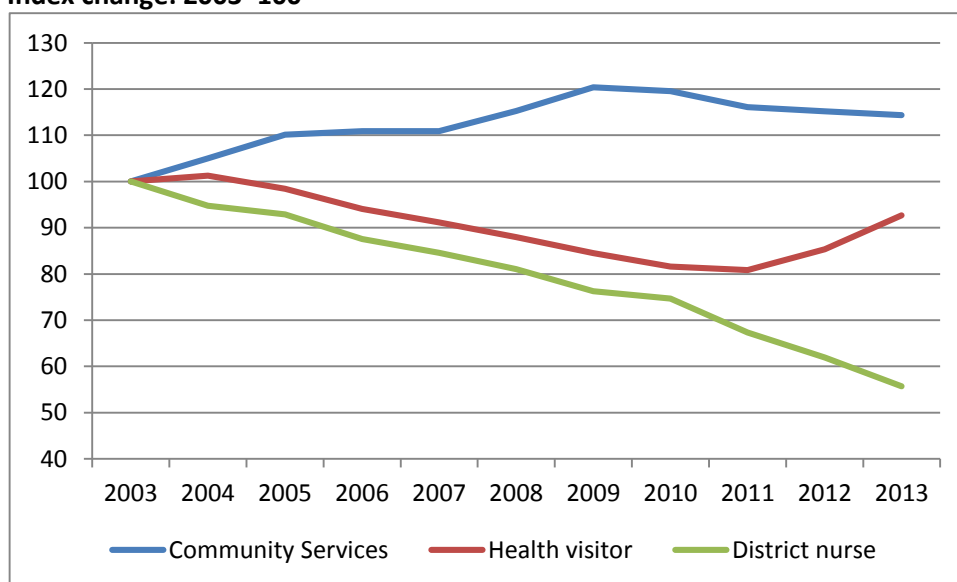
Figure 15: NHS England monthly staffing, qualified nursing, midwifery and health visiting (FTE) in community services (May 2010-March 2014)



Source: Health and Social Care Information Centre

Figure 16: England, qualified nursing workforce (FTE), community nursing services, health visitors and district nurses (2003-2013)

Index change: 2003=100

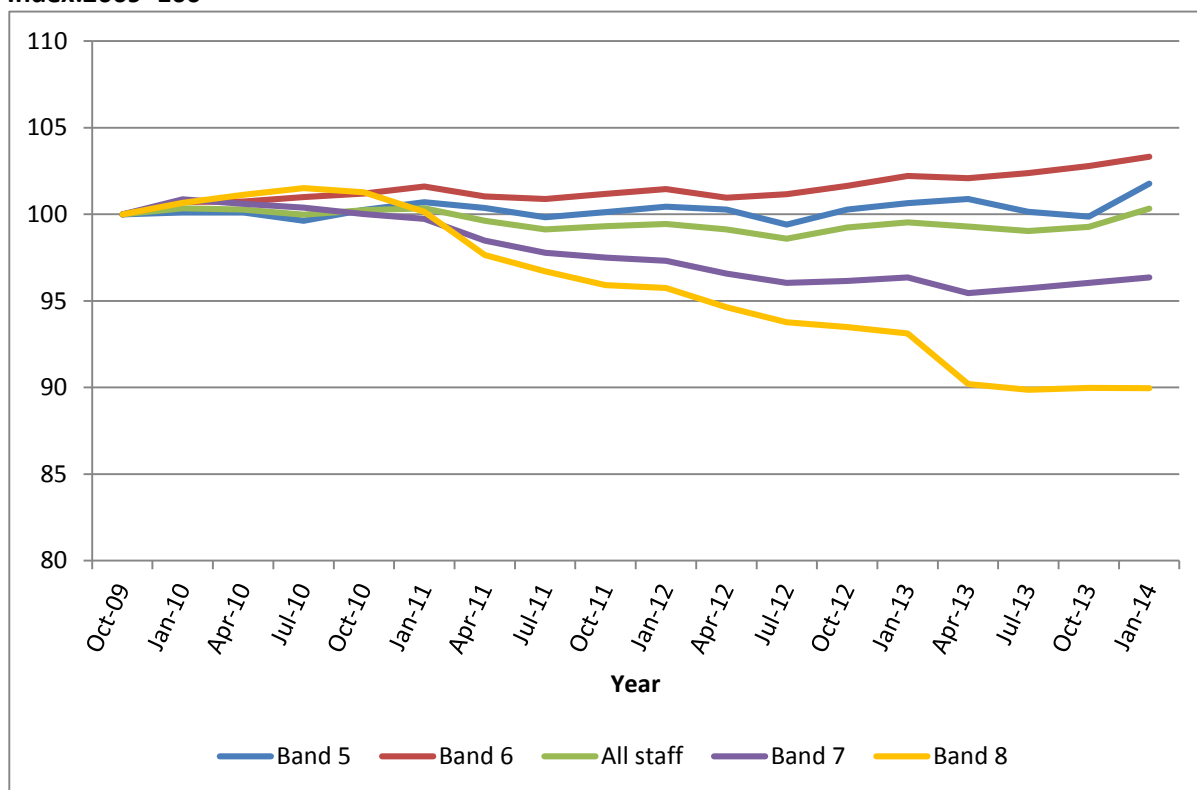


Source: Health and Social Care Information Centre

Figure 16 looks in greater depth at community services between 2003 and 2013. The nursing workforce (FTE) showed modest growth over the 10-year period, rising from 39,968 to a peak of 48,106 in 2008 before stabilising at 45,716 in 2013 (an overall increase of 14 per cent). However, further analysis shows a dramatic 44 per cent fall in the district nurse workforce from 10,303 to 5,739 between 2010 and 2013.

The number of health visitors fell by 19 per cent between 2003 and 2011 before starting to pick up and reaching 9,109 (FTE) in 2013. This reflects a government commitment to expand the health visitor workforce as part of its *Healthy child programme*. In 2011, when the Government set out its aim for 4,200 additional health visitors by 2015, the workforce stood at 7,941 (full-time equivalents). To reach the 2015 target, will therefore require the employment of a further 1,168 health visitors.

Figure 17: England, qualified nursing and midwifery and health visiting (headcount) by Agenda for Change pay band (2009-2013)
Index:2009=100



Source: Health and Social Care Information Centre

Figure 17 looks in more depth at the trends in staffing numbers at different Agenda for Change pay bands and shows that while the number of nursing, midwifery and health visitors employed at band 5 and 6 have seen modest growth between 2009 and 2013, the number of employed at bands 7 and 8 have markedly decreased. Over this period, the number of band 5s has risen by 1.8 per cent and the number of band 6s by 3.3 per cent. Meanwhile, there was a drop of 3.6 per cent and 10 per cent respectively in the number of band 7s and 8s, meaning a decrease in the number of nursing staff employed in senior or specialist roles.

4.1.2 Nursing staffing levels in hospitals in England

In July 2014, the National Institute for Health and Care Excellence (NICE) issued guidance on safe nurse staffing for hospitals in England.¹⁷ The work was commissioned by the Government in response to recommendations in the Francis inquiry into care provided at Mid-Staffordshire NHS Foundation Trust. NICE recommended an approach to matching nurse staffing to patient need, using red-flag indicators to detect staffing shortfalls. The guidance cites a 1:8 as a high-risk level that should trigger urgent review, but does not go as far as setting minimum staffing levels. Instead, it states that staffing levels are best determined locally, on a ward by ward basis, according to patient need.

The guidance states that the nurse in charge of a shift should monitor the occurrence of red flag events during each 24-hour period. If a red flag occurs, an immediate escalation response should be enacted, such as allocating additional nursing staff to the ward.

The red flags include patients missing planned medication, delays of more than 30 minutes in providing pain relief and a lack of planned vital signs checks. Other red flags include situations where there is a shortfall of more than eight hours or 25 per cent, whichever is reached first, of registered nurse time available compared with the actual requirement for the shift. For example, if a shift required 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift.

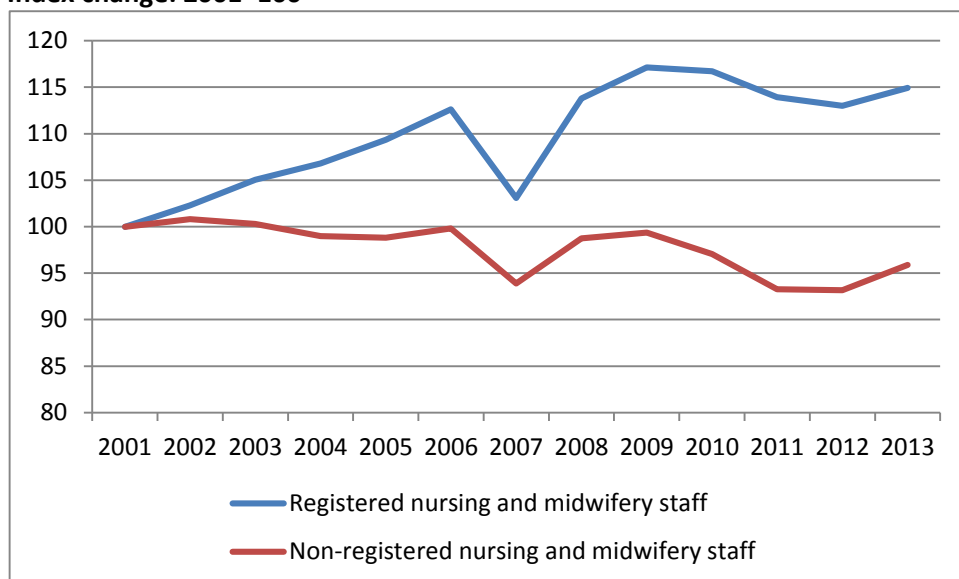
In addition to the NICE guidance, NHS England requires all trusts to display the number of staff on each shift outside all inpatient wards, publish monthly updates on staffing, and perform an establishment review every six months.

¹⁷ www.nice.org.uk/Guidance/SG1

4.2 NHS in Scotland

Figure 18: Scotland, registered and non-registered nursing and midwifery staff (FTE) 2001-2013

Index change: 2001=100



Source: Information Services Division, Scotland

Figure 18 shows the diverging patterns of growth in the registered and non-registered nursing and midwifery workforce in NHS Scotland between 2001 and 2013. Overall, the number of FTE registered nursing and midwifery rose from 36,425 in 2001 to 41,869 in 2013 (15 per cent), however there was a drop of 3.6 per cent between 2009 and 2012.

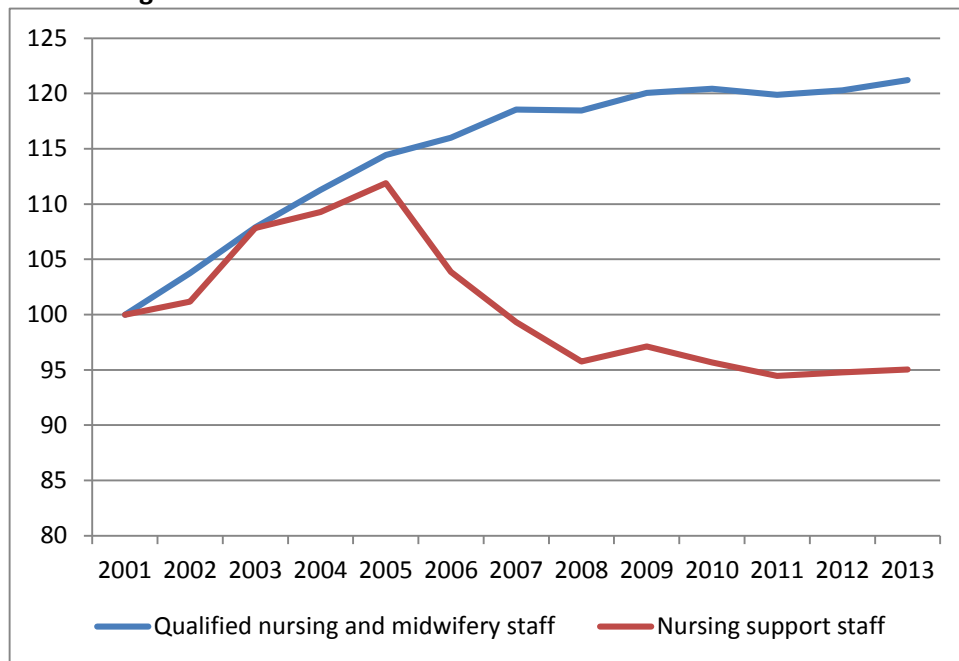
There has been an overall downward trend in the non-registered nursing and midwifery workforce, starting at 15,789 in 2001 and fluctuating around this level, reaching its lowest point of 14,712 in 2012.

The drop in numbers employed between 2006 and 2007 is largely due to assimilation to Agenda for Change, with many posts allocated as not assimilated but still within nursing and midwifery, and not necessarily a loss of posts.

4.3 NHS in Wales

Figure 19: Wales, qualified nursing and midwifery staff and nursing support staff (FTE), 2001-2013.

Index change 2001=100



Source: StatsWales, Welsh Government

Figure 19 shows a similar trajectory of growth in the qualified nursing and midwifery workforce as the nursing support workforce in NHS Wales between 2001 and 2005, growing by 14 per cent and 12 per cent respectively over this period. However, since 2005 the number of qualified nursing and midwifery staff has risen gradually from 20,698 (FTE) to 21,923 in 2013, while the nursing support workforce has dropped from 7,454 (FTE) to 6,332 (a fall of 15 per cent).

Table 4: Qualified nursing and midwifery staff (FTE) by work area (2010-2013)

	2010	2011	2012	2013	% change 2010-2013
Acute, elderly and general	15,980	15,839	15,913	15,937	-0.3%
Community services	3,434	3,478	3,536	3,695	7.6%
Community psychiatry	1,229	1,256	1,325	1,339	9.0%
Other psychiatry	3,251	3,141	3,075	3,064	-5.8%
Maternity services	1,713	1,700	1,655	1,658	-3.2%
Paediatric nursing	1,108	1,033	1,040	1,033	-6.8%
Community learning disabilities	315	299	300	281	-10.7%
Other learning disabilities	478	470	465	452	-5.3%
Neonatal nursing	332	423	419	439	32.1%
School nursing	175	211	220	207	18.6%

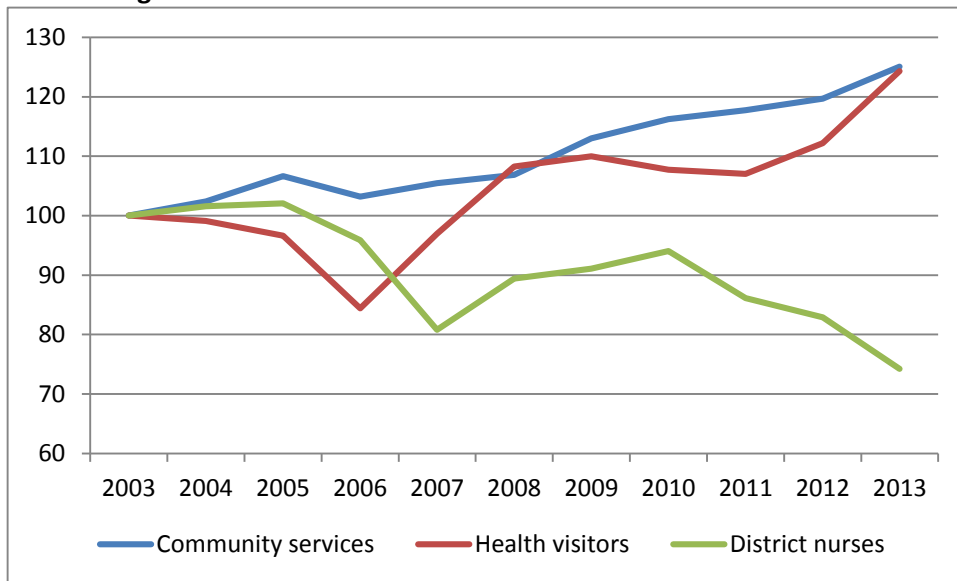
Source: StatsWales. Nursing staff by grade and year 2010-2013

Looking in more detail at the qualified nursing and midwifery workforce in Wales between 2010 and 2013, Table 4 shows an overall drop in acute, elderly and general nursing, maternity services, paediatric nursing and learning disabilities. A nine per cent increase in community psychiatry nurses has been partially offset by a six per cent fall in nursing numbers in other psychiatry settings. Although small numbers, there have been significant increases in the numbers employed in neonatal (32 per cent).

While an extra 36 school nurses were employed between 2010 and 2011, growth has since halted. This is despite the development of a *Framework for school nursing* in Wales, setting out a commitment to one nurse per secondary school in recognition of the role they play in safeguarding, immunisation and vaccination and measurement of children and young people.¹⁸

¹⁸ <http://wales.gov.uk/topics/health/publications/health/reports/nursing/?lang=en>

Figure 20: Qualified nursing workforce (FTE) community nursing services, health visitors and district nurses (2003-2013)
Index change: 2003 = 100



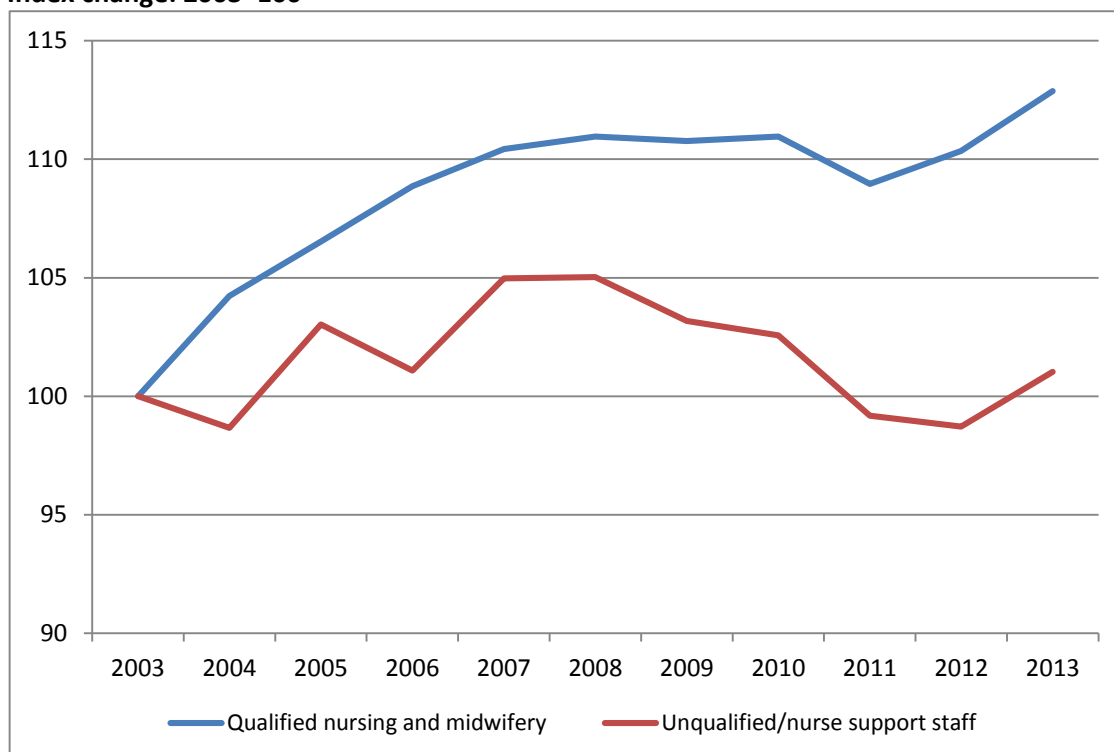
Source: StatsWales. Nursing staff by area of work and year 2003-2013

Figure 20 shows a similar picture to England in relation to community services, with overall numbers (FTE) working in community nursing services having risen from 2,954 in 2003 to 3,695 in 2013 (25 per cent growth). This is tracked by similar overall growth in the number of health visitors from 690 to 858, after having fallen by 16 per cent between 2003 and 2006. However, the number of district nurses has fallen by quarter (26 per cent) over the same 10-year period, from 935 in 2003 to 634 in 2013.

4.4 Health and social care in Northern Ireland

Figure 21: Qualified nursing and midwifery staff (FTE), unqualified nursing staff/nurse support staff (2003-2013)

Index change: 2003=100



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

The qualified nursing and midwifery workforce (FTE) showed steady growth between 2003 and 2013, rising from by 13 per cent from 12,526 to 14,140 with positive or neutral growth in every year except 2011.

Prior to 2005, the nursing support workforce was categorised as unqualified nursing staff and numbered 3,550 (FTE). After 2005, the categorisation changed to nursing support staff and peaked at 4,095 in 2008 before dipping to 3,867 in 2011 and rising back to 3,939 in 2013.

Table 5: Northern Ireland, qualified nursing and midwifery staff (FTE) by work area (2010-2013)

	2010	2011	2012	2013	% change 2010-2013
Acute nurses	7,533	7,171	7,197	7,334	-2.6%
Mental health nurses	1,633	1,581	1,627	1,617	-1.0%
Midwifery	990	1,014	1,040	1,086	9.7%
District nurses	908	824	834	860	-5.3%
Paediatric nurses	631	637	682	713	13.0%
Health visitors	445	438	427	458	2.8%
Learning disability nurses	437	437	421	417	-4.7%
Other qualified nurses	1,321	1,547	1,596	1,655	25.4%

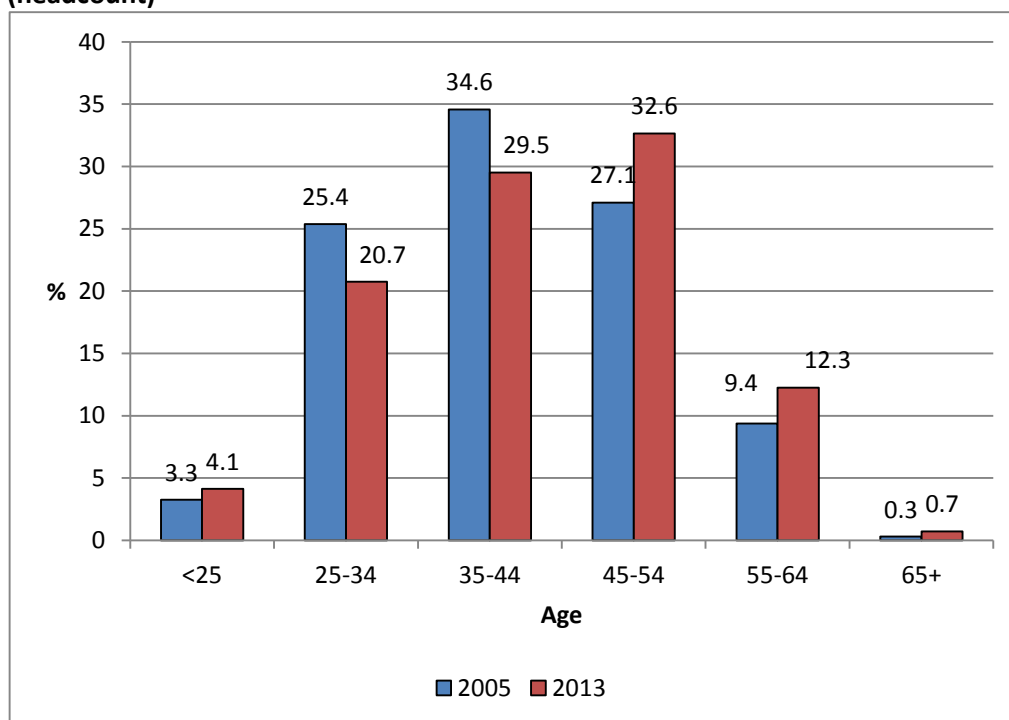
Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census

Table 5 looks at the trend between 2010 and 2013 in the qualified nursing and midwifery workforce by work area, with the number of FTE nurses working in acute settings as well as mental health, district and learning disability nurses all having fallen by between one and five per cent. Meanwhile, there was growth in the number of paediatric nurses (13 per cent), health visitors (three per cent) and midwives (10 per cent).

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, Wales and Health and Social Care Northern Ireland. Analysis of the figures shows a progressively ageing workforce. Comparisons of data from 2005 and 2013 highlight how older workers form a substantial and growing component of the workforce in all four countries.

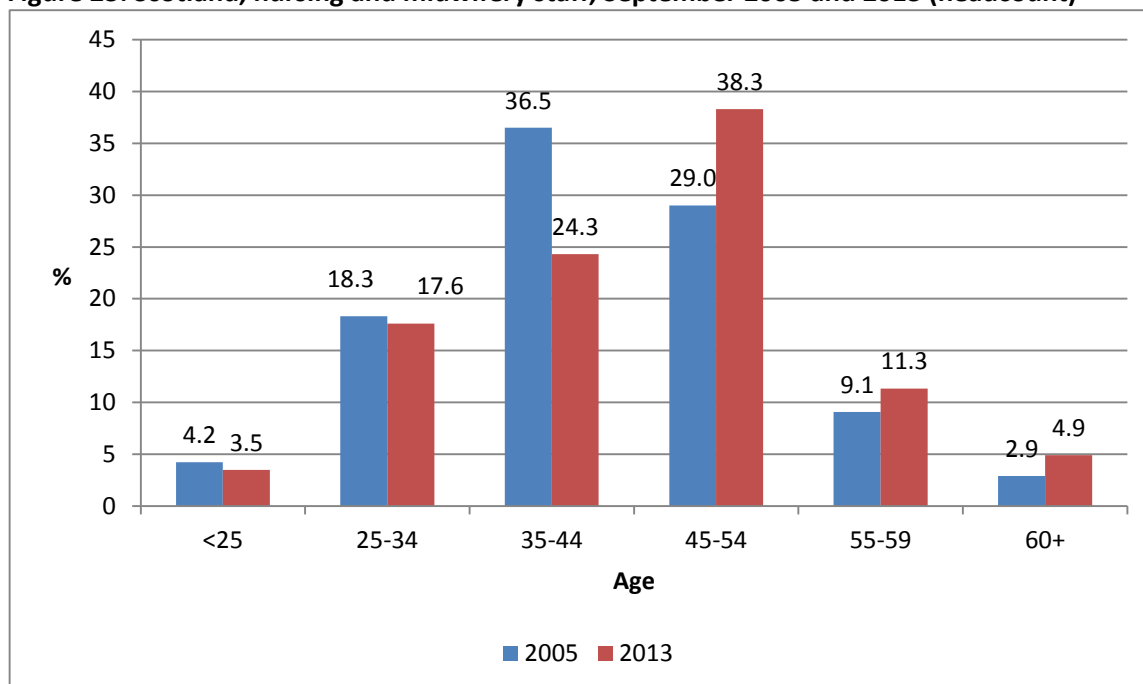
Figure 22: NHS England, age profile, qualified nursing staff, September 2005 and September 2013 (headcount)



Source: Health and Social Care Information Centre

Figure 22 shows the shift in age profile among the qualified nursing workforce in England between 2005 and 2013. In 2005, just over a third (37 per cent) of the workforce was aged 45 or over, compared to 46 per cent in 2013.

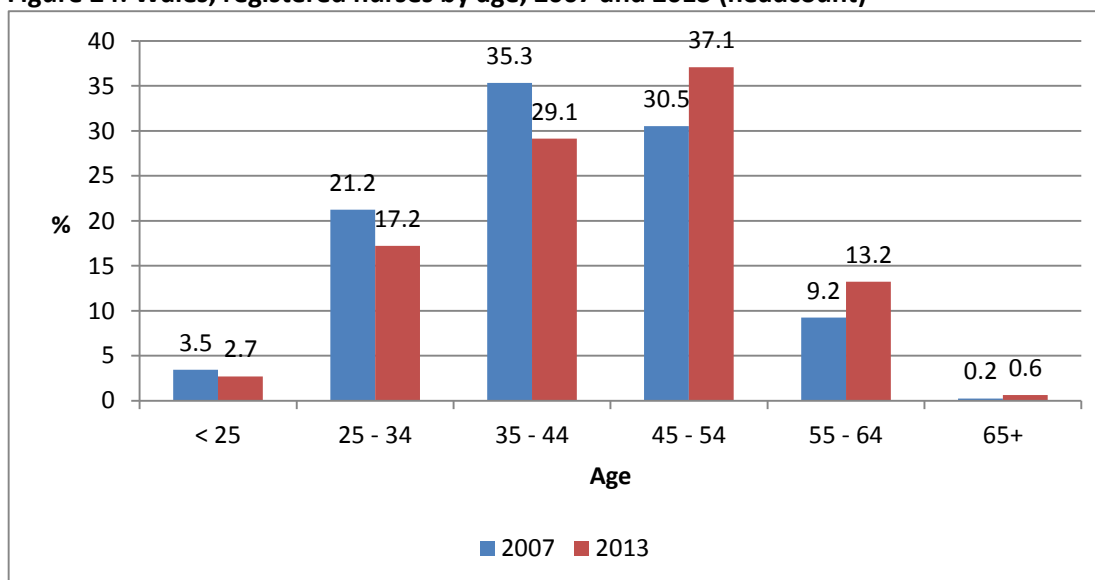
Figure 23: Scotland, nursing and midwifery staff, September 2005 and 2013 (headcount)



Source: Information Services Division, Scotland

Figure 23 shows a similar picture in Scotland to that in England with regard to the age profile of the nursing workforce. Two fifths (41 per cent) of the nursing and midwifery workforce was aged over 45 in 2005, compared to over half (55 per cent) in 2013.

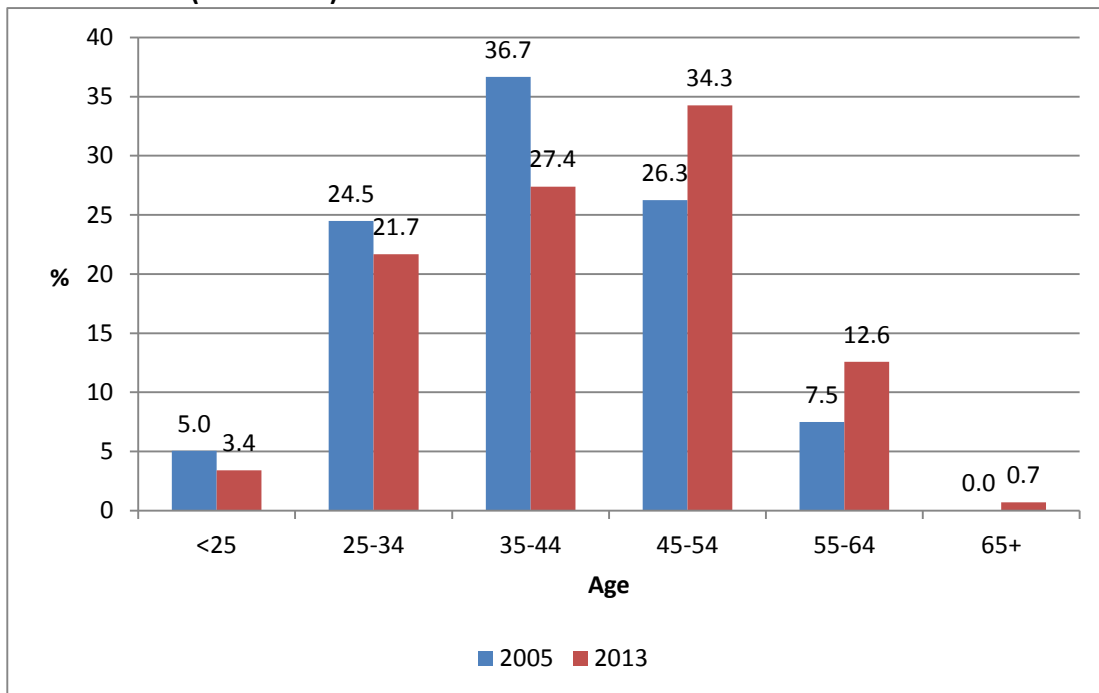
Figure 24: Wales, registered nurses by age, 2007 and 2013 (headcount)



Source: iView Workforce, NHS Wales

Using available data from 2007 and 2013, Figure 24 also shows that the age profile of the nursing workforce in Wales has changed; in 2007, two fifths of the workforce was aged 45 or over compared to just over half in 2013.

Figure 25: Northern Ireland, qualified nursing, midwifery and health visiting staff by age, 2005 and 2013 (headcount)



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

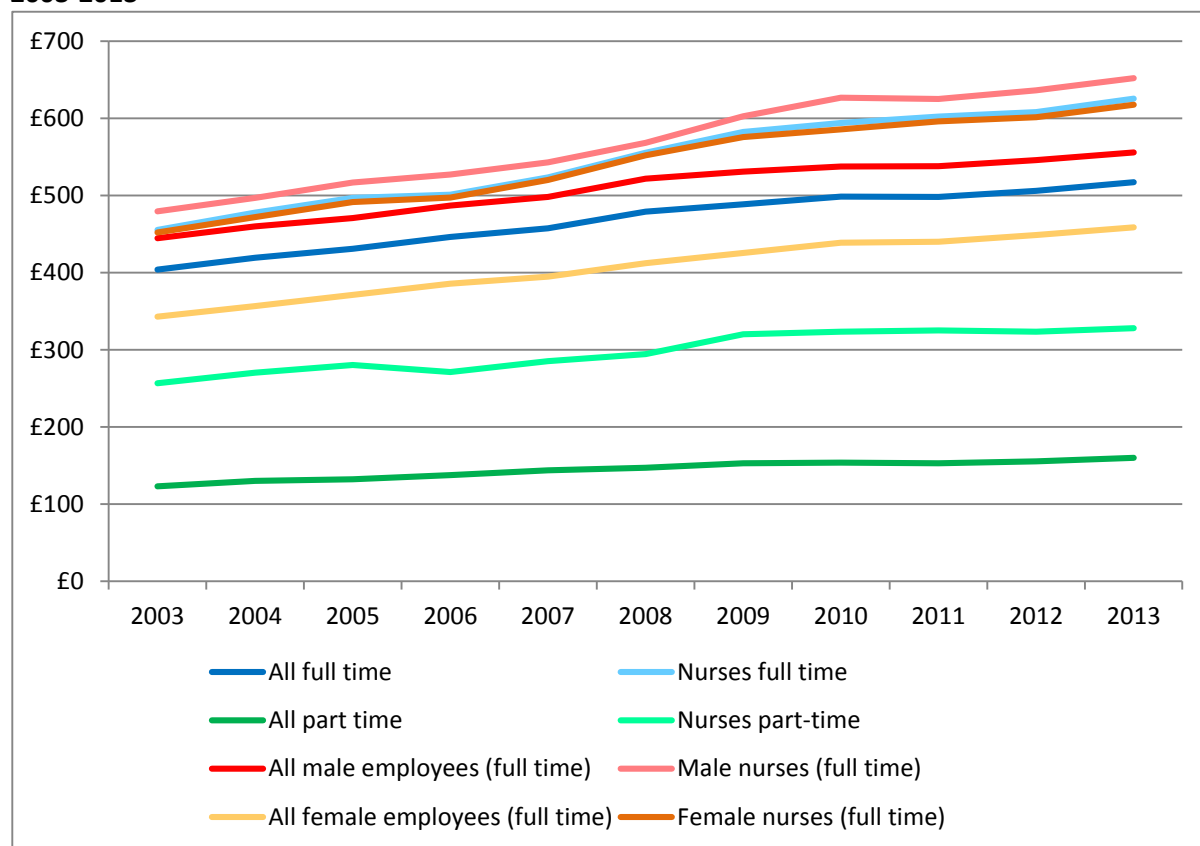
Figure 25 shows the dramatic shift in the age profile of the qualified nursing workforce in Northern Ireland between 2005 and 2013. In 2005, just one third (34 per cent) of qualified nursing staff were below the age of 45, compared with just under half (48 per cent) in 2013.

5. Nursing and earnings

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

Analysis of trends in nursing staff earnings takes place against the background of low wage growth across the whole economy since the 2008 recession. In the UK, real earnings in 2014 (deflated by the RPI inflation rate) are at the same level as they were in 2000, and are still 13.8 per cent below their peak level of 2008. In 2014, earnings are still lagging behind inflation as measured by RPI, driven largely by very low nominal income growth, rather than by unusually high inflation.

Figure 26: Median annual gross weekly earnings for all UK employees compared to nurses 2003-2013



Source: Annual Survey of Hours and Earnings, 2003-2013, Office of National Statistics

Table 6: Median annual gross weekly earnings for all UK employees compared to nurses (2013)

All UK employees (£)		Nurses (£)
Full time		
All	517.50	625.70
Male	556.00	652.10
Female	458.80	617.80
Part time		
All	160.10	328.00

Source: Annual Survey of Hours and Earnings, 2003-2013, Office of National Statistics

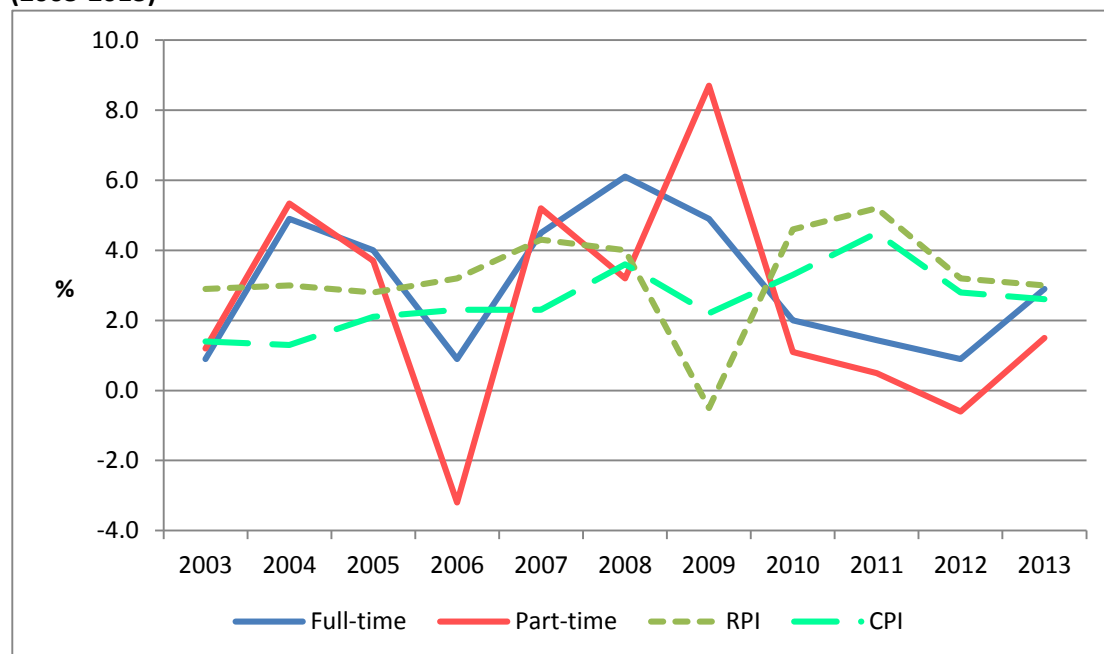
Figure 26 and Table 6 present data from the Annual Survey of Hours and Earnings (ASHE) for all employees in the UK economy, and data for nurses across the whole economy (ie working in the public and private sectors).

Table 6 shows that median weekly gross earnings for all full-time employees in the UK stood at £517.50 in 2013, compared to £625.70 for nurses.

Comparing figures just for full-time staff, median weekly earnings for male employees in the wider economy were £556.00 and £458.80 for female employees (a difference of 21 per cent). Among nurses, median earnings for male full-time employees were £652.10 while earnings for female full-time employees were £617.80 (a difference of six per cent).

Median weekly gross earnings for all part-time employees in the UK were £160.10 and £328.00 for nurses working part time.

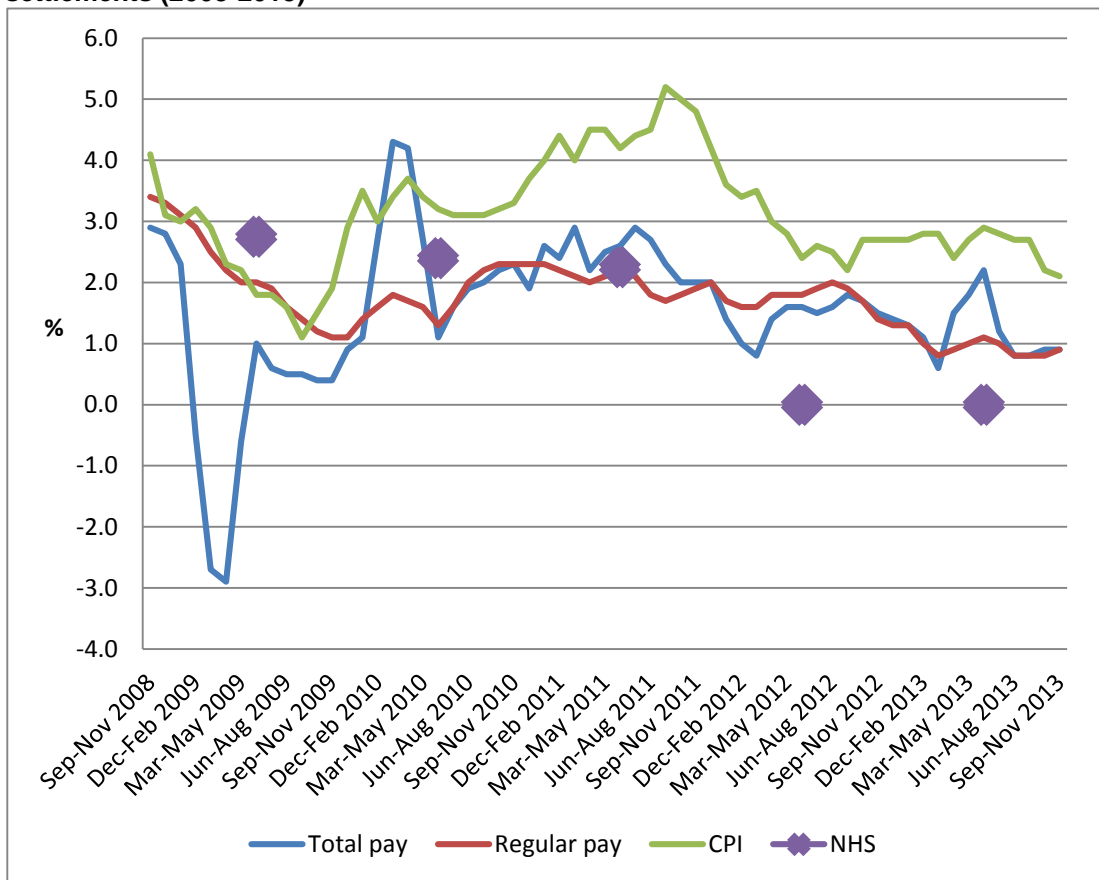
Figure 27: Annual median gross weekly earnings growth for nurses: CPI and RPI inflation rates (2003-2013)



Source: Annual Survey of Hours and Earnings, 2003-2013, Office of National Statistics

Figure 27 tracks the growth in annual median gross weekly earnings for both full-time and part-time nurses against average annual RPI and CPI inflation. Earnings growth for full-time employees exceeded both inflation measures in just six years over the period 2003-13 and growth for part-time employees exceeded the two measures in four years.

Figure 28: Average weekly earnings annual growth rates, CPI inflation, NHS annual pay settlements (2008-2013)



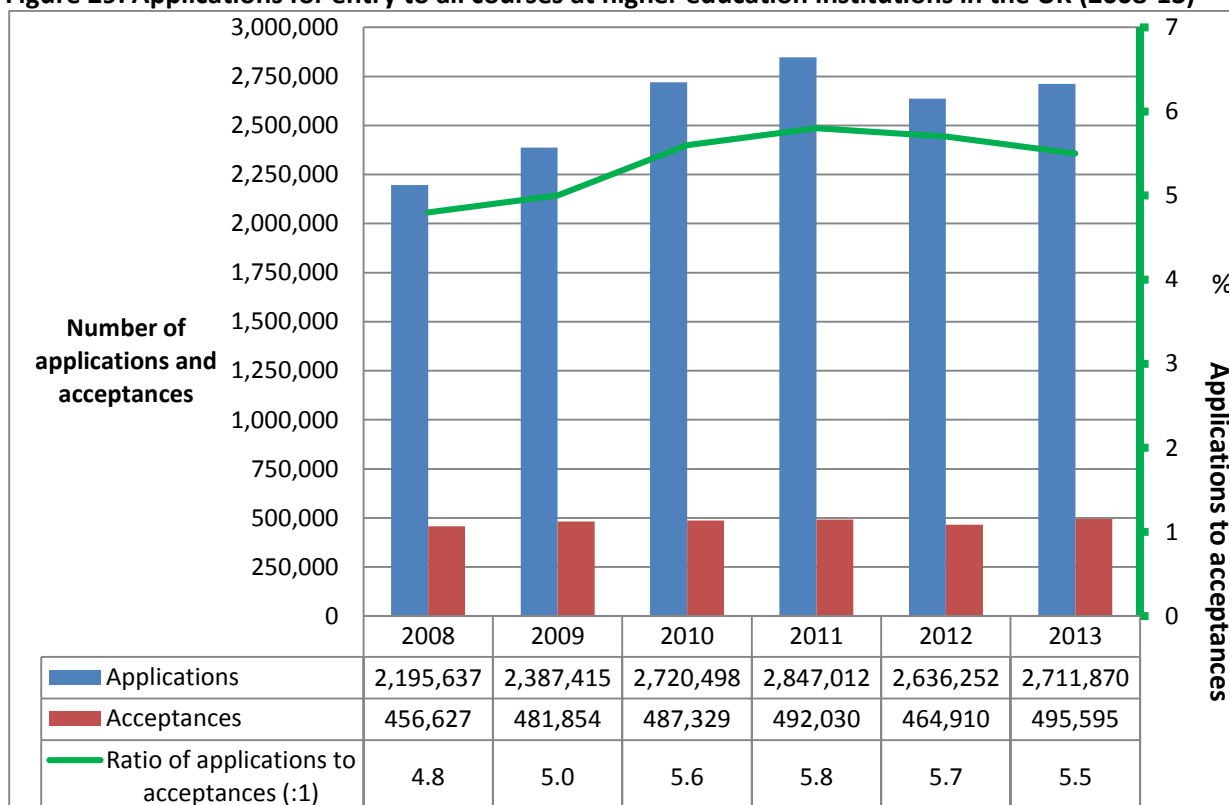
Source: Annual Survey of Hours and Earnings, 2008-2013, Office of National Statistics

Figure 28 plots the annual pay settlements for NHS Agenda for Change staff against annual weekly earnings growth figures for total pay (with bonuses) and regular pay (without bonuses) and CPI inflation. This shows that NHS pay settlements have not risen above the CPI inflation level since 2009. In both 2011/12 and 2012/13, NHS Agenda for Change staff earning above £21,000 per year were subjected to a pay freeze, with those earning below £21,000 receiving a £250 uplift.

6. Nurse education

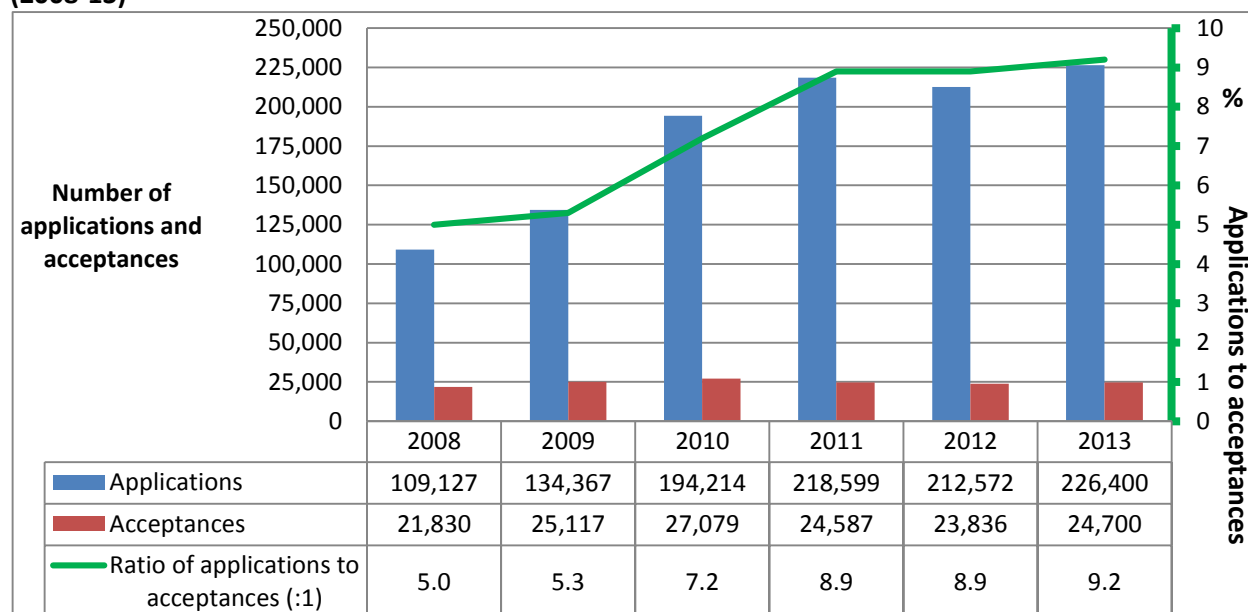
This section looks at data and trends regarding the number of commissioned student places as well as demand for and entry to nursing courses in higher education institutions (HEI). This gives a vital indication of the future supply of qualified nurses into the UK workforce. While figures for HEI entry 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 29: Applications for entry to all courses at higher education institutions in the UK (2008-13)



Source: UCAS Annual reference tables

Figure 30: Applications for entry to nursing courses at higher education institutions in the UK (2008-13)



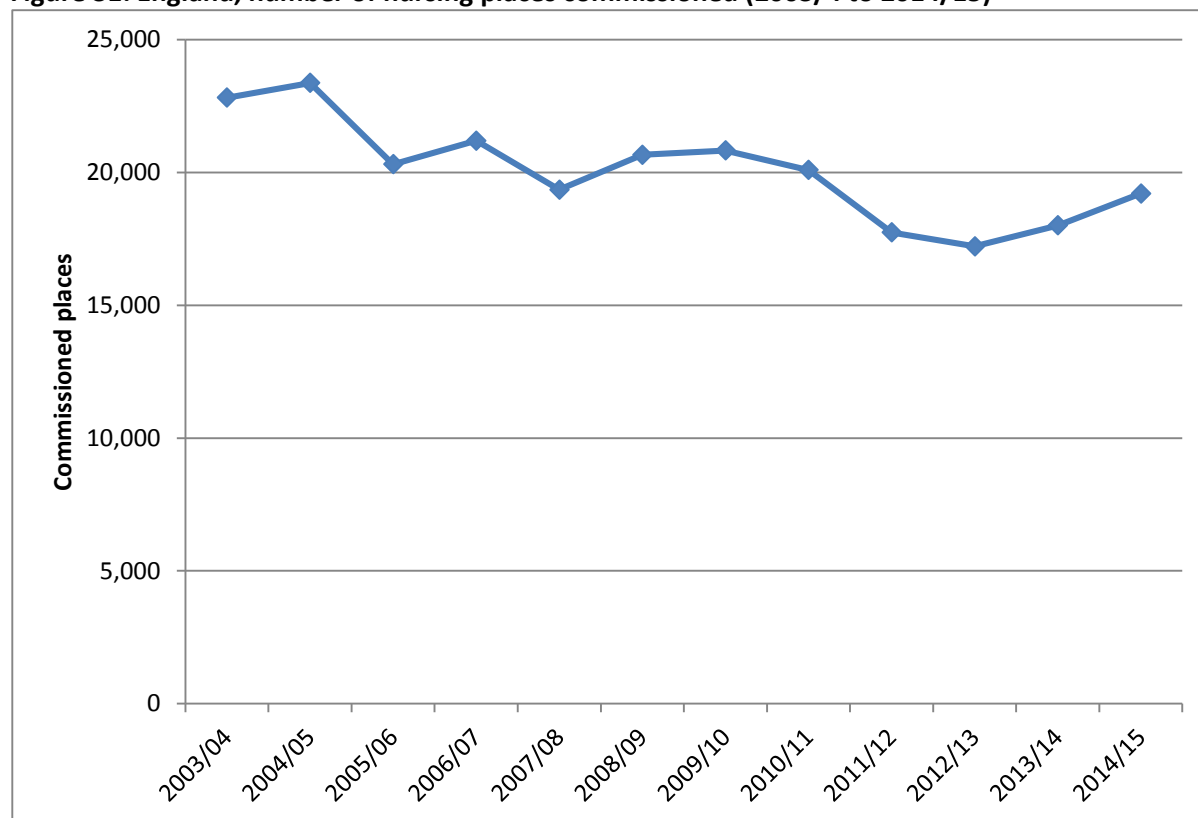
Source: UCAS Annual reference tables

Figure 29 looks at the number of applications and acceptances to all courses in UK higher education institutions between 2008 and 2013 and the relationship between the two figures. Meanwhile, Figure 30 looks at applications and acceptances for nursing courses only in the same period.

Figure 29 shows that the total number of applications to all UK higher education institutions has increased significantly since 2008, rising by 24 per cent between 2008 and 2013. Over the same period, the number of acceptances has risen by nine per cent.

The number of applications gives a broad indicator of interest in pursuing a nursing degree as individual applicants may make up to five applications to different courses or institutions. Applications to nursing courses at higher education institutions have doubled between 2008 and 2013, while acceptances have risen by 13 per cent over the same period. The ratio of applications to acceptances has also risen steadily from 1:5 to 1:9.2. This coincides with the change in policy introduced in 2013 requiring all new nurses to hold a degree-level qualification to enter the profession.

Figure 31: England, number of nursing places commissioned (2003/4 to 2014/15)



Sources: Parliamentary Question 29 November 2013 [179089]

www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131129/text/131129w0002.htm

HEE (2013) Workforce Plan for England: Proposed Education and Training Commissions for 2014/15

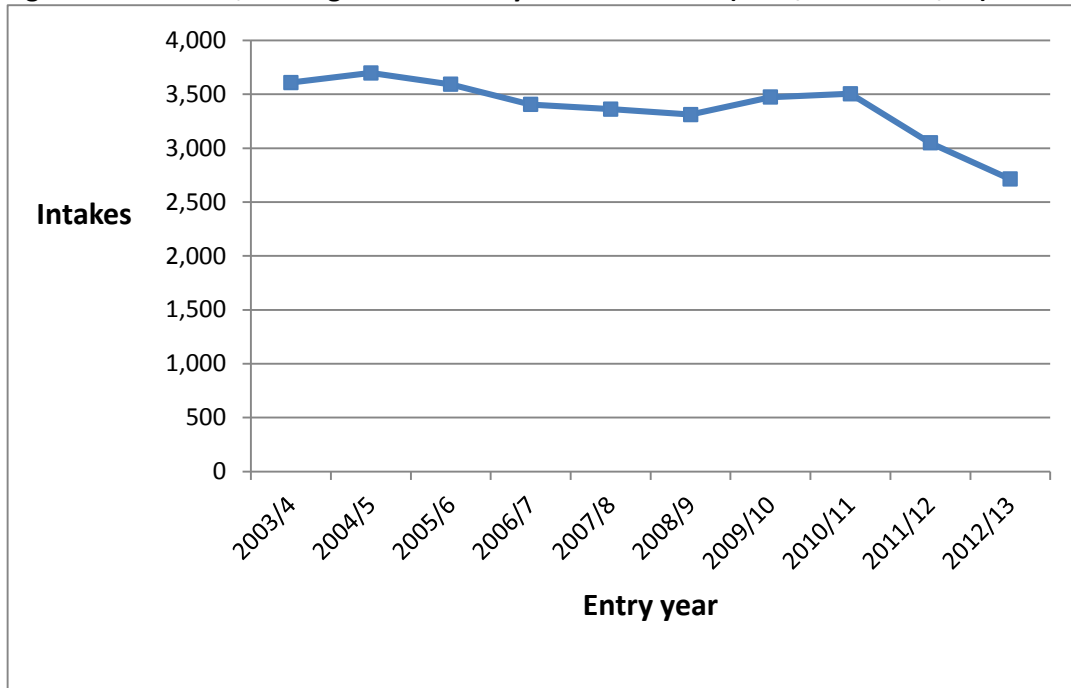
<http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-interactive1.pdf>

Figure 31 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 19,206 places provided in 2014/15 compared to 22,815 in 2003/4.

Health Education England, which was established in 2012, is responsible for the education and training within the health and public health workforce within England. Its first national workforce plan for 2014/15 brings together predictions from the 13 local education and training boards (LETBs) across England as well as national calculations. This set out plans to increase commissioned nursing places beyond the predictions made by the LETBs, with the following explanation: “Employer forecasts in recent years have under represented the number of nurses that trusts subsequently employed. Following the publication of the Francis inquiry, the Keogh and Berwick reviews, and a greater focus on safe staffing levels from NICE and CQC, we observed a significant change in trusts reported employment intentions. We also took into account the high attrition rate for nurse education and the need to focus more on output.”¹⁹

¹⁹ Health Education England, *Workforce Plan for England: Proposed Education and Training Commissions for 2014/15* <http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-interactive1.pdf>

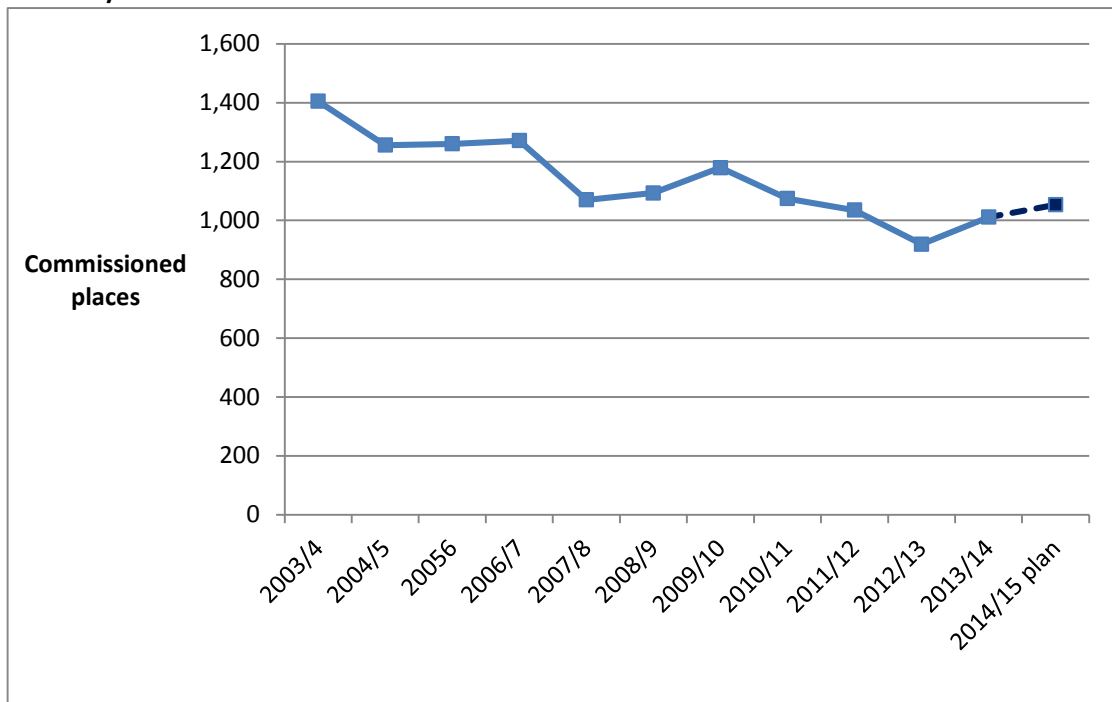
Figure 32: Scotland, nursing and midwifery student intakes (2003/04 to 2012/13)



Source: Information Services Division, Scotland

Figure 32 shows that the number of student places in Scotland decreased between 2004/5 and 2008/9, followed by increases in 2009/10 and 2010/11. There then followed two years of cuts which saw the nursing and midwifery student intake numbers fall by over 20 per cent between 2010/11 and 2012/13. This was influenced by many NHS boards downgrading their future workforce projections due to financial pressures. Student intake places have since begun to increase with a four per cent increase in 2013/14, and a 6.6 per cent increase to a target of 2,698 places for 2014/15. A refreshed Scottish Government process to determine student places was pursued during 2013, including a new framework for applying professional judgement to the initial output from the student nursing and midwifery intake model, including reference to policy drivers, service needs and models of care alongside feasibility and affordability.

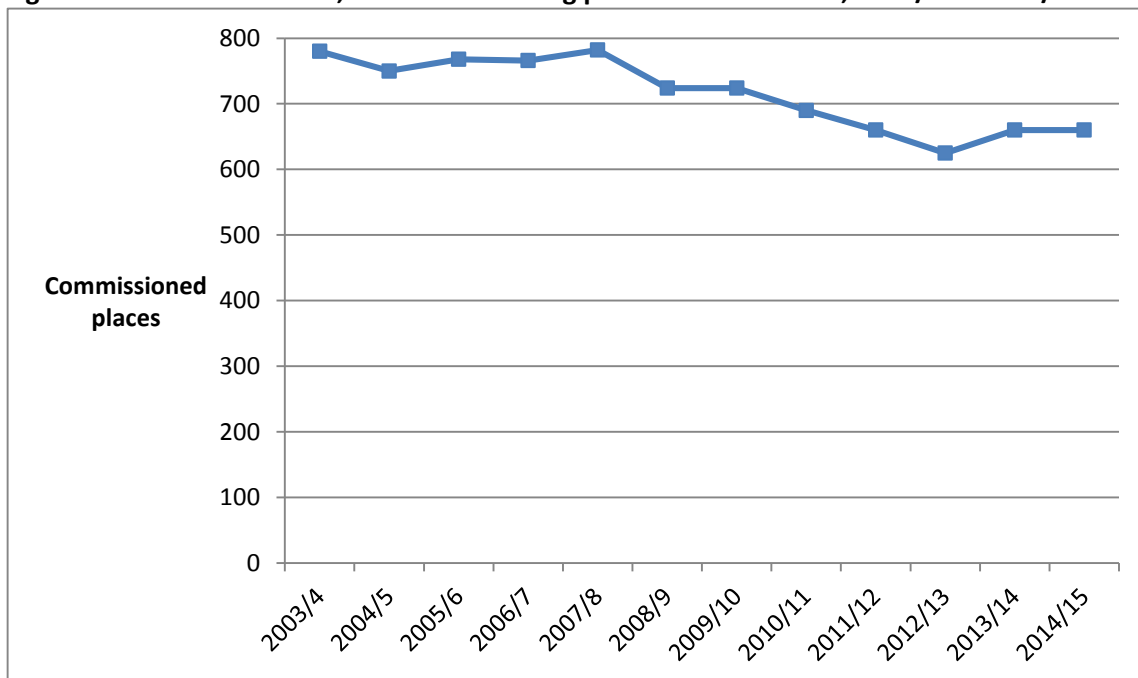
Figure 33: Wales, number of nursing places commissioned, 2003/4 to 2013/14 and places planned for 2014/15



Source: Health and Social Services, Welsh Government

Figure 33 shows a fall of 35 per cent in commissioned places between 2003/4 and 2012/13, dropping from 1,405 to 919. In 2014/15, 1,053 places were planned.

Figure 34: Northern Ireland, number of nursing places commissioned, 2003/4 to 2014/15



Sources: Northern Ireland Assembly written answers, NMC Freedom of Information request

Figure 34 shows a fall of 20 per cent in the number of commissioned places between 2003/4 and 2012/13, dropping from 780 to 625. In 2014/15, there are 660 planned places.



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October 2014

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

Publication code 004 740