Royal College of Nursing

House of Commons Health Select Committee:
Inquiry into the nursing workforce in England

We welcome this inquiry by the Health Select Committee which is an opportunity to grasp the breadth and seriousness of the nursing workforce situation, and provide meaningful solutions in order to mitigate the risks levels we are experiencing. By doing this we can work together to positively impact the ability of our health and care system to respond to population health needs both now and in the future through the major contribution of the nursing workforce.

Key messages

- Challenging working conditions, which are prevalent across health care settings, are ultimately caused by policy-making which has led to staff shortages and an erosion of the skill mix, resulting in an increasing trend of individuals leaving the profession (including before the age of retirement). Nursing staff report that they can no longer do the work they love to standards acceptable to them without significant change to the current status quo.

- Skilled, nursing staff should be paid appropriately for their work as this is a fundamental factor in recruitment and retention, and for remedying the current workforce crisis.

- A degree-level university education is essential to provide registered nurses with the skills required to lead transformation of health and care. Degree-educated registered nursing posts should remain adequate in number to deliver safe and effective nursing care as this reduces risk to patient safety and delivers improved patient outcomes. Where support staff are used they must be trained and receive supervision from the graduate nurse.

1. The value and contribution of nursing

1.1 Research has shown that among many other things, nursing care contributes to notable decreases in readmission[i] and improved delivery of quality care[ii]. When sufficient numbers of registered nurses are present, mortality rates reduce, quality improves and patients report better overall satisfaction.[iii] The registered nursing workforce must remain an all-graduate profession, with attainment of a nursing degree providing the safest, most effective, and fastest, route into registered nursing. Failure to maintain this would create a reduced service, and a significant risk for population and patient outcomes.

1.2 England was the last UK country to adopt and implement degree level education, in 2013, in recognition of the advanced level of practice and clinical knowledge required.[iv] This is the standard promoted internationally by the World Health Organisation[v]. A degree-level university education is essential to provide nurses with the skills required by modern nursing and to meet complex population needs, including critical thinking, research capability and application of knowledge of the clinical evidence base, including the myriad of ongoing advancements.

1.3 This shift in nursing education is a critical factor in enabling the workforce to lead health and care service transformation in England, and the scale of change needed

to meet the changing needs of the population. Nurses of the future require a range of experience to work in different settings, and care for the whole person including their physical and mental health needs. Their education and training needs to help move nursing away from the hospital based ideas and into primary care and community services. These approaches are further supported by Advanced Nurse Practitioners, who are educated at Masters-level, have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.[vi] There is considerable further potential for the advancement of nursing as a leading profession, demonstrated by nurses working to the 'top' of their practice capabilities in this way.

1.4 For decades the Government has had direct control of the growth and development of the nursing workforce, yet consistently failed to equip the health and care system with enough registered nurses. This is despite the evidence base[vii] and intention to meet complex population needs through greater prevention and early intervention, and in services closer to home. We can only conclude, as many other experts already have[viii], that this is due to deliberate policy decisions to limit the amount of investment in nursing education as a short-sighted cost-saving measure. We call for a fiscal framework and investment to strengthen and improve the health and care sector so that the nursing workforce for health and care is fit for purpose. Traditionally the training of nurses through the NHS in the UK has provided domestically trained nurses for the care sector; this sector is under extreme pressure and we know is, at times, using untrained individuals to deliver complex nursing care in these settings.

1.5 New supplementary routes into the nursing workforce are being created in England, such as the nursing degree apprenticeship and the nursing associate role. We welcome consistency in both standards and frameworks developed by the Nursing & Midwifery Council (NMC), to achieve degree-level qualification. It is critical that registered nursing posts are not substituted with lower-level non-registered nursing staff, particularly where this is driven by cost savings. Any substitution implemented must be properly risk assessed against patient outcomes.

1.6 After significant consultation, the NMC[ix][x] is ambitiously advancing the standards of pre-registration nursing education, to ensure that nurses continue to provide high standards of nursing care in the future. Implementation of these, is likely to be extremely challenging because of significant capacity issues within the health and care system, as well as higher education institutions. The influx of degree apprentices and nursing associates will substantially increase pressure on the existing workforce to provide adequate support and supervision for learning, at a time when the registered nursing workforce is understaffed and overworked.[xi]

1.7 The route to becoming a graduate nurse is very confusing as there is yet to be developed a comprehensive single pathway to the degree status nurse. A framework for the education provision required for work based learning has not been set up to ensure that this can take place in a meaningful way and it is difficult in the current structure to see who has responsibility for the quality assurance of this. If it is left to employers then it will be difficult to assure the quality of work based education the trainee receives and whilst the NMC has jurisdiction over the Higher Education Institutes (HEIs) delivering nursing education, it is unclear who in the current system assures the quality of work- based education.

1.8 Nursing staff have been subjected to the public sector pay cap, which has been experienced as a 14% pay cut in real terms since 2011. Paying highly skilled professionals appropriately is a fundamental aspects of recruitment and retention. Consideration must be given to the factors which have contributed to the policy

decision that it is acceptable to under-pay the nursing workforce. It may be significant, for example, that 90% of the workforce is female.

2. Shortfall in nursing staff

2.1 UK-wide NMC register data covers all those who are registered to work. Publically available data does not provide a breakdown for England or information about where nurses work. Because of this, and due to limitations in Department of Health (DH) and Department of Communities and Local Government (DCLG) data, we only have partial sight of the workforce across NHS and independent sectors. There is currently no mandatory available data collection, monitoring or reporting on the nursing workforce in independent and care sectors. This means that national workforce planning is currently impossible.

2.2 At the end of May 2017 there were 687,509 nurses and midwives on the NMC register able to work in the UK.[xii] Between 2016 and 2017, 20% more nurses and midwives left the register than joined. The primary driver has been UK trained registered nurses leaving the profession before retirement age, as well as European Economic Area (EEA) nationals leaving following the referendum on the European Union (EU). The top reason for leaving the profession is cited as 'Working conditions – for example, staffing levels, workload'.[xiii] Since 2016, EU joiners to the nursing register have almost entirely dropped away, while non-EU and UK registrants have remained relatively steady. Nursing is an ageing workforce with one in three nurses due to retire in the next ten years.[xiv]

2.3 To make up the shortfall and to meet continued rises in demand, providers have had to significantly increase international recruitment and the use of agency staff (resulting in a £3billion agency bill in 2016/17 – equating to 30,000 registered nurses).[xv] We are long overdue for a credible and sustainable long-term health and care workforce strategy which builds a domestic workforce of registered nurses educated to degree-level, supported by an appropriate immigration pipeline to foster the continual advancement and development of the nursing community. Viewing international recruitment as the primary fix for supply issues is not reliable, ethical or sustainable.

2.4 Given the time constraints and existing pressure on the workforce, we believe a transition period recognising the need for continued recruitment from Europe and beyond at least in the short term after the UK has left the EU is essential. Because of common training standards, UK providers are able to recruit seamlessly from EU/EEA countries. The sector has done considerable work shaping common EU standards for training and recognition of qualifications, in particular through the Professional Qualifications Directive 2013/55/EU. This has enabled mobility and also helped raise educational standards and put safeguards in place across Europe. The Directive now includes language checks on EU nurses and a duty to inform other health regulators about suspended or banned professionals, both of which are important and positive developments for the UK.[xvi] We are concerned that a potential disassociation from these jointly developed standards could lead to a loss of safeguards, loss of access to alert mechanisms, and other exchange between regulators and potentially much slower recognition mechanisms for both inward and outward mobility. At the same time, impending change also presents an opportunity to align regulatory requirements and create a level playing field between EU/EEA and the wider international sphere, in particular within the context of the necessary development of a coherent UK workforce strategy for health and social care. The Directive also currently sets the minimum training standards, including the split between theory and practical hours. This impacts on the number of clinical

placements available to nursing students. In the context of a continued need to meet the UK nursing demand from external sources, any changes to existing arrangements must be considered carefully and evidence-based.

2.5 In the NHS in England, the nursing workforce has grown by only 1% since May 2010. Over the same period the number of doctors has increased by 12%, with consultants increasing by 27%. There is clear evidence that registered nurses and consultants working as peers within multi-disciplinary teams – a longstanding professional practice - is the most significant factor in consultants' productivity.[xvii] We are concerned at the lack of parity in growth against the context of the evidence base, the risk to patient safety and public protection.

2.6 The UK Government often refers to an increase in nurse numbers in acute adult hospitals in England, an area that has seen an increase of 11,350 (7%) since May 2010. This increase has occurred alongside significant reductions in other clinical settings, including -15% (-5,760) in community services, -46% (-3,490) in district nurses, -19% (-560) school nurses, -38% (-2,040) across all learning disabilities settings and -13% (-5,305) across all mental health settings. Overall, there are only 1,650 more nursing and health visiting posts in the NHS since May 2010. However, in terms of headcount, there are 1,290 fewer people working since May 2010[xviii].

2.7 As of December 2016 there were around 40,000 registered nurse vacancies in the NHS.[xix] This shortfall is the difference between the number of staff NHS providers said they needed and had budgeted for (the establishment), and the number of staff in post.

Impact of shortage on staffing levels, skill mix and quality

2.8 Financial constraints on local health and social care providers are clearly leading to decisions[xx] to cut and/or substitute the registered nurse workforce with healthcare support workers, leading to unsafe proportions of nurses to patients. This level of risk to patient safety and public protection is totally unacceptable.

2.9 In September 2017[xxi], we analysed data from over 30,000 nursing shifts across health and care settings, NHS and independent providers, in the UK (24,381 in England). 56% of respondents reported a shortfall in planned staffing of one or more registered nurses on their last shift (58% for NHS providers and 25% for independent providers). Respondents reported that they are regularly working additional unplanned time, usually unpaid.

2.10 In England, 71% of NHS day shifts in adult acute wards reported fell outside the recommended nurse to patient ratio (1:8) standard set out in the NICE nurse staffing guideline for adult acute wards. 26% (1,200) of these shifts had more than 14 patients to one nurse.

2.11 36% of respondents said that due to shortages they had to leave necessary patient care undone and over half (53%) said care was compromised on their last shift. This should be taken extremely seriously, as care left undone is associated with increased patient mortality.[xxii]

Recruitment and retention of the workforce

2.12 Among other things, a lack of opportunities for flexible working are contributing to the high rates of exiting the register prior to retirement age, as well as retirement.[xxiii]

2.13 Since 2011 there has been a real-terms drop in earnings of up to 14% for nursing staff working in the NHS[xxiv]. Along with many others, the nursing community has called for a lifting of the long-standing pay cap, and for the UK Government to provide clear and explicit instruction to the independent Pay Review Body which facilitates a frank and full response. Our members are asking for a pay award above inflation (RPI) to begin to make up for earnings lost over the last decade. We are very clear that funding this settlement must be in full, and also that the NHS service is not cut in order for Government to finance a pay rise. [xxv]

2.14 Staffing shortages are creating poor working conditions, and nurses feel unable to carry out work to the standard that patients deserve. The NMC leavers' data supports this.

2.15 The development of a credible health and care workforce strategy must also include specific action plans for comprehensively addressing recruitment and retention issues.

Continuing Professional Development (CPD)

2.16 Nursing is a continuous learning profession, as new drugs, clinical practice and interventions are further developed. The Health Education England (HEE) budget for "workforce development", which is largely used for Continuing Professional Development (CPD) for nurses, has been cut from £104.3m to £83.49m in 2017-18, after it was almost halved from £205m the year before.[xxvi]

2.17 Funding and protected employment time for CPD is crucial because CPD ensures that the current workforce is future-proofed with the skills and competencies to meet future population needs (such as increased complexity and co-morbidities), work to new NMC standards and respond to changes as to how and where care is delivered.

2.18 Sustained investment is also required in advanced post-registration training programmes such as in District Nursing and Specialist Community Public Health Nursing to address the losses in these areas of the nursing workforce. In 2016/17, all specialist post registration training programmes ended the year being under recruited against HEE's 2016-17 Workforce Plan. The programme group as a whole was under recruited by -450 students (-22%). Health Visiting training recorded the largest under-recruitment with a shortfall of -278 students against a target of 817.[xxvii]

Workforce supply

2.19 England is currently training around 20,000 nurses a year. In 2016, this equalled to only 27 nursing graduates per 100,000 population.[xxviii] This is approximately 50% of what other Organisation for Economic Cooperation and Development (OECD) countries invest to train for their populations, and we have sought to supplement our nursing supply through recruiting nurses from other English speaking countries with no regard to self–sufficiency.

2.20 Until the 2017 reforms of healthcare education funding, both tuition and clinical placements for nursing training were centrally commissioned by the Department for Health through HEE. Since August 2017, bursaries for degree training were replaced with standard tuition fees. This decentralised commissioning of higher education places.

2.21 In the previous system, Government set a financial limit for funding of tuition and placements. NHS organisations annually told HEE how many new nurses they were likely to need. This was primarily calculated on the basis of how many nurses each local organisation could afford to employ, rather than identifying the genuine level of required registered nurses in response to measurement of population need and patient safety (as described by the National Audit Office[xxix]).

2.22 Since reform, the central commissioning of clinical placements remains with HEE, and is capped based on the amount of funding UK Government chooses to provide. Furthermore, HEIs are currently dependent on this placement funding in order to fulfil the standards and education requirements for registered nursing. This means that despite the Government expectation that this reform will grow the workforce, there remains a limit to the number of HEI places for university nursing degrees that the Government can reasonably “generate”, based on political decisions about levels of placement funding.[xxx] The self-defeating approach described in 2.21 remains in place for both HEE and employers.

2.23 In moving nursing students onto loans, the assumption made by Government was that opening up higher education ‘to the market’ would increase the number of students within higher education. Treasury estimated that this policy decision would be equivalent to a saving of £1.2 billion.[xxxi]

2.24 There is some data available which describes recent levels of commissioned training places, university places and final graduating numbers. This comes from HEE training place commissions as set out in their workforce plans, UCAS data on applications and acceptances to nursing, and Higher Education Statistics Agency (HESA) data on students on 3 year nursing courses. These show considerable attrition, even before the funding reforms. The graduating class of 2013-16 for example, saw 18,000 training places commissioned, but only produced around 11,900 nursing graduates.[xxxii] Attrition rates on some nursing courses are as high as 50%.[xxxiii]

2.25 The higher education system collects data on applications, acceptances and students enrolled on nursing courses. Only the former is publicly available currently.[xxxiv] Higher Education Funding Council for England (HEFCE) has collected data on nursing students for the September 2017 and an analysis will be made available in due course. We are not aware of how this data is being considered by the DH, or HEE, nor by any wider strategic Government planning about the health and care labour market.

2.26 It is reasonable to expect that DH and HEE drives an approach to national workforce strategy development, derived in part by local assessment and identification of the need for the registered nurse workforce, in line with the evidence base. In practice this approach is fragmented, using incomplete or invalidated modelling. Local workforce plans are often driven by financial plans, and not necessarily a reliable forecast of staffing need, including registered nurses.

2.27 By focusing on efficiency targets when balancing financial sustainability and service requirements, organisations risk understating their true staff requirements, including not taking into account possible changes in how services are delivered. This, in turn,

is likely to underestimate HEE commissioning of too few places to train new registered nurses. Which in turn, results in organisations trying to resolve this supply gap through costly and inefficient use of temporary staff, as well as dilute the skill mix and/or substitute registered nurses to address shortfalls.

Accountability

2.28 Failure to train enough nurses in the UK has been caused by policy decisions, and as such, the current workforce crisis could have been avoided, as wider experts have stated.[xxxv] These failures to recruit and retain a sufficient domestically trained health and care workforce have not yet been addressed.

2.29 We are not aware of any monitoring and planning by Government to increase university places and applications, or any wider health and care workforce strategy that considers meaningful supply and demand factors.

2.30 There is a clear lack of oversight, strategic planning and accountability for nursing workforce supply. This needs to be remedied through legislation for provision of safe and effective staffing. Such legislation would clarify accountability politically, nationally and locally for:

- A credible and robust workforce strategy across health and care
- Adequate funding for provision of this workforce (above and beyond existing service envelope)
- Total transparency in data definition, collection, monitoring and reporting, irrespective of provider and setting.

2.31 Data collection must be made mandatory and centrally held for service activity and workforce in all publicly funded health and care settings, irrespective of provider or sector.

Royal College of Nursing

3 Routes into nursing

Degree nursing

3.1 University degrees for nursing were created to ensure the standard of education required for the registered nurse. This includes clinical skills, and wider skills needed for effective leadership and problem solving, such as critical thinking and challenge, as well as the research methodology required to implement and evaluate innovation. Increasingly, nurses are leading multi-disciplinary teams, diagnosing, prescribing, leaving quality improvement, service design and commissioning.

3.2 Research clearly warns that diluting and substituting the registered nursing workforce with nursing support workers has potentially life threatening consequences for patients.[xxxvi]

3.3 Since the education reforms, the number of nursing training applicants in England has fallen by 23% compared to 2016. Mature students are disproportionately affected, which is a significant risk given that the average age of nursing students is 29 years.[xxxvii] By the middle of September 2017, 20,820 students had been placed on nursing courses – a 6% drop compared to 2016.[xxxviii]

3.4 Nursing students are primarily based at the HEI at which they are enrolled, but spend up to half of their time in practice-based settings across the health and social care system. These placements need to be increased simultaneously with university training places in order to expand the workforce.

3.5 In August 2017, Government made funding available for an extra 1,500 places in 2017, and 10,000 by 2020, but there is no information on whether these have been filled, and what the strategy is to fill them in the coming years. Similarly, the recent Government announcement[xxxix] to provide funding for a 25% increase in clinical placements from 2018 is welcome, but there is no detail on how this will be successfully implemented or how this figure was arrived at and therefore close the gap between supply and demand.

3.6 We believe Government has, so far, not wholly considered the impact of moving to a market-led training approach and must urgently develop mechanisms to incentivise and ensure workforce growth as part of a wider workforce strategy. There is no indication that factors such as diverse backgrounds of nursing students, or difficulties with costs of living whilst training, have been meaningfully taken into account and addressed.

3.7 We currently have no information as to whether the £1.2billion "saved" by removing the nursing bursary has been reinvested into the health and care system.

3.8 To encourage applications, Government should provide grants for *all* healthcare students. Calculations show that a grant of £1,000 per year would come in at £25.3m per annum at an increase of 7% from 2015/16 student numbers. This equates to 0.021% of DH budget for 2017/18.[xl]

3.9 Government should explore investment in healthcare education through employers, significantly pump-priming the required workforce growth through a local market-led approach, rather than central commissions. Local employers could use this funding to provide stipends and/or tuition fees to nursing students.

Apprenticeship Levy

3.10 Nursing degree apprenticeships were introduced by the Government to increase the numbers of registered nurses starting in September 2017, ultimately leading to a degree and entry into the regulated workforce.[xli] Data shows that only 30 nursing apprentices will begin university courses this September.[xlii]

3.11 The apprenticeship levy is a way to develop the unregistered existing healthcare support workforce (HCSW) into registered nurses, which holds the biggest potential for meeting increasing workforce demand.[xliii] There are a substantial number of HCSWs who wish to become registered nurses and do not necessarily wish to train through the traditional university route, for financial or time reasons. This route can take just 18 months.

3.12 We are supportive of nursing degree apprenticeships. However this supplementary route does not generate additional investment into the system. It does not present a solution to the workforce crisis, since employers are required to recruit and pay salaries for new staff – so without an increase in funding for the expansion of established nursing posts, an employer is not able to increase headcount.

3.13 There is a risk that employers will use the apprenticeship levy to prioritise the training of nursing associates rather than registered nurses, because their final starting salary will be more affordable within current financial pressures.

3.14 It must be noted that an apprentice is a type of learner not a Healthcare Assistant, and they will still be required to undertake clinical placements. For example, general nurses will need experience in community, in primary care, in mental health and varied acute placements – they are in the clinical setting as a learner and will require close supervision in practice and group education opportunities.

Nursing associates

3.15 The new nursing associate role is designed to bridge the gap between health care assistants and registered nurses, but is not yet well defined. Pilots started in 2017 across 35 test with 2,000 trainees.[xliv] The first nursing associates are expected to qualify in early 2019.

3.16 From 2018, training will be delivered through an apprenticeship programme. Government have announced a further 5,000 nursing associates will be trained through the apprentice route in 2018, with an additional 7,500 being trained in 2019.[xlv]

3.17 This new role must, under no circumstances, be used as a substitute for registered nurses. However, reports are already coming in of establishments of registered nurse posts being deliberately replaced by nursing associate roles, against the evidence based regarding the skill mix of registered nurses to other roles required to meet patient safety.[xlvi] Monitoring and evaluation of this is critical.

Nurse First

3.18 The Nurse First programme has recently been launched. In three HEIs an initial cohort of 40 students will complete postgraduate Mental Health and Learning

Disability nursing courses. Individuals are in paid employment at NHS Band 3 level and their university fees are paid by the Department of Health. Given the workforce crisis and wait on other routes, we recommend expanding this approach to the remaining two nursing fields of adult and child nursing.

3.19 Postgraduate pre-registration education for all fields of nursing would provide an effective but currently underexploited route to expand the registered nursing workforce. HEIs report highly motivated students that bring a wealth of previous knowledge and experience and generally lower attrition rates both as student and as registered nurse for this route.

3.20 Government should consider the successful Teach First programme as a model for incentivising graduates from other subjects into the profession, including a substantial promotional campaign and dedicated investment.

Language testing

3.21 There is no substantive evidence to demonstrate any negative impact of language testing on workforce supply. We support the NMC's recent review which is seeking to expand the range of English language tests on offer.

4 Solutions

4.1 In the short term we need to ensure the immigration pipeline is kept open while accountability and responsibility for workforce strategy and planning are resolved. This must include ensuring the right to remain for all EU nationals working in health and care, nursing remaining on the Shortage Occupation List and any new immigration policy continuing to enable an appropriate and reasonable in/outflow of health and care professionals.

4.2 Brexit provides a timely trigger for policy-makers to address funding for a workforce strategy and the absence. The longer term effectiveness depends on a national conversation with the public and professionals about a core service offer, and the workforce and funding required to deliver it. Until this time, we are likely to continue to see significant variation in services and inequalities in access and outcomes.

4.3 Government should restore CPD funding and assess requirements for further investment to meet the new regulatory standards and educational framework. Recent Government policies will result in an increase of unregistered staff and students caring for patients.

4.4 We need legal clarification of accountability and responsibility for health and care workforce strategy at varying levels including Secretary of State, DH, DCLG, HEE, commissioners and providers (at corporate Board and not individual) level. This must include named accountability and responsibility for workforce strategy, policy and planning politically, with national agencies and local leaders including Boards of commissioning bodies and providers, public and independent. This must also include clarity around accountability for commissioning of pre-registration nursing places, post-registration professional development and preparation for specialism and advanced practice.

4.5 Our membership is clear that there must be a legal duty on Government, agencies, commissioners and providers – whether they are NHS-funded or local-authority

funded - to establish local and national accountability for safe and effective staffing. Accountability for workforce strategy and funding of nurse staffing must lie at Ministerial level, to give patient safety the prominence it deserves. We need genuinely enforceable safe and effective nurse staffing levels through legislation covering all health and care settings. While legislation alone won't guarantee patient safety, it is a critical building block in clarifying roles and responsibilities for the workforce, a crucial component of the health and care system.

4.6 The historical lack of workforce strategy must be resolved through a planning and development model that determines and provides adequate supply for the health and care system. This must be underpinned by the development of an education and training model that maintains an adequate supply of appropriately educated, skilled, competent and motivated nurses who can meet the needs of our population. This must also address geographical variation in workforce growth, recruitment and retention as this has a direct impact on health inequalities. If this requires clarification for DH, including alteration or expansion of the function, remit and funding for HEE, then this must be addressed as a matter of urgency.

4.7 Resolving the pay gap for NHS staff is a key mechanism by which to improve the morale and wellbeing of staff, in addition to increasing recruitment and retention of the workforce. The Royal College of Nursing is asking for a pay award above inflation (based on Retail Price Index) to begin to address the shortfall in income nursing staff have lost over the last decade. We are clear that the NHS must not be asked to fund any additional pay from the current financial settlement, so addressing pay must be wholly funded in addition.

About the Royal College of Nursing:

With a membership of more than 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

Royal College of Nursing

Annex 1: NHS Digital NHS Hospital & Community Health Service (HCHS) monthly workforce statistics[1]

Table 1: Nursing workforce FTE

FTE	May-10	Jun-17	Difference May 2010 - Jun 2017	% change
Nurses & health visitors	280,950	282,603	1,653	1%
Health visitors	7,879	8,588	710	9%
RNs (Nurses and health visitors - health visitors	273,071	274,015	944	0.35%

Table 1: Nursing workforce FTE

Headcount	May-10	Jun-17	Difference May 2010 - Jun 2017	% change
Nurses & health visitors	318,015	316,725	-1,290	-0.4%

Table 3: Nursing workforce FTE

NHS Hospital & Community Health Service (HCHS) monthly workforce statistics	May-10	Jun-17	Difference May 2010 - Jun 2017	% change
Total Nurses and health visitors	280,950	282,603	1,653	1%
Acute, elderly and general	162,565	173,917	11,353	7%
Paediatric Nursing	15,103	16,490	1,387	9%
Community services	38,569	32,805	-5,764	-15%
District Nurse (subset of community services)	7,610	4,117	-3,493	-46%
School Nursing	2,987	2,424	-562	-19%
Total Learning Disabilities / Difficulties	5,368	3,328	-2,040	-38%
Community learning disabilities	2,512	1,947	-564	-22%
Other learning disabilities	2,856	1,381	-1,475	-52%
Total mental health	40,630	35,326	-5,305	-13%
Community mental health	15,512	16,531	1,019	7%
Other mental health	25,118	18,795	-6,324	-25%
Health visitors	7,879	8,588	710	9%
Midwives	19,478	21,411	1,933	10%
Support Staff	135,087	148,431	13,344	10%
All doctors	94,742	106,027	11,285	12%
Consultants (subset of doctors)	35,880	45,209	9,328	26%

[1] **Source:**
NHS Digital https://digital.nhs.uk/media/32393/NHS-Workforce-Statistics-June-2017-National-and-HEE-tables-xlsx/default/NHS_Workforce_Statistics__June_2017_National_and_HEE_tables
NHS Digital https://digital.nhs.uk/media/32396/NHS-Workforce-Statistics-June-2017-Staff-Group-Area-and-Level-xlsx/default/NHS_Workforce_Statistics__June_2017_Staff_Group__Area_and_Level

Royal College of Nursing

---

[i] *Lasater K, McHugh M (2016)* Nurse staffing and the work environment linked to readmissions among older adults following elective total hip and knee replacement *International Journal for Quality in Health Care*, Volume 28, Issue 2, 1 April 2016, Pages 253–258 https://academic.oup.com/intqhc/article/28/2/253/1750602/Nurse-staffing-and-the-work-environment-linked-to (accessed 12.10.17)
[ii] Aiken LH, Sloane D, Griffiths P and others (2016) *Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care* BMJ Quality and Safety http://qualitysafety.bmj.com/content/early/2016/11/03/bmjqs-2016-005567 (accessed 20/09/17)
[iii] Ibid.
[iv] Owen Bowcott, (The Guardian, 12.11.09) *All new nurses to have degrees from 2013* https://www.theguardian.com/society/2009/nov/12/nurses-nursing-qualifications-degrees-nmc-rcn (accessed 12.10.17)
[v] WHO (2009) *Global Standard for the Initial Education of Professional Nurses and Midwives* www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf (accessed on 12.10.17)
[vi] RCN (2017) RCN Credentialing for Advanced Level Nursing Practice https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/professional-development/credentialing/credentialing-handbook.pdf (accessed 12/10/17)
[vii] Aiken LH, Sloane D, Griffiths P and others (2016) *Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care*, BMJ Quality and Safety, Published online first: 15 November 2016.
Available from: http://qualitysafety.bmj.com/content/early/2016/11/03/bmjqs-2016-005567 (accessed 20/09/17)
Griffiths P, Ball J, Murrells T, Jones S and Rafferty A (2016) *Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study* BMJ Open, 6. Available from: http://bmjopen.bmj.com/content/6/2/e008751 (accessed 20/09/17)
Aiken LH, Sloane DM, Bruyneel L and others (2014) *Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study* Lancet, 383 (9931), pp.1824-30 http://thelancet.com/journals/lancet/article/PIIS0140-6736(13)62631-8/abstract (accessed 20/09/17)
Ball JE, Murrells T, Rafferty AM, Morrow E and Griffiths P (2014) *Care left undone during nursing shifts: associations with workload and perceived quality of care* BMJ Quality and Safety, 23, pp.116-125. http://qualitysafety.bmj.com/content/23/2/116 (accessed 20/09/17)
Ball JE (2017) *Nurse staffing, care left undone and patient mortality in acute hospitals* https://openarchive.ki.se/xmlui/handle/10616/45563 (accessed 20/09/17)
Needleman J, Buerhaus P, Pankratz VS and others (2011) *Nurse staffing and inpatient hospital mortality, New England Journal of Medicine* 364 (11), pp.1037-1045. Available from: http://www.nejm.org/doi/full/10.1056/NEJMsa1001025#t=article (accessed 20/09/17)
Kane RL, Shamliyan TA, Mueller C and others (2007) *The association of registered nurse staffing levels and patient outcomes: Systematic review and meta-analysis* Medical Care, 45 (12), pp.1195-1204. [Reference only, full text not available online]
Rafferty AM, Clarke SP, Coles J and others (2007) *Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records* International Journal of Nursing Studies, 44 (2), pp.175-182. [Reference only, full text not available online]
Aiken LH, Clarke SP, Sloane DM and others (2002) *Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction* JAMA, 288 (16) pp.1987-1993. Available from: http://jamanetwork.com/journals/jama/fullarticle/195438 (accessed 20/09/17)
[viii] For example the National Audit Office (2016) *Managing the supply of NHS clinical staff in England* https://www.nao.org.uk/report/managing-the-supply-of-nhs-clinical-staff-in-england/; Migration Advisory Committee (2016) *Partial Review of the Shortage Occupation List: nursing* https://www.gov.uk/government/publications/migration-advisory-committee-mac-partial-review-shortage-occupation-list-and-nursing; House of Lords Select Committee on the Long-term Sustainability of the NHS (5 April 2017) *Report of Session 2016–17 The Long-term Sustainability of the NHS and Adult Social Care* https://www.parliament.uk/nhs-sustainability (accessed 12/10/17)
[ix] NMC (2017) *Draft standards of proficiency for registered nurses* https://www.nmc.org.uk/globalassets/sitedocuments/edcons/ec7-draft-standards-of-proficiency-for-registered-nurses.pdf (accessed 12/10/17)
[x] RCN 92017) Response to the NMC consultations on pre-registration standards and education https://www.rcn.org.uk/professional-development/publications/pub-006447 (accessed 12/10/17)

Royal College of Nursing

[xi] Pressure on the workforce, apprenticeships and nursing associates
[xii] NMC (2017), 'The NMC register 2012/13 - 2016/17', available at:
https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-2013-2017.pdf
[xiii] Ibid.
[xiv] Institute for Employment Studies, *One in three nurses to reach retirement age within ten years*,
http://www.employment-studies.co.uk/news/one-three-nurses-reach-retirement-age-within-ten-years
[xv] Letter to all NHS providers from NHS Improvement 28 February 2017
[xvi] NHS Employers, *Mobility of health professionals across Europe,*
http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/mobility-of-health-professionals-across-europe (accessed 17/10/17)
[xvii] Health Foundation, *A year a plenty? An analysis of NHS finances and consultant productivity,*
http://www.health.org.uk/sites/health/files/YearOfPlenty.pdf
[xviii] Figures obtained via NHS Digital https://digital.nhs.uk/ (accessed 2/10/17)
[xix] Royal College of Nursing (2017), 'Safe and Effective Staffing: The Real Picture', available at:
https://www.rcn.org.uk/professional-development/publications/pub-006195
[xx] Nursing Times (4/10/17) Hospital looks to nursing associates to help tackle nurse vacancies
https://www.nursingtimes.net/news/workforce/hospital-looks-to-nursing-associates-to-help-tackle-nurse-vacancies/7021537.article (accessed 12.10.17)
[xxi] Royal College of Nursing (2017), 'Safe and Effective Staffing: The Real Picture
https://www.rcn.org.uk/professional-development/publications/pub-006195 (accessed 20/09/17)
[xxii] Ball JE (2017), Nurse staffing, care left undone and patient mortality in acute hospitals
https://openarchive.ki.se/xmlui/handle/10616/45563 (accessed 20/09/17)
[xxiii] RCN (2013) Submission to the NHS Working Longer Review https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2014/february/pub-004513.pdf (accessed 12/10/17)
[xxiv] Royal College of Nursing (September 2016) Evidence to the *NHS Pay Review Body 2017-18*
https://www.rcn.org.uk/professional-development/publications/pub-005803 (accessed 12.10.17)
[xxv] Ibid.
[xxvi] HEE (14/3/17) HEE Proposed Budgets for 2017/18
https://hee.nhs.uk/sites/default/files/documents/7%20-%20Proposed%20budgets%20for%202017-18.pdf (accessed 12/10/17)
[xxvii] Health Education England, **HEE Board Meeting Paper Quarter 2 2017/18 Corporate Dashboard** HEE Oct 17.5 https://hee.nhs.uk/about-us/how-we-work/our-leaders-structure/board-meetings-papers/hee-board-meeting-17-october-2017 (accessed 17.10.17)

[xxviii] OECD (2017), Nursing graduates (indicator). doi: 10.1787/c54611e3-en,
https://data.oecd.org/healthres/nursing-graduates.htm#indicator-chart (accessed on 12/10/17)
[xxix] National Audit Office (ADD) https://www.nao.org.uk/wp-content/uploads/2016/02/Managing-the-supply-of-NHS-clinical-staff-in-England.pdf
[xxx] Department of Health, *Healthcare student funding consultation, April 2016.*
https://www.gov.uk/government/news/healthcare-student-funding-consultation-launched *(accessed 12/10/17)*
Health Education England, *Clinical placement funding,* August 2017, https://hee.nhs.uk/news-blogs-events/hee-news/clinical-placement-funding (accessed 12/10/17)
[xxxi] HM Treasury, *Spending Review and Autumn Statement 2015*, p. 114,
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479749/52229_Blue_Book_PU1865_Web_Accessible.pdf, see also House of Commons Health Select Committee (July 2016) *Report: Impact of the Spending Review on health and social care. First Report of Session 2016–17* HC: 139, https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/139/13902.htm
[xxxii] The data is based on HEE training place commissions as set out in their workforce plans, UCAS data on applications and acceptances to nursing, HESA data on students on 3 year nursing courses and numbers of new entrants to the NMC register that qualified in English universities in the respective years. It should be noted that these datasets and their interaction have limitations: it is not possible to follow specific cohorts as the data is only counted per year, data is generally not triangulated and may in some instances also not be quality assured. We have presented the data that is available in the most accurate, useful and comprehensive way.
[xxxiii] Lord Willis (2015) Independent Chair - Shape of Caring review Health Education England, *Raising the Bar Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants,* https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf (accessed 12/10/17)

Royal College of Nursing

xxxiv The higher education system collects data on applications and acceptances to nursing courses via the Universities and Colleges Admissions Service (UCAS) and statistical student and graduate data is collected by the Higher Education Statistics Agency (HESA). However, until 2019/20 the latter will only be available with an 18 months' time-lag and not in real time. The Higher Education Funding Council for England (HEFCE) has collected data on nursing students this September to ascertain immediate impact of the funding reforms.
xxxv Migration Advisory Committee (2016) 'Partial review of the Shortage Occupation List', available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/510630/Partial_review_of_the_shortage_occupation_list_-_review_of_nursing.pdf
xxxvi Aiken LH, Sloane D, Griffiths P and others (2016) Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care, BMJ Quality and Safety, Published online first: 15 November 2016.
Available from: http://qualitysafety.bmj.com/content/early/2016/11/03/bmjqs-2016-005567 (accessed 20/09/17)
Griffiths P, Ball J, Murrells T, Jones S and Rafferty A (2016) Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study, BMJ Open, 6. Available from: http://bmjopen.bmj.com/content/6/2/e008751 (accessed 20/09/17)
Aiken LH, Sloane DM, Bruyneel L and others (2014) Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study, Lancet, 383 (9931), pp.1824-30.
Available from: http://thelancet.com/journals/lancet/article/PIIS0140-6736(13)62631-8/abstract (accessed 20/09/17)
Ball JE, Murrells T, Rafferty AM, Morrow E and Griffiths P (2014) Care left undone during nursing shifts: associations with workload and perceived quality of care, BMJ Quality and Safety, 23, pp.116-125.
Available from: http://qualitysafety.bmj.com/content/23/2/116 (accessed 20/09/17)
Ball JE (2017) *Nurse staffing, care left undone and patient mortality in acute hospitals* https://openarchive.ki.se/xmlui/handle/10616/45563 (accessed 20/09/17)
Needleman J, Buerhaus P, Pankratz VS and others (2011) *Nurse staffing and inpatient hospital mortality, New England Journal of Medicine* 364 (11), pp.1037-1045. Available from: http://www.nejm.org/doi/full/10.1056/NEJMsa1001025#t=article (accessed 20/09/17)
Kane RL, Shamliyan TA, Mueller C and others (2007) *The association of registered nurse staffing levels and patient outcomes: Systematic review and meta-analysis* Medical Care, 45 (12), pp.1195-1204. [Reference only, full text not available online]
Rafferty AM, Clarke SP, Coles J and others (2007) *Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records* International Journal of Nursing Studies, 44 (2), pp.175-182. [Reference only, full text not available online]
Aiken LH, Clarke SP, Sloane DM and others (2002) *Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction* JAMA, 288 (16) pp.1987-1993. Available from: http://jamanetwork.com/journals/jama/fullarticle/195438 (accessed 20/09/17)
xxxvii UCAS, *Application rates by the January 2017 deadline*, January 2017. https://www.ucas.com/corporate/news-and-key-documents/news/applicants-uk-higher-education-down-5-uk-students-and-7-eu-students UCAS, *Application rates by the March 2017 deadline*, March 2017 https://ucascomsb6.ucasenvironments.com/corporate/data-and-analysis/ucas-undergraduate-releases/2017-cycle-applicant-figures-%E2%80%93-march-deadline
xxxviii UCAS, *Statistical releases – Daily Clearing analysis 2017*, https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/statistical-releases-daily-clearing-analysis-2017
xxxix Department of Health, *Health Secretary announces nursing workforce reforms*, 3 October 2017, https://www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms
xl Methodology: The baseline figure used for students includes 20,700 nursing students, 2605 midwifery students, 266 dental therapy students and 53 dental hygiene students, which corresponds to the 2016/17 pre-registration figures as set out in the Health Education England Workforce Plan (https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Workforce%20Plan%20for%20England%202016%20180516_0.pdf). The cost is calculated on the basis of the total Department of Health resource DEL for 2017/18, which equals £118.7billion. (Department of Health and HM Treasury, 25.11.2015, *Press release: Department of Health's settlement at the Spending Review 2015*, https://www.gov.uk/government/news/department-of-healths-settlement-at-the-spending-review-2015)
We acknowledge that this DEL contains existing allocations, however, the options present considerable return on investment and wider benefit which merit consideration in the existing budget envelope, and beyond. Cost is set out per annum.

Royal College of Nursing

---

xli Department of Health (2016) 'Nursing degree apprenticeship: factsheet', available at: https://www.gov.uk/government/publications/nursing-degree-apprenticeships-factsheet/nursing-degree-apprenticeship-factsheet
xlii Matthew Mckew (23.8.17) *A scheme off to a slow start* https://journals.rcni.com/doi/full/10.7748/ns.31.52.12.s12 (accessed 12.10.17)
xliii Imison C, Castle-Clarke S and Watson R (2016) *Reshaping the workforce to deliver the care patients need.* Research Report. Nuffield Trust. https://www.nuffieldtrust.org.uk/files/2017-01/reshaping-the-workforce-web-final.pdf (accessed 12.10.17)
xliv Health Education England, *Nursing Associate - a new support role for nursing*, https://www.hee.nhs.uk/our-work/developing-our-workforce/nursing/nursing-associate-new-support-role-nursing (accessed 12.10.17)
xlv Department of Health, *Health Secretary announces nursing workforce reforms*, 3 October 2017, https://www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms
xlvi Nursing Times (4/10/17) Hospital looks to nursing associates to help tackle nurse vacancies https://www.nursingtimes.net/news/workforce/hospital-looks-to-nursing-associates-to-help-tackle-nurse-vacancies/7021537.article (accessed 12.10.17)