NHS Providers is the membership organisation and trade association for the NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS. We have 98% of all NHS foundation trusts and trusts in our membership, who collectively account for £70 billion of annual expenditure and employ more than 975,000 staff.

Key messages

- **Developing a clear view of the nursing shortage**: While it is widely accepted that there is a nursing shortage, there is no agreed measure of its scale. Consistent data for nursing vacancy, retention and leaver rates at a local and national level is still widely unavailable. In addition, there is a lack of insight into regional variation and differences between fields of nursing. To address this, we would urge development of a nationally agreed dataset to enable one version of the truth and an agreed figure for the nursing shortfall. The Department of Health and its arm’s length bodies must ensure there is robust, timely and publicly available data at a national, regional and trust level on the scale of the nursing shortage. There must also be a breakdown of this data against each field of nursing.

- **Ensuring the future domestic supply of nurses**: There must be strategic leadership from the Department of Health and its arm’s length bodies, as well as ongoing monitoring, to ensure the proposed 25% increase of nursing students from 2018 is delivered. The planned increase is very welcome, but the experience of 2017 has shown that growth in student numbers cannot be taken for granted. In addition, while we warmly welcome the introduction of nurse apprenticeships as an alternative route into nursing, we need a realistic understanding of the contribution this route is likely to make to closing the gap between the demand and supply of nurses. Consideration should also be given as to whether postgraduate nursing diplomas can be expanded as a route into nursing, with their funding for 2018 confirmed as soon as possible.

- **Enabling overseas recruitment of nurses**: Given that there is no domestic quick fix to the nursing shortage, the government’s immigration policy must support trusts to continue undertaking international recruitment. Trusts tell us the current language requirements for registration with the Nursing and Midwifery Council (NMC) are also a barrier to international recruitment. We welcome the NMC’s ongoing review of its requirements and recognise the importance of maintaining patient safety.

- **Tackling the factors leading to high levels of stress and pressure being placed on staff**: To support trusts to improve retention of nurses, the government needs to take a realistic view of what is asked of the NHS and the funding available, and so help to alleviate stress and pressure on NHS staff. There must also be a plan to end pay restraint, funded by new money, during this parliament.

The scale of the nursing shortage

1. It is widely accepted that there is a nursing shortage, although there is no consistent measure of its scale. There is a lack of publically available insight into regional variations and differences in shortfall rates between fields of nursing. The scale and nature of the nursing shortage is currently best gauged by looking at multiple data sources.
a. According to the Royal College of Nursing (RCN), the number of unfilled nursing posts in England has doubled since 2013, and has now reached 40,000\(^1\). This suggests there is a growing gap between the supply of and demand for nurses.

b. NHS Digital currently produces experimental NHS vacancy statistics using data from vacancy adverts published on the NHS Jobs recruitment website\(^2\). Between February 2015 and September 2016, the number of vacancies advertised for full-time equivalent (FTE) nurses and midwives was 31,634. However, NHS Digital explains that one advert can be used to fill multiple posts, particularly for nursing since rolling job adverts are often used, so the data is likely to under report the actual number of vacancies and does not seem a good proxy for measuring the scale of the current shortfall.

c. The NHS Pay Review Body’s Thirtieth Report (April 2017) details “shortfall rates” from March 2015 provided by Health Education England (HEE), based on data collected from provider trusts\(^3\). This data shows significant differences in nursing shortfall rates at a regional level. For example, the region of London and the South East has the highest shortfall at 12.5%, while the rate for England as a whole was 9.0\%\(^4\).

d. Data from the Nursing and Midwifery Council (NMC) shows that, for the first time in years, more nurses are leaving than joining its register, with the trend being most pronounced for UK registrants\(^5\). This suggests that the current nursing shortage may be about to get worse rather than better.

2. Consistent data for nursing vacancy, retention and leaver rates at a local and national level is still widely unavailable. In addition, there is a lack of insight into regional variation and differences between fields of nursing.

**The reasons behind the shortage**

3. Years of rapidly rising demand for services, constrained funding, and a greater focus on quality have led to mounting pressures on all NHS services and their workforce. While we welcome the 6,900 increase in the number of nurses in the NHS since 2010\(^6\), this does not in itself provide assurance that the NHS has the right number of nursing staff to meet the level of demand for services and expectations of quality that we face today and will face in the future. In addition, analysis by The King’s Fund shows the number of nurses employed in the NHS is now falling for the first time in more than three years\(^7\). It would be very worrying if this trend continues.

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\(^4\) We note that this data is now more than two years old, and also that it does not detail the differences between fields of nursing such as adult, children’s, mental health, and learning disability.


4. Having enough staff, notably nurses, to deliver safe, high-quality care to patients is a key priority for provider trusts, but the supply of nurses needed has not kept pace with rising demand for services and greater patient acuity, as we have an ageing population with more complex health and care needs. Neither has supply kept up with the legitimate increased focus on the need to maintain safe staffing following the inquiry into failings of care at Mid-Staffordshire. In fact, just before the Mid Staffordshire inquiry report was published, the number of nurse training places was cut by 13% between 2010/11 and 2012/13⁸ and it was only from 2014/15 that the newly established Health Education England began to increase nursing commissions⁹.

5. Retention of the existing nursing workforce has become increasingly difficult, and the number of nurses leaving the NHS has increased from 9.9% in 2010/11 to 10.9% in 2015/16¹⁰, with more now leaving the profession than joining it¹¹. Work-life balance is now the fastest growing reason given by staff for leaving the NHS¹², possibly indicating the impact of the scale of the discretionary effort nurses are being asked to make to close the demand and funding gap while their pay has fallen year on year in real terms.

6. Trust leaders tell us that seven years of pay restraint is now one of the factors preventing them from recruiting and retaining the staff they need to provide safe, high quality, patient care. Recent Health Foundation analysis shows the degree to which NHS pay is uncompetitive, finding that between 2010 and 2017 the real value of health and social care staff pay fell by 6%, while in the economy as a whole it has fallen by only 2%¹³. Even taking into account pay progression and overall earnings, where around half of NHS staff are likely to receive an average annual pay increase of 4% (including the 1% pay award), there is now a growing gap with the pay growth seen in the wider economy.

7. The uncertainty created by Brexit and its preceding negotiations has further complicated this already challenging picture. Data from NHS Digital shows a 22% increase in EU staff leaving the NHS in the 12 months up to June 2017, compared to the 12 months up to June 2016. Of the staff who left, 3,885 were nurses¹⁴. The data does not provide a breakdown of the reasons for those staff leaving. However, the longer that EU staff face uncertainty over their right to remain in the UK, the more likely it would seem that some may decide to leave.

8. The introduction of more stringent language requirement in January 2016 is also affecting the number of EU nurses working in the NHS. The NMC published data in June 2017 showing that the number of nurses from the EU registering to work in the UK had dropped by 96% in less than

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¹³ Health Foundation: www.health.org.uk/sites/health/files/Workforce%20pressure%20points%202017%20FINAL_0.pdf [Accessed 12 October 2017]
a year. Last July, 1,304 EU nurses came to work in the UK; this fell to 46 in April\textsuperscript{15}. While this was widely linked in the media to the Brexit vote, NHS foundation trusts and trusts tell us that the introduction of a language requirement for EU nurses was by far the largest contributing factor to the fall\textsuperscript{16}. With trusts concerned that the language requirement has been set too high and has acted as a barrier to recruitment (this has been the situation for some time in the case of international applicants and latterly for EU applicants as well). We welcome the NMC’s current review of its approach in this area, its engagement with provider trusts, and are working closely with the regulator to feed in provider perspectives and evidence. Careful consideration needs to be given to guaranteeing patient safety, which was the reason changes were first proposed, and the patient safety implications of not being able to fill high vacancy rates with high quality nurses from abroad. We would urge this review to continue at pace.

**Routes into nursing**

9. There are now several routes through which to grow the nursing workforce.

*Undergraduate nursing degree*

10. The government’s changes to student funding arrangements for nurse training, one aim of which was to allow an increase in the number of nursing students, has not had the desired impact for 2017. The 2017 UCAS data shows that the number of students on a nursing degree is down 8% from 2016\textsuperscript{17}. It seems that higher education institutions could not significantly expand courses in part due to the late announcement of new funding for the associated extra clinical placements. It is encouraging that applications for nursing education places remained high overall – albeit at lower levels than previous years – following the replacement of bursaries with student loans. However, no data has yet been made publically available about the impact for mental health nursing or learning disability nursing courses, which have had greater reliance on mature students who may be more likely to be put off by student loans. NHS trusts have raised particular concern with us about the viability of some learning disability nursing courses.

11. At the Conservative Party conference, the health secretary announced funding for extra clinical placements to enable a 25% increase in training posts for nurses from 2018. This equates to an extra 5,000 nursing placements. While we welcome this announcement, and the fact that it has been made early well in advance of the Autumn 2018 intake, trusts and higher education institutions still have much work to do together to create the places. There is also a need for the NHS to convince potential students that a career in nursing is attractive so that enough apply to fill the extra places. If successful, this plan would take the number of undergraduate training places up from 20,680 in 2017/18 to 25,850 in 2018/19\textsuperscript{18}.


\textsuperscript{16} This is corroborated by other data. For example, there was a transitional arrangement where EU nurses who had started their applications before the January date could complete their applications by mid-July without having to meet the language requirement. In addition, there was not a similarly dramatic fall in EU doctors registering with the General Medical Council (GMC) following the referendum vote, whereas when the GMC introduced English language requirements for EU doctors in 2014, this did result in a significant decrease in the numbers registering to work in the UK. ([https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/640/64006.htm](https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/640/64006.htm)) [accessed 11 October 2017])

\textsuperscript{17} Health Service Journal: [https://www.hsj.co.uk/workforce/nhs-bursary-reform-fails-to-increase-student-nurses/7020390.article](https://www.hsj.co.uk/workforce/nhs-bursary-reform-fails-to-increase-student-nurses/7020390.article) [accessed 5 October 2017]

\textsuperscript{18} Health Service Journal: [https://www.hsj.co.uk/workforce/hunt-plans-25-per-cent-increase-in-student-nursing-placements/7020692.article](https://www.hsj.co.uk/workforce/hunt-plans-25-per-cent-increase-in-student-nursing-placements/7020692.article) [accessed 5 October 2017]
Nursing apprenticeship degree

12. NHS trusts have taken steps to maximise the contribution of nurse apprenticeships to the NHS workforce. We must support the investment the NHS is making in apprentices. However, only a small number of nursing apprentices started in 2017 and there is significant concern among trusts that expansion will take time to deliver and may not be affordable. These apprentices will qualify in 2021 and 2022, so while they contribute to the workforce during their training placements, they will not be doing so as nurses. Moreover, trusts and higher education institutions that were intending to start degree-level nurse apprenticeships in September 2017 have largely been delayed until 2018.

13. They have struggled to implement this new training route because of: (1) confusion around the new levy funding system introduced in April 2017; (2) too little time to recruit apprentices over the summer (following the publication of the assessment guidance in May 2017); and (3) competing priorities such as the new nursing associate roles taking precedence. Despite these barriers, more apprenticeships are expected in 2018, but overall it remains unclear how great a contribution the apprenticeship route can make to addressing the current nursing shortage.

Postgraduate nursing diploma

14. A limited number of places are available for graduates of related disciplines to undertake two year postgraduate nursing diplomas. Trusts tell us that graduates of this route often go on to become high-quality nurses and future leaders. With the right funding arrangements, it could be that the number of nurses qualifying by this route could grow and help to meet the current shortage. However, at present there has been no confirmation on how this route will be funded beyond September 2017 making it difficult for trusts and higher education institutions to plan for and promote these courses to potential students.

Nursing associates

15. There are currently 2,000 nursing associates in training at pilot sites, and in October the health secretary announced funding for 5,000 more to start in 2018 and 7,500 to start in 2019. While NHS trusts have embraced the new nursing associate role in terms of skill mix and the composition of teams, there needs to be realism about the impact of these numbers as they are not a substitute for nursing roles. Over time, qualified nurse associates will have the opportunity to pursue the nursing apprenticeship route, but again, this does not adequately address current shortages and it is unclear how many will take up that further training.

International recruitment

16. There is a continued need for the NHS to recruit internationally to mitigate current nurse shortages given the lead-in times for training nurses domestically. Around 5% (60,000) of staff in the NHS in England are from the EU and around 7% (74,000) are from the rest of the world. The NHS has one of the highest levels of reliance on overseas staff in the OECD.

17. Until such a time as the NHS has significantly increased the numbers of domestically trained clinical staff and successfully recruited and retained them within the NHS, then any significant reduction in the number of staff from overseas is likely to have a serious adverse impact on services. For the foreseeable future, provider trusts must be supported to recruit and retain staff from overseas.

**Ensuring the NHS has sufficient nurses now and in the future**

18. The Secretary of State has a duty under the Health and Social Care Act 2012 “to secure that there is an effective system for the planning and delivery of education and training to persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England”.  

19. We consider that the Department of Health and its arm’s length bodies are accountable for developing and delivering a credible and coherent plan to address the current nursing shortage. To this end, we would encourage the following:

- The government must take a realistic view of what is asked of the NHS and the funding available in order to alleviate stress and pressure on NHS staff and to ensure that we are not consistently asking them to do the impossible. Staff need to feel that the job is “doable” and that they can care for patients safely.

- The Department of Health and its arm’s length bodies must ensure there is robust, timely and publicly available data at a national, regional and trust level on the scale of the nursing shortage. The data must also be broken down by the various fields of nursing.

- The government must set out a plan to deliver the end of pay restraint during this parliament. According to the Institute of Fiscal Studies, the cost of a 2% pay award for the NHS would be £1bn annually. This level of funding cannot currently be absorbed within the existing financial allocation for the NHS. Therefore this must be new money.

20. For those routes into nursing currently in train:

- There must be strategic leadership from the Department of Health and its arm’s length bodies, as well as ongoing monitoring, to ensure the proposed 25% increase of nursing students from 2018 is delivered. The experience of 2017 has shown that growth in student numbers cannot be taken for granted.

- Funding for postgraduate nursing diplomas from 2018 needs to be confirmed as soon as possible. Consideration should also be given as to whether this route into nursing can be expanded.

- There needs to be realism around how to close the gap between the demand and supply of nurses and the timescales for doing so. Given that there is no domestic quick fix to the nursing shortage, the government’s immigration policy must support trusts to

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undertake international recruitment. The issue of language requirements for NMC registration needs to addressed at the same time as maintaining patient safety.

21. NHS trusts recognise their role in making their organisations great places to work for nurses and embrace ways to deliver care in new ways and enhance workforce productivity. This has been reflected in year on year increases in the overall level of engagement reported by staff in the NHS staff survey and progress on reducing agency spend. NHS Improvement is also now working providers with above average nurse leaving rates and with mental health trusts with above average leaving rates for all clinical staff to improve retention rates by 2020. There remains more to do.

24 https://www.england.nhs.uk/2017/03/staff-survey/ [accessed 12 October 2017]