Frontline First
The fragile frontline

FRONTLINE FIRST
Protecting services
Improving care
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Executive summary

The Royal College of Nursing’s final Frontline First report of the Coalition Government’s term in office charts the changing landscape of the nursing profession over the past five years, and reveals a story of two halves.

One of the Government’s first acts was to task the NHS with finding £20bn of efficiency savings whilst maintaining that it would be possible to make these savings without cutting frontline staff or services. However, what followed were severe cuts to frontline nursing roles, with the nursing workforce falling by over 6,000 in just two years.

Following Sir Robert Francis’s inquiry into failings at Mid Staffordshire NHS Trust, public attention was fixed on the link between poor patient care and unsafe staffing levels. From 2013, Trusts began increasing the number of nurses on wards across England to ensure safe staffing levels. What followed was a dramatic push to reverse the cuts to the nursing roles, particularly in acute hospitals.

Between 2010 and 2014, the total nursing, midwifery and health visiting workforce has increased. Both the number of full-time equivalent (FTE) posts and headcount figures have increased by 6,434 and 2,938 respectively.

However, when looking only at the total qualified nursing workforce (excluding midwives, health visitors and school nurses) the number of FTE posts has increased by 1,470, but more significantly, the headcount number has fallen by 1,845.

That’s fewer nurses carrying out more care for record numbers of patients.

There are and will be serious consequences of squeezing more out of an already over-stretched workforce, both in terms of the impact on patient care and the risk of burnout to nurses on the frontline.

Further investigation by the RCN shows that despite this push to reverse the cuts and increase nursing numbers again, the workforce remains fragile. Digging beneath the surface, there are still fundamental problems that need addressing.

Whilst there has been an increase in the number of nurses in acute hospitals, other settings have seen deep cuts with the NHS in England losing nearly 4,000 mental health nurses and 1,500 learning disability nurses since May 2010. In addition, the past five years have seen the NHS in England suffer the loss of 2,800 of its most senior and most experienced nurses.

Worryingly, despite NHS plans to shift care out of hospital and treat more people closer to home, the community nursing workforce has shrunk significantly in the past five years. Although the Government’s commitment to increase the health visiting workforce has been successful, this masks the fact that the general community nursing workforce is down by over 3,300 nurses; 2,000 of whom are district nurses providing specialist care, an alarming 28 per cent decrease to an integral part of the community workforce.

At the end of this Coalition Government’s term the NHS is in a critical financial position and battling a nursing shortage. The NHS is facing a nursing agency bill of nearly £1bn in 2014-15 and many Trusts are struggling to recruit nurses at home, being forced to recruit from overseas from unpredictable European labour markets.

All the while, the nursing workforce is ageing, with around 45 per cent of nursing staff being over 45. This signals further decline to the workforce, as increasing numbers of nurses retire. The concern is that
the number of those leaving the profession may outweigh the number of people joining.

The number of training places in England fell by 2,210 from 2010 to 2012. The number of commissions is slowly recovering and in 2014 the number of places reached 21,205; still lower than 2009 levels. However, over the same period the number of people applying to study nursing has increased by a third to over 52,000. This means that in 2014 over 30,000 potential student nurses were turned away because of a lack of training places.

We have a significant part of the solution in our own hands. The supply line of qualified nurses can be improved significantly by increasing the number of training places to study nursing.

The motivation to address the current nursing shortage is a question of political will. At this critical time, as the NHS looks to change the way it delivers care to meet the changing needs of the population it serves, it is vital that it has enough nurses with the right skills, in the right places, and at the right time in order to do so.

Recommendations

The RCN proposes the following recommendations to address the issues highlighted in this report.

1) The RCN calls for the next government to commit to increasing the nursing workforce.

2) The RCN calls for all NICE guidelines to be fully adopted to ensure safe staffing levels across all settings.

3) The RCN calls on the next government to increase resources for community health care so that mental and physical care can be provided closer to home by a skilled workforce.

4) The RCN calls for the next government to put a stop to the downgrading of nursing skills and experience.

5) The RCN calls for NHS leaders to implement workforce planning that matches the needs of patients.

6) The RCN calls for further increases to student nursing commissions.

7) The RCN calls for Health Education England and health education institutions to urgently explore what capacity and options exist to increase student commissions this year and over the next parliament.

8) The RCN calls for Health Education England, Local Education and Training Boards and NHS leaders to consider whether adherence to NICE guidelines across all settings needs additional resources, and to factor this into their decision making.
The Frontline First campaign

In July 2010 the RCN launched the Frontline First campaign with the aim of monitoring the impact of efficiency savings on frontline services. The campaign provided nurses with the opportunity to talk about their experience of the cuts and the impact on their patients and working lives. This real time information has become a credible barometer for how the frontline is feeling and coping.

In the RCN’s response to the NHS White Paper in October 2010, we stated that without adequate investment in all parts of frontline staff including nursing, health care organisations would struggle with staff shortages, a poor skill mix, bed pressures, preventable morbidity and mortality, and poor provision of community health services. Sadly, despite the RCN’s concerted campaigning these have been a reality in many parts of the health system during the Coalition’s term in office.

Over the last five years the RCN has published nine reports that have provided a snapshot of the current state of the NHS and the challenges that lie ahead. A summary of these various reports is provided in the appendix.

The reports demonstrated that thousands of frontline posts had been lost, with deeper cuts set out in cost improvement plans, and proposals to cut thousands more nursing posts across Trusts in the long term.

Our figures were regularly disputed by the Government with some going as far as accusing us of scaremongering (Boffey D, 2011). Our view is and will always be that the public needs to know what is going on in their NHS.

Since the Francis Inquiry, significant progress has been made in acute hospitals, particularly in relation to staffing levels, with numbers increasing rapidly from 2013. However, despite best efforts to increase nursing numbers this has masked fundamental issues.

Since 2013, the RCN Frontline First campaign has found that the nursing workforce has faced deep cuts areas outside acute hospitals, senior nurse posts have been lost, there have been cuts to student commissions and services have been lost in the community. We have also highlighted how the cuts that took place in the first half of the Coalition’s term have led to the increased use of agency nurses and overseas recruitment, at a greater cost to the NHS when Trusts are searching for ways to find efficiency savings.

Throughout the Frontline First campaign we have revisited the impending nursing shortage and have called for an end to boom and bust workforce planning.

However, the shortage is more evident now than it has been since 2010 with the NHS, independent providers and recruitment agencies all struggling to recruit qualified nurses.

In this report, the final of this Coalition’s term in office, we examine the impact of the cuts and the current nursing shortage on the nursing workforce and consider the implications for providing safe and high quality patient care.

Our members have set out their priorities for the next government in our Nursing Counts 2015 General Election manifesto. This report builds on those priorities with a number of more detailed recommendations calling for an investment in nursing and long-term workforce planning. Ahead of a new Government, the motivation to address the current nursing shortage and implement our recommendations is a question of political will. The RCN calls on the next government to take immediate steps to repair the fragile workforce.
The nursing workforce from 2010 to 2014

**Figure 1: The nursing, midwifery and health visiting workforce**

**November 2010**
*Frontline First Interim report*
“The beginning of the campaign. We identified that, across all professions, a total of 13,932 frontline NHS posts had been earmarked to be cut.”

**May 2012**
*Frontline First Congress 2012 Update*
With numbers falling rapidly the RCN established that at least 5,728 nursing posts had already been cut across the UK. A further 61,000 posts across all professions were at risk.

**November 2013**
*Running the red light*
‘Although numbers were beginning to increase, based on an FOI across Trusts the RCN found there were an estimated 20,000 vacancies across the NHS.’

**November 2014**
*Turning back the clock?*
‘Despite increased recruitment to acute hospitals, the RCN highlighted the loss of 3,300 mental health nurses across the UK.’

**April 2011**
*Frontline First Congress 2011 Update*
‘Based on data from 21 Trusts the RCN found that 4,439 nursing posts were identified to be lost, 46 per cent of the total workforce cuts.’

**April 2013**
*Nursing on red alert*
‘With numbers still below May 2010 levels the RCN highlighted that there was a 13.55 per cent cut in student commissions since 2010 impacting on the supply of nurses.’

**March 2014**
*More than just a number*
‘The nursing workforce is increasing. However, despite this the RCN showed how around 4,000 senior nursing posts had been cut since May 2010.’

**February 2013**
*Sir Robert Francis published his last Inquiry report*

**April 2014**
*National Quality Board guidance published*

**July 2014**
*NICE published the safe staffing guideline for adult inpatient wards in acute hospitals*

**August 2012**
*Nursing, midwifery and health visiting workforce at its lowest point of 304,566*

**310,793**

**317,227**

**February 2015**
*Runaway agency spend*
‘From an FOI to all Trusts in England, the RCN estimates the NHS will spend £980m on agency nurses in 2014-15.’
The nursing, midwifery and health visiting workforce

More posts, fewer people

Monitoring and interrogating official statistics has been central to the Frontline First campaign.

An overview of the ups and downs to the nursing, midwifery and health visiting workforce numbers over the course of this Parliament are shown in Figure 1. We also highlight key events and findings from previous Frontline First reports.

The workforce data published by the Health and Social Care Information Centre (HSCIC) provides the number of full-time equivalent (FTE) posts and the number of people (headcount) working as nurses, midwives, health visitors and school nurses in the NHS in England. We refer to these collectively as the total workforce.

In looking at the tables below need to understand both sets of data.

FTE
When looking at FTE posts for the total workforce from May 2010 to December 2014 we see that there was an increase of 6,434 posts. It is then possible to break down the total workforce FTE figure by subtracting the number of midwives, health visitors and school nurses: each with a distinct qualification from nurses. The remaining figure refers to just qualified nursing posts.

After taking away the number of additional midwives, health visitors and school nurses from the total workforce figure there are only 1,470 additional qualified nursing FTE posts.

Headcount
When looking at the headcount figures for the total workforce from May 2010 to December 2014 we see that there was an increase of 2,938. Again, it is possible to subtract the number of midwives, health visitors and school nurses to leave us with the number of people working as nurses.

Most significantly, the headcount figure for nurses fell from 317,370 in May 2010 to 315,525 in December 2014. This is 1,845 fewer qualified nurses in the workforce.

The RCN believes that the total workforce figures do not provide the most accurate picture.

Table 1: Qualified nursing, midwifery and HV staff, NHS hospital and community services, May 2010 to December 2014

<table>
<thead>
<tr>
<th></th>
<th>FTE</th>
<th>Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>May-10</td>
<td>Dec-14</td>
</tr>
<tr>
<td><strong>Total workforce</strong></td>
<td>310,793</td>
<td>317,227</td>
</tr>
<tr>
<td>Qualified midwives</td>
<td>20,132</td>
<td>22,308</td>
</tr>
<tr>
<td>Qualified health visitors</td>
<td>8,092</td>
<td>10,783</td>
</tr>
<tr>
<td>School nurses</td>
<td>1,138</td>
<td>1,235</td>
</tr>
<tr>
<td>Qualified nurses</td>
<td>281,431</td>
<td>282,901</td>
</tr>
</tbody>
</table>

Source: (HSCIC, 2014a)
Although the number of posts has increased by FTE, the headcount has in fact fallen over the same period which is unusual. The shift is significant as it shows that nurses are working differently.

Headcount figures tend to vary more because the number of people working part-time changes constantly. Therefore, the shift may be explained by part-time workers increasing the number of hours they are working, or perhaps more part-time workers may be retiring and being replaced by workers who fill full-time roles.

The reality for care being provided at the frontline is that there are fewer qualified nurses delivering more hours of care in the NHS than they were in May 2010. This is all the more remarkable when factoring in the continued rise in demand for health care services; recently illustrated by the winter pressures and crisis across A&E services.

Nurses have responded to the increased demand by working harder and delivering more for their patients in some extremely challenging circumstances which has impacted on staff morale.

However, a workforce experiencing low morale is not sustainable over the long term.

The 2014 NHS staff survey results showed that 39.5 per cent of NHS staff suffered work-related stress in the past 12 months (Picker Institute Europe, 2015) and a recent freedom of information request by the BBC showed NHS staff absences for mental health problems have doubled at hospital trusts across England in the past four years (BBC, 2015).

There are serious consequences of squeezing more out of an already overstretched workforce, both in terms of the impact on patient care and the risk of burnout to nurses on the frontline.

Government figures

The Government claim we have ‘more nurses than ever before.’

As recently as February 2015, ministers have been saying that there are around 7,500 more nurses, midwives and health visitors working in the NHS than there were under the previous Government. The latest annual statistics published in March 2015 show that the number has now fallen to 6,434 posts.

However, the figures provided by the Government refer to the number of FTE posts and always quote the wider workforce figures, including the number of nurses, midwives, health visitors and school nurses.

Figure 2 shows the headcount percentage change since May 2010 and clearly demonstrates how increases in the number of midwives, health visitors and school nurses have skewed the rise, masking the fall in nurses.

It is true that there is now a larger workforce than at the start of the Coalition Government (Poulter D, 2015).

However, as shown in Figure 1 there were significant cuts to the workforce between 2010 and 2012, followed by increased recruitment from 2013: this has been the Coalition Government of two halves.

2010-2012

The qualified nursing workforce fell sharply by over 7,000 from May 2010 to August 2012 as a result of cuts to posts on the frontline in the bid to make efficiency savings targets. Then in response to the Francis investigation the spotlight became fixed on the link between staffing levels and safe care, resulting in drives from Trusts across England to increase nurse numbers urgently.
2012 onwards
Since August 2012, when numbers hit their lowest point, there have actually been 8,604 more qualified nursing posts. Therefore, although there may be over 8,000 more nurses from August 2012, from the May 2010 baseline there are only 1,470 more FTE nursing posts, all being filled by 1,845 fewer nurses.

The increase to the total workforce also fails to show the significant variation in the nursing numbers by grade, setting and specialism.

The RCN calls for the next government to commit to increasing the nursing workforce.

Figure 2: Headcount percentage change in the qualified nursing, midwifery and HV staff, NHS hospital and community services, May 2010 to December 2014

Source: (HSCIC, 2014a)
Health care assistant workforce

Health care assistants have a fundamental role to play in delivering quality care to patients and are an important factor in determining the skill mix in any nursing establishment.

Figure 3 shows that over the past five years there has been a 33 per cent increase in the health care assistant workforce in the NHS, a rise from 42,122 to 56,215. This is a welcome development but the right balance between qualified and non-qualified nurses is required when setting the appropriate skill mix to deliver safe and quality care.

There is strong evidence showing the link between care delivered by qualified nurses and better patient outcomes. At present there is unfortunately no similar evidence for health care support staff. Based on empirical evidence, our safe staffing guidance suggests that the split should never be more than 65 per cent qualified nurses to 35 per cent non-qualified nursing staff in acute, medical and surgical wards (RCN, 2010).

Such a marked increase in support staff has implications for the qualified nursing workforce. Health care assistants must be supervised and these additional supervisory responsibilities for qualified nurses should be considered when looking at staffing levels and setting the appropriate skill mix.

Figure 3: Number of FTE qualified nurses and FTE Health care assistant staff, May 2010 to December 2014

Source: (HSCIC, 2014a) and (HSCIC, 2014c)
Workforce by setting

Although there has been renewed focus on recruitment since August 2012, drilling down below the top line figure shows that the increase to nurse numbers has not been spread evenly across NHS settings. From when the workforce was at its lowest in August 2012 to December 2014 an additional 10,322 nursing posts have been created in acute hospital settings as a direct result of the ‘Francis effect’ (Lintern S, 2013).

The emphasis on acute settings has meant that other settings such as mental health have been overlooked. In November 2014 we published a report highlighting the impact that the continued cuts to mental health services and mental health workforce are having on patients.

The percentage change in the nursing posts across all settings from May 2010 is shown in Figure 4. Recruitment has been predominantly limited to acute, maternity and neo-natal and paediatric nursing settings. In contrast, mental health settings have lost 3,986 nursing posts, learning disability settings have lost 1,586 nursing posts and in the community, once the impact of health visitors is deducted, community settings have lost 3,332 posts.

The RCN calls for all National Institute for Health and Care Excellence (NICE) guidelines to be fully adopted to ensure safe staffing levels across all settings.

Figure 4: FTE qualified nursing, midwifery and HV staff, NHS hospital and community services, May 2010 to November 2014 by health care setting

Source: (HSCIC, 2014b)
Note: The category Mental health is a combination of ‘Community Psychiatry’ and ‘Other Psychiatry’ and Learning disabilities is a combination of ‘Community Learning Disabilities’ and ‘Other Learning Disabilities’.
The community workforce

In 2006 the Department of Health’s White Paper *Our health, our care, our say* and the *Transforming community services programme* delivered a clear mandate for the strengthening and improvement of community care. Policy initiatives have followed over recent years to help support the acute to community shift. Most recently, the NHS Chief Executive, Simon Stevens, set out his vision for the NHS in the *Five Year Forward View* and contained in his blueprint are plans to support the NHS in delivering care closer to home and out of hospital.

Figure 5 takes the workforces across all settings and groups them into two distinct categories: the acute and community workforces. The graph shows that since May 2010 the acute workforce has expanded by four per cent and the community workforce has contracted by three per cent.

There is also significant variation within the community workforce itself. In 2011 the Government launched the Health Visiting programme, aimed at increasing the number of health visitors to over 12,200 by March 2015 (NHS England, 2015). According to the HSCIC official health visitor data set there has been an increase of 2,691 health visitors since May 2010 bringing the total to 10,783 by December 2014. The data set also shows an additional 484 health visitors working for local authorities and social enterprises. However, there are concerns that the recent workforce data indicates that the target may be missed (Merrifield N, 2015).

From May 2010 to December 2014 there has been a 28 per cent reduction in the number of specialist district nurses, a loss of 2,168 posts across England. The RCN supports increases to the health visiting workforce, but this should not be at the expense of other roles that are integral to patients receiving essential quality care in the community.

The RCN demonstrated the impact cuts to community services are having on people trying to access mental health services in our report *Turning back the clock?* If there is to be a shift towards preventative care and keeping people out of hospital, then the workforce must be in place to deliver care to more patients in a range of community settings.

Looking forward to the *Five Year Forward View*, NHS leaders must ensure that sufficient numbers of appropriately skilled nurses are trained and placed in the community to deliver the new models of care that focus on primary care and treating people in or closer to their home.

The RCN calls on the next government to increase resources for community health care so that mental and physical care can be provided closer to home by a skilled workforce.

This increase in the health visiting workforce skews the increase to the overall nursing workforce and the same observation can be made for the community workforce. As health visitor numbers have increased, other sections of the community workforce have declined.
Figure 5: The number of FTE community workforce and acute workforce from May 2010 to December 2014

Source: (HSCIC, 2014b)
Note: Total community workforce includes community services, community learning disabilities, community psychiatry and school nursing. Total acute workforce includes acute, elderly and general, paediatric nursing, maternity services, other psychiatry, other learning disabilities and neonatal nursing.
### Skill mix

Too often, workforce and safe staffing discussions focus on numbers alone. However, as the RCN set out in our report *More than just a number*, safe staffing is about having the right number of people with the right level of skills to make the right clinical decisions at the right time.

Figure 6 shows NHS workforce banding data obtained from the HSCIC. The data shows that over the last five years the more experienced, and most expensive, senior nursing posts have been cut disproportionately as compared to other bands; with a reduction of 1,545 band 7 and 1,317 band 8 nurses. Although numbers have increased slightly the NHS has 2,800 fewer senior nurses than it did in April 2010.

Senior nurses play a crucial role in the care and treatment of patients and are often called upon to make important and critical clinical judgements and decisions. Senior nurses also supervise and support more junior members of staff and student nurses. This loss of senior nurses across the NHS in England means that the health service is losing skills and experience, ward leadership and those who can mentor and lead the next generation of nurses.

This loss of knowledge and experience is a cause for concern. If the NHS is to redefine how it delivers care, and is to fulfill the vision set out in the *Five Year Forward View*, then there must be nurse leaders involved closely at all stages of the implementation, championing the nursing contribution and helping to shape the new models of care.

The RCN calls for the next government to put a stop to the downgrading of nursing skills and experience.

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**Figure 6: FTE qualified nursing, midwifery and health visiting staff, NHS hospital and community services, April 2010 to October 2014**

![Graph showing NHS workforce banding data](image-url)

Source: Freedom of information request from HSCIC (2015)
A matter of supply and demand?

It is not enough to look at workforce numbers in isolation. The reality for many Trusts and health care employers across the country is that they are currently struggling to find, recruit and retain qualified nurses.

Symptoms of the shortage

Vacancy rates

Unlike the Information Services Division (ISD) in Scotland, the HSCIC no longer publish vacancy data which allows us to gauge the nursing shortage and monitor the Trusts and regions which are having difficulties recruiting.

Through freedom of information requests our November 2013 report Running the red light found that there was substantial variation in vacancy rates across the NHS. We estimated that the NHS was running on an average vacancy rate of around six per cent which would account for around 20,000 FTE vacancies across England.

However, we do know that variation does occur, across regions and even within Trusts. Monitor recently reported that some ambulance Foundation Trusts are facing vacancy rates as high as 24 per cent (Monitor, 2015).

In light of the heavily reported 2014-2015 'winter pressures' and failures to meet A&E waiting time targets, the RCN commissioned work to review staffing levels in a sample of 33 A&E departments. Based on the staffing levels and acuity patient data we can determine that these A&E departments are operating on variable nursing vacancy rates: with some A&E vacancy rates between 10 and 20 per cent (Hurst K, 2014).

The data also shows that the A&E departments face different challenges between staffing band 5 and 6 nurses and band 7 and 8 nurses. On the whole, A&E departments are budgeting and planning for higher numbers of band 5 and 6 nurses than are required (based on actual patient acuity data) but are struggling to fill those posts. However, the data also reveals that A&E departments did not plan and budget for enough senior nurses to match the levels that were needed to look after their patients when looking at the corresponding patient acuity data.

The example of A&E illustrates how important it is that varying acuity and dependency of patients is considered when setting nursing establishments. The RCN calls for NHS leaders to implement workforce planning that matches the needs of patients.
Overseas recruitment

The increased reliance on the recruitment of overseas nurses is a clear indicator that there is a serious shortage of nurses within the UK labour market.

The RCN has obtained information from the Nursing and Midwifery Council (NMC) which shows the number of nurses registering on the UK register and those validating their registration. Validation is the process nurses must undergo if they work overseas, to prove they were on the nursing register in the UK. To an extent, this allows us to track the inflow and outflow of nurses.

Figure 7 shows the inflow and outflow of nurses to the labour market in the UK. In 2013-14 there was a notable change with the number of nurses coming to work in the UK being greater than the number of nurses leaving to work overseas. For the first time since 2005-6 the UK has moved from being a net exporter to a net importer of nurses, further evidencing the shortage of nurses in England.

Figure 7: Initial registrations on the NMC register and the number of those validating their membership on the register with a country outside the UK

Source: NMC Freedom of information request, March 2015
Note: Numbers for 2014-15 exclude the figures for March 2015 and cover April 2014 to February 2015
A quarter of nurses joining the register this year came from Europe which is a new trend as historically nurses coming to the UK have been from outside the EEA. However, numbers have declined since 2005-6, partly due to changes in immigration control.

Figure 9 shows that the number of nurses from within Europe coming to work in the UK remained fairly consistent until 2010 when it began to rapidly increase.

The RCN recently submitted evidence to the Migration Advisory Committee (MAC) calling for nursing to be added to the Shortage Occupation List, highlighting the problems health care providers are having recruiting and retaining nurses (RCN, 2014). Inclusion of nursing posts on the Shortage Occupation List would have two significant impacts upon the nursing shortage in the UK.

In terms of recruitment, Tier 2 visas for nurses coming from non-EEA countries may be granted quicker allowing employers to lessen their immediate nursing shortages. More significantly however, is inclusion on the list will allow nurses coming into the UK from 6 April 2011 to apply for Indefinite Leave to Remain without satisfying the high income threshold of £35,000. For nurses to be earning over this amount they would need to be an upper band 7, senior nurse. Therefore, not being on the Shortage Occupation List is likely to impact upon the retention of nurses under the threshold.
The larger numbers of nurses coming to work in the UK from Europe can, in part, be linked to the shortage of UK nurses. It has been widely reported that many Trusts are actively recruiting from Europe, which can be costly. In particular, we know that many of the nurses coming to work in the UK from within the EEA have come from countries such as Spain and Portugal. This suggests that recruitment drives have been more successful in countries that are facing economic difficulties.

However, many Trusts recruiting nurses from overseas are struggling to retain them. The *Nursing Times* found that Trusts were losing 28 per cent of their overseas recruits within two years (Jarvis A, 2015). It is unclear whether the nurses have remained in the NHS or returned home. What is clear, is that the movement of nurses within the EEA is more fluid than previous UK recruitment drives from outside the EEA. Therefore, workforce planners must consider the different local labour markets within Europe as this may impact on the movement of nurses working across the EEA.

The UK nursing shortage must also be considered as part of a global picture.

In 2012, the European Commission estimated that there would be a shortfall of nearly 600,000 nurses in the EU by 2020 (European Commission, 2012). Furthermore, the Department of Health Affairs in the United States (US) projected a nursing shortage larger than that in Europe, with the US being short 800,000 nurses (Spetz J and Given R, 2009). Therefore, we cannot consider the shortage in the UK in isolation. We must be mindful that if other countries continue to experience shortages, they will inevitably have to take steps to attract nurses from overseas, potentially attracting a greater number of ‘home-grown’ UK nurses. The RCN believes that Trusts need to focus on retaining all their staff both homegrown and those from overseas.
The RCN will shortly be publishing practical guidance on international recruitment for nurses coming to work in the UK, employers and RCN representatives.

**Agency spend**

A further symptom of a nursing shortage is the increase in the NHS nurse agency bill. In our most recent report, *Runaway agency spend*, the RCN highlighted that the agency bill has increased by 150 per cent in the last two years. On the basis of the response from 168 Trusts across England we estimated that the NHS will spend £980 million on agency nurses by the end of the 2014-15 financial year.

The NHS has always relied on bank and agency nurses to plug any gaps quickly. The increase over the past two years can, in part, be attributed to Trusts ensuring safe staffing levels: data which is now publicly available on the NHS Choices website.

Our report demonstrated that with better long-term workforce planning the money spent on agency nurses in 2014-15 could have accounted for 28,000 additional nurses across Agenda for Change bands 5-8 for the year.

There is now a strong commitment from the Department of Health to reduce the agency bill, with the Secretary of State for Health publishing tools to help Trusts reduce the amount they spend on agency staff (Hunt J, 2014). However, the RCN has concerns that attempts to reduce the agency bill may prove futile without a substantial increase to the pool of nurses available for permanent recruitment in the NHS. In addition, focus should also be given to the retention of nurses currently working permanently in the NHS.

**Return to practice initiatives**

Health Education England are currently rolling out a nationwide return to practice initiative in a bid to help Trusts deal with staff shortages. The return to practice programmes running across the country have been refreshed and publicised to encourage nurses who are not currently practicing to return to the profession via support and training. The *Come back to nursing* campaign has attracted significant interest and the RCN believes it is an important and positive initiative to support nurses who wish to return to the profession.
Causes of the shortage

Cuts to commissions

A significant contributing factor to the shortage of nurses in England are the cuts the Government made to student nursing commissions in 2010. In April 2013 our report Nursing on red alert, highlighted that student commissions fell by 13.55 per cent in two years from 2010 across the UK; a reduction of 3,375 places.

As it takes three years for student nurses to qualify and join the labour market these cuts are impacting on the supply of nurses now.

Our members have also been reporting that in their bid to meet the efficiency savings targets, many Trusts enforced wide recruitment freezes, resulting in some newly qualified nurses struggling to find full-time permanent posts in the NHS in England.

Figure 10 shows that the number of students accepted onto nursing courses in England has begun to increase. The RCN recognises that Health Education England did increase commissions in 2014 and have recommended a further increase of 4.5 per cent this year. However, this has not addressed the impact of the fall in commissions; with numbers remaining below 2009 numbers.

However, the strong evidence of the nursing shortage and long-term factors such as an ageing workforce and an increase in demand for health care services means we must grow the workforce.

The RCN calls for further increases to student nursing commissions.

The RCN understands that health education institutions may not be able to facilitate a sharp rise in student commissions. However, the RCN calls for Health Education England and health education institutions to urgently explore what capacity and options exist to increase student commissions this year and over the next parliament.

Furthermore, Health Education England, higher education institutes and other stakeholders should explore the possibility of having more than one in-take of student nurses every academic year.

In calling for further increases to student commissions, we acknowledge that there needs to be a sufficient supply of people wanting a career in nursing. Data we have obtained from UCAS shows the number of people applying to nursing courses across the UK.

Figure 10 shows that from 2009 to 2014 there has been a 33 per cent increase in the number of people applying to study nursing. Furthermore, in 2014, only 40 per cent of those applying to train as a nurse were accepted onto a course.

This goes some way to challenge the common assumption that people in England do not want a career as a nurse. Instead, there is an increasing appetite to join the nursing profession. This shows the potential for England to ‘home-grow’ a larger nursing workforce to meet future demands.
Safe staffing

Sir Robert Francis’s Mid Staffordshire Inquiry and its findings had a landmark impact on the NHS, shining a light on the importance of safe staffing levels. In April 2014, the National Quality Board guidance sent a clear message to NHS Trusts to treat safe staffing as an organisational priority. The guidance issued gave instructions to Trusts on how to record and report information on safe staffing levels both internally and publicly. The National Quality Board guidance was swiftly followed by the NICE acute adult wards guideline: the first in a series of safe staffing guidelines.

The NHS-wide commitment to ensuring safe staffing has undoubtedly contributed to the increase in demand for qualified nurses, especially in the acute hospital sector. As NICE continue to publish their series of guidelines it is reasonable to assume that the ‘Francis-effect’ will be replicated across the whole of the NHS.

Previous cycles of setting student commissions and workforce planning have been undertaken before the publication of NICE safe staffing guidelines. The RCN calls for Health Education England, Local Education and Training Boards and NHS leaders to consider whether adherence to NICE guidelines across all settings needs additional resources, and to factor this into their decision making.
Ageing workforce

It is impossible to ignore the effect of an ageing workforce on the supply of nurses in England. Older nurses are more likely to move towards part-time work or consider taking early retirement. Also, many nurses who have been in the profession since before 1995 may have a normal pension age of 55.

Previous *Frontline First* reports have addressed the age profile of the nursing workforce. In our *Nursing on red alert* report we showed that 45 per cent of the nursing workforce in England was over 45, a much higher proportion than that in the medical and dental professions.

Furthermore, in *Turning back the clock?* we highlighted how mental health nurses have an older age profile than nurses in other settings. In 2013, 32.3 per cent of the mental health nursing workforce was over 50, in comparison to 28.7 per cent in all settings.

An older workforce leads to higher numbers leaving the profession. The concern is that the number of those leaving the profession may outweigh the number of people joining.

Long-term workforce planning needs to be conducted, looking beyond the next three to five years and taking factors such as the age profile of the workforce into account. Additionally, more focus needs to be given to retaining experienced staff who may be considering leaving the profession.

Conclusion

This report shows that the nursing workforce is fragile. Despite claims that ‘there are more nurses than ever before’ we have exposed how there are now fewer nurses providing more care than there were five years ago.

This is a workforce that is being squeezed and overstretched. This is not good for staff and is certainly not good for patients.

We have highlighted that whilst nurse numbers have increased in acute hospitals, other settings have suffered deep cuts and how despite repeated calls for the NHS to provide care closer to home, the community workforce is actually shrinking.

We have also shone a light on the very real and very concerning shortage of qualified nurses in England. The inability to recruit nurses has resulted in Trusts spending record levels on agency nurses and recruiting overseas: this is not sustainable.

In the days left until the General Election, the political parties will be making all manner of claims and counter claims on the NHS and its future.

The RCN calls on whoever it is that forms the next government to pay heed to the RCN’s analysis of the fragile frontline and to commit to growing and investing in a skilled and dynamic nursing workforce which can meet the challenges of the future.
Appendix

Timeline of Frontline First reports

In November 2010, our first Frontline First Report identified that 17,932 frontline posts had been earmarked to be lost across the NHS in England.

In April 2011 we analysed figures from 21 NHS Trusts that had provided a detailed breakdown on job specific workforce cuts. We showed that within these 21 trusts, there were 9,650 posts identified to be lost. Of these, 4,429 posts were frontline nursing roles which accounted for 46 per cent of the total workforce cuts. At the end of this report the RCN expressed significant concern that there was a growing gulf between national Government priorities for protecting the NHS in England and the reality at an individual NHS trust level.

In our May 2012 report we showed that more than 61,000 posts were at risk of being cut across the NHS. Alongside this, we presented evidence from official sources showing that 26,327 posts had already gone in the two years to April 2012, demonstrating the weakness of previous pledges to protect the front line.

In our September 2012 special Frontline First report on the South West Pay Cartel we acknowledged that trusts in the South West of England had financial challenges and that savings need to be made. However, we made it clear that cutting pay or jobs would put even more pressure on an already weakened workforce.

In February 2013 Sir Robert Francis published the results of his inquiry and NHS Trusts came under significant pressure to increase frontline staffing numbers. From this point, the RCN detected a move to more indirect or ‘stealth cuts’ to frontline services which have impacted on the quality of patient care.

In April 2013 Nursing on red alert showed that 68,880 frontline posts were still at risk. We also highlighted that there had been a 13.55 per cent cut in training places for student nurses.

In our November 2013 report, Running the red light, we found that there were 20,000 vacancies for nursing posts across England which had implications for patient care and the workload of those staff that remained in post. The RCN called for an end to ‘boom and bust’ nursing workforce planning and proposed regular workforce reporting at board level within trusts to address the significant concerns we raised.

In March 2014 More than just a number showed that after the low of August 2012 nursing numbers were starting to recover as a result of the ‘Francis effect’. The report emphasised the importance of skill mix and showed that senior nurse posts were being disproportionately lost or down banded. Specifically, 2,360 FTE posts had been lost at band 7 (a decrease of 4.5 per cent) and 1,633 FTE posts had been lost at band 8 (a decrease of 11 per cent).

In November 2014 we published a report which looked specifically at mental health services across the UK. In Turning back the clock? we showed that against the backdrop of a significant increase in demand for services, the reduction in the number of mental health beds and mental health nurses was putting mental services at risk. The report highlighted that 3,500 mental health nurses had been lost across the UK.
Most recently, in February 2015 we revealed that there had been an unprecedented rise in the amount the NHS spends on agency nursing staff in England. The report showed a projected NHS spend of at least £980 million on agency nursing staff by the end of this financial year if action was not taken. This is an average of £4.2 million per trust.
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