National Audit Office

Report
by the Comptroller
and Auditor General

Department of Health & Social Care

The NHS nursing workforce

HC 109 SESSION 2019–2021 5 MARCH 2020

Key facts

5%

increase in overall nurse numbers in hospital and community services between September 2010 and September 2019 (full-time equivalent)

43,590

number of nursing vacancies reported by NHS trusts, July–September 2019 (full-time equivalent)

5%

increase in students starting undergraduate nursing degrees, 2017–2019, compared with target of 25%

38%	decrease in learning disability nursing numbers between September 2010 and September 2019 (full-time equivalent)
17%	proportion of nursing workforce from outside the UK (headcount, March 2019)
519,000	estimated number of people registered to practise as a nurse in England, September 2019
320,000	number of NHS nurses working in hospital and community services (headcount, September 2019)

What this report is about

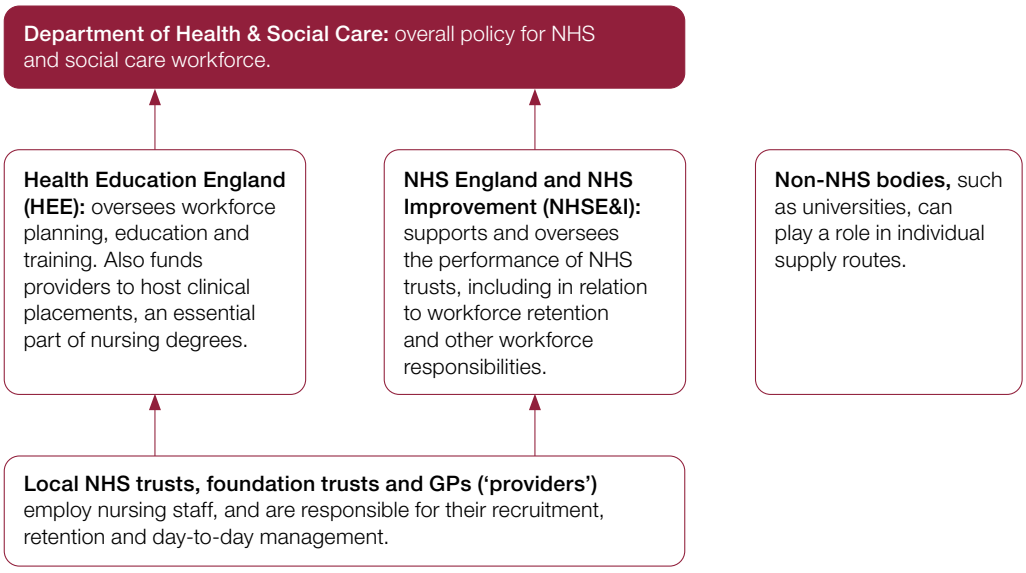
1 Nurses are critical to the delivery of health and social care services, working across hospitals, community services, care homes and primary care. In 2019, around 519,000 people in England were registered to practise as a nurse, while the NHS employed 320,000 nurses in hospital and community services, making up about a quarter of all NHS staff.

2 In January 2019, the NHS Long Term Plan acknowledged the need to increase staff numbers, noting that the biggest shortfalls were in nursing. The NHS set up the People Plan programme to decide how it would secure the workforce it needed to meet its future service commitments. In this report, we define workforce planning as the analysis and plans required to ensure that the NHS has the number and type of staff it needs, now and in the future.

3 A range of national and local NHS bodies are responsible for (nursing) workforce planning as well as supply, which includes training, recruitment and retention of staff. **Figure 1** sets outs a basic overview, with fuller details in Figure 8 on page 20.

Figure 1

Responsibilities for nursing workforce planning and supply in England



Note

1 **Figure 8** provides a fuller description of roles and responsibilities.

Source: National Audit Office summary of responsibilities

4 While this report focuses on NHS nurses, nearly one in ten nurses works in adult social care, for which the Department of Health & Social Care (the Department) also has policy responsibility. The social care sector relies on similar entry routes for nurses as the NHS, but is made up of many providers who individually recruit and employ staff. The NHS People Plan primarily focuses on the health sector but envisages that local partnerships will cover health and social care workforce planning (see paragraph 14).

5 We have published a number of reports on workforce planning and supply, including coverage of the NHS, adult social care, the military and teachers. Departments have different approaches and systems for securing the workforce needed to deliver services. However, our studies found common challenges in identifying the true workforce need; recruiting and retaining staff; underperformance of workforce initiatives to address these; and managing the impact of shortages on existing staff. **Figure 2** sets out the general challenges we have observed that any future NHS People Plan must take care to address, and how these link to the current situation for NHS nurses.

6 The NHS People Plan has, for a variety of reasons, been delayed (see Summary, paragraph 11). Rather than delay for an uncertain time our own reporting, this report sets out the facts on:

- the scale of the NHS nursing workforce challenge;
- the challenges to the main entry routes to NHS nursing and more general workforce-related challenges that any future plans will need to address; and
- the progress made on the People Plan.

Figure 2

Observed challenges to workforce planning and supply from National Audit Office reports

	Commonly observed challenges in workforce planning and supply	Relevant sections of this report
Accountability	Ensuring **responsibilities and accountabilities** for workforce planning and supply are clear and well understood, and aligned with organisational influence, priorities and incentives.	Roles of national and local bodies and new workforce model (summary paragraph 13). Funding arrangements (summary paragraph 12). Interim People Plan (summary paragraph 10).
	Having effective national, regional or **central coordination and oversight** in workforce planning and supply.	Roles of national and local bodies (summary paragraph 13).
Workforce planning	Demonstrating a robust **understanding of the future need** for staff based on evidence and reliable forecasting, including key policy changes.	NHS Long Term Plan planning (summary paragraph 4). National modelling (paragraph 3.11). Local plans (summary paragraph 11).
	Understanding the **performance of current and future supply** routes for staff and how these address overall staffing requirements and any identified shortfalls.	National modelling (paragraph 3.11). See also individual supply routes (summary paragraphs 5–9).
	Setting out an overall **workforce plan** that meets government's objectives, and is actively managed and reviewed.	People Plan process (summary paragraphs 10-13)
	Having reliable **information/data** on workforce.	National modelling (paragraph 3.11). Local plans (summary paragraph 11).
	Integrating workforce, finance and performance strategies and planning.	NHS Long Term Plan planning (summary paragraph 4). People Plan process (summary paragraphs 10–13).
	Ensuring **coverage of all types of staff** in planning.	National modelling (paragraph 3.11). See also introductory paragraph 4.
Workforce supply	Ensuring **training places** reflect future staffing needs, as well as factors such as attrition and subsequent participation in the workforce. Ensuring **funding arrangements for training and recruitment provide the right incentives** for individuals, education providers and employers to achieve overall workforce objectives.	Higher education market (summary paragraphs 5 and 6). Apprenticeship routes (summary paragraph 8).
	Addressing **differences in staffing challenges** by area and role in workforce planning and supply. Providing adequate **support and funding for local bodies** to implement workforce strategies. Ensuring workforce objectives are supported by wider **cross-governmental policies and initiatives**.	Scale and nature of nursing workforce challenge (summary paragraphs 2–3). Higher education market (summary paragraphs 5 and 6). Apprenticeship routes (summary paragraph 8). International recruitment (summary paragraph 7). Retention improvement (summary paragraph 9).
Addressing short-term shortfalls	Identifying a cost-effective, sustainable **approach for filling shortfalls** in staff, and supporting employers to fill shortfalls.	Not in scope of current report, but see paragraph 1.8.
	Appropriately managing the risk of an **undesirable level of competition** between employers for the same staff.	Not in scope of current report, but see paragraph 1.6.

Source: National Audit Office analysis of published reports

Summary

Key findings

The NHS nursing workforce

1 The NHS publicly acknowledged problems with current nursing shortages in 2017. In December 2017, Health Education England (HEE) published a draft workforce strategy on behalf of the NHS that noted pressures on the nursing workforce. By the time of the NHS Long Term Plan in January 2019, indicators such as the nursing vacancy rate had worsened. There is a significant time lag (at least three to four years) before policies to train more new nurses can have impact, meaning greater reliance in the short term on strategies such as overseas recruitment and improving retention (paragraphs 3.2 and 3.12).

2 Despite overall increases in the number of nurses, the NHS does not have the nurses it needs. Between 2010 and 2019, the overall number of NHS nurses in hospital and community services increased by 5%, although there were substantial reductions for some types of nurse - for example, a 38% reduction for learning disability nurses. Analysis by the Health Foundation for the shorter period 2010-11 to 2016-17 shows that the growth in nurse numbers (1%) was lower than increases in the amount of activity in hospital and community health services (23%). As at September 2019, the NHS had a nursing vacancy rate of 12%, a rise of 1% from September 2017. The Long Term Plan sets a target of reducing nursing vacancy rates to 5% by 2028. NHS England and NHS Improvement (NHSE&I) has estimated that around 80% of vacancies are filled by temporary staff (paragraphs 1.2 to 1.5).

3 The nature of the nursing workforce challenge varies by trust and region. Nursing vacancy rates are particularly high for mental health trusts (16%) and in London (15%). Levels of international recruitment vary considerably by trust and region. The proportion of overseas nurses varies from 30% to 36% in London regions to 5% to 8% in the north-east, north-west, and Yorkshire and Humber regions. Some sectors, such as primary care and community providers, also have a higher proportion of older nurses, who are closer to retirement (paragraphs 1.4, 1.6 and 2.21).

4 **In January 2019, the NHS Long Term Plan set out service commitments for NHS England's £33.9 billion additional funding settlement that did not include detailed plans to secure the workforce needed to deliver them.** The Long Term Plan contained service commitments – for example, on cancer care – and workforce commitments, including on nursing student numbers and retention, recognising that nursing workforce growth had not kept up with demand. It did not include detailed plans for how it would secure the nursing workforce required to deliver the commitments: it stated that a workforce plan would be published in 2019, as HEE budgets for workforce education and training beyond March 2020 were not yet agreed. Based on a review of two service areas, we found that, at the time of drawing up the Long Term Plan, there were quantified estimates of the nursing staff required for mental health service commitments. For cancer service commitments, there were no separate estimates of the overall cancer nursing capacity required, but an assumption that cancer needs would be met from the overall increase anticipated for the nursing workforce (paragraphs 3.1, 3.4 and 3.5).

Challenges in the main entry routes to NHS nursing

5 **From 2017, the government changed the funding arrangements for nursing degree students, a major source of new NHS nurses.** HEE has not been responsible for commissioning undergraduate nursing places since 2017, and the higher education market now determines the numbers of students, in response to demand from prospective students. A different approach is used in medical education, where HEE has a commissioning role and places are regulated and subject to targets. The changes in funding arrangements also removed NHS bursaries for nursing students, moving them on to the existing student loan arrangements. The Department of Health & Social Care (the Department) hoped to increase the number of places on nursing, midwifery and other health professional degree courses by up to 10,000 through these changes. In December 2019, the government announced the introduction of new maintenance grants for nursing students from September 2020 (paragraphs 2.5, 2.6, 2.10 and 2.16).

6 **The number of applications for nursing degrees dropped significantly following the funding changes and subsequent numbers of new students have been below the Department's targets.** In 2017, the first year of the new arrangements, the number of applicants fell by 11,000 (21%). Universities accepted a higher proportion of applicants than previously, so there was only a 3% fall in the number of new nursing students. Since 2017, numbers of nursing places have not increased as anticipated, and did not meet the Department's 2018-19 and 2019-20 commitments to a 25% increase. Trends in numbers of new students also differ markedly by nursing degree specialism (for example, mental health), region where applicants lived and for mature versus younger students. Early indications are that the number of applicants for September 2020 has risen by 6% compared with 2019, but is still lower than the number of applicants in 2017 (paragraphs 2.6 to 2.9 and 2.16).

7 **The NHS Long Term Plan signals the need for a step change in the recruitment of overseas nurses, but recent national initiatives to increase numbers have not met their targets.** Overseas recruits are already a major source of new nurses, making up around 20% to 25% of nurses joining the NHS. The number of overseas nurses working for the NHS rose by 28% between September 2014 and March 2019, with the proportion that they make up of the workforce remaining fairly steady since 2009 (17% as at March 2019). Since 2018, the Nursing and Midwifery Council has made a number of changes intended to improve and streamline the process for overseas nurses to register to practise in the UK. However, against a target of 2,500, the HEE-led global learner programme only attracted around 1,600 nurses in the two years 2018 and 2019. It now has an increased target of 15,000 nurses between 2020 and 2024 (paragraphs 2.20, 2.22 to 2.23 and 3.3).

8 **Trusts and universities told us that there are financial and bureaucratic disincentives to increasing numbers through apprenticeship routes.** Employers, supported by HEE, have developed a nursing degree apprenticeship route into nursing. They have also developed a new nursing associate role, which bridges the gap between registered nurses and healthcare assistants and aims to provide a new pipeline for registered nurses. Numbers of nursing degree apprentices were as expected (1,041 in 2018-19, up from 304 the previous year). For nursing associates, HEE projects that it will recruit 7,529 trainees between 1 January 2019 and 31 March 2020, against a target of 7,500 for this period. By December 2019, it had recruited 2,739 with regional trajectories in place for the remaining quarter. All the local trusts we visited were planning to make more use of apprenticeships, primarily nursing associates. Larger employers (including NHS providers) must pay an apprenticeship levy, which they can use to pay for apprenticeship training and assessment. In 2018-19, NHS organisations spent less than 30% of their levy payments. We heard about disincentives to the expansion of apprenticeships - in particular, that NHS trusts cannot use the apprenticeship levy to cover 'back-fill' costs. These refer to the costs of employing additional staff while an apprentice is doing clinical training, because during training apprentices cannot count towards the staffing complement. Universities also told us it was difficult to make apprenticeship courses sustainable, given factors such as the levels of scrutiny, bureaucracy and funding, and numbers of students (paragraphs 2.24 to 2.28).

9 **Since 2017, NHSE&I has supported trusts with an intensive retention support programme.** Between 2012-13 and 2018-19, although the number of nurses joining the NHS increased, so did the numbers leaving. NHSE&I's retention support programme, which started in 2017, has seen reductions in leaver rates for the first groups of trusts receiving support from the programme. The retention support programme works with trusts to help them address some of the key issues identified by available data on reasons for leaving, including: career progression; health and well-being; and support for new starters (paragraphs 2.30, 2.32, 2.34 and 2.35).

The NHS People Plan

10 NHSE&I and HEE have brought together bodies from across the sector to produce a full People Plan for the period up to 2025. The new Chief People Officer for NHSE&I chairs the National People Board, which oversees delivery of the People Plan and led collective efforts to bring together the Department, its arm's-length bodies, and representatives from across the sector. Eight working groups support the board, one of which has a specific focus on increasing nurse numbers (paragraph 3.6).

11 NHSE&I and HEE did not publish the People Plan as expected in 2019; it is now expected in spring 2020. The Long Term Plan stated that a workforce plan would be published in 2019. An Interim People Plan, published in June 2019, included an aim for a fully costed five-year plan later that year. The full People Plan was delayed and is now expected to publish in spring 2020, at least 12 months into the five-year funding settlement. External factors such as the postponement of the full spending review, and the December 2019 general election, have contributed to the delay. Local five-year strategy plans, including actions to increase nursing numbers, were due to be published in November 2019 but as at March 2020 have not been agreed or published. In December 2019, the government made a new pledge to increase the number of NHS nurses by 50,000 by 2025 (paragraphs 3.3, 3.4, 3.9 and 3.15).

12 While NHS England's budget is agreed up until 2024, this is not the case for HEE's budget, which covers workforce education and training. The £33.9 billion cash-terms increase for the NHS only applied to NHS England's budget, which covers the costs of employing staff to deliver the Long Term Plan commitments. It excluded HEE's budget – in particular, for workforce education and training - which the Long Term Plan anticipated would be agreed in a multi-year spending review later in 2019. The September 2019 spending round allocated a further £150 million to HEE for continuing professional development for nurses (and other groups) in 2020-21. Up to 2020-21, HEE also has access to funding for an additional 5,000 clinical placements (the practical training that nursing students must do as part of their degree). The spending round also allocated £60 million to People Plan activities for 2020-21 (paragraphs 3.1, 3.5 and 3.10).

13 The People Plan will detail new workforce-related roles for national, regional and local bodies, as well as responsibilities for delivery of the overall plan. The National People Board and supporting structures will be reviewed once the full People Plan is published. As part of the plan, NHSE&I and HEE are intending to set out each organisation's responsibilities for future delivery of the plan and to produce a new workforce operating model covering national, regional and local roles. The new model also includes a greater role in workforce for local partnerships of NHS bodies and local authorities, which is intended to cover both NHS and adult social care. Our previous work has noted that such partnerships are not statutory and are reliant on the goodwill of constituent bodies (paragraphs 1.12 to 1.14 and 3.10).