NHS REGISTERED NURSE
SUPPLY AND DEMAND SURVEY FINDINGS

REPORT TO INFORM THE MIGRATION ADVISORY COMMITTEE (MAC) ON THE PARTIAL REVIEW OF THE SHORTAGE OCCUPATION LIST
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In October 2015, the Home Secretary announced that nursing would be added to the shortage occupation list as an interim measure as a result of increasing numbers of NHS trusts raising concerns about nurse staffing levels. At the same time the Migration Advisory Committee (MAC) would undertake a review of the evidence to determine whether nursing is in national shortage.

NHS Employers conducted a short survey asking employers for information about the current nurse workforce demand and their views on supply issues. The information collected has informed our response to the MAC review of nursing on the shortage occupation list.

This report provides analysis of the survey data collected on demand and supply of the registered nurse workforce in NHS provider trusts in England. The report should be read in conjunction with the NHS Employers submission to the MAC call for evidence on the partial review of the shortage occupation list.
Summary of key findings from the survey

— Survey returns were received from 147 NHS provider trusts which represents a response rate of 61 per cent.
— 93 per cent (137 trusts) reported that they are experiencing registered nurse supply shortages.
— 31 per cent (45 trusts) are estimated to have between 1 – 60 full time equivalent (FTE) registered nurse vacancies.
— 27 per cent (40 trusts) are estimated to have between 61 – 120 FTE vacancies.
— 24 per cent (35 trusts) are estimated to have between 121 – 300 FTE vacancies.
— Three trusts are reporting 300+ FTE vacancies.
— Overall vacancy rate across trusts that provided their staffing establishment data is calculated at 10 per cent (21205.74 FTE), i.e. posts not occupied by permanent or fixed-term staff.
— 99 per cent (146 trusts) have taken some form of local action to retain their registered nurse workforce.
— 74 per cent (109 trusts) had a turnover rate of less than 15 per cent for the period between 1 November 2014 and 31 October 2015.
— 78 per cent of all reported hard-to-fill vacancies (vacant for three plus months) are in the field of adult nursing.
— 27 per cent (40 trusts) are using their pay bill to manage supply challenges through recruitment and retention premia.
— 63 per cent (92 trusts) have actively recruited from outside of the UK in the last 12 months.
— Italy, Spain and Portugal have been the most targeted countries for recruitment activity during the last 12 months.
— 68 per cent of European Economic Area (EEA) targeted recruitment campaigns have been unsuccessful at sourcing the number of planned appointments.
— 3,273 candidates from outside of the EEA currently have an offer of NHS employment and are passing through the recruitment and professional registration process.
— It is anticipated that 30 per cent of these new recruits will have passed the Nursing and Midwifery Council (NMC) Computer Based Test (CBT) and be ready to travel the UK between January – March 2016. A further 50 per cent should have passed the NMC CBT and be in a position to travel to the UK from April 2016 onwards.
— 56 per cent (83 trusts) are considering actively recruiting from outside of the UK in the next 12 months.
— Over 60 per cent of planned new appointments are for non-EEA recruitment in the next 12 months.
— Non-EEA countries such as the Philippines and India are featuring predominantly in future overseas recruitment plans.
BACKGROUND

Over the last three years there have been a number of factors that have impacted on the NHS which have led to demand for nurses exceeding the supply available. The system has experienced some unknown and unplanned demands which have further compounded the situation.

The problems for employers reached a head earlier in 2015 when those who had recruited from overseas were unable to secure restricted certificates of sponsorship (RCoS) and the costs of filling gaps with agency workers rapidly became unsustainable from a financial and quality of care perspective.

The monthly limit on RCoS was reached for five consecutive months from June 2015. This means it has been difficult for employers to use the resident labour market test (RLMT) route, to bring nurses from outside of the European Economic Area (EEA) to England. This is because the salary thresholds used to allocate certificates when the limit has been reached are beyond the entry salary for a registered nurse in the NHS.

There are a number of measures in place to help bridge the supply gap including:

— return to practice
— commissioning of additional nurse training places
— focus on retention.

Even with these important measures, the gap will not be bridged for some time as it takes four years to commission the extra places and to train a nurse. The immediate gap can only be filled through two methods:

— overseas recruitment
— using temporary or agency staff.

PURPOSE: WHY WE HAVE CONDUCTED A SURVEY OF NURSE SUPPLY AND DEMAND

The results of the survey form a comprehensive snapshot of what employers need, to better understand the nature of employer demand for nursing (for example is the demand for specific grades or areas of practice). The data collected has informed our response to the Migration Advisory Committee (MAC) review of nursing on the shortage occupation list. The results will also help us to fulfil our representative role on recruitment, retention and international recruitment.
METHOD: HOW WE ENGAGED WITH HR AND NURSE DIRECTORS

The information gathering exercise was achieved through an online survey, the methodology and style were similar to previous workforce surveys conducted by the NHS Employers organisation. A link to the online survey was sent to the human resource director in each NHS provider trust and this was supported by a letter from Danny Mortimer, chief executive of NHS Employers. The survey was also promoted through the NHS Employers HR regional networks.

The survey asked for information about registered nursing supply at a point in time (week commencing 16 November 2015); it considered posts available (the staffing establishment) and those occupied by permanent and fixed-term staff. The survey also asked for information about specific nursing supply challenges, views on nursing workforce demand (for example is the demand for specific grades or areas) and the actions being implementing to resolve supply issues (including patterns of international recruitment).

DEFINITIONS: TO HELP YOU UNDERSTAND THE TERMINOLOGY USED IN THIS REPORT

**Grades of staff**
All staff are NHS Agenda for Change (AfC) bands

**Full Time Equivalents (FTE)**
All data refer to NHS Agenda for Change full time equivalents (FTE) of 37.5 hours per week.

**Staffing establishment**
The staffing establishment is the pattern of posts and FTEs required to deliver the service and agreed at a point in time. An ‘established’ post is one which is agreed as part of the funded staffing establishment.

**Vacancy rates**
A vacant post is defined as a post not occupied on a contractual basis (fixed-term or permanent). Some vacant posts may be filled by agency or temporary staff.

**Hard-to-fill vacancy**
A hard-to-fill vacancy is defined as a post being vacant for over three months.

**Active recruitment outside of the UK**
In the context of this survey ‘active recruitment’ is defined as the deliberate targeting of the labour market in countries outside of the UK – inclusive on EEA and non-EEA countries.

**Field of nursing**
Individuals qualify in a specific field of nursing practice and may apply to enter the Nursing and Midwifery Council (NMC) register as a nurse in one or more of four fields: adult, mental health, learning disabilities and children’s nursing.
Health Education England Local Education Training Boards (LETBs)
Where information in this report has been categorised by region, LETB boundaries have been used as follows:

- North – HE North East
- North – HE North West
- North – HE Yorkshire & Humber
- Midlands and East – HE East Midlands
- Midlands and East – HE West Midlands
- Midlands and East – HE East of England
- London – HE North Central & East London
- London – HE South London
- South – HE Kent, Surrey & Sussex
- South – HE Thames Valley
- South – HE South West
- South – HE Wessex
SECTION A - SUMMARY OF SURVEY RESPONDENTS

Headlines
— 239 NHS provider trusts in England were identified and surveyed.
— A response rate of 61 per cent was achieved*.
— Survey returns were received from 147 trusts including hospital, community, mental health and ambulance trusts (Figure 1).
— Survey returns were received from trusts across all health education regions (Figure 2).
— Response rate by health education region is shown in (Figure 3).
— Above 60 per cent response rates were achieved from Kent, Surrey and Sussex, North East, North West, South West, West Midlands and Yorkshire & the Humber regions.

*While caution should be exercised because a survey return was not received from all NHS provider trusts in England, the data does represent a significant proportion and regional spread of trusts in England.

Figure 1: Survey responses presented by organisation type

- Hospital Trust: 98.67%
- Community Trust: 14.10%
- Mental Health Trust: 5.33%
- Ambulance Trust: 6.4%
- Other: 24.16%
Figure 2: Survey responses presented by region

Figure 3: Survey regional response rates
SECTION B – REGISTERED NURSE STAFFING ESTABLISHMENT

Headlines

Figure 4 shows the reported registered nurse staffing establishment and vacancy rate by region.

Respondents were asked where possible to provide workforce data for week commencing 16 November 2015.

136 trusts provided their nurse staffing establishment data*.

Results indicate:

- 210128.22 FTE established registered nurse posts.
- Vacancy rate is calculated at 10 per cent (21205.74 FTE), i.e. posts not occupied by permanent or fixed-term staff.
- Regional vacancy rates are variable between 7 per cent and 18 per cent.

*Regional response rates of establishment data is provided in Figure 4. While caution should be exercised because establishment data was not provided by all NHS provider trusts in England, the data does represent a significant proportion and regional spread of trusts in England.
### Figure 4: Registered nurse staffing establishment – summary data by region

<table>
<thead>
<tr>
<th>LETB area</th>
<th>Response rate for region %</th>
<th>Established Posts (FTE)</th>
<th>Posts occupied by permanent staff (FTE)</th>
<th>Posts occupied by fixed term staff (FTE)</th>
<th>Total Posts occupied (FTE) (inclusive of permanent &amp; fixed-term)</th>
<th>Total posts unoccupied (FTE) vacancy rates %</th>
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<tbody>
<tr>
<td>North – HE North East</td>
<td>64%</td>
<td>13837.7</td>
<td>12339.46</td>
<td>89%</td>
<td>470.81</td>
<td>3%</td>
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<tr>
<td>North – HE North West</td>
<td>59%</td>
<td>35030</td>
<td>31420.55</td>
<td>90%</td>
<td>1029.82</td>
<td>3%</td>
</tr>
<tr>
<td>North – HE Yorkshire &amp; Humber</td>
<td>64%</td>
<td>24779.77</td>
<td>22251.58</td>
<td>90%</td>
<td>589.69</td>
<td>2%</td>
</tr>
<tr>
<td>Midlands &amp; East HE East Midlands</td>
<td>38%</td>
<td>8053.97</td>
<td>7107.98</td>
<td>88%</td>
<td>88.48</td>
<td>1%</td>
</tr>
<tr>
<td>Midlands &amp; East HE West Midlands</td>
<td>76%</td>
<td>32215.77</td>
<td>27902.81</td>
<td>87%</td>
<td>865.53</td>
<td>3%</td>
</tr>
<tr>
<td>Midlands &amp; East – HE East of England</td>
<td>44%</td>
<td>15683.24</td>
<td>13398.38</td>
<td>85%</td>
<td>241.96</td>
<td>2%</td>
</tr>
<tr>
<td>London – HE North, Central &amp; East</td>
<td>40%</td>
<td>12436.85</td>
<td>10580.38</td>
<td>85%</td>
<td>379.28</td>
<td>3%</td>
</tr>
<tr>
<td>London – HE North West</td>
<td>50%</td>
<td>13129.34</td>
<td>10444.4</td>
<td>80%</td>
<td>300.97</td>
<td>2%</td>
</tr>
<tr>
<td>London – HE South</td>
<td>50%</td>
<td>5713.4</td>
<td>4478.9</td>
<td>78%</td>
<td>192.59</td>
<td>3%</td>
</tr>
<tr>
<td>South – HE Kent, Surrey &amp; Sussex</td>
<td>56%</td>
<td>17987.2</td>
<td>15316.43</td>
<td>85%</td>
<td>656.6</td>
<td>4%</td>
</tr>
<tr>
<td>South – HE Thames Valley</td>
<td>43%</td>
<td>5181.69</td>
<td>4437.59</td>
<td>86%</td>
<td>204.3</td>
<td>4%</td>
</tr>
<tr>
<td>South – HE South West</td>
<td>85%</td>
<td>20133.73</td>
<td>18372.53</td>
<td>91%</td>
<td>357.47</td>
<td>2%</td>
</tr>
<tr>
<td>South – HE Wessex</td>
<td>36%</td>
<td>5945.56</td>
<td>5405.83</td>
<td>91%</td>
<td>88.16</td>
<td>1%</td>
</tr>
<tr>
<td>Grand totals</td>
<td></td>
<td>21028.22</td>
<td>183456.82</td>
<td>87%</td>
<td>5465.66</td>
<td>3%</td>
</tr>
</tbody>
</table>
SECTION C – RETENTION AND TURNOVER RATES

Headlines

Figure 5 shows what action(s) surveyed trusts have taken to retain their registered nurse workforce.

Results indicate:

— 146 trusts (99 per cent) have taken some form of local action to retain their registered nurse workforce.
— Actions have focused on recruitment strategies (138 trusts, 94 per cent) and working environment strategies (134 trusts, 91 per cent).
— 129 trusts (88 per cent) have taken action with employee relationship strategies and employee development strategies.
— Employee compensation strategies have had the focus of 73 trusts (50 per cent).

Figure 5: Actions to retain the nurse workforce

<table>
<thead>
<tr>
<th>Action(s) taken to retain nursing workforce</th>
<th>Number of provider trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment strategies</td>
<td>138</td>
</tr>
<tr>
<td>Working environment strategies</td>
<td>134</td>
</tr>
<tr>
<td>Employee relationship strategies</td>
<td>129</td>
</tr>
<tr>
<td>Employee development strategies</td>
<td>129</td>
</tr>
<tr>
<td>Employee compensation strategies</td>
<td>73</td>
</tr>
</tbody>
</table>

- Recruitment strategies (e.g. Values based recruitment, realistic job previews)
- Working environment strategies (e.g. Flexible working, health & wellbeing)
- Employee relationship strategies (e.g. Staff engagement)
- Employee development strategies (e.g. Skills development, training & career progression)
- Employee compensation strategies (e.g. Reward & recognition schemes)
Figure 6 shows reported turnover rates of surveyed trusts for the period between 1 November 2014 and 31 October 2015.

Respondents were asked to provide turnover information from pre-defined ranges (i.e. 0-5, 6-8, 9-11) – these results are based on a calculation of the highest value in the range.

Results indicate:
- 109 trusts (74 per cent) had a turnover rate of less than 15 per cent.
SECTION D – SUPPLY SHORTAGES AND VACANCY RATES

Headlines
Figure 7 provides a summary of the number of surveyed trusts reporting supply shortages of registered nurses.

Results indicate:
— 137 trusts (93 per cent) reported they are experiencing registered nurse supply shortages.
— Supply shortages are being experienced across all health education regions (Figure 8).

Figure 9 provides a summary of the number (FTE) of unfilled nurse vacancies reported by surveyed trusts.

Results indicate:
— 45 trusts (31 per cent) are estimated to have between 1–60 FTE* registered nurse vacancies.
— 40 trusts (27 per cent) are estimated to have between 61–120 FTE* vacancies.
— 35 trusts (24 per cent) are estimated to have between 121–300 FTE* vacancies.
— three trusts are reporting estimated vacancies of 300 plus FTE*
— reported hard-to-fill vacancies
   — 45 per cent have been unfilled for over six months
   — 30 per cent have been unfilled for three – six months.

*Respondents were asked to provide FTE vacancy information for each area of nursing from pre-defined ranges (i.e. 1-10, 11-20, 21-30) – these results are based on a calculation of the highest value in the range.

Figure 7: Registered nurse workforce supply shortages
Figure 8: Regional spread of nurse supply shortages

- East Midlands: 16%
- East of England: 10%
- Kent Surrey & Sussex: 9%
- North Central & East London: 8%
- North East: 8%
- North West: 5%
- North West London: 5%
- South London: 4%
- South West: 4%
- Thames Valley: 3%
- Wessex: 2%
- Wessex: 2%
- Yorks & Humber: 1%

Figure 9: Unfilled nurse vacancies (FTE)

- 1 - 30: 14
- 31 - 60: 31
- 61 - 90: 15
- 91 - 120: 25
- 121 - 150: 9
- 151 - 180: 11
- 181 - 210: 10
- 211 - 240: 1
- 241 - 270: 2
- 271 - 300: 2
- 300+: 3
- None: 8

Number of provider trusts vs Unfilled nurse vacancies (FTE)
Figure 10 provides a breakdown of unfilled vacancies by nursing field and area. Respondents were asked to specify the field of nursing (i.e. adult, mental health, children’s and learning disability) and the specific area of nursing practice (for example theatre, surgical, elderly).

Results indicate:

— 677 reports of unfilled nursing vacancies spanning all grades and fields of nursing, ranging from 1-300 FTE and 0–12 plus months vacant.

— 502 reports are of hard-to-fill nurse vacancies (vacant for three plus months) spanning all grades and fields of nursing.

— 72 per cent of trusts experiencing registered nurse supply shortages are reporting hard-to-fill vacancies (vacant for three plus months) in more than one area of nursing which is compounding their recruitment challenges (refer to Figure 9 for FTE vacancy numbers).

— 78 per cent of all reported hard-to-fill vacancies (vacant for three plus months) are in the field of adult nursing.

— Vacancies are in a range of adult nursing areas of practice (over 25). The most commonly reported are in theatre, elderly, accident & emergency, surgical / medical and critical & intensive care (Figure 10).

— 88 per cent of adult nursing hard-to-fill vacancies (vacant for three plus months) are for entry level nursing positions (Agenda for Change band 5).

— 22 per cent of all reported hard-to-fill vacancies (vacant for three plus months) are in the fields of learning disabilities, mental health and children’s nursing.

— Numbers of reported hard-to-fill vacancies (vacant for three plus months) are lower in experienced nursing positions (Agenda for Change bands 7 and 8) across all fields of nursing. In these grades, the results indicate pockets of local recruitment challenges rather than widespread problems.
Figure 10: Reported unfilled vacancies by nursing area

<table>
<thead>
<tr>
<th>Branch of nursing</th>
<th>Specialty</th>
<th>A&amp;C Band</th>
<th>Specialism of nursing</th>
<th>No vacancies (FTE)</th>
<th>Unfilled for how long</th>
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<tbody>
<tr>
<td>Adult</td>
<td>Adult</td>
<td>5</td>
<td>White</td>
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SECTION E – ACTIONS TO MANAGE SUPPLY CHALLENGES

Headlines

Figure 11 provides a summary of the local action taken by surveyed trusts to ensure nurse workforce supply meets current and predicted future demand on services.

Results indicate:

— Action has focused on:
  — local recruitment campaigns
  — skill mix reviews/service reconfigurations
  — use of agency/temporary staff
  — increased emphasis on workforce planning.

— Other reported strategies in place include:
  — retention strategies
  — active recruitment outside of the UK
  — planned overtime
  — return to practice schemes
  — expanding practice placement capacity
  — recruitment & retention premia
  — non-commissioned nurse training.

— 40 trusts (27 per cent) are using their pay bill to manage supply challenges through recruitment and retention premia and 60 trusts (41 per cent) through planned overtime.

— 95 trusts (65 per cent) have taken action to actively recruit from outside of the UK.

— No trusts are reporting active recruitment outside of the UK as an isolated action to manage their supply challenges.

Figure 5 on page 12 shows what action(s) surveyed trusts have taken to retain their registered nurse workforce.

Results indicate:

— 146 trusts (99 per cent) have taken some form of local action to retain their registered nurse workforce.

— Actions have focused on recruitment strategies (138 trusts, 94 per cent) and working environment strategies (134 trusts, 91 per cent).

— 129 trusts (88 per cent) have taken action with employee relationship strategies and employee development strategies.

— Employee compensation strategies have had the focus of 73 trusts (50 per cent).
Figure 11: Reported actions to manage supply challenges

- Skill mix review / service reconfiguration: 131
- Increased emphasis on workforce planning: 120
- Workforce retention strategy: 100
- Return to practice scheme: 110
- Expanded practice placement capacity: 76
- Non-commissioned HEE nurse training: 34
- Local recruitment campaign: 139
- Active recruitment outside of the UK: 95
- Agency / temporary staff: 123
- Recruitment & retention premia: 40
- Planned overtime: 60
- Other: 62
SECTION F – PATTERNS OF INTERNATIONAL RECRUITMENT ACTIVITY

Headlines

Figure 12 shows the number of surveyed trusts that have undertaken recruitment outside of the UK (EEA and/or non-EEA countries) during the last 12 months to fill registered nurse vacancies.

Results indicate:

— 92 trusts (63 per cent) have actively recruited from outside of the UK during the last 12 months.
— 81 (88 per cent) are hospital trusts.
— 4 (4 per cent) are mental health trusts.
— 2 (2 per cent) are community trusts.
— Targeted recruitment activity outside of the UK has taken place within trusts from across all health education regions (Figure 13).

Figure 12: Recruitment outside of the UK during the last 12 months

- Yes: 92, 63%
- No: 53, 36%
- Unknown: 2, 1%
Figure 14 shows where recruitment activity outside of the UK has been targeted by surveyed trusts in the last 12 months to fill registered nurse vacancies.

Results indicate:

- 92 trusts (63 per cent) have actively recruited from outside of the UK during the last 12 months.
- 57 of these trusts (62 per cent) have targeted their recruitment activity only in EEA countries.
- 28 trusts (30 per cent) have targeted their recruitment activity in EEA countries and non-EEA countries.
- Seven trusts (8 per cent) have only targeted non-EEA countries.
- Italy, Spain and Portugal have been the most commonly targeted countries. A breakdown of recruitment activity by destination is provided in Figure 15.
- Outside of the EEA, the Philippines has been targeted by 15 surveyed trusts, and India by 12 trusts.
Figure 14: Recruitment activity outside of the UK in the last 12 months

- EEA countries: 57, 62%
- Non-EEA countries: 7, 8%
- Both EEA and non-EEA countries: 28, 30%

Figure 15: Countries targeted for recruitment campaigns in last 12 months

- Spain: 55
- Ireland: 51
- Portugal: 58
- Poland: 2
- Italy: 26
- France: 18
- Romania: 15
- Philippines: 10
- Greece: 3
- Australia: 12
- Cyprus: 2
- India: 2
- Denmark: 2
- Sweden: 2
- Germany: 4
- Holland: 2
- Finland: 1
- Czech Republic: 3
- Malta: 1
- Belgium: 1
Figure 16 shows a comparison of the number of planned appointments and the number of candidates offered employment through EEA recruitment campaigns in the last 12 months.

Results indicate:

— 68 per cent of EEA targeted recruitment campaigns have been unsuccessful at sourcing the number of planned appointments.

— Ten exceptions where trusts were able to successfully recruit more individuals than planned.

— Collectively, trusts were looking to appoint 3,793 individuals and were able to offer employment to 2,980 individuals in the last 12 months.

Figure 17 shows a comparison of the number of planned appointments and the number of candidates offered employment through non-EEA recruitment campaigns in the last 12 months.

Results indicate:

— 67 per cent of non-EEA targeted recruitment campaigns have been successful at sourcing the number of planned appointments.

— Ten exceptions where trusts were unable to successfully recruit the number of individuals planned.

— Non-EEA recruitment campaigns have taken place with less frequency than EEA recruitment but generally with larger headcounts.
**Figure 17: Planned appointments and offers of employment for non-EEA recruitment**

![Bar chart showing planned recruitment and offered employment for non-EEA campaigns](image)

**Figure 18** shows the number of non-EEA individuals with an offer of employment and currently passing through the recruitment and professional registration process.

Results indicate:

- 3,273 candidates from outside of the EEA have an offer of NHS employment and are currently passing through the recruitment and professional registration process.

- It is anticipated that 30 per cent of these new recruits will have passed the NMC CBT and be ready to travel the UK between January – March 2016.

- A further 50 per cent should have passed the NMC CBT and be in a position to travel to the UK from April 2016 onwards.

**Figure 18: Non-EEA recruits with an offer of employment and passing through recruitment process**

![Bar chart showing the number of non-EEA recruits with an offer of employment](image)

Anticipate will pass NMC CBT and be ready to travel to UK (indicator of forecasted RCoS applications)
Figure 19 shows the number of reported planned appointments through EEA and non-EEA recruitment in the next 12 months.

Results indicate:
- 5,273 new appointments are planned for recruitment activity outside of the UK (EEA and non-EEA) in the next 12 months.
- Over 60 per cent (3,220) of these appointments are planned for non-EEA recruitment.

Figure 20 shows the number of surveyed trust considering actively recruiting from outside the UK to fill registered nurse vacancies in the next 12 months.

Results indicate:
- 83 trusts (56 per cent) are considering actively recruiting from outside of the UK in the next 12 months.
- Of the 53 trusts who did not actively recruit from outside of the UK in the last 12 months:
  - Ten trusts (19 per cent) are now considering recruitment activity outside of the UK in the coming 12 months.
  - 18 trusts (34 per cent) are undecided.
- A breakdown of the countries considered for future targeted recruitment activity outside of the UK is provided in Figure 21.
- Italy, Spain and Portugal look to be targeted EEA countries in the next 12 months.
— Non-EEA countries such as the Philippines and India are featuring predominantly in future overseas recruitment plans.
— Other non-EEA labour markets are also being considered for future campaigns such as Australia, Singapore, South Africa and United Arab Emirates.

**Figure 20:** Recruitment outside of the UK during next 12 months

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**Figure 21:** Countries targeted for recruitment campaigns in next 12 months

- Ireland
- Portugal
- Australia
- New Zealand
- South Africa
- Spain
- India
- Singapore
- Romania
- Italy
- Poland
- Philippines
- United Arab Emirates
- Croatia
- Greece
- Ukraine
- EEA (unspecified)
NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

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Summary
The survey has provided data and analysis on aspects of supply and demand levels and trends among the NHS registered nurse workforce in England.

Report author
NHS Employers

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