

DECEMBER 2015

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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SUMMARY

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 North West 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

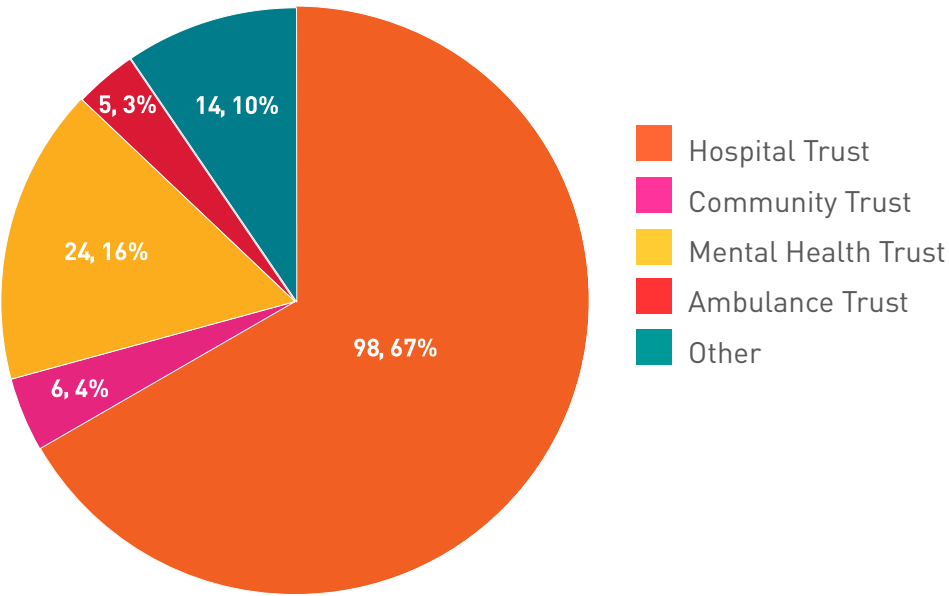


Figure 2: Survey responses presented by region

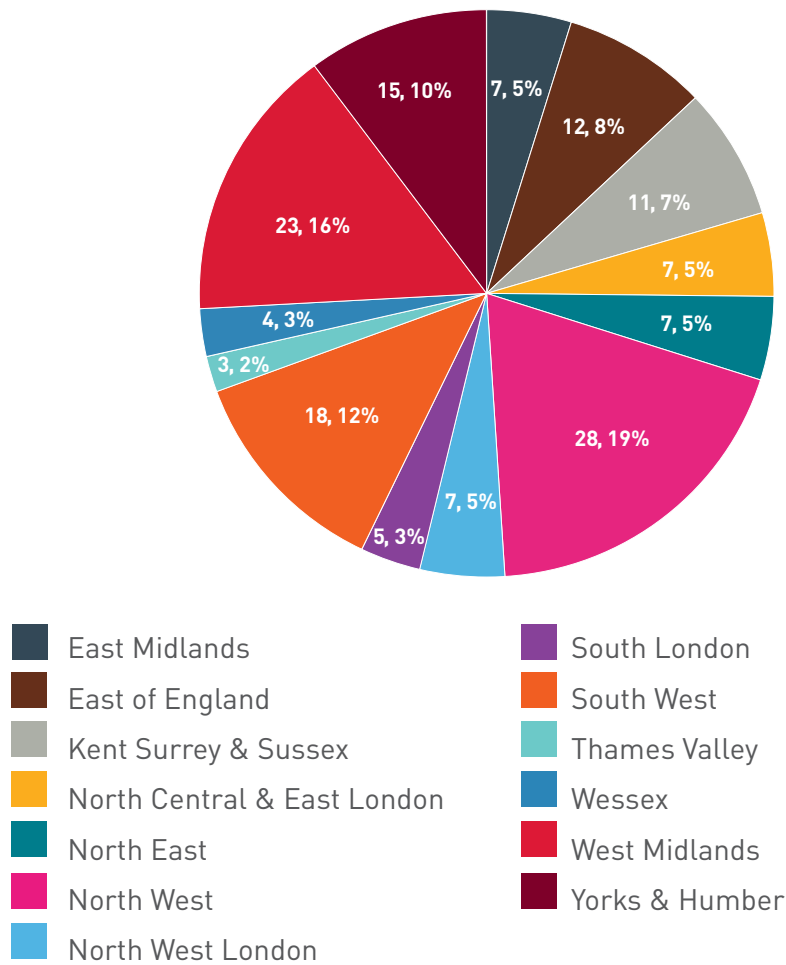
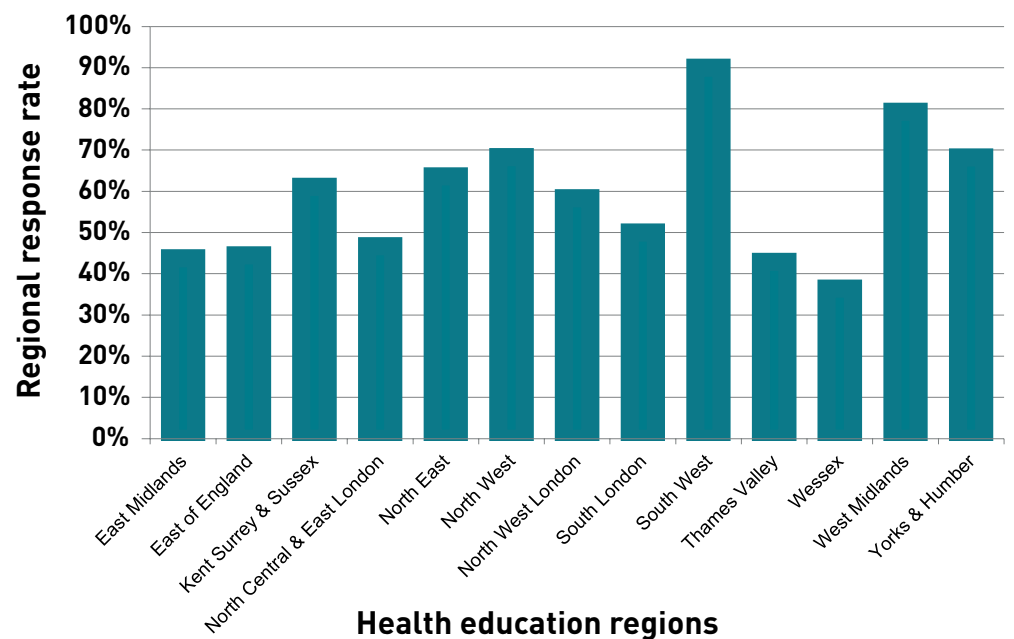


Figure 3: Survey regional response rates



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

LETB area	Response rate for region %	Established Posts (FTE)	Posts occupied by permanent staff (FTE)		Posts occupied by fixed term staff (FTE)		Total Posts occupied (FTE) (inclusive of permanent & fixed-term)		Total posts unoccupied (FTE) vacancy rates %	
North – HE North East	64%	13837.7	12339.46	89%	470.81	3%	12810.27	93%	1027.43	7%
North – HE North West	59%	35030	31420.55	90%	1029.82	3%	32450.37	93%	2579.63	7%
North – HE Yorkshire & Humber	64%	24779.77	22251.58	90%	589.69	2%	22841.27	92%	1938.5	8%
Midlands & East HE East Midlands	38%	8053.97	7107.98	88%	88.48	1%	7196.46	89%	857.51	11%
Midlands & East HE West Midlands	76%	32215.77	27902.81	87%	865.53	3%	28768.34	89%	3447.43	11%
Midlands & East – HE East of England	44%	15683.24	13398.38	85%	241.96	2%	13640.34	87%	2042.9	13%
London – HE North, Central & East	40%	12436.85	10580.38	85%	379.28	3%	10959.66	88%	1477.19	12%
London – HE North West	50%	13129.34	10444.4	80%	300.97	2%	10745.37	82%	2383.97	18%
London – HE South	50%	5713.4	4478.9	78%	192.59	3%	4671.49	82%	1041.91	18%
South – HE Kent, Surrey & Sussex	56%	17987.2	15316.43	85%	656.6	4%	15973.03	89%	2014.17	11%
South – HE Thames Valley	43%	5181.69	4437.59	86%	204.3	4%	4641.89	90%	539.8	10%
South – HE South West	85%	20133.73	18372.53	91%	357.47	2%	18370	93%	1403.73	7%
South – HE Wessex	36%	5945.56	5405.83	91%	88.16	1%	5493.99	92%	451.57	8%
Grand totals		21028.22	183456.82	87%	5465.66	3%	188922.48	90%	21205.74	10%

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

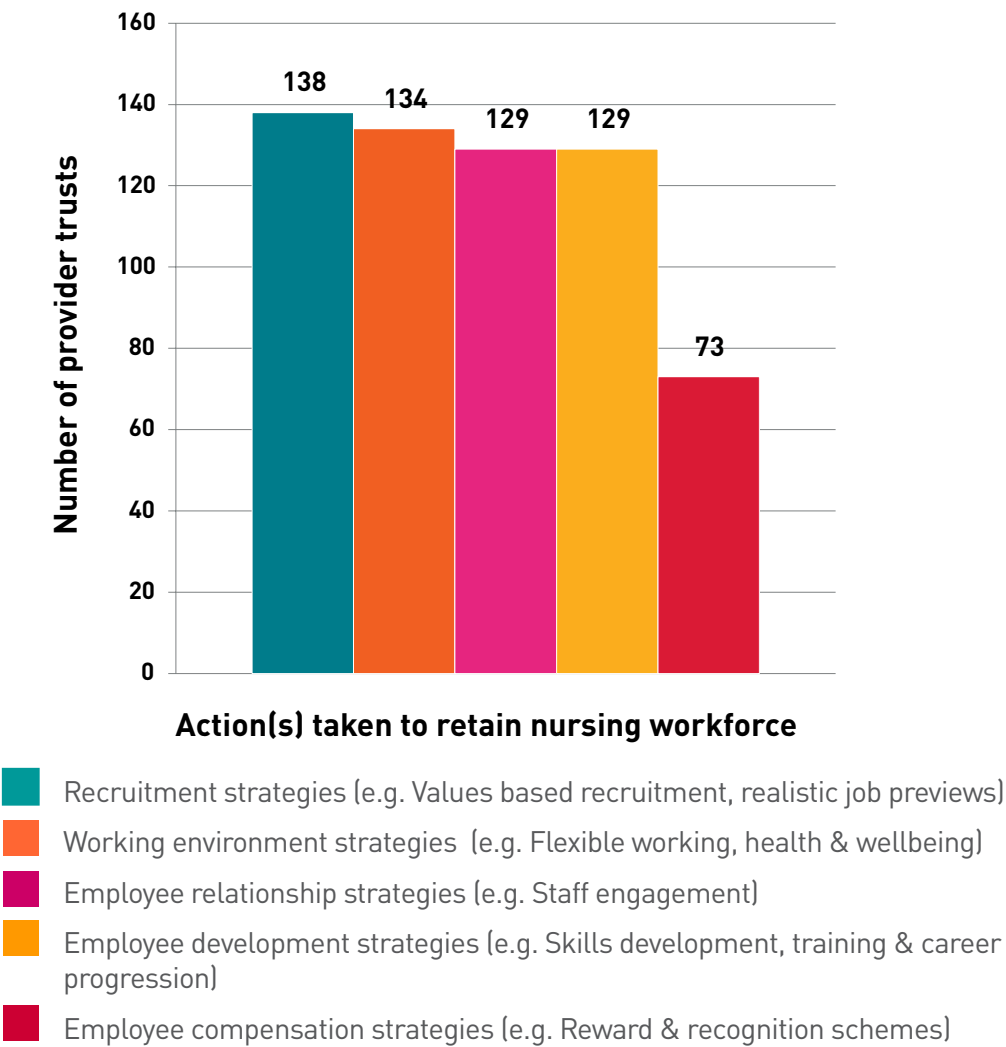


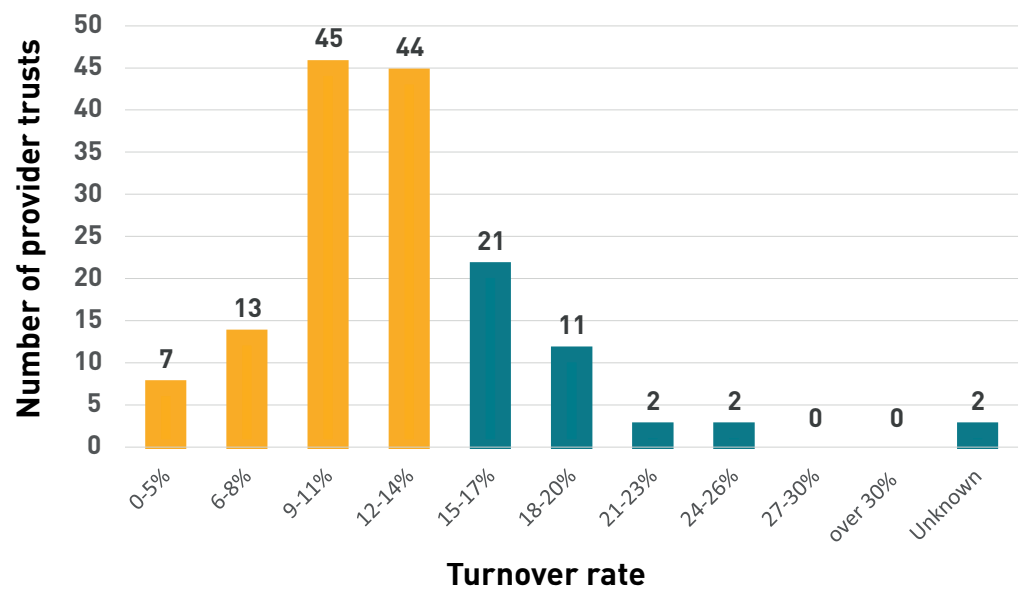
Figure 6 shows reported turnover rates of surveyed trusts for the period between 1 November 2014 and 31 October 2015.

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.

Figure 6: Turnover rate for registered nurse workforce



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

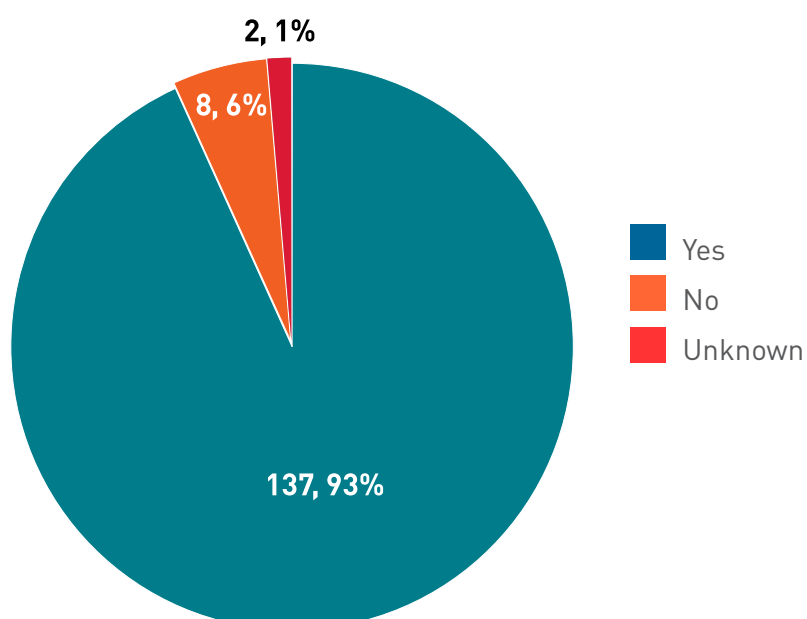


Figure 8: Regional spread of nurse supply shortages

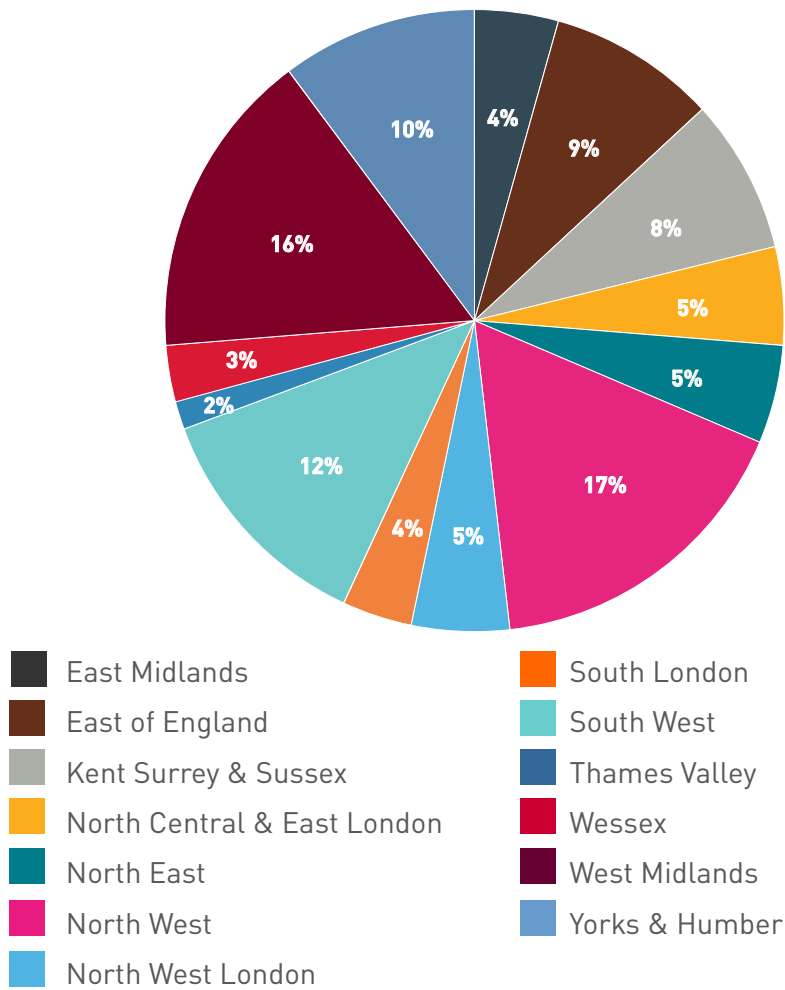


Figure 9: Unfilled nurse vacancies (FTE)

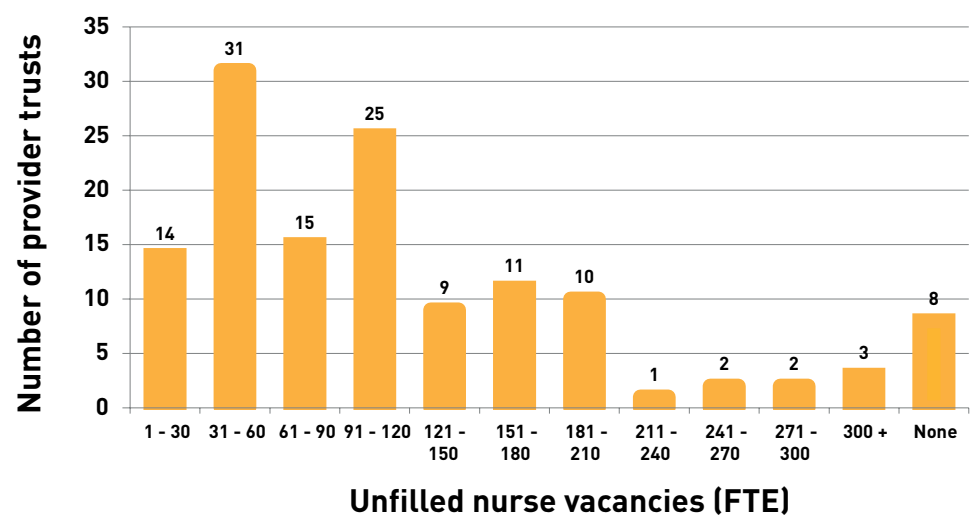


Figure 10 provides a breakdown of unfilled vacancies by nursing field and area.

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

Reported supply shortages by nursing branch / area			Please note - figures in this table represent the number of trusts reporting the shortage by FTE and length of time unfilled																								
			No.vacancies (FTE)																		Unfilled for how long						
Branch of nursing	A/C Band	Specialism of nursing	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100	101-150	151-200	201-250	251-300	300+	(blank)	Grand Total (of trusts reporting this shortage)	0-3 months	3-6 months	6-12 months	12+ months	(blank)			
Adult	5	Theatre	24	14	10	2	3		1			1						6	61	12	17	13	14	5			
	5	Elderly	20	18	6	3	2		1				1					3	54	9	12	19	13	1			
	5	Critical & intensive care	16	12	3	6	1	1										1	40	5	13	10	10	2			
	5	A&E / emergency / trauma	22	12	3	1		1			1		1					9	50	12	14	16	7	1			
	5	Surgical / medical	17	14	5	6	1	1	4									4	52	10	11	18	11	2			
	5	Cardiac	13	8	1									1				1	24	5	6	7	4	2			
	5	Womens	1																1	1							
	5	Inherited metabolic disorders	1																1	1							
	5	Research	1																1	1							
	5	Spinal	2																2			1	1				
	5	Community	12	11	5									1				4	33	7	16	5	3	2			
	5	Inpatient				1													1								
	5	Neurology	1	3		1												1	6	1	2	1	2				
	5	Orthopaedics	24	6	4													2	36	11	5	10	9	1			
	5	General medicine	7	4	1	3		2											17	4	6	4	3				
	5	Haematology & oncology	14	1	1				2									2	18	5	6	4	2	1			
	5	Renal	3	2	1													1	7	2	3	1	1	1			
	5	Gastro & endoscopy	16	2		1													19	4	6	5	2	2			
	5	Acute medicine	3	6				2											12	1	5	2	4				
	5	Respiratory	6	2		1													9	2	4	1	2				
	5	Stroke & neurology	3	3															6	2	2		4				
	5	Community hospital		1															1			1					
	5	Long term / cronic conditions	1																1				1				
	5	Radiology / radiography	4																4	1	1	2					
	5	Prison	2																2			1	1				
	5	District		1															1			1					
	Adult	6	Cardiac			1													1	2		1			1		
		6	Haematology & oncology	1																1			1				
		6	District	1																1	1						
		6	Critical & intensive care	3	1		1												1	6	2	1	1	1	1		
		6	Community	9	4	1													2	16	1	8	4	1	2		
		6	Elderly	1																1	1						
		6	Rehabilitation	1																1	1						
6		A&E / EAU / urgent	6	4														1	11	2	4	4	1				
6		Theatre	2	2														2	6	1		2	2	1			
6		Dermatology	2																2	2							
6		Renal	2																2		1	1					
6		111 clinical advisor		1															1				1				
6		Surgical	1															1	2	1				1			
6		Gastro & endoscopy	1																1	1							
6	Occupational health	1																1	1								
6	Respiratory	1																1				1					
Adult	7	Endocrine	1																1		1						
	7	Renal	1																1	1							
	7	A&E / EAU / urgent	3																3	1		2					
	7	Community & inpatient	4		1														5		3			2			
	7	Dermatology	1																1	1							
	7	Haematology & oncology	1																1		1						
	7	Palliative care	1																1			1					
7	General medicine	1																1		1							
7	Critical & intensive care	1																1		1							
Adult	8	Ophthalmology	1																1				1				
Learning disability	5	Mental health	1	1															2		1	1					
	5	General	5	2	1		1												9	1	2	2	1	3			
	5	Community	1																1					1			
Learning disability	6	Community	1																1					1			
	6	General	3																3		2	1					
Mental health	5	Community & inpatient	7	5	2	1	1		1		1	1	2					2	23	3	8	6	3	3			
	5	Children & young people	1	1													1		2		1						
	5	Psychiatry																	1	1							
	5	Elderly	5	1	2														8	1	2	3	1	1			
	5	Prison	2																2	1		1					
	5	Crisis & liaison					1												1			1					
Mental health	5	Eating disorders	1																1			1					
	6	Community & inpatient	2	3	4	2		1											12		4	4	2	2			
	6	Prison	1																1				1				
	6	Psychiatry											1						1	1							
Mental health	6	Elderly	3	1										1					4		2	1		1			
	7	Elderly	1																1		1						
Childrens	5	Paediatrics	6																6	1	1	1	3				
	5	Theatre	1	2		1													4	1	1		1	1			
	5	Neonatal	11	2	2	1													16	2	7	4	2	1			
	5	Critical & intensive care		1	1														3			1	1				
	5	Complex care	1																1				1				
	5	General medicine	7	2															10	2	4	3		1			
	5	Community	4	1															5	1	2	1	1				
	5	School	1																1				1				
	5	Health line	1																1								
	5	A&E	1																1		1						
	5	Mental health	1																1	1							
	5	Cardiac	1																1								
	5	Spinal	1															1	2		1		1				
	5	Haematology & oncology	1																1					1			
Childrens	6	Neonatal	2		2	2													6		3	1	1	1			
	6	A&E	1																1		1						
	6	School	2																2	1		1					
	6	Critical & intensive care	1											1					1								
	6	Community	3																4								

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:

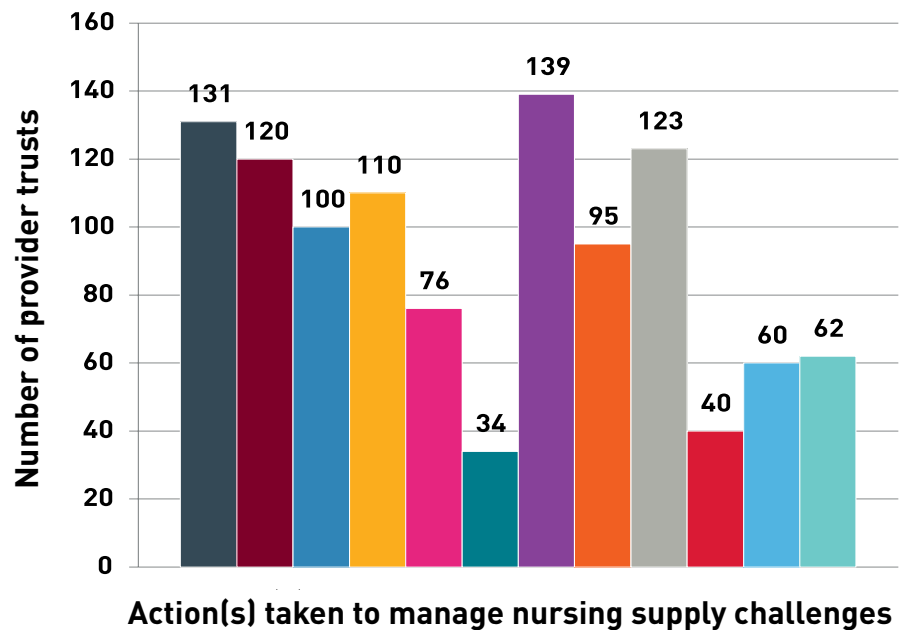
- Action has focused on:
 - local recruitment campaigns
 - skill mix reviews/service reconfigurations
 - use of agency/temporary staff
 - increased emphasis on workforce planning.
- Other reported strategies in place include:
 - retention strategies
 - active recruitment outside of the UK
 - planned 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

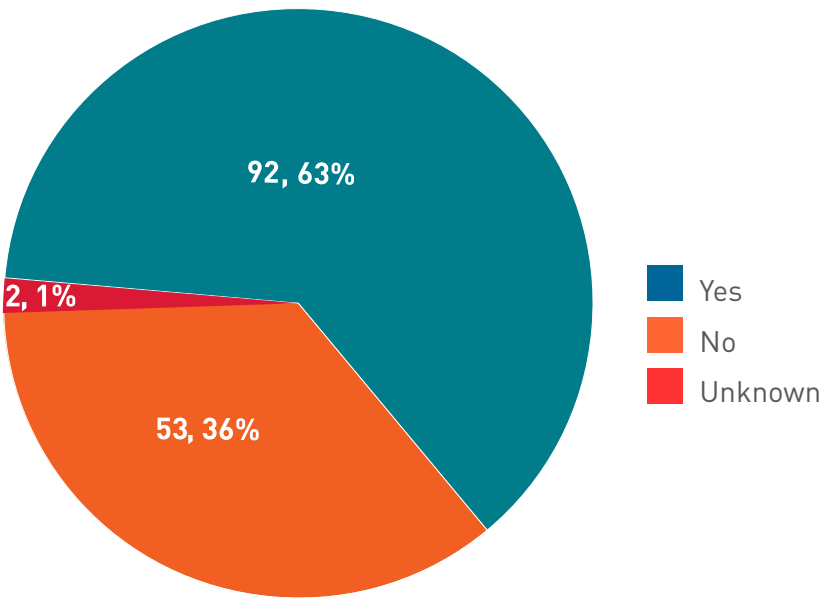


Figure 13: Recruitment activity outside of the UK by region

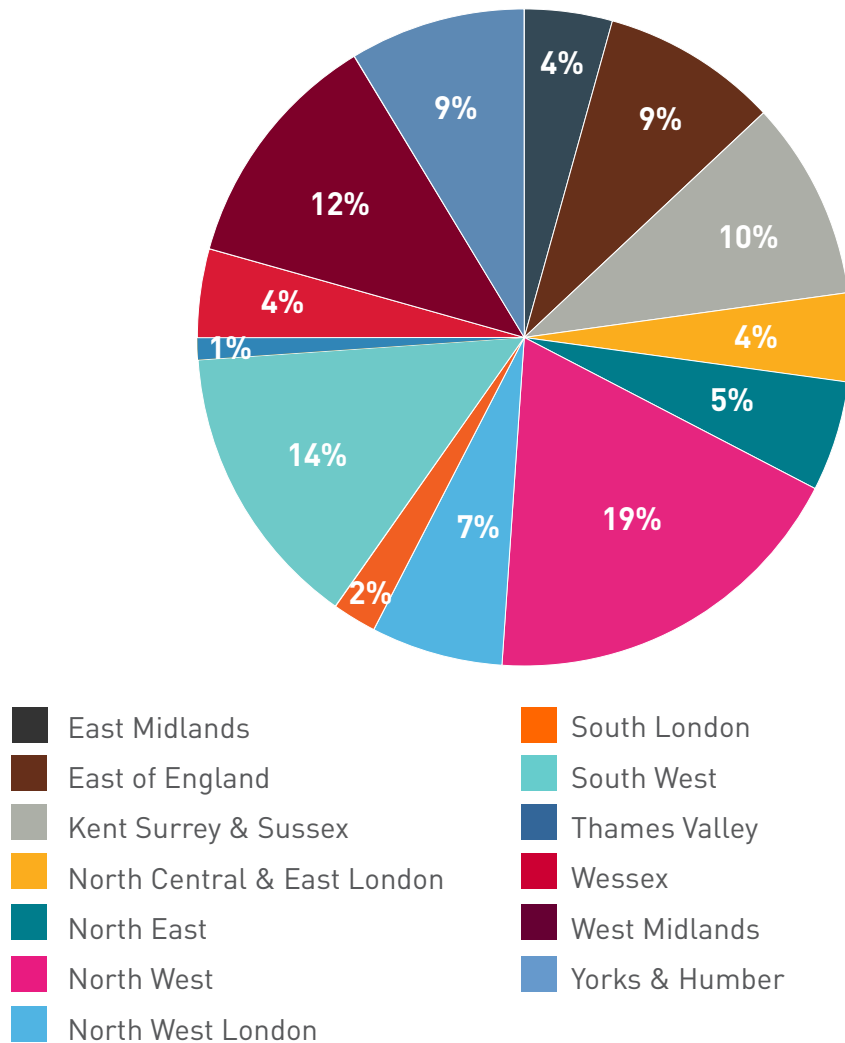


Figure 14 shows where recruitment activity outside of the UK has been targeted by surveyed trusts in the last 12 months to fill registered nurse vacancies.

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

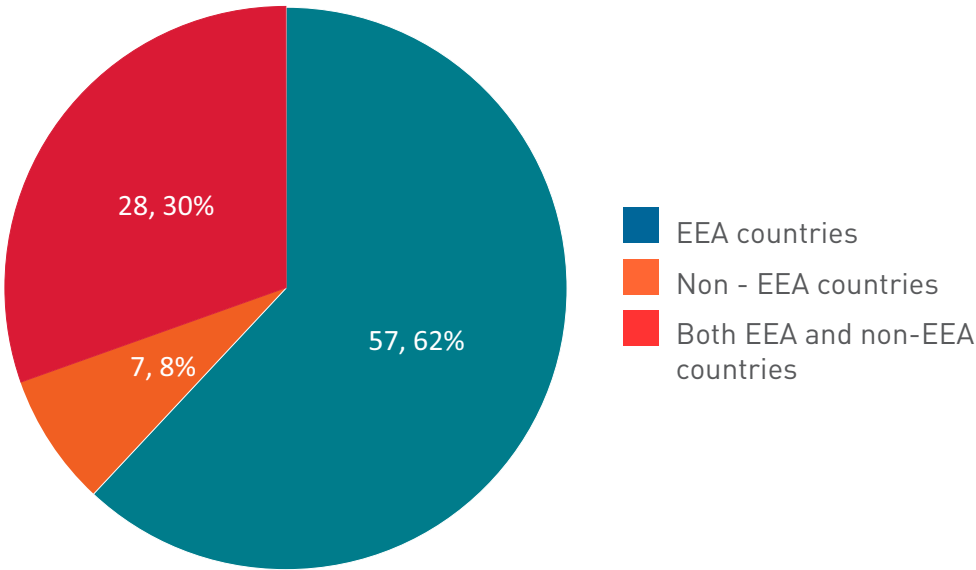


Figure 15: Countries targeted for recruitment campaigns in last 12 months

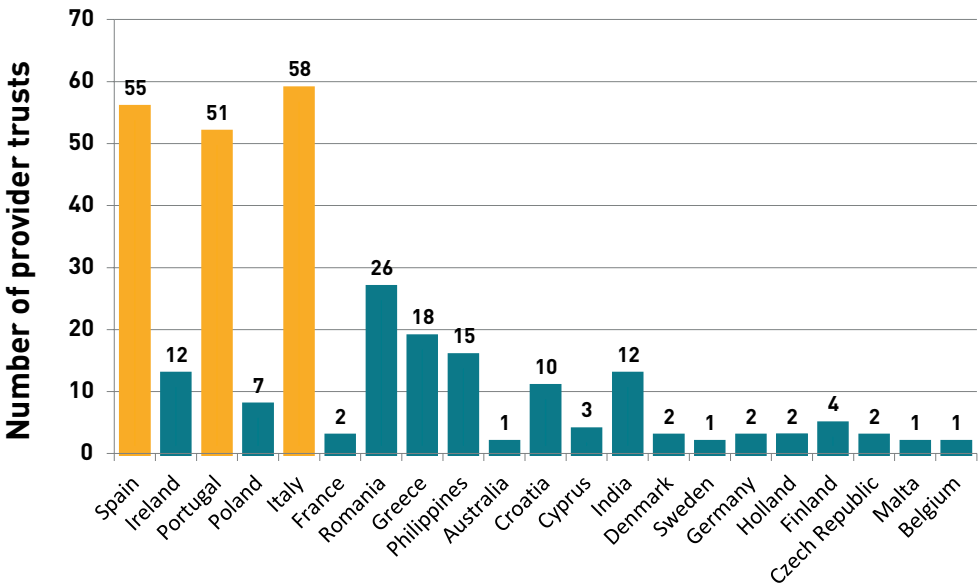


Figure 16 shows a comparison of the number of planned appointments and the number of candidates offered employment through EEA recruitment campaigns in the last 12 months.

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 16: Planned appointments and offers of employment for EEA recruitment

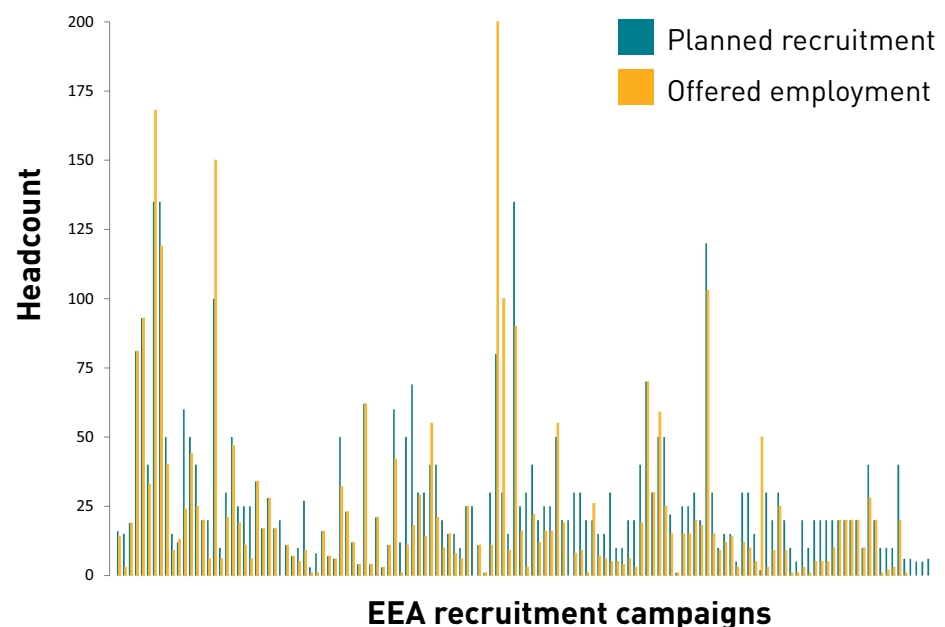


Figure 17 shows a comparison of the number of planned appointments and the number of candidates offered employment through non-EEA recruitment campaigns in the last 12 months.

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

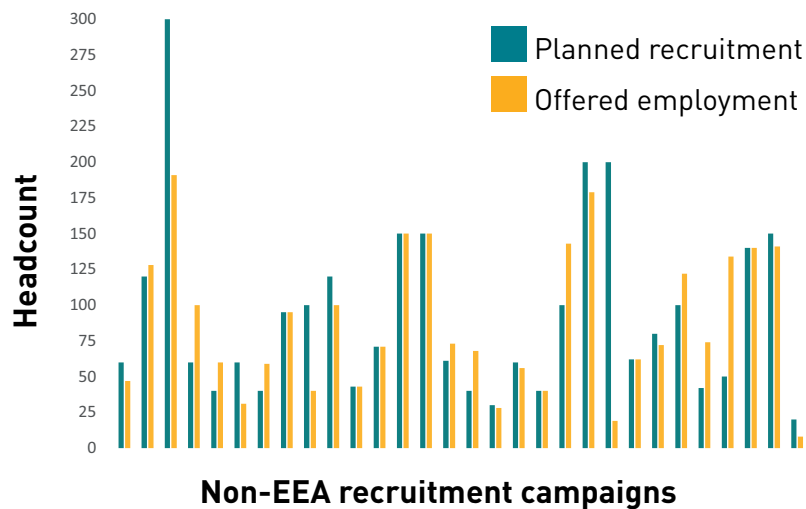
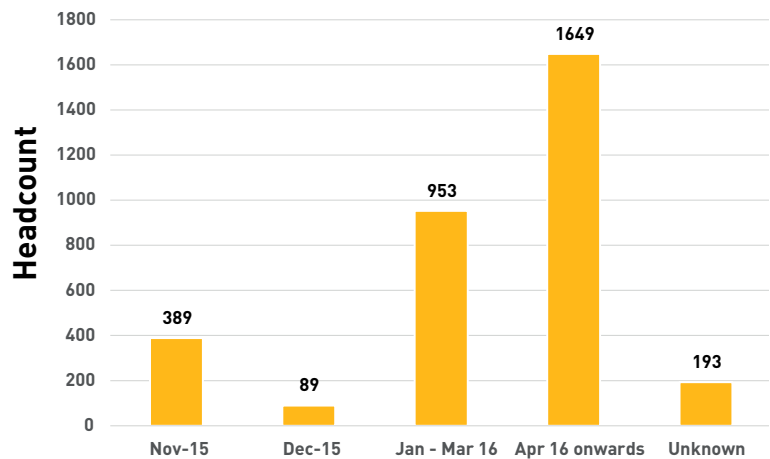


Figure 18 shows the number of non-EEA individuals with an offer of employment and currently passing through the recruitment and professional registration process.

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



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 19: Planned appointments for EEA and non-EEA recruitment in next 12 months

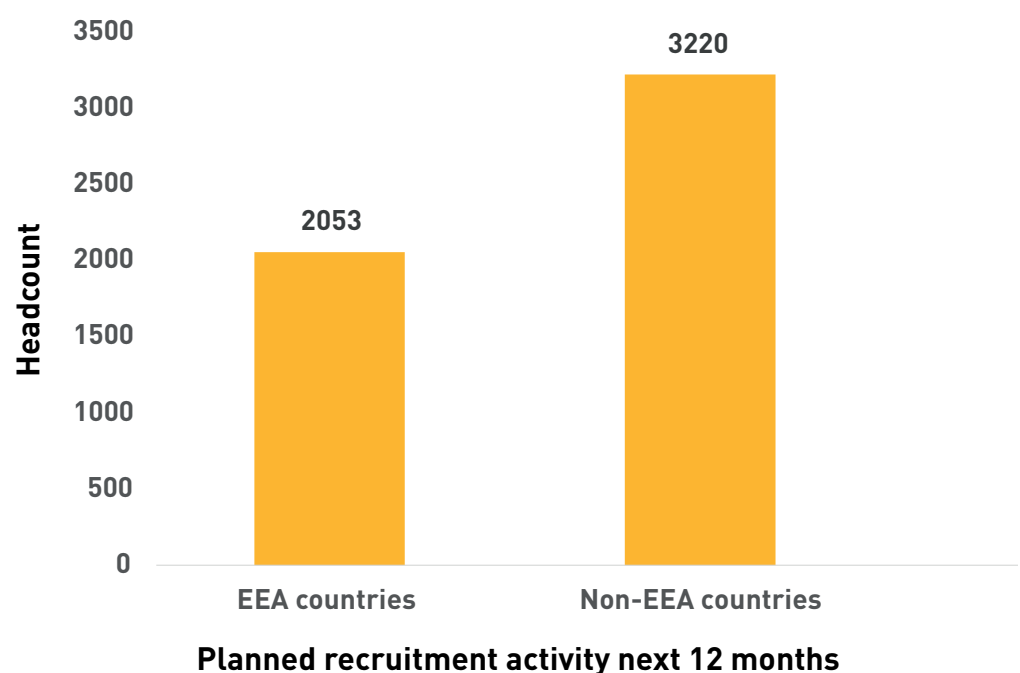


Figure 20 shows the number of surveyed trust considering actively recruiting from outside the UK to fill registered nurse vacancies in the next 12 months.

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

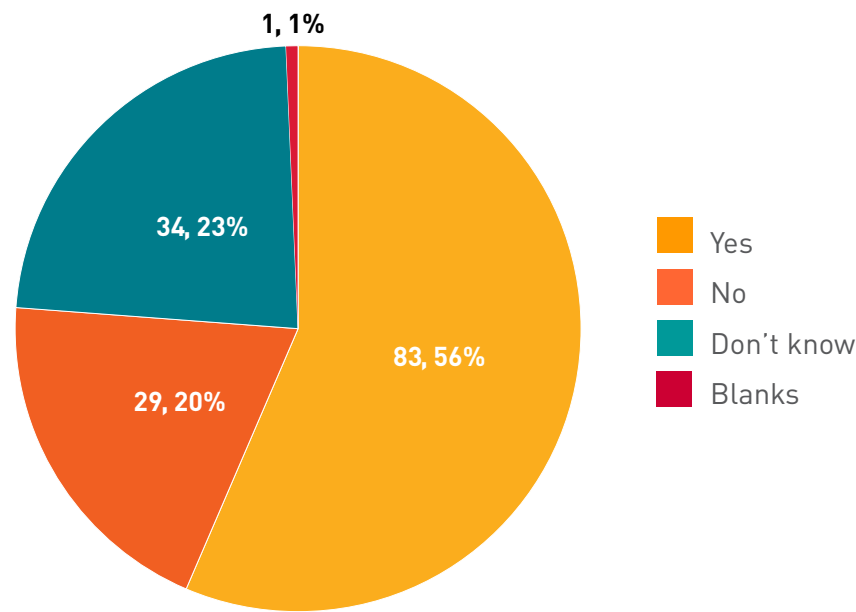
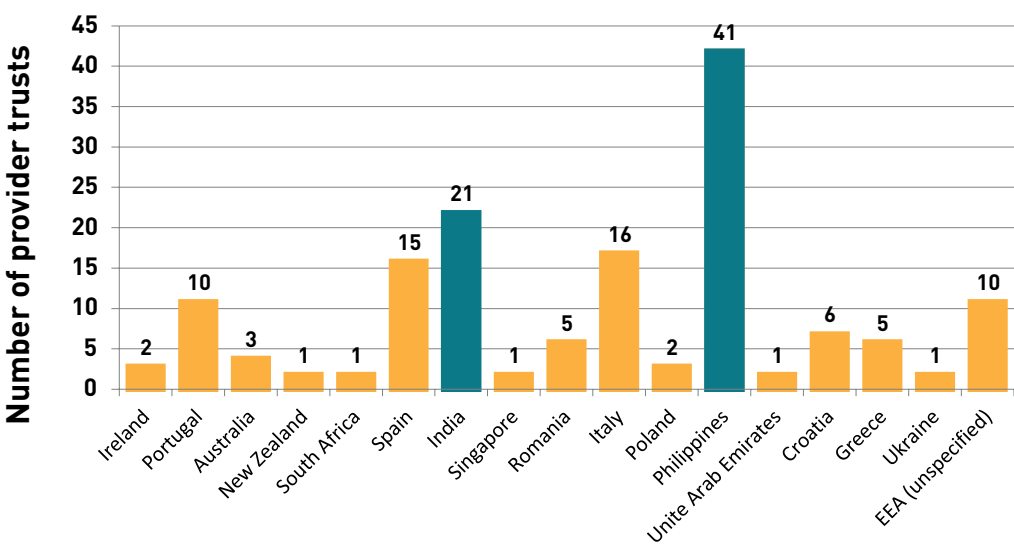


Figure 21: Countries targeted for recruitment campaigns in next 12 months



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.

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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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Ref EINF42501