

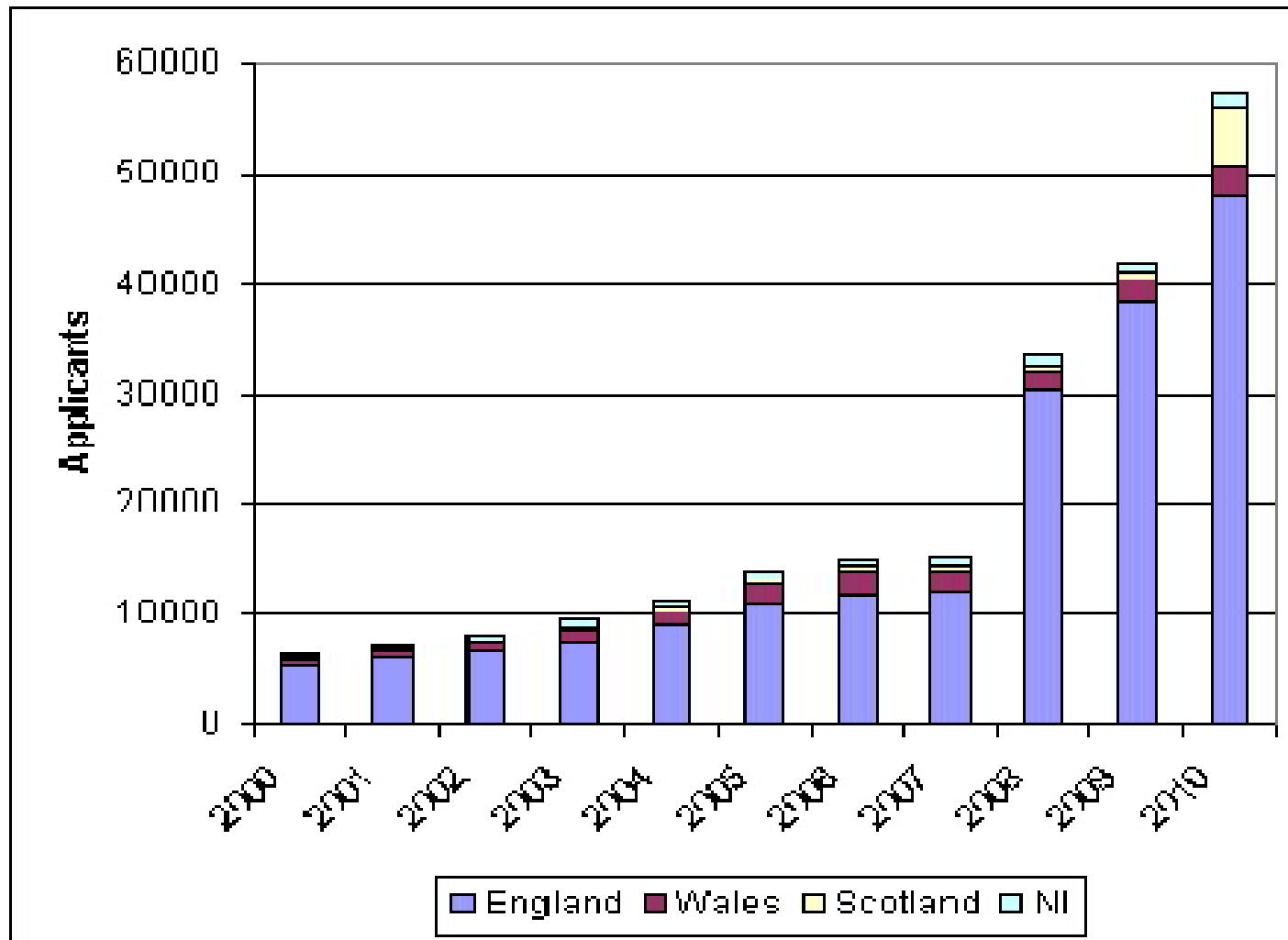
Nursing workforce trends and projections

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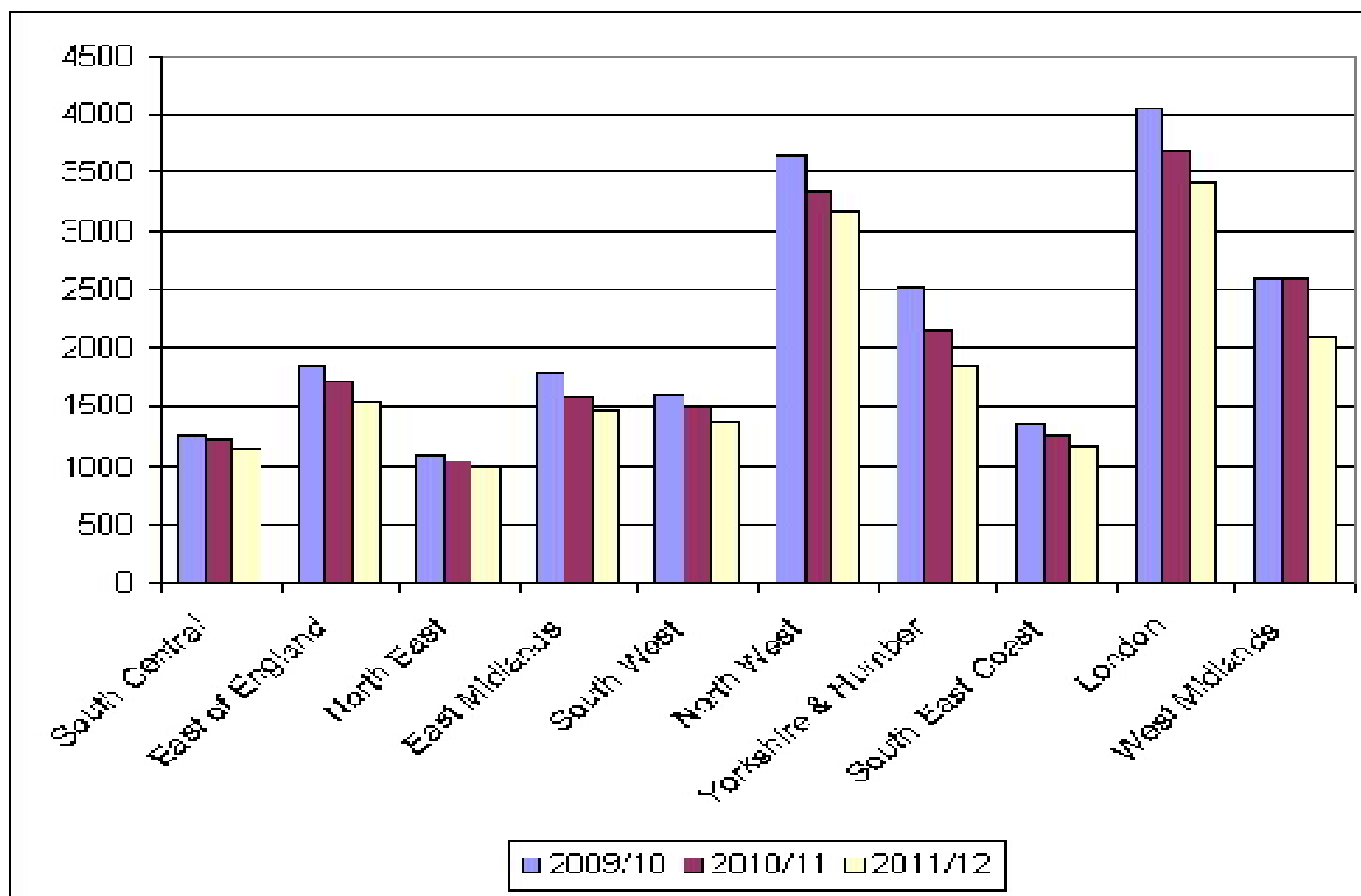
Nursing Workforce

- Recent trends in applications/ supply
- What's happening on NHS nursing numbers?
- Future look: supply scenarios
- Policy responses and realities

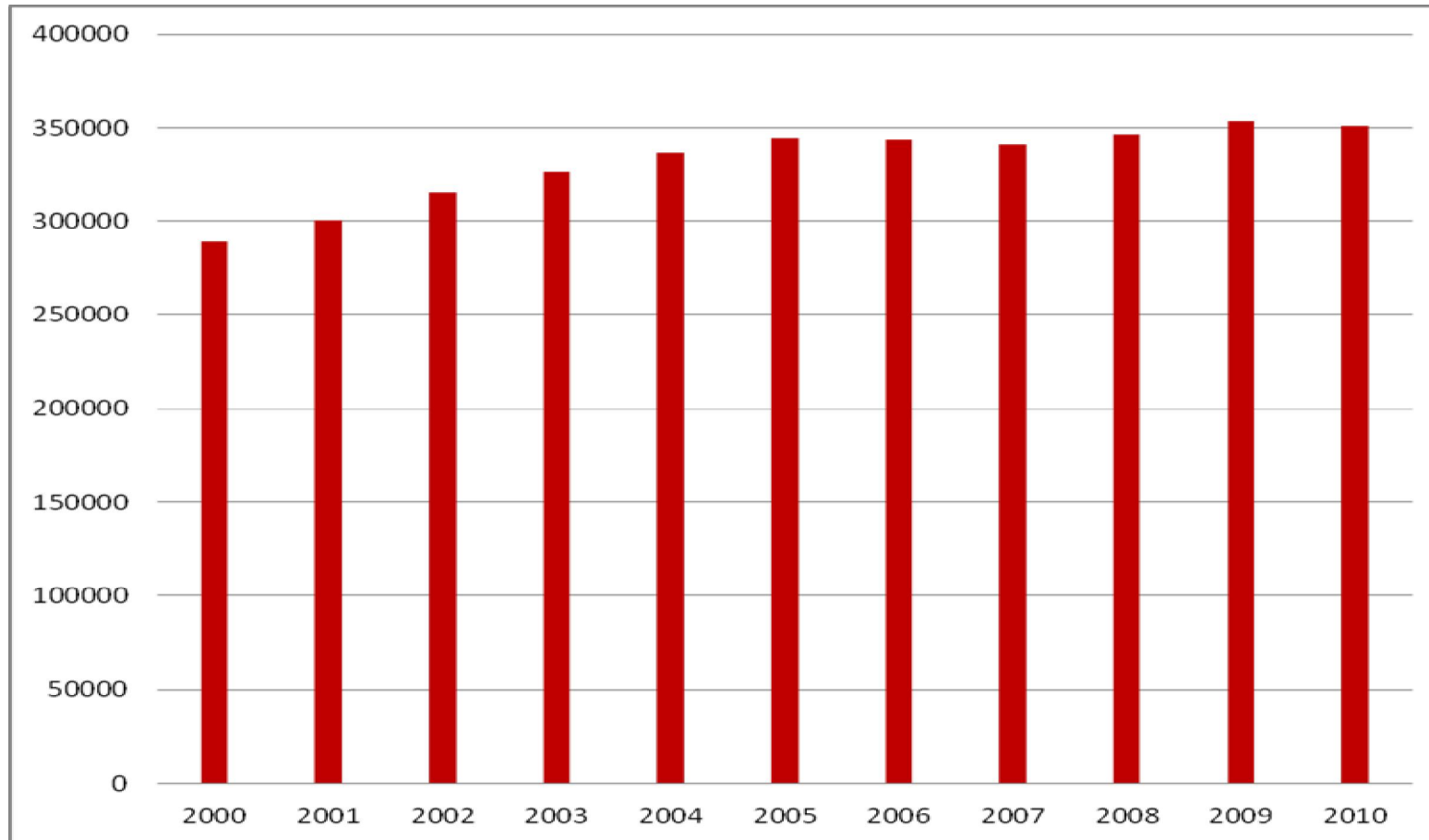
Applicants for entry to nursing education at HEI, 2000 to 2010



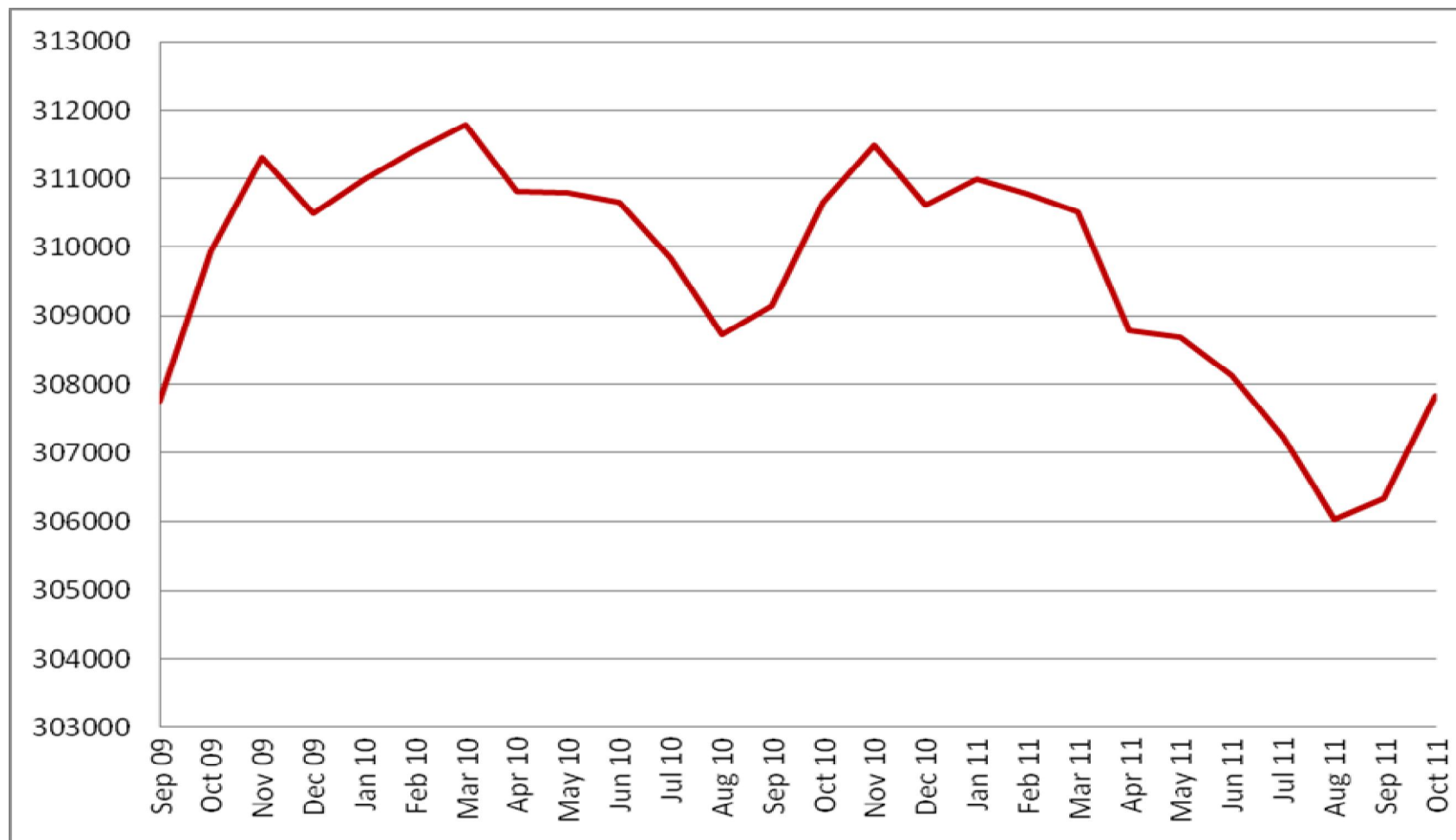
Commissioned places 2009/10-2011/12 by SHA's, England



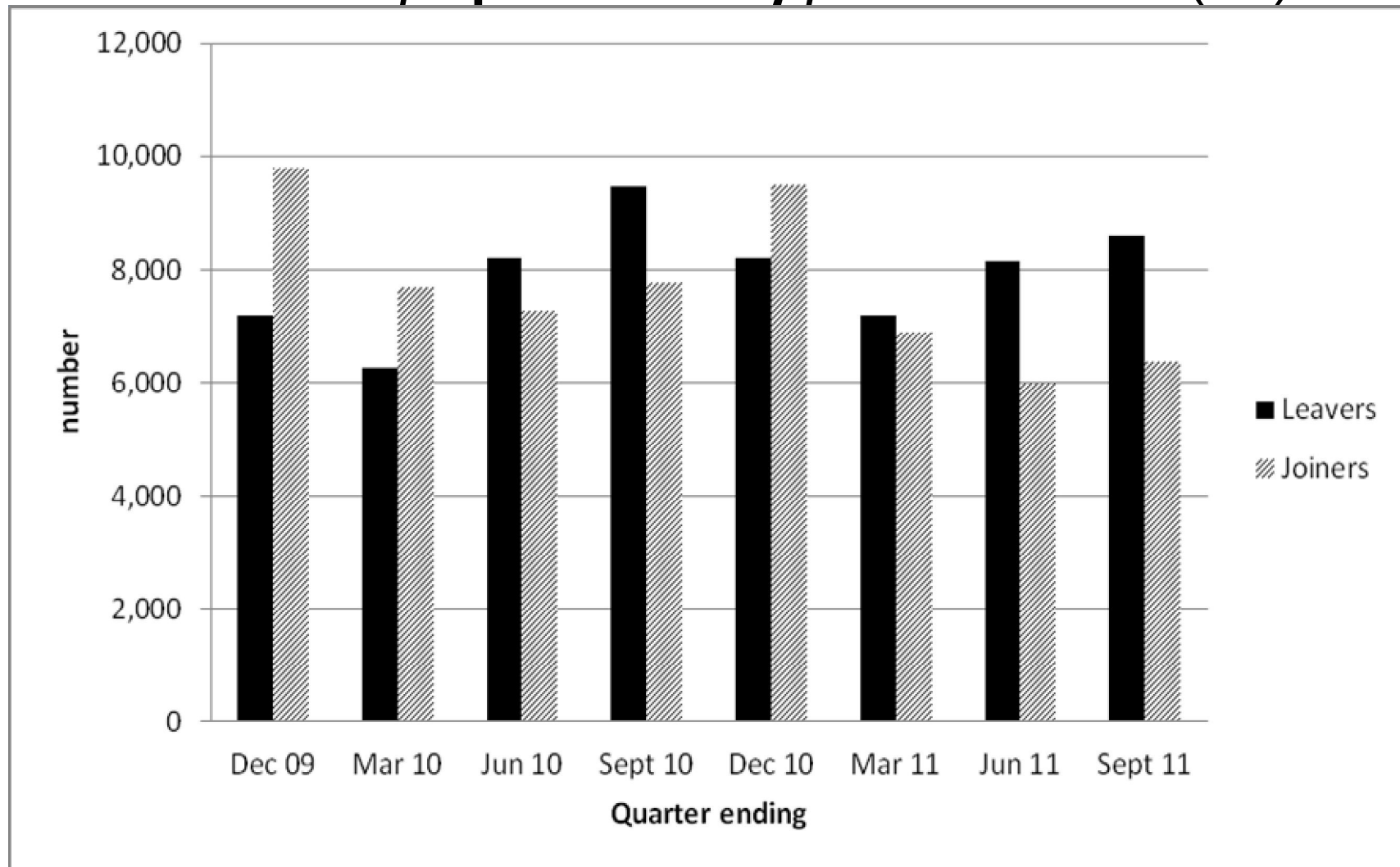
NHS England qualified nursing workforce 2000-2010 (wte) (I.C.)



NHS England, qualified nursing workforce, quarterly: Sept 2009- Oct 2011 (wte) (I.C.)



NHS Qualified nurses, joiners and leavers, quarterly, 2009-11 (I.C.)



Labour market issues

- Increased applications
- Decreased new supply; overall increase in supply of available nursing hours
- Reduced turnover /job moves
- Increased (not “improved”) retention
- Looming challenge of ageing of the workforce

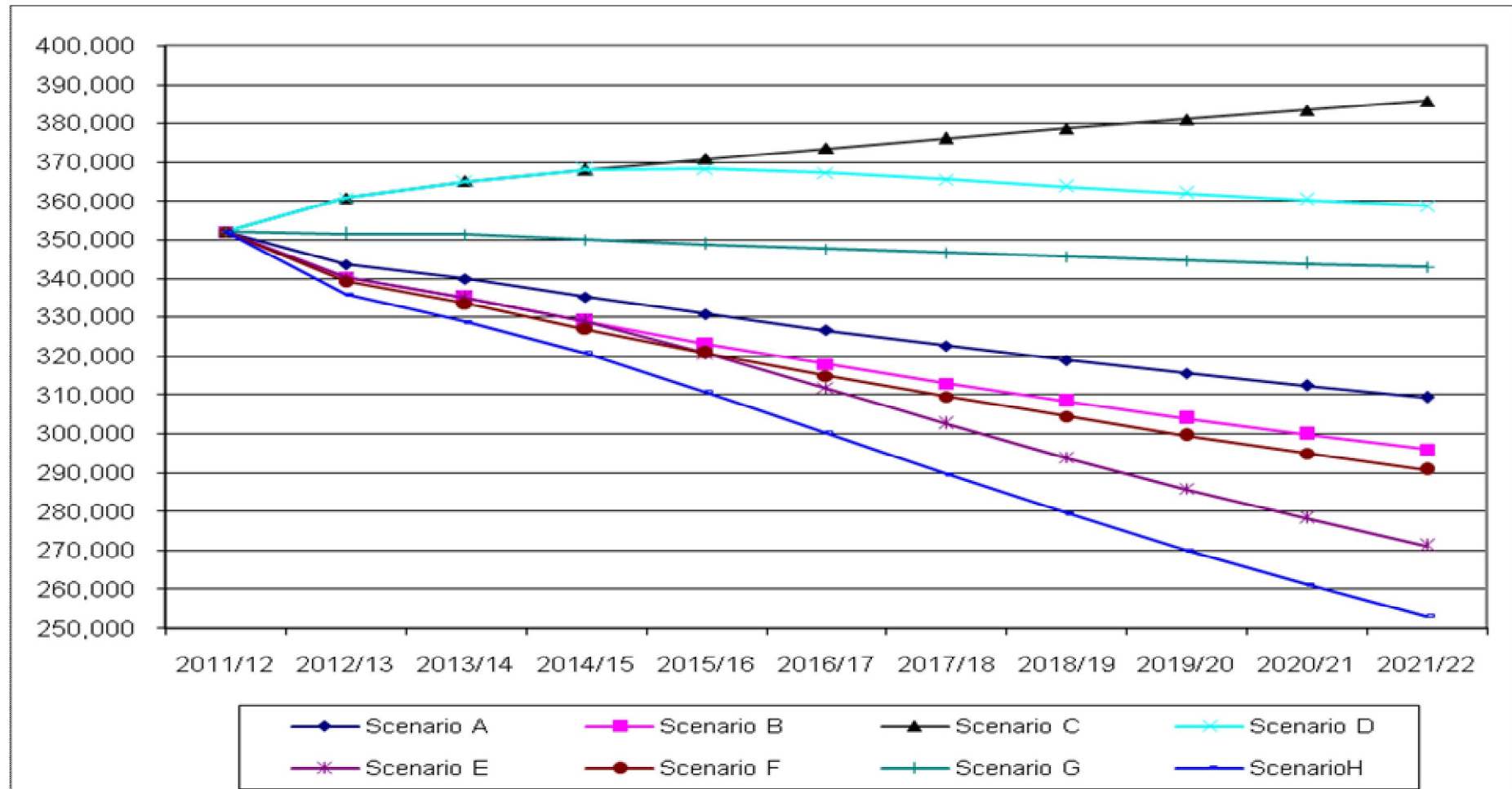
Future look: NHS England Nurses scenarios 2011-2022

(Buchan and Seccombe/ RCN)

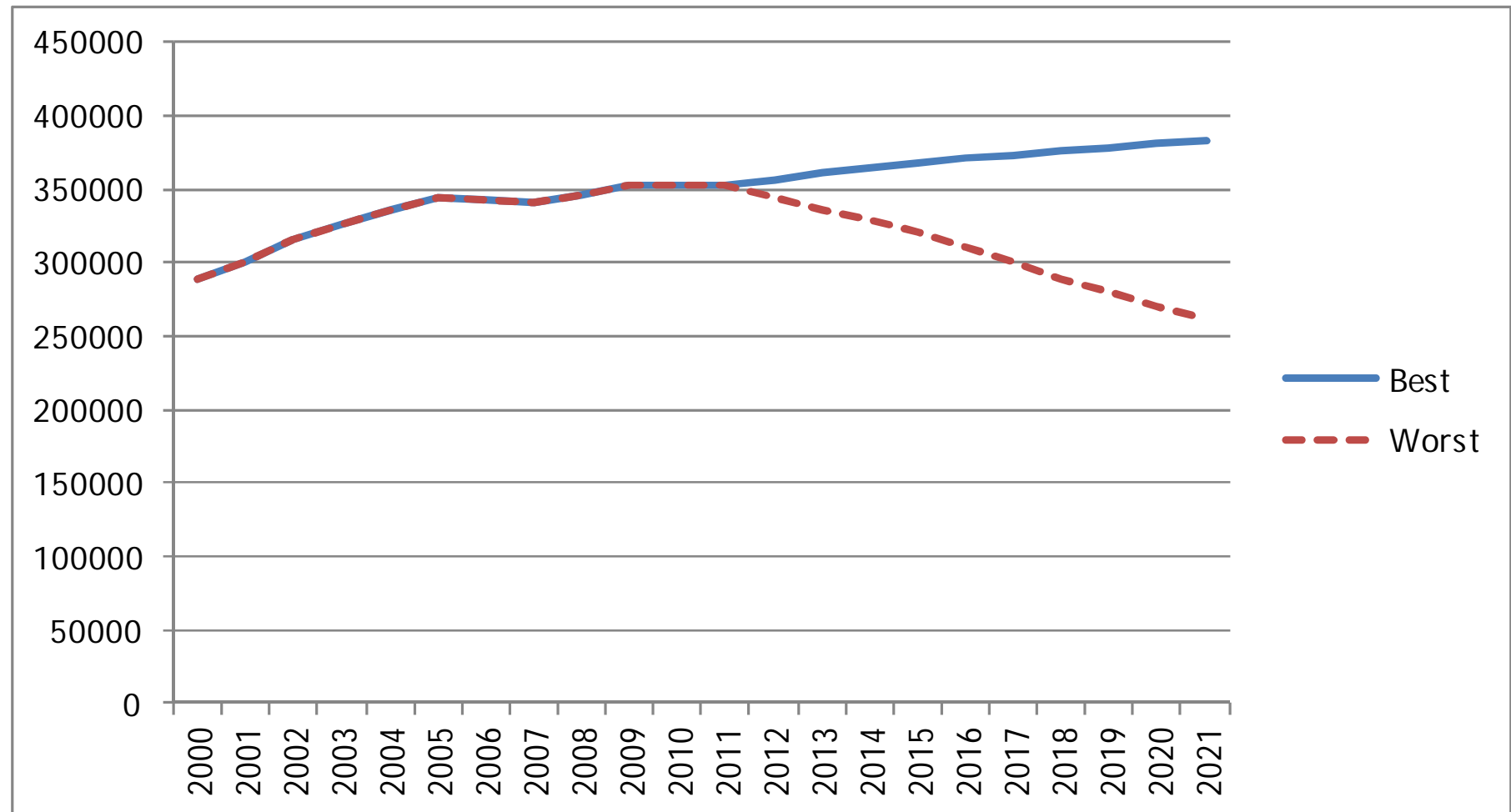
http://www.rcn.org.uk/__data/assets/pdf_file/0006/405483/LMR2011_FINAL.pdf

- A “No change”- Current inflows and outflows
- B “Redundancies” - Current inflow with higher outflow
- C “Improved retention” - Current inflow with lower outflow
- D “Reduced training intakes A” - Lower inflows with lower outflow
- E “Reduced training intakes B” - Lower inflow with higher outflows
- F “Pension time-bomb ”- Current inflow with a higher rate of retirement
- G “Pension delayed”- Current inflow with a lower rate of retirement
- H “Worse case” - lower inflow and higher outflow including higher retirement

Future Look: NHS England scenarios- 2011-2022



2000-2010.....2022



Policy responses

- Restructure: labour market impact-mixed providers; new models of employment
- Restructure: planning architecture: MEE to HEE; LETB..... hub and spoke?.....HEIC.....
- Productivity agenda: attrition rates; absence rates; new working patterns; time allocation; "core/periphery"; skill mix changes
- Differentiated and localised pay/reward?

Policy reality

- (security of supply side remains an issue)
- How can cost containment be achieved through staffing change, with no reduction in quality of care / patient safety??
- Will there be significantly fewer graduate prepared nurses: managing teams, cases?
- How can there be adaptive/ flexible staff if funds for re-skilling and CPD are contained?
- What would be costs/ benefits of local pay?