Registered nurses in the adult social care sector
Analysis from the National Minimum Data Set for Social Care (NMDS-SC)

March 2016

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Foreword

This report, based on estimates and analysis from Skill for Care’s National Minimum Data Set for Social Care (NMDS-SC), focuses on a role that very much highlights the need for integrated health and social care workforce planning – registered nurses. Modelling of NMDS-SC data shows there to be an estimated 49,500 registered nurses working in adult social care. While making up only a small part of the overall workforce (circa 1.55m), it is absolutely vital that the sector can attract and retain these professionals. This paper looks at some of the characteristics of nurses working in adult social care.

Population and workforce demographics give a strong indication that the current pressure on recruitment and retention, especially with regard to nursing provision in adult social care, poses significant challenges in providing professional, clinical and leadership skills. In presenting the data alongside that of the whole workforce and other regulated professionals, this report provides information which will help workforce planners and commissioners of both services and education and training to consider the skill mix needed to deliver an integrated workforce able to deliver high quality personalised services and outcomes for people who need care and support, and their careers.

Graham Woodham
Programme Head, Regulated Professional Workforce

Summary of key findings

- There were an estimated 49,500 registered nurses working in the adult social care sector as at 2014.
- 85% of these nurses were working in care home services with nursing
- Nurses were employed almost entirely within the independent sector
- The number of registered nurses working in the adult social care sector has been fairly consistent in the past 4 years, increasing by 1% from 2011 to 2014
- 54% of nurses were full time, 29% part time and 17% neither of these
- Almost a fifth of nurses (18%) were estimated to be working on zero hours contracts, 14% in residential care services and 55% in domiciliary care services
- Over a third (36%) of nurses started in their current role within the past 12 months, this is approximately 17,900 nurses new to their role/employer
- Nurses have on average 13 years of experience working in the adult social care sector
- Just over a third of nurses (34%) were estimated to have left their role within the past 12 months, this was approximately 16,800 leavers. Nurses turnover rates increased year on year from 2013 to 2015
- There was an estimated vacancy rate of 9% for nurses; this gives an average of 4,500 vacancies at any one time.
- The average age of a registered nurse was 47 years old and almost a third of registered nurses are aged over 55 so may retire within the next 10 years
- 61% of nurses had a British nationality and 39% non-British, this varies by region
- The mean annual pay rate for registered nurses in 2015 was £24,300

1 For the purpose of this paper, registered nurse refers to all those occupying the role of registered nurse as specified within the NMDS-SC. Fulfilling this role means the occupants hold a nursing qualification.
This report provides an overview of registered nurses working in the adult social care sector. The information in this report is predominantly derived from the National Minimum Data Set for Social Care (NMDS-SC). Due to the high quality and coverage of adult social care employers held by the NMDS-SC, the estimates within this report are the most detailed and reliable available. This report is aimed at anyone with an interest in registered nurses working in the adult social care sector.

1.1. About Skills for Care

Skills for Care is the employer-led workforce development body for adult social care in England, a growing sector that currently has around 18,000 organisations, 39,500 care providing locations, and a workforce of around 1.55 million jobs contributing an estimated £46 billion per annum to the English economy.

Skills for Care works with employers across England to: make sure their people have the right skills and values to deliver high quality care, share best practice, to understand the bigger picture, to set the standards for quality care and look ahead. For more information about Skills for Care please see our website www.skillsforcare.org.uk.

1.2. About the NMDS-SC

The National Minimum Data Set for Social Care (NMDS-SC) is an online workforce data collection system for the social care sector. It is the leading source of robust workforce intelligence for adult social care. The NMDS-SC is managed by Skills for Care on behalf of the Department of Health and has been collecting information about social care providers and workforce since early 2006.

The NMDS-SC collects information on the size and structure of the whole adult social care sector including:

- Types of care services that are provided
- How much care provision there is
- A detailed picture of the workforce, including demographics, pay rates and qualifications

Social care employers/providers use the NMDS-SC to help ensure their information better supports business and workforce planning. They register, maintain and access their business information through their online account; they can use it to view their workforce information with personalised reports and dashboards. For more information about the NMDS-SC please visit www.skillsforcare.org.uk/nmds-sc.
1.3. About the data

At the start of 2016 (when this report was written) the NMDS-SC had around 23,000 establishments/ care providing locations and 730,000 individual worker records. This included over 55% of CQC regulated providers and information from all 152 statutory local authority services.

This report uses data collected by the NMDS-SC to create workforce models that, in turn, allow for estimates of the whole adult social care workforce to be produced. For a full methodology of how Skills for Care model NMDS-SC data please see Appendix 1 of the ‘Size and Structure of the Adult Social Care Sector and Workforce in England 2015’ report\(^2\).

1.4. Policy context

At the time of writing it is commonly held that there is a significant recruitment and retention problem facing employers of registered nurses. This has led to the inclusion of nurses on the Migration Advisory Committee’s shortage occupation list (SOL) pending a review of all the evidence. The outcome of the review may mean that some specific areas of nursing may remain on the SOL and others not. The decision that is made regarding nurses in the adult social care sector will be crucial to future workforce planning and recruitment.

The integration of health and social care services is one of the key political drivers for future planning and has a direct impact on workforce planning. Consideration will need to be given to the roles that nurses play in the delivery of integrated adult social care services through key policy and planning processes, including the current development of Sustainability and Transformation plans.

As part of addressing the skills needs of the workforce a new ‘nursing associate role’ has been proposed. The proposal, subject to consultation, is to create a new role within the wider nursing workforce between health and care assistants and registered nurses, allowing for a number of clinical skills currently undertaken by nurses to be met through the new role. An appropriate level of qualification will be set, and it is hoped the role will be part of the career pathway for aspiring nurses.

Further challenges are likely to be placed on the system by the changes to the funding arrangements for registered nurse training. It is being proposed that the current bursary arrangements, which provide free degree level qualifications leading to registration as a nurse, will be stopped in favour of a system of loans similar to that already in place for all other graduate programmes. The impact of these proposed changes on the numbers of nurses being trained will need to be monitored closely to determine the impact on future workforce supply.

\(^2\) [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)
This section provides an overview of the estimated number of registered nurses working in the adult social care, trends of nurse numbers from 2011 to 2014 and future forecasts of nursing demand.

Skills for Care estimates that the number of adult social care jobs in England as at 2014 was 1.55 million, and that there were 1.48 million people doing these jobs. This paper is based on the estimated 1.3 million jobs, and 49,500 nurses, working within the private, voluntary and statutory sectors in adult social care.

2.1. Estimated number of registered nurses

In 2014 there were an estimated 49,500 registered nurses working in the adult social care sector. Chart 1 and Table 1 shows where nurses were employed by service group, care home services with and without nursing make up the bulk of adult residential services and can also be seen in chart 1.

Three quarters of these nurses (85%) were working in care home services with nursing, which are regulated by the Care Quality Commission (CQC).

Chart 1: Estimated number of registered nurses by service type

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult residential</td>
<td>88%</td>
</tr>
<tr>
<td>Adult day</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td>11%</td>
</tr>
<tr>
<td>Adult community care</td>
<td>2%</td>
</tr>
<tr>
<td>Care home services with nursing</td>
<td>85%</td>
</tr>
<tr>
<td>Care home services without nursing</td>
<td>1%</td>
</tr>
</tbody>
</table>
Table 1: Estimated number of regulated professionals by service type

<table>
<thead>
<tr>
<th></th>
<th>All services</th>
<th>Adult residential</th>
<th>Adult day</th>
<th>Adult domiciliary</th>
<th>Adult community care</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>1,550,000</td>
<td>655,500</td>
<td>35,500</td>
<td>651,000</td>
<td>206,500</td>
</tr>
<tr>
<td>Regulated profession</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered nurse</td>
<td>90,000</td>
<td>45,500</td>
<td>500</td>
<td>6,500</td>
<td>37,500</td>
</tr>
<tr>
<td>Occupational therapist*</td>
<td>49,500</td>
<td>43,750</td>
<td>&lt;250</td>
<td>5,250</td>
<td>750</td>
</tr>
<tr>
<td>Social worker</td>
<td>21,500</td>
<td>1,000</td>
<td>250</td>
<td>250</td>
<td>20,500</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>16,500</td>
<td>250</td>
<td>250</td>
<td>500</td>
<td>15,500</td>
</tr>
</tbody>
</table>

*Includes Occupational therapists employed by the NHS

Table 1 shows that registered nurses made up over half (55%) of all regulated professionals working in the adult social care sector. Occupational therapists made up almost a quarter (24%) and social workers almost a fifth (18%). The remainder of regulated professional roles are made up of allied health professionals and safeguarding and reviewing officers.

Chart 2 shows that nurses were employed almost entirely within the independent sector, with three quarters of registered nurse (85%) in the private sector and 15% in voluntary sector. Less than 1% were employed within statutory local authorities.

Chart 2: Estimated number of registered nurses by sector of employment

The chart below shows the estimated number of registered nurses by region. The proportion of nurses working in each region is very similar to the proportion of the population of England, i.e. the South East region has the largest population and the North East has the smallest.

Chart 3: Estimated number of registered nurses by region of employment
2.2. 2011 to 2014 registered nurse trends

The number of registered nurses working in the adult social care sector has been fairly consistent in the past 4 years. Increasing by 1% from 2011 (49,000) to 2014 (49,500).

Chart 4: Estimated number of registered nurses from 2011 to 2014

The adult social care workforce as a whole has been estimated to have grown by 2.6% between 2013 and 2014 (from 1.51 to 1.55 million). Chart 5 shows the estimated number of staff (all staff, not just registered nurses) working in care homes with nursing services between 2011 and 2014, this number has increased by 7% over this period. Therefore the number of roles within care homes with nursing services has increased at a higher rate than the number of nursing roles in the sector. In addition to this, there have been consistently high turnover and vacancy rates of nurses over the same period. These numbers support the notion that recruitment and retention of nurses in the health and social care system is under significant pressure. Please see section 4 for more information about recruitment and retention.

Chart 5: Estimated number of staff working in care homes with nursing services from 2011 to 2014
2.3. Forecasts of demand for social care services

The Centre for Workforce Intelligence published a report in October 2015 called ‘Forecasting the adult social care workforce’. This report forecasts that the demand for social care services, due to population growth and demographic change alone, is forecast to increase by a third (33%) by 2030.

**Table 2: Population driven change in demand over three, five, 10 and 15 year timescales**

*Source: Forecasting the adult social care workforce 2015 report, CfWI analysis of ONS (2012) and Emerson et al. (2012) data*

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population driven demand change across all service users</td>
<td>9%</td>
<td>12%</td>
<td>21%</td>
<td>33%</td>
</tr>
</tbody>
</table>

The report says that “population increases will change the relative demand for different types of social care services, with demand for domiciliary care and residential care (with or without nursing) more closely mirroring the overall population increase amongst the over 65-year-olds than other service types.” p30 and goes on to say that “the ONS 2012 population projections suggests that by 2030 there will be 45% more people over the age of 65 than there were in 2012” p31.

Although registered nurses are not mentioned specifically in the demand model used in this report, it does show that demand is forecast to increase by 33% across all service users and 45% in people ages 65 and over, and that residential care services are likely to mirror this growth. We know that the majority of registered nurses work within residential services.

The reported increase will not necessarily translate into an increase in the adult social care workforce and nurses by the same amount, as there are many other factors involved. It does, however, at least indicate a potentially large increase in demand for care services and therefore on the number of nurses required in the future.

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Section 3 of this report looks at the registered nurses employment information, including, for the first time, registrations and specialisms, employment status, full/part-time status and zero hours contracts.

### 3.1. Nursing registrations and specialisms

In July 2015 two new questions were added to the NMDS-SC to collect information about which category nurses were registered with the Nursing and Midwifery Council and which specialisms nurses most used in their current roles.

Of the 23,500 registered nurses recorded in the NMDS-SC at the end of January 2016, 8,500 (36%) had recorded a category of registration and 8,000 (34%) had recorded specialisms. There was not enough information in the NMDS-SC at the time of writing this report to make estimates about the whole nursing workforce; therefore the information below is based on the raw data that was held in the NMDS-SC.

The majority of the nurses (85%) recorded in the NMDS-SC were registered with the Nursing and Midwifery council as an ‘adult nurse’, the remainder of nurses were registered as mental health nurse (8%), learning disability nurses (3%) and enrolled nurses (3%).

**Chart 6: Category of registration with the Nursing and Midwifery Council**

*Source: NMDS-SC raw data, January 2016*

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Nurse</td>
<td>85%</td>
</tr>
<tr>
<td>Mental Health Nurse</td>
<td>8%</td>
</tr>
<tr>
<td>Learning Disabilities Nurse</td>
<td>3%</td>
</tr>
<tr>
<td>Enrolled Nurse</td>
<td>3%</td>
</tr>
<tr>
<td>Childrens Nurse</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Employers completing the NMDS-SC were asked to select which specialisms nurses most used in their current roles, ‘Older people, including dementia, elderly care and end of life care’. The most frequently selected nursing specialism was 'Older people' with 78% of nurses selecting it. Additionally, 4 out of 5 nurses (80%) were directly employed on a permanent or temporary basis, 54% were working full time hours, with 29% classed as part time. Almost a fifth of nurses (18%) were estimated to be working on zero hours contracts, 14% in residential care services and 55% in domiciliary care services.
care’ was the most frequently selected (78%), followed by ‘adults’ with 28%, ‘mental health’ with (10%) and ‘learning disabilities’ with 6%. Employers can select more than one nursing specialism so numbers in chart 7 sum to more than 100%.

**Chart 7: Which specialisms nurses most use in their current roles**
*Source: NMDS-SC raw data, January 2016*

<table>
<thead>
<tr>
<th>Specialism</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people*</td>
<td>78%</td>
</tr>
<tr>
<td>Adults</td>
<td>28%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>10%</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>6%</td>
</tr>
<tr>
<td>Community Care</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

* (including dementia, elderly care and end of life care)

3.2. Employment status

In terms of employment status, 4 out of 5 nurses (80%) were directly employed on a permanent or temporary basis, while around 16% were part of a bank or pool of nursing staff. Bank and pool nurses were replied upon much more than other regulated professional roles, social workers at 2% and occupational therapists at 1%.

**Chart 8: Estimated employment status**

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>All job roles</th>
<th>Regulated profession</th>
<th>Registered nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent</td>
<td>81%</td>
<td>81%</td>
<td>85%</td>
</tr>
<tr>
<td>Temporary</td>
<td>4%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Bank or pool</td>
<td>3%</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>Agency</td>
<td>3%</td>
<td>3%</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>

3.3. Full/part-time status

Also of interest is that only 54% are working full time hours, with 29% classed as part time and 17% as ‘neither of these’. Many of those selecting ‘neither of these’ were on zero hours contracts, please see section 3.4 below.
3.4. Zero hour contract

Almost a fifth of nurses (18%) were estimated to be working on zero hours contracts, this was much higher than social workers and occupational therapists.

Chart 11 shows the proportion of nurses on zero hours contracts by employment type. As seen in Chart 1, the majority of nurses work in residential services (88%), however 11%, an estimated 5,250, nurses work in domiciliary care service. And just over half of these nurses working in domiciliary care services (55%) were estimated to be working on zero hours contracts.
Section 4 of this report looks at recruitment and retention issues for registered nurses in the adult social care sector, including information about new starters, experience, leavers, vacancies and sickness rates. This section also looks at some influencing factors of turnover rates.

4.1. Starters rate and source of recruitment

Skills for Care estimated that approximately 36% of nurses started in their current role within the past 12 months. This was approximately 17,900 nurses new to their role/employer each year.

Chart 12: Estimated proportion of directly employed staff who had started their role in the past 12 months

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>32.7%</td>
</tr>
<tr>
<td>Registered profession</td>
<td>29.0%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>36.1%</td>
</tr>
<tr>
<td>Social worker</td>
<td>13.5%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

4.1.1. Start age

The average age of a registered nurse joining the adult social care sector was 34 years old. Almost a third of nurses (30%) who started in the sector were under the age of 24, a further 28% were aged between 25 and 34. A fifth of nurses joined the sector when they were over the age of 45, suggesting a possible move from the health sector.
4.1.2. Source of recruitment

Two fifths (41%) of employers reported that registered nurses source of recruitment was from the adult social care independent sector and a further fifth from the health sector.

Chart 14: Source of recruitment of registered nurses
Source. Raw NMDS-SC data 2014/2015

4.2. Experience of registered nurses

Experience in sector

The adult social care workforce has an experienced ‘core’ of registered nurses. Nurses had, on average, 13 years of experience in the sector and around 80% of the workforce had been working in the sector for at least three years. Chart 15 shows that nurses had more experience in the sector than other regulated professionals.

Chart 15: Estimated average number of years of experience working in the adult social care sector
Experience in role
Nurses had, on average, four years of experience in their current role. Over half of nurses (54%) had been in their role for less than three years, 36% for three to ten years and 10% for more than ten years.

Chart 16: Estimated number of years of experience of registered nurses working in the adult social care sector

Chart 17: Estimated average number of years of experience working in current role

Chart 18: Estimated number of years of experience of registered nurses working in their current role
4.3. Leavers and staff turnover

Skills for Care estimated that the turnover rate of directly employed nurses was 33.9%, this was approximately 16,800 a year. The turnover rate of other regulated professional roles was lower, please see Chart 19.

Chart 19: Estimated proportion of staff leaving their role each year in the past 12 months

<table>
<thead>
<tr>
<th>Job Role</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>31.3%</td>
<td>33.5%</td>
<td>35.5%</td>
</tr>
<tr>
<td>Regulated profession</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The turnover rate of nurses working in the independent sector only was 35.5% in 2015. The chart below shows that the turnover rate in the independent sector (private and voluntary sector combined) has increased year on year from 2013.

Chart 20: Estimated registered nurse turnover trends in the independent sector from 2013 to 2015

4.4. Influencing factors of registered nurse turnover rates

Turnover rates varied between sector and service type, with the statutory local authority sector having a lower turnover rate than the private and voluntary sectors. Domically care services also had a lower turnover rate than residential and community services. See chart below for details. It should be noted that the majority of nurses work in residential services in the private sector.

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4 It should be noted these figures do not include workers from establishments that ceased to operate during the period as leavers. This is especially relevant for local authorities as outsourcing and closures were common in 2014.
An analysis of factors that influence/ affect registered nurses turnover rates found that the most important workforce factor was pay. Those nurses paid at a higher rate had a lower turnover rate than those paid less, showing that those paid more were less likely to leave.

Those with more experience working in the adult social care sector were also less likely to leave than those new to the sector. Employment type also had an effect on turnover rates, with those on zero hours contract being more likely to leave compared to those on other contract types.

Nurse turnover, like other roles in the adult social care sector is likely to be influenced by non-workforce factors, such as relationship with managers and other colleagues, job satisfaction, and ease of travel to work.

4.5. Sickness rates

The average number of days absent due to sickness per nurse in the past 12 months was 2.5 days; this was lower than other regulated professional roles and the sector as a whole. However, on average sickness rates are lower within the independent sector than statutory local authorities, and most nurses are employed within the independent sector. With an estimated 49,500 nurses and an average of 2.5 sickness days, that is a total of at least 124,000 days lost to sickness every year.
4.6. Vacancies

Skills for Care estimated that 9.0% of the registered nurse roles in the adult social care sector were vacant, this gives an average of approximately 4,500 vacancies at any one time. When comparing the vacancy rate of nurses (9.0%) to the vacancy rate of the sector as a whole (6.2%) the nursing vacancy rate is high.

**Chart 23: Estimated proportion of vacant posts**

The chart below shows that the vacancy rate for registered nurses in the independent sector only was 9.5% in 2015. Although this percentage was higher in 2014 than 2013 and 2015, the number has remained consistently high.

**Chart 24: Estimated proportion of vacant posts**

The following is an extract from Skills for Care’s NMDS-SC trend briefing about vacancy rates in the adult social care sector, published March 2016.5

“In adult social care, the jobs with the highest vacancy rate as at September 2015 were: registered managers at CQC-regulated organisations (12%), registered nurses in the independent sector (10%), social workers and occupational therapists at adult social services departments (12% and 10% respectively). These roles have high entry requirements compared to other roles in social care (e.g. independent sector care workers, 8% vacancy rate) and they tend to require specialised qualifications and experience. As a

5 [www.skillsforcare.org.uk/briefings](http://www.skillsforcare.org.uk/briefings)
result, candidates for these roles are in relatively low supply compared to care workers where entry requirements are not as stringent.

Vacancy rates for selected job roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Local authorities</th>
<th>Independent sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social worker</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Registered nurse</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Care worker</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Ancillary and admin roles</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

Reports on the health sector also demonstrate that vacancy rates of skilled professional roles have increased in recent years. Health Education England (HEE) report that the vacancy rate for nurses in acute and community settings was 6.5% which, according to a recent King’s Fund report, highlights “a general cross-sectoral difficulty in nurse recruitment”. Similarly, NHS Employers report that more than 90% of NHS provider trusts are experiencing a supply shortage of nurses and that almost 80% of vacancies categorised as being ‘hard-to-fill’ are in the field of nursing. This survey also reports a 10% vacancy rate for nurses at NHS provider trusts, comparable to the rate for those in adult social care.”

In October 2015 the government announced temporary changes to restrictions on nurse recruitment from outside the European Economic Area (EEA) by adding the role to the shortage occupation list. As a longer term solution to the nursing shortage the government are increasing nursing training places, estimating that an additional 23,000 nurses will be in post, in both health and social care, by 2019.

There is lots of information on the Skills for Care website about recruiting and retaining workers, including information about attract more people, take on the right people, develop talent and skills, and keep your people. Please visit the finding and keeping workers resources and values based recruitment and retention resources here www.skillsforcare.org.uk/Finding-and-keeping-workers.

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6 https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-planning
Section 5 of this report looks at the demographics of registered nurses in the adult social care workforce, including a look at gender, age, ethnicity, nationality, country of birth and year of entry if not from the UK.

5.1. Gender

Overall, the adult social care workforce remains one where females make up over 80% of the workforce and this is also true for registered nurses. Chart 25 shows the proportion of male and female workers.

Chart 25: Estimated gender of workers in the adult social care sector

5.2. Age

The average age of a registered nurse working in the adult social care sector was 47 years old. This was older than other regulated professionals, with social worker and occupational therapists both having an average age of 45 years old. The overall average of a worker in the sector was 43 years old. Chart 26 shows age bands. Almost a third of registered nurses were aged over 55 so may retire within the next 10 years.
A closer look at age bands shows that 14% of registered nurses were aged between 55 and 59, 10% aged between 60 and 64 and 6% were aged over 65 years old, this was approximately 3,000 nurses over 65 years old.

5.3. Ethnicity

The ethnicity profile of the population of England is similar to that of the adult social care workforce as a whole, with 85% white and 15% black minority ethnic (BME) compared to 80% white and 20% BME within adult social care. The ethnicity profile of registered nurses is fairly different to the sector as a whole, with a larger proportion of BME nurses. Chart 28 shows that 41% of nurses have a BME ethnicity and 59% a white ethnicity.
Ethnicity of nurses, like other roles within social care, differs by region, notably with London having the largest proportion of BME nurses compared to the rest of the country.

Chart 29: Estimated ethnicity of registered nurses by region

5.4. Nationality

Unsurprisingly the nationality profile of nurses working in the sector is similar to that of the ethnicity profile, with 61% of nurses having a British nationality and 39% non-British. Similar regional differences are also seen.

Chart 30: Estimated nationality of workers in the adult social care sector

Chart 31: Estimated nationality of registered nurses by region
The top four nationalities of registered nurses who were non-British were Indian (18%), Filipino (16%) Romanian (10%) and Zimbabwean (9%). In London the top four were Filipino (15%), Nigerian (13%), Romanian (8%) and Zimbabwean (7%).

5.5. Country of birth

Looking at the country of birth of workers provides a slightly different perspective to that of nationality. Chart 32 shows that a greater proportion of nurses were born outside the UK (61%) than the proportion of non-British workers (50%) – suggesting that some workers have gained British nationality since arriving in the UK.

Chart 32: Country of birth group of workers in the adult social care sector
Source. Raw NMDS-SC data 2014/2015

The NMDS-SC allows analysis of workers born outside the UK by their year of entry into the UK. Chart 33 shows that just over a fifth (21%) of non-UK born nurses have arrived in the UK in since 2011, while 11% have been in the UK since pre-1995 and may now hold a British passport or have indefinite leave to remain. Half of all non-UK born nurses arrived in the UK between 2000 and 2006.

Chart 33: Registered nurses year of entry to the UK, of non-UK born
Source. Raw NMDS-SC data 2014/2015

It should be noted that employers did not always know the year of arrival for their workers and therefore these figures are based on fewer responses than other areas of this report.
Overview

The figures in this section use independent sector data as at March 2015 and local authority data as at September 2014

- The mean annual pay rate for registered nurses was £24,300
- London and the South East paid the most and Yorkshire and the Humber and North West paid the least
- The statutory local authority sector was the highest paying (at £30,250) and the private sector was the lowest (at £24,100)
- Care home services with nursing paid an average of £23,950 and domiciliary care an average of £26,900

This section looks at average full-time equivalent annual rates of pay of registered nurses including a comparison with the NHS, and regional, sector and service variations. The NMDS-SC collects pay rates at annual or hourly intervals, or the user can state that a worker is unpaid. Information is also collected about workers contracted hours. The information in this section shows full-time equivalent (FTE) average salaries. Pay data was converted into FTE annual salaries using an average working week of 37 hours (the full-time equivalent).

6.1. Average full-time equivalent annual salaries

NMDS-SC estimates shows that the mean annual pay rate for registered nurses in adult social care in 2015 was £24,300. Over the same time period the NHS pay band 5, the pay band for most NHS adult nurses, started at around £21,500 and went up to £27,900.

Chart 34: Average full-time equivalent annual salaries

<table>
<thead>
<tr>
<th>Regulated profession</th>
<th>£26,300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurse</td>
<td>£24,300</td>
</tr>
<tr>
<td>Social worker</td>
<td>£31,600</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>£28,050</td>
</tr>
</tbody>
</table>

6.2. Variations of pay rates

Regional variations

Registered nurse pay varied by region, with London and the South East paying the most and Yorkshire and the Humber and North West paying the least. Please see Chart 35 and the map below for nurse pay rates by region.
Chart 35: Registered nurses average FTE annual pay rates by region

- **London**: £25,550
- **South East**: £24,800
- **West Midlands**: £24,750
- **South West**: £24,400
- **Eastern**: £24,150
- **North East**: £24,000
- **East Midlands**: £23,600
- **Yorkshire & Humber**: £23,450
- **North West**: £23,350

The map shows the distribution of pay rates across different regions, with darker blue indicating higher pay rates and lighter blue indicating lower pay rates.
**Sector variations**

When looking at sector variations of pay it should be noted the majority of nurses are employed in the independent sector, the estimated number of nurses in each sector is shown in brackets to the left of the bar.

Similarly to the sector as a whole, the statutory local authority sector was the highest paying (£30,250) and the private sector paid the least (£24,100).

**Chart 36: Registered nurses average FTE annual pay rates by sector**

- All sectors: £24,300
- Statutory local authority (250): £30,250
- Private (42,250): £24,100
- Voluntary (7,250): £25,150

**Service variations**

When looking at pay variations by service it should be noted that the majority of nurses (88%) are employed by adult residential services. Care home services with nursing paid an average FTE annual pay rate of £23,950 and domiciliary care services paid an average of £26,900.

**Chart 37: Registered nurses average FTE annual pay rates by service**

- All services: £24,300
- Adult residential (43,750): £23,900
- Adult day (<250): £24,200
- Adult domiciliary (5,250): £26,900
- Adult community care (750): £29,150
In 2014 there were an estimated 49,500 registered nurses working in the adult social care sector. The number of registered nursing roles in the adult social care sector has been fairly consistent over the past 4 years, increasing by 1% from 2011 to 2014. However, this growth was slower than the growth of all staff within care homes with nursing services, at 7% over the same time period.

The mean annual pay rate for registered nurses in the adult social care sector in 2015 was £24,300, over the same time period the NHS pay band 5 started at around £21,500 and went up to £27,900.

The recruitment and retention of nurses in the health and social care system is under significant pressure. The turnover rate of nurses has risen year on year from 2013-2015 and just over a third of nurses (34%) were estimated to have left their role within the past 12 months, this was approximately 16,800 leavers in the past year. The vacancy rate of registered nurses is high, at 9%, giving an average of 4,500 vacancies at any one time. A study of NHS employers found skills shortages are the most reported reason for recruitment difficulties. Although nurses have an average of 13 years of experience in the sector, these recruitment and retention figures show a high level of movement within the sector.

The policy landscape is focused around the integration of health and social care services as one of the key political drivers for future planning and this has a direct impact on workforce planning. Developing an integrated workforce is a key element of personalised and integrated services.

In October 2015 the government announced temporary changes to restrictions on nurse recruitment from outside the EEA and have added the role to the shortage occupation list. As a longer term solution to the nursing shortage the government are increasing nursing training places, estimating that an additional 23,000 nurses will be on post, in both health and social care, by 2019. In addition major changes to the funding of nurse training have been proposed. The government have also announced proposals for the development of a ‘nursing associate’ role.

This report suggests that there will continue to be significant pressures on the adult social care nursing workforce in the short to medium term. It is vital that adult social care can attract and retain nurses with the right skills and values, to raise and deliver quality and standards for people using social care services. Whilst a number of initiatives are being implemented to meet the demand for nurses the high level of movement within the current workforce will also remain a challenge, and will continue to have an impact on service delivery and continuity of care.
08 Users and uses of the NMDS-SC and further resources

Skills for Care provides outstanding workforce intelligence relied upon by government, strategic bodies, employers and individuals to make decisions that will improve outcomes for people who use services. NMDS-SC is recognised as the leading source of workforce intelligence for adult social care. This chapter provides an overview of some of the reports and resources published by Skills for Care that use NMDS-SC information.

8.1. The size and structure of the adult social care sector and workforce in England

The annual ‘Size and Structure of the Adult Social Care Sector and Workforce in England’ includes estimates of the number of care providing organisations, establishments/ care providing locations, people and job estimates, trend data and future projections. To access this report please visit [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)

8.2. The state of the adult social care sector and workforce in England

This report uses data from the NMDS-SC to explore characteristics of the adult social care sector, including demographic information, recruitment and retention issues, pay rates, and qualifications and training information. This report also includes a chapter about recent research that has been conducted, the economic contribution of the sector and a review of how policy changes may affect it. To access this report please visit [www.skillsforcare.org.uk/stateof2014](http://www.skillsforcare.org.uk/stateof2014)

8.3. Local and regional information reports

**The adult social care sector and workforce by region**

These nine regional information reports provide an overview of the size and structure of the adult social care sector in your area. They include; demographics, recruitment and retention, pay rates, qualifications and training. And, for the first time, takes a closer look at the diverse range of jobs carried out in the sector.

**Local authority area summary reports**

You can download one of 152 two page summary reports, which focus on care workers and registered managers within each local authority area of England.

To access any of these reports please visit [www.skillsforcare.org.uk/regionalreports](http://www.skillsforcare.org.uk/regionalreports)
8.4. **NMDS-SC briefings and trend briefings**

Skills for Care publishes four to five short reports each year which highlight specific issues in the adult social care sector. Examples of briefing topics that have been covered in 2014/2015 include:

- Registered managers in the adult social care sector
- Experience of the adult social care workforce
- Social workers in the adult social care sector
- Diversity of the adult social care sector
- Care worker pay trends

To access these briefings please visit [www.skillsforcare.org.uk/briefings](http://www.skillsforcare.org.uk/briefings).

8.5. **NMDS-SC Dashboards**

Dashboards act as a diagnostic tool to shine light on issues affecting the adult social care sector and workforce. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. Dashboards allow you to explore the following areas:

![Diagram of NMDS-SC dashboards]

There are two sets of Dashboard available:

- **My NMDS-SC Dashboards**- available to social care providers registered with the NMDS-SC.
- **Open Access NMDS-SC Dashboards**- These are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence.

To access the NMDS-SC Dashboards and supporting materials please visit [www.nmds-sc-online.org.uk/reportengine/dashboard.aspx](http://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx).
8.6. Analytical service

The Skills for Care analysis team provide an external analysis service and can produce a range of in-depth reports depending on your specific requirements. Skills for Care’s highly experienced analysts can work with you to identify your requirements, and design and deliver bespoke workforce intelligence reports. We use NMDS-SC data to provide essential data in the form of reports or within a broader consultancy package to inform business decision making.

Our data services can be used when you need:
- Evidence to help you make an important decision or develop a strategy
- Information/analysis and a report that’s more in-depth and tailored to your needs
- Trend information or help looking ahead with forecasts
- Information for a bid
- Benchmarking social care organisations/the workforce
- Contributions to health and social care workforce integration projects

All available at the geographical level most relevant to your needs

A review from a recent user said “‘Skills for Care provided a professional, expert service to support our workforce development project. Their approach was flexible and accommodating. Our nominated analyst produced a report of excellent quality that made the data very accessible to those without a workforce data background. We are very pleased with the work completed by Skills for Care in support of our project and would be happy to work with them again should the need arise.’

For more information about this service please email analysis@skillsforcare.org.uk or call 0113 2410969.

8.7. Keeping informed

To be kept up to date with Workforce Intelligence news follow us on twitter @SfC_NMDS_SC.