



Protecting services  
Improving care

Frontline First  
Interim report

November 2010



Royal College  
of Nursing

The figures contained in this report are derived from RCN regional/country intelligence and member-raised concerns, and are verified against trust board papers, briefings and consultation documents. The total headcount figure of jobs earmarked to be cut has been collected up until and including 20 October, 2010, with new NHS trust examples verified between July 2010 and October 2010, with the exception of Wales, which is correct as of 1 October 2010.

## Foreword

In July of this year, the Royal College of Nursing launched one of the most important campaigns in its history – Frontline First. We asked our 410,000 members to tell us about the state of the NHS; the cuts impacting on care, the waste in the system and the innovations that improve services and save money.

This interim report provides a snapshot of the current state of the NHS and the challenges that lie ahead. As you will read, thousands of jobs are earmarked to be cut, services are being shut down and patient care affected. This is something we are hugely concerned about.

The Coalition Government has publically declared the NHS budget as ‘ring fenced’; but we know that in reality, this is not the case. Thanks to information shared by RCN members, we’ve learnt of large scale vacancy freezes, delays in recruitment, and the inappropriate replacement of nurses with unregistered staff. These ‘stealth cuts’ threaten the quality of patient care, the safety of hospital environments, and the very future of the health service.



As the report outlines, we have also been sent more than 1,200 examples of waste in the NHS. From the thousands of pounds spent on unused facilities to inefficient systems that hinder nurses instead of helping them, it is clear that the NHS is wasting huge amounts of money. At a time when jobs are being lost and services closed, this is totally unacceptable.

We have also been asking our members to share their innovations and good ideas. In the last four months we have been sent examples of innovative practice from all corners of the UK; nurses developing new ways of working that not only improve care, but also save money. If the NHS is to come anywhere near achieving the massive amount that it has been asked to save, it will have to adopt different methods of doing things – and the innovations sent in by RCN members are the critical first step.

This report and the information contained within it is just the beginning. The drive for efficiencies will last years, not months, and the RCN will continue to act as the voice for patients and nursing to ensure that we put the frontline first.

A handwritten signature in black ink, appearing to read 'P. Carter', with a large flourish at the end.

**Dr. Peter Carter**  
Chief Executive & General Secretary

# Introduction

Throughout the UK, the NHS is facing challenging times. The future direction for its entire staff is to focus on increasing productivity, and delivering more for less.

The RCN acknowledges the need for financial restraint but also firmly believes that frontline health services must be protected.

Right now the NHS needs everyone on the same side to stamp out irresponsible spending at all levels in the NHS; to encourage and implement good ideas for delivering services more efficiently; and to plan staffing sensibly so that patients are protected from harm.

These are the reasons why, in July, the Royal College of Nursing launched Frontline First – a campaign that works with nursing staff across the UK to tell the real stories from the frontline.

The RCN has set up monitoring units to gather and verify intelligence about where NHS money is being used irresponsibly – either through wasteful purchasing of supplies or equipment, or through ill-judged cuts that are eroding services and the quality of care patients expect. In this way, Frontline First has become a credible barometer for how the frontline ‘feels’.

Nursing staff are telling us they want to help the NHS. Many are looking at ways of delivering care and services more efficiently, for lower cost. Some individuals are saving the NHS thousands of pounds each year – imagine what that kind of ‘can do’ attitude can achieve across the service.

We want our campaign to focus the minds of NHS decision makers – to stop budget cuts that harm patient care; stop the wasteful use of resources; and to seek out solutions from the people at the heart of the frontline – to help them deliver more for less.

Four months on, this report provides an update on that work.

## Cuts

The total number of NHS jobs currently at risk in the UK stands at: **26,841**

### England

Latest count (October 2010): **17,932**

Despite the Coalition Government's commitment to protect the NHS budget and ensure a 'real-term' increase in funding for each year of the current parliament, the NHS in England faces considerable cost pressures.

It will aim to drive through £20 billion efficiency savings by 2014 <sup>(1)</sup>. With salaries accounting for between 60 and 75 per cent of a trust's overall budget, it is clear these cuts will affect many working in the service.

RCN monitoring shows these pressures are now biting hard. Our latest count <sup>(2)</sup> shows three times as many jobs are at risk today than six months before. A total of **17,932** posts are earmarked to be lost over the next four years across NHS England – a dramatic rise from the figures for April (5,600) and July (9,973).

These posts include nurses, midwives, health care assistants, support clinical staff, doctors, medical consultants, allied health professionals, administrative, clerical, estate and housekeeping staff.

But these totals do NOT include the potential jobs losses resulting from a 45 per cent reduction in management <sup>(3)</sup> and the abolition of strategic health authorities (SHAs) and primary care trusts (PCTs) by 2013.

Examples of NHS organisations earmarking posts to go include:

- NHS Hertfordshire (four provider trusts) is modelling workforce plans that could potentially reduce its nursing and midwifery staff by 884 WTE <sup>(4)</sup> and clinical support staff by 310 WTE over the next four years
- Barnet, Enfield and Haringey Mental Health NHS Trust reduced its workforce by 103 WTE in 2009/10, with further plans to reduce staff costs
- Ealing Hospital NHS Trust has earmarked 34 nursing posts to be lost as a result of ward closures
- NHS Oxfordshire (five provider trusts) has forecasted a cost improvement plan which will include reducing its overall workforce by 1,900 WTE over the next four years
- Royal Berkshire Hospital NHS Foundation Trust needs to deliver a total saving of £60m by 2015. The trust will be reducing its workforce by 200 posts this year and another 400 over the next two years
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust has placed 91 staff 'at risk' of redundancy following organisational restructuring
- Portsmouth Hospital NHS Trust has a cost improvement target of £37m for 2010/11. Since October 2009 the overall reduction in substantive staff was 358 WTE, with further reductions planned for the workforce
- County Durham and Darlington NHS Foundation Trust is proposing to reduce 300 nursing jobs through natural wastage
- Middlesbrough, Redcar and Cleveland Community Services anticipate approximately 40 to 50 employees will be dismissed by way of redundancy.

Figure 1 – NHS job cuts identified by the RCN, by NHS region

| Strategic health authority (SHA) | Posts earmarked to be lost |
|----------------------------------|----------------------------|
| East of England SHA              | 3,804                      |
| East Midlands SHA                | 1397                       |
| London SHA                       | 1,457                      |
| North East SHA                   | 1,009                      |
| North West SHA                   | 1,269                      |
| South Central SHA                | 4,537                      |
| South East SHA                   | 403                        |
| South West SHA                   | 946                        |
| West Midlands SHA                | 1,445                      |
| Yorkshire and the Humber SHA     | 1,665                      |
| <b>Total workforce cuts</b>      | <b>17,932</b>              |

The RCN wants to see an upfront and honest interpretation of how NHS organisations are using money saved through ‘cost efficiencies’. It is concerned that, instead of reinvesting in frontline staff and services, some trusts are spending more on utility bills and above-inflation rises in drug costs.

## Scotland

### Latest count (October 2010): **3,790**

All NHS health boards must deliver annual efficiency savings of at least two per cent <sup>(5)</sup>. For the current financial year the 14 geographic health boards in Scotland are aiming to save a total of £250 million <sup>(6)</sup> between them.

The RCN is concerned that as cost pressures build, health boards will be forced to make drastic cuts in order to balance their books by April 2011.

RCN monitoring to date shows some **3,790** jobs are now at risk in the current financial year; 1,525 of these are nursing and midwifery posts.

Examples of job cuts by board 2010/11 include:

- NHS Greater Glasgow and Clyde plans to cut 1252 WTE posts; 553 of these will be nurse and midwife posts
- NHS Lothian plans to cut 734 WTE posts; 333 of these will be nurse and midwife posts
- NHS Grampian plans to cut 577 WTE posts; 188 of these will be nurse and midwife posts.

## Wales

Latest count (October 2010): **3,819**

NHS organisations in Wales have been asked to cut three per cent of all NHS jobs every year by the Welsh Assembly Government. The target, which will run until 2013, is for all staff working at Band 5 and above <sup>(7)</sup>.

The RCN has calculated what the impact of these cuts will be. Based on 1 October 2010 figures, the total number of jobs lost would be 1,294 (this financial year); 1,277 (next year); and 1,248 for the final year (2012-13). This provides a total loss of **3,819** posts.

Concern about staffing levels is already the number one priority for nurses across the country. The RCN is monitoring staffing levels within each local health board with the aim of building detailed intelligence to campaign against these cuts. The RCN is currently engaged in negotiations with the Welsh Assembly Government on this issue and we anticipate that these stark figures will be reduced.

## Northern Ireland

Latest count (October 2010): **1,300**

The imposition of £800 million efficiency savings on health and social care services by March 2011 means NHS services are already under huge cost pressure. NHS organisations face a target of cutting their payroll by two per cent for the current financial year.

The Department of Health, Social Services and Public Safety (DHSSPS) estimates the loss of 1,300 posts across the service. If applied proportionately, this would mean the loss of 500 nursing posts from a workforce of around 18,000.

The RCN predicts these losses will be just the tip of the iceberg, however. Prior to the spending review, Health Minister Michael McGimpsey had predicted a £1.5 billion funding shortfall by 2014-2015 for the sector. Now with a £4 billion cut in the Northern Ireland block grant over the next four years (announced by the Chancellor), the RCN fears the impact will be draconian.

RCN members are reporting that some clinical areas are functioning up to 40 per cent below their funded staffing level.



## NHS workforce cuts – the trends

The RCN has identified five typical approaches to slashing workforce costs: removing or freezing posts; delaying recruitment; diluting skill mix; down-banding posts; and encouraging staff to leave.

### 1 Removing or freezing posts

Several trusts plan to cut their pay bills.

**Examples:** Buckinghamshire Hospitals NHS Trust plans to shave between £18-20 million from its salary bill <sup>(8)</sup>; the Royal Berkshire NHS Foundation Trust has set a target to reduce pay costs by £6 million this year <sup>(9)</sup>.

The majority of NHS trusts are placing temporary freezes on vacancies or deleting clinical posts. A typical scenario is that posts are not filled when they become vacant through sickness or maternity leave; service redesign or redundancy.

**Example:** Poole Hospital NHS Foundation Trust says it is currently not filling 170 WTE vacancies <sup>(10)</sup>.

### 2 Delaying recruitment

Some trusts are extending the time taken to recruit against vacant posts; this in turn results in delays in hiring new staff.

**Example:** Berkshire Healthcare NHS Foundation Trust has introduced an eight week delay in its recruitment process so that posts remain empty for up to 16 weeks, increasing pressure on existing staff <sup>(11)</sup>.

### 3 Diluting skill mix

By replacing regulated staff with unregulated workers, trusts are diluting the balance of skills in care teams to save money.

**Example:** North Tees and Hartlepool NHS Foundation Trust is considering a reduction in the number of registered staff on pay bands 5 and 6, and replacing them with Band 4 'assistant practitioners' <sup>(12)</sup>.

### 4 Down-banding posts

The NHS operates a nationally agreed pay system that allocates the pay of staff (except doctors and managers) according to various pay bands. Some trusts are redesigning job descriptions so they can pay staff on a lower pay band.

**Example:** Derby Hospitals NHS Foundation Trust is planning to down-band some specialist nurses and health care assistants <sup>(13)</sup>.

### 5 Encouraging staff to leave

Some trusts are asking staff to come forward for voluntary redundancies or early retirement.

**Example:** Northern Lincolnshire and Goole Hospitals NHS Foundation Trust has invited expressions of interest in voluntary redundancy, early retirement or reduced hours <sup>(14)</sup>.

Despite the launch of the recent government consultation to scrap (by October 2011) the compulsory retirement of staff at age 65, some trusts are forcing staff aged 65 out with six months' notice.

**Example:** this is happening at Leicestershire County and Rutland Primary Care Trust <sup>(15)</sup> and Buckinghamshire Hospital NHS Trust <sup>(16)</sup>.

## Impact on care

The RCN is concerned that cuts to the workforce are resulting in severe staff shortages that will impact on care quality.

Our members are already lodging their concerns about the impact cuts are making:

*“With less staff, longer working days and being told that agency and bank staff can not be utilised, morale in the workplace is low. This does have an impact on the running of departments, which ultimately affects people using the services.”*

### **Nurse working in East Midlands**

*“Our trust has recently made several significant cuts to our staffing levels whilst at the same time increasing the workload of each nurse. The team itself is down by two nursing posts and soon an extra two of our nurses are being transferred to our sister agency to help them with their staffing problems. The current client case loads are approximately 40-50 individuals, most of them presenting with complex substance misuse and mental health problems. Nurses are unable to provide clients with the required time for monitoring their safety and wellbeing, resulting in poor client care and tired burnt out nurses.”*

### **Specialist nurse in a community drug treatment service in England**

*“On the neonatal intensive care unit, staff cuts are taking place even though we are currently very short staffed.”*

### **Nurse in North West England**

*“Job freezes and re-deployment have reduced staffing levels and this has a direct effect on the quality and standard of patient care.”*

### **Nurse in England**



## Waste

*“We had a fantastic new window put in our office a year ago. Then more recently we had new windows put in for the whole clinic. We told the business office our window did not need replacing but it couldn’t be bothered to get a separate quote so it was replaced again... and it hasn’t even been fitted properly!”*

**Anonymous member**

*“The heating system...has been working to its fullest capacity the whole summer. Even the patients in the wards complain that it is too hot for them...but also spare a thought for the poor nurses who have to work in this heat. Staff have asked about this on numerous occasions but it is deemed an expensive problem to fix as apparently the current heating system is old. Surely not as expensive as money that is being wasted on heating...!”*

**Member from NHS Tayside**

Early findings from our Frontline First campaign point to multiple examples of waste across all parts of the NHS. So far, the RCN has received 1,200 reports of waste – ranging from the ‘unnecessary’ to the ‘ridiculous’.

Nurses have identified five main categories of wasteful spending:

- 1 clinical waste
- 2 medication
- 3 administration
- 4 inefficient systems
- 5 bad purchasing.

Some staff are part of the problem though. One nurse working in a teaching hospital in the North of England pointed out that staff routinely used clinical disposal facilities to dispose of ordinary household rubbish: “This is much more expensive – this money could be used to pay for extra nurses,” she said.

Patients, too, need to do their bit. Many stockpile equipment such as commodes and zimmer frames, or simply throw them away after use, when these items could be returned for use by other patients.

The RCN is so concerned about the level of waste in the NHS it has commissioned a special investigation, and will report its results in due course.

## Over £60,000 spent on bathrooms no longer used

The NHS in Buckinghamshire spent tens of thousands of pounds on installing special bathing equipment for patients with damaged nervous systems, who are now treated elsewhere.

Buckinghamshire PCT spent £62,222.44 on installing wet rooms and a height-adjustable bath at Rayners Hedge, a specialist neurorehabilitation facility, which was completed in March this year. Yet months earlier it signed a contract with Buckinghamshire Healthcare NHS Trust to relocate all in-patient neurorehabilitation services to Amersham Hospital, 16 miles away.

It then handed over management of the Rayners Hedge facility to Buckinghamshire Healthcare NHS Trust in March, which moved the service out in October this year. Now it uses it to run day clinics – where no patients require a bath.

In a statement, NHS Buckinghamshire said the money was not wasted: “Funding from the national privacy and dignity fund was used to refurbish the Rayners Hedge unit and create more single sex facilities, in line with Government guidelines. This means that patients in Rayners Hedge have access to refurbished facilities, and that the unit can revert back to providing inpatient accommodation if this is needed in the future.”

## Televisions that won't turn off

At Plymouth Hospitals NHS Trust, televisions automatically switch on each day, regardless of whether any patients are in the bay and even if nursing staff have turned them off. In fact, this issue has been raised many times by RCN members across all parts of the country.

## Stockpiling drugs

A nurse in the North West told us that her team recently found more than £1,400 worth of unused prescribed medication in a patient's house.

The drugs had been sent continuously on a repeat prescription and were never used. The nurse also reported that one elderly woman had been sent 1,300 soluble paracetamol tablets and eight litres of Gaviscon – worth over £170. “If these are the ones we find, how many do we not find?” she commented.

## Nursing solutions/innovations

Of course there are savings the NHS can make. And there are things that it could do better. Many of the solutions to managing NHS resources can be found on the frontline. So that is where the focus should be.

Nursing staff need to be empowered to innovate – to deliver fresh thinking on how efficiencies can be made while protecting patient care.

As the case studies that follow show, where nurses are given the opportunity, they get on with it.

### Case studies

#### 'Every Little Helps!'

Senior nurse Ray Gerrard is saving the NHS thousands of pounds every year.

Every week the nurse practitioner orders fresh supplies of dressings and drugs for his workplace with the same care and attention he pays to his family's supermarket shop.

He is so good at saving cash, his boss has asked him to teach nurses in nearby clinics how they can save money too.

"I'm always on the look out for a bargain," he says. "It's amazing how much money you can save by ordering in bulk, switching brands and looking for special offers."

Ray, a former hotel and public house manager, has worked at the Garston Walk in Centre in Liverpool since 2002. He is so passionate about saving NHS funds he has created a spreadsheet for staff to keep a check on stock items and make sure nothing is wasted.

"Ordering stock is just the same as when I worked in pubs 20 years ago. Some of the best savings are on small items so I can buy in bulk because storage isn't a problem. But you have to be careful with low turnover items and those with a use-by date. If stock sits on shelves it is just money tied up."

Ray has also set up a system to chase patients who forget to return borrowed crutches, which cost £11.19 a pair. "We used to order 300 pairs a year because patients never returned them. Now we only order 120 because we make sure we get the old ones back. With discounts for ordering in bulk I've reduced the cost to our unit from £3,357 per year to £1,342, saving £2,015."

Ray's yearly savings on six typical items:

|                         | £               |
|-------------------------|-----------------|
| Crutches:               | 2,015.00        |
| Gloves:                 | 100.00          |
| Silicone dressing:      | 152.88          |
| Saline cleanser:        | 141.44          |
| Gauze swabs:            | 78.00           |
| New brand leg dressing: | 187.00          |
| <b>Total:</b>           | <b>2,674.32</b> |

## Cutting a dash

Saving lives is all part of a normal day's work for nurse Donna Keenan and her team.

The ward sister from Omagh worked with cardiology consultants to set up a special unit to assess and treat patients with life-threatening heart conditions.

Under Northern Ireland's service re-organisation plans, heart attack patients would have faced an hour's journey to Erne or Altnagelvin hospitals. Now they go straight to her unit in Tyrone County Hospital.

The unit, which opened last year, assesses anyone with chest pain, palpitations, dizzy spells and shortness of breath and has been described by local GPs as a 'lifeline'.

So far it has treated thousands of patients suffering conditions ranging from acute myocardial infarction, severe arrhythmias and pulmonary embolism.

The unit is staffed by nurses who are experienced in cardiology and have been trained in advanced life support. But they have the back-up of a consultant cardiologist around the clock.

Between them they manage to discharge 84 per cent of patients who otherwise would have had to go to A&E departments 30 miles away. The remainder are stabilised and then transferred to specialist help at the Erne or Altnagelvin Cardiology Units.

The Cardiac Assessment Unit also provides a nurse-led cardiac ambulance service and manages patients requiring elective DC cardioversion.

Last year the unit dealt with 1,900 patients and in its first eight months of operation this year had already treated 1,600 patients.

Donna says: "The service is much more efficient for patients because they only need tell their story once in the unit and the majority stay less than five hours. Relatives are also happy because they don't have to travel long distances to visit."



## How the RCN is fighting back

The following examples demonstrate RCN campaign successes achieved to date.

South Tyneside NHS Foundation Trust plans to invest in MORE nursing staff over the next two to three years.

Plans to make staff redundant have been halted at Lancashire Care Trust (77 jobs saved).

At Dorset County Hospital the RCN led the fight against trust plans to make 200 staff redundant and impose an immediate pay freeze for all staff. A campaign of negotiation, media coverage, and raising the issue with Monitor and local MPs, led to the trust adjusting its plans.

Proposals to dilute employment terms and conditions at Bristol Community Health have been thwarted, following joint union pressure.

Following reports of falling income streams and higher costs St Luke's Hospice, Sheffield, announced plans to reduce both nursing staff and beds. Following RCN action no nursing posts have been lost through redundancy, despite the financial problems facing the hospice.

Newcastle Hospitals NHS Foundation Trust Chief Executive, Sir Len Fenwick, has committed not to undertake a voluntary severance scheme or instigate any vacancy freezes. He has also promised to honour terms and conditions for bank staff.

The NHS Greater Glasgow and Clyde (GG&C) health board decided to return specialist nurses to wards one day per week to undertake 'generic inpatient duties'. The RCN lodged a formal grievance against the board and now it has withdrawn its plans.

## Conclusion and recommendations

The RCN acknowledges that there are tough times ahead for the NHS but believes frontline services and workforce must be protected to maintain the quality of care delivered to patients.

We make the following five recommendations to providers of health care services:

### 1 Think before you press the 'go' button

Any reconfiguration to a service or workforce will have an impact on patient care and/or the working conditions of staff. Because of the high risk that service quality will decline, the RCN would urge any NHS organisation to carry out a comprehensive impact assessment prior to making any change.

### 2 Patient safety is your priority

NHS boards have a duty to make sure staffing levels are safe. There is a wealth of evidence pointing to the positive association between the number of staff deployed and the quality and safety of the care delivered to patients<sup>(47)</sup>. Where there have been major breakdowns in patient care, such as occurred at Mid Staffordshire NHS Foundation Trust, failure to ensure adequate staffing has been a central cause. Provider, commissioner and regulator organisations should commit to monitor staffing levels more closely.

### 3 Communicate your plans and engage with staff

Challenging economic times make it more important than ever to communicate effectively and honestly with frontline staff – so everyone is clear of what changes are required to meet financial goals. Patients, too, deserve to know about changes to service delivery, as well as how organisations plan to use efficiency savings.

### 4 Think long term

The NHS has a tendency to opt for short-term cuts to ease financial pain – you only have to look back to the 2006 deficit crisis in England to remember the large scale workforce and specialist service cuts that ultimately tarnished its international reputation. But an ageing population that is living longer, increasing and more expensive health care technology, and rising public health costs, all make it vital that the NHS focuses on the longer term. The days of 'slash and burn' should be replaced by considered workforce planning – at both a national and NHS organisation level.

### 5 Encourage nurse-led innovation

Nurses are best placed to identify areas of waste and innovation within acute and community health. Frontline nurses and nursing staff have innovative, practical and cost-effective ideas on how to save money while maintaining or improving quality. The RCN wants to see NHS management investing, fostering and encouraging nurses to identify solutions.

## Editorial notes and references

1. The Comprehensive Spending Review re-confirmed the need to find up to £20 billion in efficiency savings and this will result in a dramatic impact on NHS services. Although the increased health spending meets the pledge to protect the NHS budget, an increase of 0.4 per cent in real terms over the course of the spending review period will soon be swallowed up by rising costs and increases in demand. See [http://cdn.hm-treasury.gov.uk/sr2010\\_completereport.pdf](http://cdn.hm-treasury.gov.uk/sr2010_completereport.pdf) (page 43) (Accessed 8 November 2010) (Internet).
2. Based on NHS monitoring work by the RCN policy unit on 20 October 2010. Distribution of NHS job cuts is based on RCN regional intelligence and, as such, cannot be taken to be the full picture of all cuts in NHS England.
3. Department of Health (July 2010) Equity and excellence: liberating the NHS, p.5. Available from [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_117794.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf) (Accessed 8 November 2010) (Internet).
4. WTE – whole time equivalent.
5. Information on planned cost savings supplied by NHS boards to the Scottish Parliament Health & Sport Committee. See [www.scottish.parliament.uk/s3/committees/hs/inquiries/Budget1011/NHSBOARDALLOCATIONS2010-11.htm](http://www.scottish.parliament.uk/s3/committees/hs/inquiries/Budget1011/NHSBOARDALLOCATIONS2010-11.htm) (Accessed 8 November 2010) (Internet).
6. The £250 million figure is based on an RCN analysis of geographical health board figures. The financial figures for each board are based on Scottish Government information on Revenue Allocations for 2010-11. Available from [www.scotland.gov.uk/News/Releases/2010/03/11093526](http://www.scotland.gov.uk/News/Releases/2010/03/11093526) (Accessed 8 November 2010) (Internet).
7. The NHS Wales annual operating framework high level summary 2010/11 states: “All organisations are expected to work towards achievement of a three per cent reduction in staff in Agenda For Change Bands 5 and above, with a reflected increase in staff in Bands 1 to 4, per annum, between 2010 to 2013.”
8. Buckinghamshire Hospitals NHS Trust Board Paper: Chief Executive’s report (27 July 2010).
9. Royal Berkshire NHS Foundation Trust: letter from Chief Executive’s office (19 October 2010).
10. Poole Hospitals NHS Foundation Trust board papers (July 2010). Available from [www.poole.nhs.uk/about\\_us/board\\_meetings/july\\_2010/documents/BoDJul10K-WorkforceReportJune2010.pdf](http://www.poole.nhs.uk/about_us/board_meetings/july_2010/documents/BoDJul10K-WorkforceReportJune2010.pdf) (Accessed 8 November 2010) (Internet).
11. Berkshire Healthcare NHS Foundation Trust document (30 September 2010).
12. North Tees and Hartlepool NHS Foundation Trust annual plan for 2010-2013. Available from [www.nth.nhs.uk/assets/x/51064](http://www.nth.nhs.uk/assets/x/51064) (Accessed 8 November 2010) (Internet).
13. Derby Hospitals NHS Foundation Trust is reviewing its outpatient and clinical nurse specialist banding system within a few directorates (see the July 2010 consultation paper). All staff directly affected by this proposal will be placed “at risk of down banding”. Posts that are to be down banded are Band 7 clinical nurse specialist, Band 6 specialist nurse, and Band 3 health care assistant.

14. Northern Lincolnshire and Goole NHS Foundation Trust, message from the Chairman. See [www.nlg.nhs.uk/membership/foundations\\_for\\_health/Foundation\\_o8.pdf](http://www.nlg.nhs.uk/membership/foundations_for_health/Foundation_o8.pdf) (Accessed 8 November 2010) (Internet).
15. See the report in the Leicester Mercury, Thursday 2 September 2010, available from [www.thisisleicestershire.co.uk/news/NHS-staff-forced-retire/article-2596169-detail/article.html](http://www.thisisleicestershire.co.uk/news/NHS-staff-forced-retire/article-2596169-detail/article.html) (Accessed 8 November 2010) (Internet).
16. Buckinghamshire Hospitals NHS Trust staffside briefing (dated 2 September 2010) and Buckinghamshire Hospitals NHS Trust, trust board documents (dated 28 September 2010), available from [www.buckshealthcare.nhs.uk/Downloads/Trust-Board-documents-2010/Public%20board%20papers%20September%202010.pdf](http://www.buckshealthcare.nhs.uk/Downloads/Trust-Board-documents-2010/Public%20board%20papers%20September%202010.pdf) (Accessed 8 November 2010) (Internet).
17. Kane R et al (2007) The association of registered nurse staffing levels and patient outcomes: a systematic review and meta-analysis, *Medical Care*, 45(12), pp.1195-1204; National Nursing Research Unit, King's College London (2009) RN+RN = better care. What do we know about the association between registered nurse staffing levels and patient outcomes? Policy Plus. Issue 20 September 2009; Aiken L et al (2010) Implications of the California nurse staffing mandate for other states, *Health Services Research*, Early View (online), April 2010.

Notes





In a time when large efficiencies are being made in the NHS, Frontline First empowers nursing staff to speak out against the cuts that impact on patient care, expose where they see waste and highlight innovations and new ideas.

[www.rcn.org.uk/frontlinefirst](http://www.rcn.org.uk/frontlinefirst)

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

November 2010

Published by the  
Royal College of Nursing  
20 Cavendish Square  
London W1G 0RN

RCN Direct 0345 772 6100  
RCN Online [www.rcn.org.uk](http://www.rcn.org.uk)

