



Royal College
of Nursing

Frontline First

Congress 2012 update



Protecting services
Improving care

Frontline First Congress 2012 update

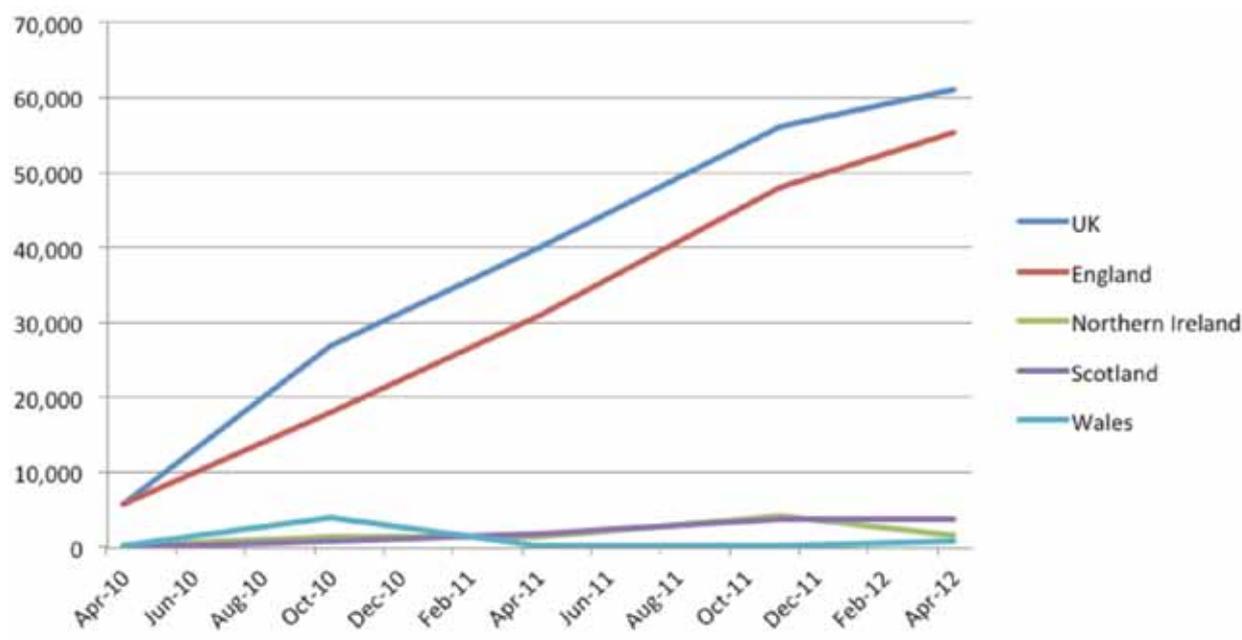


The RCN's *Frontline First* campaign has been monitoring the effect of the economic downturn on the NHS for two years now, and we continue to identify more and more posts at risk across the UK. When we launched the campaign in April 2010, we knew of 5,600 NHS jobs earmarked to go. By November 2010, the figure had risen to 26,841. In our last report, published a year later, the number had more than doubled to 56,058.

Cuts to NHS staff

The total **UK** figure as of 2 May 2012 now stands at **61,113 posts at risk**. This includes posts that have already been removed since the *Frontline First* campaign began in April 2010 or are still earmarked to be lost by April 2015.

Figure 1: UK-wide NHS post losses identified by the Frontline First campaign



This graph shows how the total UK figure has grown since the campaign began, and also gives a breakdown for England, Northern Ireland, Scotland and Wales. However because the responsibility for health policy is devolved, there are very different policy priorities and structures in place in each of the four countries. In addition there is variation in population size, health needs and demands. Because the context is so different, simple direct comparisons cannot and should not be made.

In our last report, the figure for **England** was 48,029. Now the figure stands at **55,366**,

including information from over 250 acute, community, mental health and learning disability trusts. All these trusts will have been required to play their part in delivering £20bn of efficiency savings for the NHS as part of the "Nicholson Challenge" (for more details please see the England specific section of this report).

In our first *Frontline First* report in October 2010 the figure for **Northern Ireland** stood at 1,300 as the Department of Health, Social Services and Public Safety (DHSSPS) imposed a 2% payroll cut for the 2010-11 financial year. Michael McGimpsey, Minister

for Health, Social Services and Public Safety from 2007 to 2011, predicted that 4,000 posts would be lost by 2015, which was included in our November 2011 report. This figure is now not valid, and our current figure uses official statistics showing posts that have already been lost and a more recent prediction for the coming years.

In **Scotland**, for the first few *Frontline First* reports we used the actual FTE trend of the number of staff in post in 2010-11, plus official workforce projections for each NHS board for the 2011-12 financial year. Now that we are beginning 2012-13, there is now information about the number of NHS staff in post for 2011-12, so we have adjusted our figures accordingly. No projections have been made yet for 2012-13.

In its annual operating framework of 2010-11, NHS **Wales** was originally committed to a 3% cut in staff above Agenda for Change band 5 each year from 2010-13 which the RCN calculated would be a loss of 3,819 posts. However, this commitment was then removed in 2011 and there has been no further projection. Therefore, we have used the actual post loss figure for September 2010 to September 2011, which is now available.

Our UK figure of **61,113** covers the five-year period 2010 to 2015 and includes posts that have already gone and those that are

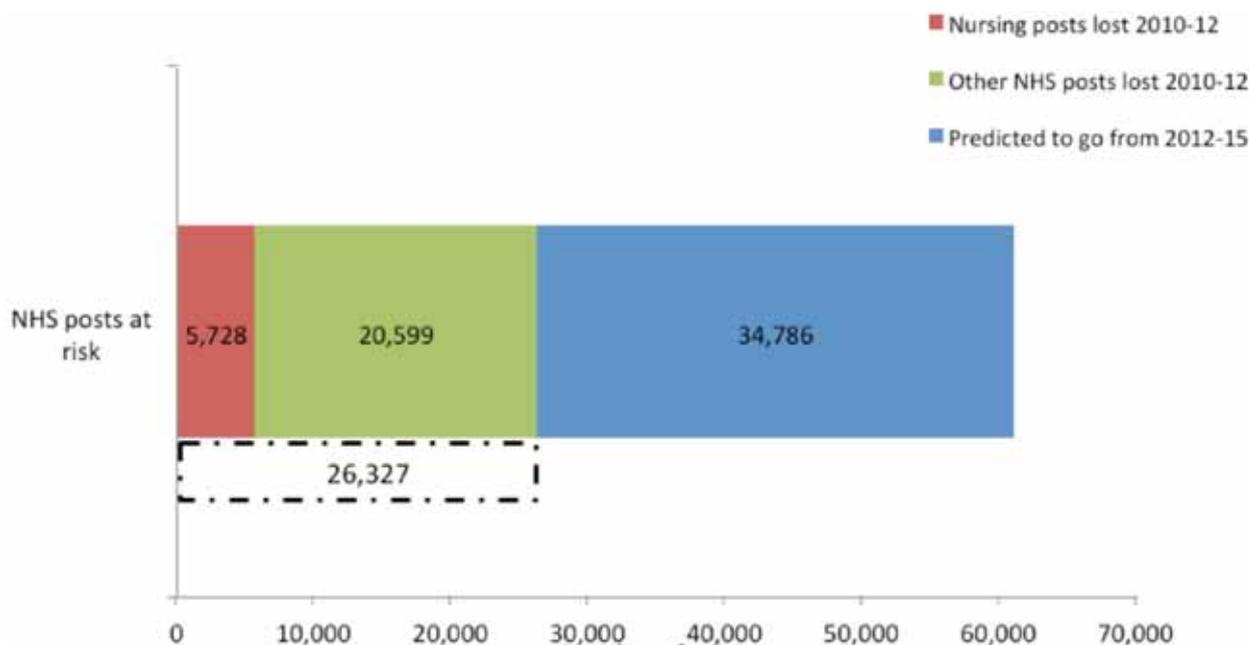
at risk. The UK Governments' own official statistics now reveal that **26,327 FTE NHS posts** have already been lost across the UK since the *Frontline First* campaign began in April 2010 (NHS Information Centre, 2012a; ISD Scotland, 2010 and 2012; Statistics Wales, 2012; DHSSPS, 2010a and 2011a). This suggests that a further **34,786** posts will be at risk in the period leading up to and including 2015 (see figure 2).

Looking at these total figures as a percentage, 43% of the total job loss figures predicted by the RCN have now actually gone within 40% of the period between 2010 and 2015. This demonstrates that the NHS cuts figures that we have published during the *Frontline First* campaign are indeed broadly reflective of actual cuts in the NHS.

From the total number of NHS posts already lost UK-wide, at least **5,728 of the posts are nursing**, confirming that frontline posts are not being protected.

Our previous *Frontline First* reports have provoked Government ministers and NHS employers to dispute our figures and to accuse us of "scaremongering" (Boffey, 2011). We strongly refute this suggestion. Far from scaremongering, given the UK Governments' commitment to protect the frontline we feel the public need to know the reality of what is going on in their NHS.

Figure 2: Analysis of the 61,113 posts identified as at risk up to 2015, showing the number that have already been lost



The RCN invests a great deal of time and effort to ensure the accuracy of all the figures quoted in our campaign work. The total NHS post loss figures have been formulated using a strict verification process – we receive intelligence from our members, but only include cuts for which we have reliable, factual evidence. We look at a range of NHS official documents, including consultations, forward planning documents, board papers and minutes, press releases and local intelligence provided by RCN professional officers. We also use official national and regional statistics where these are available.

If NHS documents show that deleted jobs are being re-provided elsewhere, we take this into account and only use the net post loss figure. In addition, we use our network of staff and activists to find out if NHS organisations have changed their plans.

It is important to recognise that many well respected journals and organisations have also found that significant numbers of frontline NHS posts are at risk. For example a **Health Service Journal (HSJ)** investigation found that 30,500 staff are set to go at NHS Foundation Trusts in England alone by 2014 (Dowler, 2011), based on information from 134 of the 144 Foundation Trusts. The RCN figure for England uses information from 250 trusts, including non-Foundation Trusts and Primary Care Trusts (PCTs). In addition the **Office of Budgetary Responsibility** (2011) has forecast a total reduction of 710,000 public sector posts from 2011 to 2017, many of which will be in the health service.

Work by NHS London using methodology from consultants McKinsey & Company has suggested that they could cut nursing budgets by up to half for some trusts (Clover, 2012a). Another report from the strategic health authority indicated that 2,700 FTE nursing posts could go, which amounts to 9% of the total nursing workforce (Clover, 2012b). Although NHS London have explained that these estimates are based on a “modelling” exercise, it demonstrates that nursing is still an area very much under scrutiny for delivering cuts in the health service.

Despite on-going national and local lobbying, the RCN is aware of very large workforce cuts proposed at some NHS organisations. Here are some recent examples we have found since our last *Frontline First* report:

- **NHS Lothian** planned to decrease its nursing and midwifery workforce by 398 FTE in 2011-12, which is a loss of 4.6% (Scottish Government, 2011).
- **NHS Greater Glasgow & Clyde** planned a reduction of 402.2 FTE nursing staff over the 2011-12 financial year, which is a loss of 2.7% (Scottish Government, 2011).
- **Northern Health and Social Care Trust (Northern Ireland)** has reduced its nursing workforce by 188.5 FTE (6%) since December 2009 (DHSSPS, 2009 and 2011a).
- **Sandwell and West Birmingham Hospitals NHS Trust** plans to remove 378 FTE posts in 2012, 237 of which are registered nursing posts (Sandwell and West Birmingham Hospitals, 2012).
- **South London Healthcare NHS Trust** has serious financial problems and has planned to decrease its staffing by 5% each year from 2010 to 2015. Overall this would mean a loss of 23% of staff (South London Healthcare, 2011a and 2011b).
- **Sussex Partnership NHS Foundation Trust** plans to lose 467 FTE posts from 2011 to 2014, which is 13% of their workforce (Sussex Partnership, 2011).
- **Imperial College Healthcare NHS Trust** plans to cut its nursing, midwifery and health visitor costs by £11.7 million, which represents a quarter of their total savings plan (Imperial College Healthcare, 2011).
- **South West Yorkshire Partnership NHS Foundation Trust** plans to lose 250 posts from 2011 to 2014 (South West Yorkshire Partnership, 2011).
- **Southend University Hospital NHS Foundation Trust** plans to reduce its workforce by 400 FTE from 2011 to 2014. This is 11% of its workforce (Southend University Hospital, 2011).

- **Blackpool Teaching Hospitals NHS Foundation Trust** plans to lose 675 FTE staff from 2011 to 2014, which is 16% of its workforce (Blackpool Teaching Hospitals, 2011).

These figures show that the NHS workforce is vulnerable across the UK. In addition to country specific issues highlighted later in this report, the RCN is particularly concerned about three UK-wide trends and the direct impact these will have on patient care:

1. **Increased pressure on community services**
2. **Reduced nurse staffing levels, including downbanding and dilution of skill mix**
3. **Nursing staff under severe stress**

1. Increased pressure on community services

Across the UK, there is a push to move patient services from acute hospitals into the **community**, both to reduce costs and to have more appropriate, person-centred care. This is particularly important as the population is ageing and will have increased health care demands. Despite the stated intentions of politicians across the UK and all the advice from health experts, the RCN on the whole has found very little clear evidence of this shift actually happening on the ground. The acute sector may be getting smaller, but the community sector is not expanding to “take up the slack” and is vulnerable to short-term cuts.

Our members working in the community sector tell us of the huge pressure they are under. The RCN surveyed community nurses throughout the UK, and we have published the results alongside this report with a detailed analysis of the community workforce in **The community nursing workforce in England** (RCN, 2012a). Fewer than one in ten (6%) said they always had time to meet the needs of their patients, while almost all (89%)

said that their caseload had increased over the last year. Nearly six in ten (59%) reported that they were spending less time with their patients than they did a year ago.

Almost nine out of ten (86%) community nurses surveyed said that patients are being discharged from hospital sooner than before, but more than two thirds (68%) said that staffing levels have actually decreased where they work in the last year. These results raise major concerns about the capacity of community services to deal with an increasing number of acutely ill patients.

In Scotland, the Government has sought to demonstrate a shift to the community by stating that the number of nurses and midwives working in this sector has increased by 2,500 since 2006. However, there are issues around how this workplace information is being recorded and, until this issue is resolved, a complete picture of any actual change cannot be firmly established. We remain concerned about the workload of community nursing staff, given increasing patient needs.

“District nurse numbers are being cut by half which will affect patient care. Already suggestions are being made to stop patient visits during weekend hours.”
District nurse, Wales

In England, the total NHS community nursing workforce (including those working in community mental health and learning disability services) actually contracted

in 2011, decreasing by 1,995 FTE qualified nurses, midwives and health visitors (NHS Information Centre, 2012b). It is hardly surprising that community services are under pressure in England, as the Nicholson Challenge to make £20 billion of efficiency savings by 2015 applies to all NHS trusts – community service providers have to deliver savings just like their acute counterparts.

MPs have warned about the lack of real service transformation in England. In their recent report on public expenditure, the Health Select Committee for the Westminster Parliament expressed concern that efficiency savings were instead being delivered by “salami slicing” existing services (House of Commons Health Committee, 2012). Their report stated:

“The Nicholson Challenge can only be achieved by making fundamental changes to the way care is delivered. It is neither possible nor desirable to achieve the required levels of efficiency gain through existing structures and any attempt to do so would result in a combination of inefficiency and poor quality which would (rightly) undermine public confidence in the system and represent an indefensible use of taxpayers’ funds.”

“With rising patient numbers the emphasis is on reaching targets rather than providing adequate numbers of staff who are qualified to actually deliver care. The stress levels experienced by staff are high and many work additional unpaid hours so that reasonable levels of care can continue. I have worked in the NHS for 30 years and have never seen it quite like this.”
Community nurse, East of England

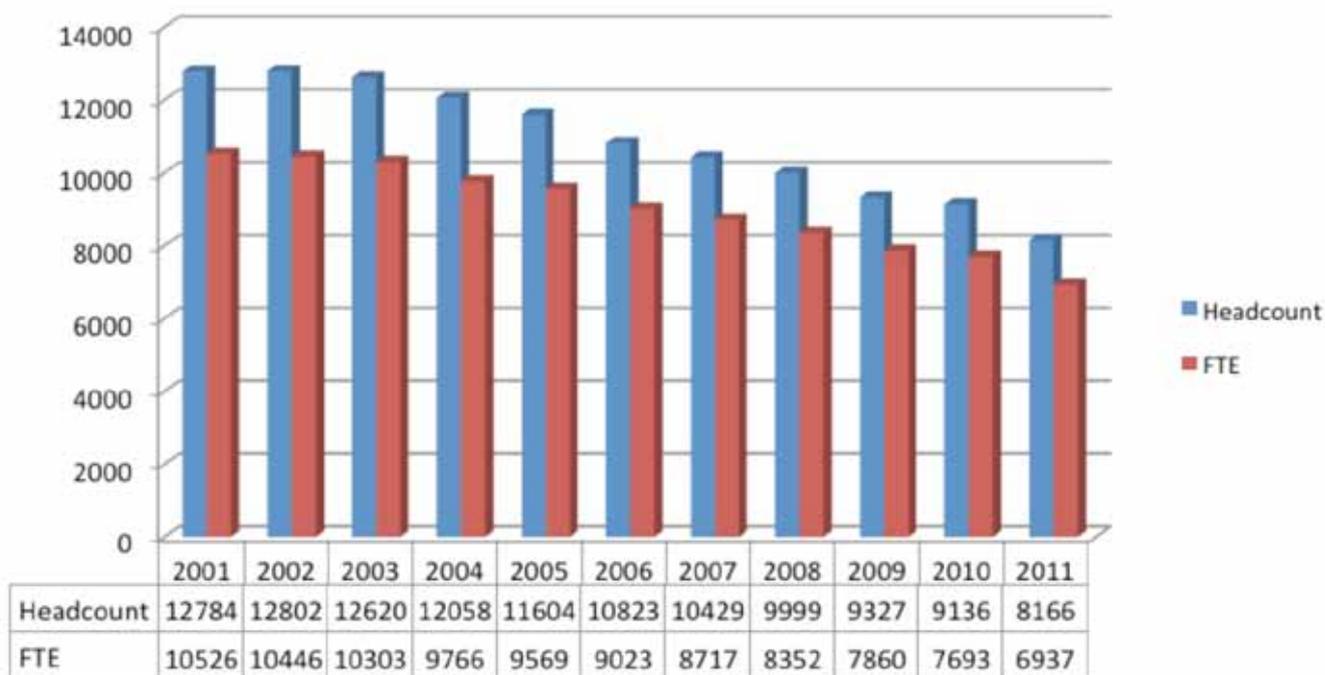
The RCN is particularly concerned about the stresses placed on the district nursing service. Our members consistently tell us of smaller teams treating more patients, which results in less time spent with patients to assess their needs and more time filling out forms.

In England, the Government’s own official statistics confirm that district nursing numbers have been declining over recent years – as can be seen from figure 3 below, they have **decreased by**

The RCN believes that the NHS needs systems in place to spread good practice and encourage real, well-planned service redesign and better collaboration between all organisations involved in delivering health and social care rather than short term cuts. This must be backed up by better workforce planning that takes the different training needs of community nursing staff into account.

3,590 FTE from 2001 to 2011, a loss of 34% (NHS Information Centre, 2012b). From 2010 to 2011 there was a loss of 756 FTE (10%), which is the largest drop seen in one year. The Deputy Chief Nursing Officer for England David Foster has expressed concern about this reduction (Santry, 2012).

Figure 3: The number of district nurses in England, 2001 to 2011



In Northern Ireland, the number of district nurses fell by 8% between March 2010 and March 2011. The numbers of health visitors and school nurses also fell during the same period (DHSSPS 2010b, 2011b).

There is a risk that these trends will continue because the district nursing workforce is ageing even faster than the rest of the nursing workforce. For example, in England 39% of district nurses are over 50 compared to 27% of the general nurse workforce (NHS Information Centre, 2012c).

The RCN believes that the district nursing service must be invested in, and not be allowed to decline. District nursing teams provide highly skilled care to people in their own homes, keeping them out of hospital and preventing deterioration of existing conditions. Their work saves the NHS money, and with an ageing population and an increasing number of people living with long-term conditions, their work will become even more critical in the coming years.

2. Reduced nurse staffing levels, including downbanding and dilution of skill mix

RCN members continue to tell us about the significant – and increasing – pressure they are under to provide care with fewer nursing staff. As well as posts being cut through formal consultation processes, many organisations have imposed **vacancy freezes** in an effort to save money, and have restricted the use of bank and agency staff who would usually fill the gaps. This is at the same time as many hospital systems are running close to 100 per cent bed occupancy.

Patients are noticing the effect – the latest CQC survey found that only 58% of patients in hospital felt there were enough nurses on duty to care for them (CQC, 2012).

The RCN's annual employment survey (RCN, 2011a) shows that 54% of our members working in the NHS throughout the UK have seen a reduction in staffing levels for registered nurses in the last year, and 34% have seen a decrease in the number of health care assistants (HCAs). 40% reported that a recruitment freeze has left vacancies unfilled in their workplace and 19% said that posts had been cut.

Worryingly, the figures are all significantly higher for our members in Scotland, where for example 62% of NHS staff have seen a reduction in registered nurse staffing levels, and 57% report a recruitment freeze in their workplace (RCN, 2011b).

Over the past few years the NHS in Wales has redefined a “vacancy” to the point where most local health boards (LHBs) can now simply claim not to have any. When a nurse or HCA now leaves their post, the post is instead “held” pending review. Moreover the numbers of these held posts are not being published by LHBs, fuelling the suspicion that the true picture of reductions in post is being hidden. The Welsh Government will not publish vacancy data.

In Northern Ireland, a survey of health and social care staff found that 51% work without pay beyond their contracted hours each week, the vast majority (89%) because they want to be able to provide the best level of patient care they can. Over half (52%) of all

“Band 5 nurses are being made to work on a bank basis as band 3. The hospital has banned overtime and now expects trained nurses to work as health care assistants to save money”
Learning disability nurse, Northern Ireland

staff feel that they are unable to meet all the competing demands placed upon them and less than a quarter (24%) believe that there are enough staff for them to be able to do their job properly. More than half (56%) say that they are overloaded because of staff shortages (DHSSPS, 2010c).

The 2011 NHS England staff survey (DH, 2012) found that 46% of staff said they do not have enough time to carry out all their work, and only 30% said that there are enough staff in their organisation for them to do their

job properly. 40% would not recommend their hospital to friends or family needing treatment.

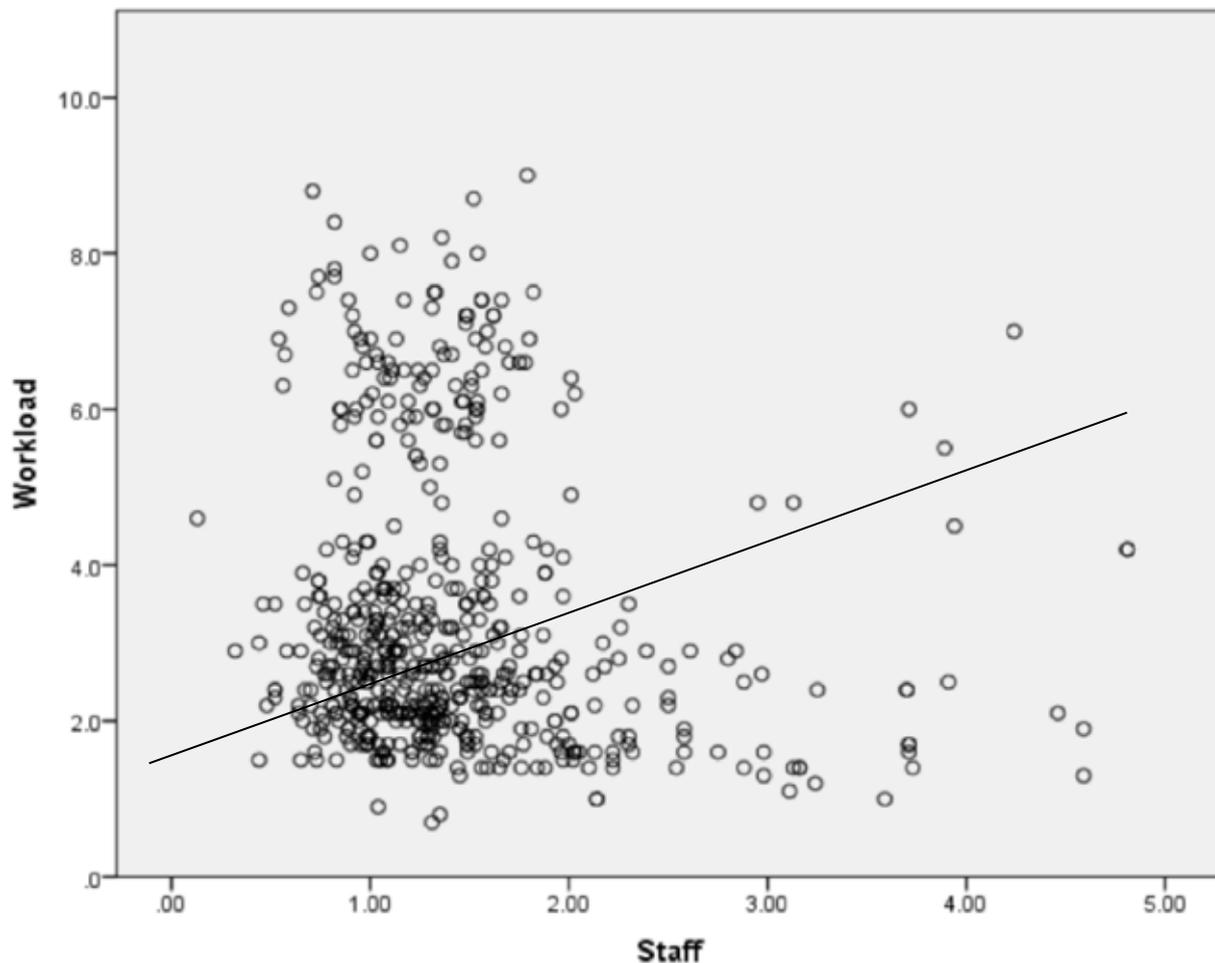
In response to these pressures, the RCN commissioned independent workforce analyst Dr Keith Hurst to review the relationship between ward workload and staffing. Based on a sample of 566 wards and using their patient acuity/dependency scores, figure 4 shows how staffing and workload are related. The vertical axis measures patient acuity/dependency, bed occupancy, throughput and ward staff activity. The horizontal axis measures staff across all pay bands (as FTEs per occupied bed) available to meet each ward's current workload.

"We have already started cancelling clinics due to lack of staff, no show of bank staff and inappropriate skill mix. Times are dire, staff are frazzled and it is only a matter of time before patient safety is compromised and staff sickness levels rise."
Nurse, North West England

Figure 4 demonstrates that when workload increased there is only a relatively minor adjustment to nurse staffing levels, hence the clustering on the left hand side of the graph. If ward staffing was increasing in response to patient dependency then we would expect to see a distribution similar to the regression line on the graph.

When nurse staffing does not respond to patient dependency, it not only increases the pressure on staff but also increases the risks to patient care and compromises high quality patient outcomes.

Figure 4: Ward staffing does not keep pace with patient need. Workload = ward workload index (high values represent high workload). Staff = staff assigned to current workload (as FTEs per occupied bed)



The RCN is very concerned about the impact of these trends. There is a substantial and growing body of evidence showing that nursing numbers and the working environment have a huge impact on patient outcomes and quality of care. For example, a major study of 12 European countries and the United States (including input from Anne Marie Rafferty, Dean of the School of Nursing and Midwifery at King's College London) found that patients and nurses both reported higher standards of care in hospitals with better work environments and fewer patients per nurse (Aiken et al., 2012). **This is why the RCN has called for mandatory nurse staffing levels across the UK to give a guarantee for patients that there will be enough staff on duty to give appropriate and safe care (RCN, 2012b).**

Downbanding and dilution of skill mix is another area of particular concern, which the RCN has raised since the *Frontline First* campaign began. NHS service redesigns and saving plans brought to our attention often involve the replacement of experienced qualified nursing posts with those of a lower band or unregistered health care assistants (HCAs) in an effort to save money. A clear clinical rationale is not always being provided and a full risk assessment is not always being undertaken.

Some NHS trusts in England are using this method quite openly. For example, South London Healthcare's workforce plan (2011b) has used terms like "rebanding opportunity" and "less rich skill mix". One NHS trust in England was planning to offer band 4 posts as suitable alternative employment for qualified band 5 nurses. After campaigning by the RCN and other unions at the trust,

this proposal has been withdrawn. In Wales, the Government currently does not publish nursing figures by Agenda for Change band fuelling suspicions that this pressure on patient care is being deliberately hidden.

Because the RCN is so concerned about this issue, we commissioned Dr Keith Hurst to analyse data from English wards to find out the extent of the practice and its effect over the last few decades. He analysed staffing data from 835 general wards. The results are summarised below in table 1 below.

This evidence shows that there has been a decrease in the proportion of ward staff who are qualified nurses and a corresponding increase of HCAs. The ratio has fallen below the recommended 65:35 registered to non-registered benchmark (RCN, 2006).

The RCN is concerned about these trends and believes patient safety is being put at risk, given the huge pressure NHS organisations are under to save money and the increases in patient need. Downbanding and diluting skill mix can mean that crucial nursing experience and skills are lost. Sometimes staff are asked to continue to do the same job but at a lower grade, meaning that they are not being properly recognised and rewarded for their experience and skills.

3. Nursing staff under severe stress

Stress is a major concern for the RCN. Our members tell us that they feel under attack and undervalued. With fewer staff, more patients, employers chipping away at staff benefits, and also the threat of redundancy hanging over significant numbers of staff in some parts of the UK, nurses are feeling under a huge amount of pressure.

Table 1: Analysis of ward nurse staffing in 835 general wards between 1985 and 2011.

Year	Sample (wards)	RN%	HCA%
1985-1994	226	68.6	31.4
1995-2004	255	67.8	32.2
2005-2007	126	62.4	37.6
2008-2011	228	61.9	38.5

England has the second highest nurse “burn out” rate in Europe after Greece. 42% of nurses felt “burnt out”, while 39% are dissatisfied with their job (Aiken et al., 2012). This echoes the NHS staff survey 2011 for England (DH, 2012), in which 30% of staff reported that they had suffered from work-related stress in the last year and 51% would not recommend their NHS trust as a place to work.

In Northern Ireland, more than a third (36%) of health and social care staff said they had suffered work-related stress during the preceding twelve months (DHSSPS, 2010c). Stress rates are up in Wales as well. In the Hywel Dda Local Health Board in Wales, 40% more staff took stress-related sick leave in 2010-11 compared to 2008-09 (Sprinks, 2012). In a survey of senior charge

nurses carried out by the RCN in Scotland in 2012, respondents identified reduced staffing levels as a contributor to increasing stress levels and a barrier to fulfilling their role.

This pressure is causing an increased demand for the RCN’s own counselling service, which is offered free to our members. Between 2009 and 2010, counselling sessions increased by 43%, and then by a further 12% in 2011. Early indications show that 2012 will be even busier. Over 25% of these members presented with work related stress, and a growing number are seeking support due to problems relating to job loss or threatened job loss. The number of emergency appointments doubled between 2010 and 2011. These are offered when members would be otherwise unable to keep themselves safe.

We all rely on nurses and HCAs to look after us when we are at our most vulnerable. The RCN believes that it is scandalous that so many of them are becoming ill themselves

because of their job – this should be a rare occurrence but is becoming an accepted part of working in health care.

A closer look at England

Reinvestment in the NHS

The NHS is facing one of the most significant financial challenges in its history with the need to secure £20 billion of cash-releasing efficiency savings by 2014-15, known as the “Nicholson Challenge”. The aim is to make efficiency savings in the NHS, not cuts. Sir David Nicholson (2010) said that “Every penny of those savings will be available for reinvestment in frontline health care.”

However, the RCN has seen very limited clear evidence of these savings being

reinvested on the frontline. An analysis of the Government’s 2012 budget statement by the Nuffield Trust (2012) showed that £500m of the predicted £900m “underspend” of the NHS for 2011-12 will go to Treasury for central deficit reduction instead of being used to transform services. This confirms that the NHS is saving money, but frontline services are not directly benefiting from this as was promised in the vision set out by Government.

Specialist nurses

The RCN continues to be concerned about specialist nursing posts being cut. Some specialist nurses have had to re-apply for their own jobs or fight to ensure the continuation of funding for their post. Others are asked to do general ward nursing shifts instead of performing their vital specialist nursing role. For example, in Medway NHS Foundation Trust, clinical nurse specialists at band 7 and 8 have been asked to cover shifts as HCAs in escalation wards. Other examples include:

“Nursing staff are under immense pressure and stress day after day just trying to maintain a safe environment for colleagues and service users. Never before have I known a time in my professional life when nursing staff have felt this demoralised, uncared for, abused, frustrated and hopeless.”
Mental health nurse, London

“I find it increasingly difficult to manage my clinical duties in the time that I have, but am under pressure to do more and more. We SCNs have also been threatened with disciplinary action if we do not fulfill all our obligations”
Senior charge nurse, Scotland

- Diabetes UK has found that over 200 diabetes specialist nurse posts were left unfilled in 2010, which is twice the figure in 2009 (Diabetes UK, 2011)
- the charity Crohn's and Colitis UK (2012) has found that a quarter of patients with these conditions cannot access a specialist nurse, and stresses the difference that these nurses make to people's quality of life and emotional wellbeing
- the MS Society has found that there are three multiple sclerosis specialist nurse posts at risk in England, five being held vacant, 15 under review and 19 having their role reduced. They are very concerned that the current level of service for patients will not be maintained.

Research shows that each specialist nurse can make efficiency savings worth hundreds of thousands of pounds each (RCN, 2010), so removing posts is extremely short sighted and inconsistent with the core purpose of the "Nicholson Challenge". The RCN calls for proper investment in funding for specialist nursing posts as part of a prevention-focused NHS.

A closer look at Northern Ireland

Pressures on the frontline

According to workforce figures published by the Department of Health, Social Services and Public Safety (DHSSPS, 2011a), the qualified nursing workforce in Northern Ireland has declined by 2% between December 2009 and December 2011. The health care assistant (or "other nursing") workforce fell by 3% over the same period. The reduction has been particularly severe in the Belfast Health and Social Care Trust (4% and 7% respectively) and the Northern Health and Social Care Trust (6% and 6% respectively). Trust plans for 2012-13 anticipate a further reduction of 500 nursing posts across Northern Ireland. At the same time, trusts are continuing to contain costs by imposing vacancy freezes. The RCN believes that this undermines patient safety by artificially and randomly reducing the nursing workforce with no reference to patient need.

Feedback from RCN members working in frontline services in all care settings across Northern Ireland indicates that the current pressures on the system are unsustainable. This has most recently been evidenced by the significant political and media attention focused upon pressures on accident and emergency services. The number of people each month waiting more than twelve hours for emergency treatment has grown from 1,196 in February 2011 to 1,437 in February 2012.

The RCN's *Frontline First* campaign has demonstrated that nurses in Northern Ireland are ready for change and believe that it is essential in order to build a health and social care system that is safe, sustainable and provides the highest possible standards of patient care. RCN members know that difficult and sometimes uncomfortable decisions need to be made in order to secure this future. Provided that the changes are made in the right way, for the right reasons and with appropriate engagement with nurses at all stages of the process, the RCN will support them.

Student numbers

The total number of commissioned pre-registration nursing student places in Northern Ireland was cut from 724 in 2008-09 to 660 in 2011-12. A further reduction to 625 is now planned for 2012-13. The number of pre-registration medical student places has remained unchanged.

The RCN remains concerned about the impact of this decision upon the future nursing workforce in Northern Ireland, particularly in the context of the ageing profile of the workforce and the lack of evidence of a systematic workforce planning approach to address this issue.

Sharing success

Whilst focusing upon the impact of cuts and service reconfiguration on nursing and patient care, the RCN has also continued to work hard in promoting the innovation strand of *Frontline First*, demonstrating that nursing is a key part of the solution to the problems identified above. For example, 2011 RCN Northern Ireland Nurse of the Year finalist Pauline Doherty leads a nurse-led

medical day case unit at the Ulster Hospital. Many treatments previously provided on an inpatient basis are now provided through day care, saving between one and two bed days per procedure. An audit conducted between January 2011 and June 2011 indicated that the total number of patients treated was 1,296 and that, as a consequence, 1,179 bed days were saved.

In the view of the RCN, the HSC is poor at sharing and replicating these examples of innovative nursing practice. The RCN has called for the regional commissioning process to require HSC trusts, when a service of proven quality and effectiveness is available in one trust, to ensure that it is reproduced in the other four. This simply does not happen at the moment.

A closer look at Scotland

Nursing cuts

Since September 2010 the number of nursing and midwifery staff in post in NHS Scotland has decreased by 1639.8 FTE (2.8%). Nearly half of all NHS Scotland staff in post losses since March 2011 have been in nursing and midwifery (44%). While this is broadly proportionate given that nursing and midwifery is the largest staff group in NHS Scotland (43%), NHS nursing and midwifery staff in post are now at the lowest level since 2006.

The RCN in Scotland continues to grow its influence as a commentator on finance and workforce issues. On the day that the Scottish draft 2012-13 budget was published, the RCN in Scotland had a front page story in *The Herald* on the reality of the impact of efficiency savings on NHS budgets.

We were invited to provide oral evidence on the draft 2012-13 budget to the Parliament's Finance and Health & Sport Committees:

"We have reached a stage where the cuts to the number of nurses have brought us back to the levels of 2006...That is worrying at a time when we are trying to shift from the acute model...You are taking wards out, so naturally you are going to take out some staff. We understand that, but what we are not seeing is

a corresponding shift over to the community... we are concerned "

Theresa Fyffe, RCN Scotland Director

The RCN in Scotland also continues to support activists who are responsible at a local level for engaging in ever-more complex negotiations over financial and workforce planning and decisions. We ran a finance and workforce planning seminar at our recent activists' conference and offer regular access to an interactive masterclass for activists on Area Partnership Forums to understand better how to interpret financial and statistical data.

Student numbers

The Scottish Government has announced a 10% cut to pre-registration nursing and midwifery student places for 2012-13, down to 2,430 (from 2,700 in 2011-12, which in itself was a cut of 12% from the previous year). This cumulative cut in student numbers risks there not being enough professionally qualified nurses graduating to meet the demand for services in the future and could have significant impact on patient care.

The RCN in Scotland submitted a formal paper in October 2011 to the Scottish Government outlining evidence to inform the pre-registration student intake numbers for 2012-13. Our comments on the Scottish Government's decision to cut the number of nursing students in next year's intake were picked up widely, particularly in local press. MSPs also asked questions in parliament relating to the cut in nursing student numbers and restated our position. RCN Scotland will continue to seek to influence the Government about this issue over the coming year.

Staffing levels/skill mix

The 2011 RCN employment survey (RCN, 2011b) found that in Scotland staffing levels are being managed down by the use of recruitment freezes - leading to posts being unfilled - as well as cuts in posts, the redistribution or redeployment of staff, bans on the use of bank or agency staff and skill mix changes. Changes in staffing levels are impacting on patient/client caseloads with a quarter (26%) stating they have increased, and on service provision with 16% reporting that services or wards have been merged or

restructured and 14% that wards or beds have been closed.

In evidence to the Health & Sport Committee's Inquiry into the Regulation of Care for Older People, we raised the issue of skill mix and staffing levels. We stated that "poor standards of care are often accompanied by an underlying failure to ensure safe staffing levels and the right level of skills and knowledge" and called for a national approach to staffing levels to be agreed. The committee subsequently called for research into the appropriate staffing mix for care homes and other services for older people.

A closer look at Wales

Nursing figures

The latest figures available on nursing numbers show that overall nursing numbers have remained broadly stable between 2008 and 2011 (Statistics Wales, 2012).

This is clearly good news and the RCN would hope that this picture remains constant for

the next few years. There are very few areas of expenditure where the effect on patient safety and quality of care is so evident than nursing. However there is a wider context to consider. The current numbers of registered nurses and HCAs in the NHS may not be sufficient to ensure quality of care for the volume of work they are expected to deliver. The RCN remains concerned about the extra hours nurses are working, reports of downbanding, vacant posts not being filled and maternity and sickness cover not being provided.

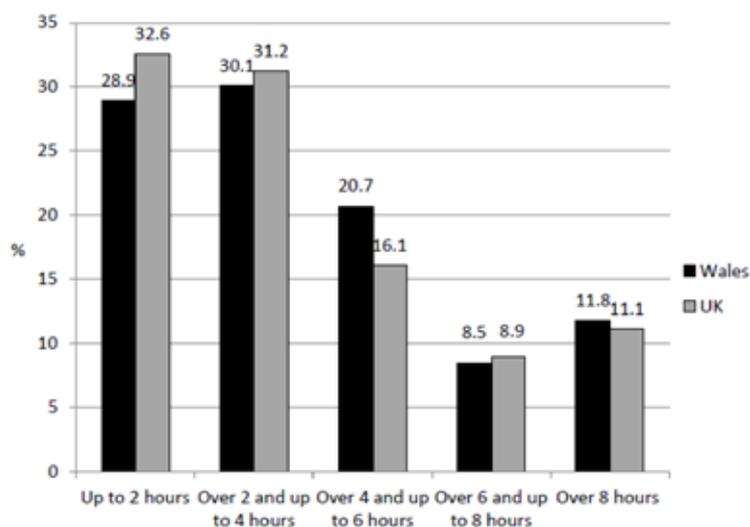
Extra hours worked

Our members in Wales regularly work more than their contracted hours and these extra hours are often unpaid. The RCN's employment survey for Wales found that 72% report working additional hours on at least one shift each week and over a third (37%) do so several times a week. 34% are not paid for these extra hours (RCN, 2011c). There are 25,351 nurses employed in the NHS (Statistics Wales, 2012). If the average number of excess hours is four this represents 101,404 extra hours for the NHS or the equivalent of 2,704 extra full-time nurses.

Table 2: Nursing numbers in Wales

	2008	2009	2010	2011
No. of Nursing Staff (includes HCSW)	32,124	33,021	33,012	32,787
FTE Nursing Staff (includes (HCSW)	27,806	28,199	28,168	27,999
No. of Registered Nurses	24,636	25,374	25,436	25,351
FTE Registered Nurses	21,461	21,790	21,823	21,737
Student Nurse (pre-registration)	1,093	1,179	1,070	1,115
Commissioning figures				

Figure 5: Number of additional hours worked on average each week (RCN, 2011c)



Investment in staff

Our employment survey (RCN, 2011c) found that nurses in Wales are less likely to have a proper yearly appraisal with their employer or to have a personal development plan (PDP) than nurses in the rest of the UK.

Moreover levels of continuous professional development (CPD) are also in decline. Unlike medical colleagues, nurses working

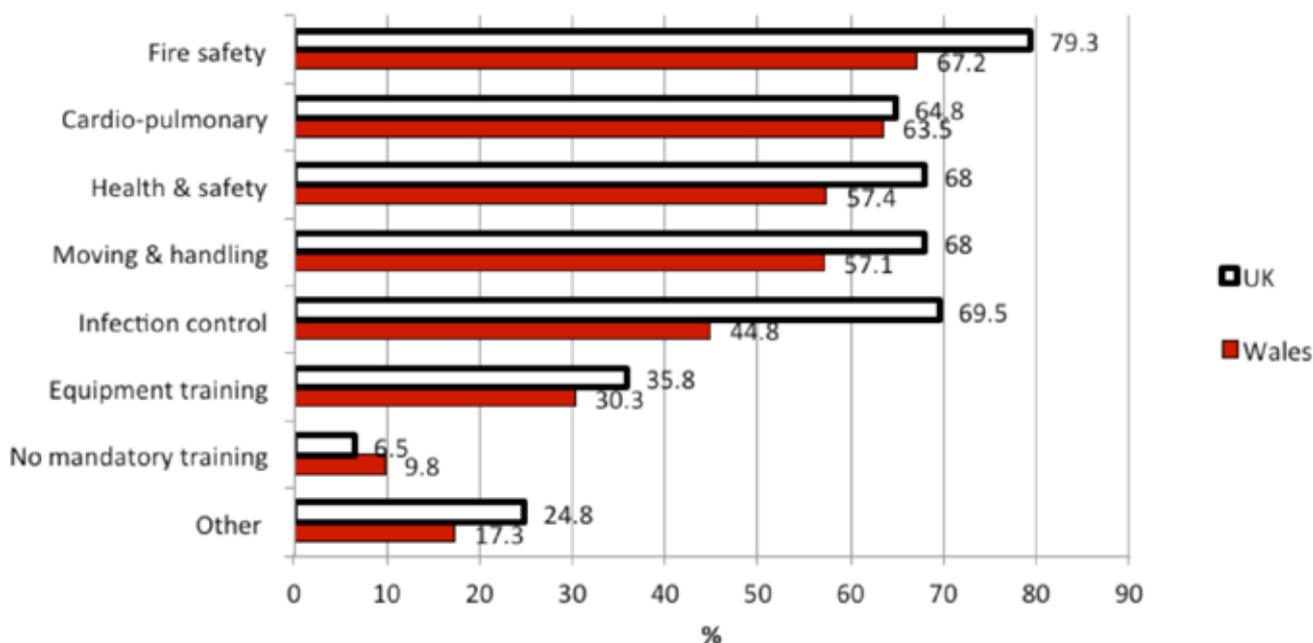
for the NHS have no guarantee of CPD in their contract (although of course it is required for Nursing and Midwifery Council registration).

Only 75% of our members in Wales had received CPD in last year compared with 89% in 2009. Welsh nurses are less likely to have received CPD than in any other UK country. This is concerning as it is directly related to the quality of care that patients experience.

Table 3: Appraisals and PDPs by country

	Wales	England	Scotland	Northern Ireland	All UK
Appraisal or development review	45.2%	70%	71.6%	54.5%	67.1%
Personal training and development plan	47.4%	63.6%	77.2%	52.6%	63%

Figure 6: Percentage of nurses receiving mandatory training in the last year



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