

## Frontline First Congress 2011 Update

### Summary:

Until recently, NHS trusts in England have only provided figures on the global workforce reductions within their organisations. In November 2010, the RCN published its *Frontline First* Interim Report that identified 26,841 NHS jobs at risk in the UK, out of which 17,932 posts are earmarked to be lost across NHS England. In February 2011, Trade Union Congress (TUC) launched a 'cuts' campaign called *False Economy* and identified more than 50,000 NHS jobs that are set to be cut by 2014/15.

In the last few months, some NHS trusts have started to provide specific and detailed breakdowns of cuts to workforce numbers. The RCN has analysed figures from **21 NHS Trusts** (see Appendix 1) that have provided a detailed breakdown on job specific workforce cuts.

- Within these **21 trusts, there are 9,650 posts identified to be lost**. Of these, **4,429 posts are nursing** (registered nurses and health care assistants). **Nursing posts account for 46 per cent of the total workforce cuts.**
- The number of **clinical posts to be lost is 5,209 posts. This is 54 per cent of the total workforce cuts.**
- **On average, 12 per cent of qualified nursing jobs will be lost across the trusts' established nursing workforce.**

The RCN is concerned as the frontline is not being protected despite national Government assurances.

### Introduction

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. The NHS Chief Executive, Sir David Nicholson, has set the NHS the target of achieving efficiency gains of four per cent per annum (now increasingly known as the "Nicholson Challenge") over the next four years. The quality, innovation, productivity and prevention (QIPP) programme is being rolled out widely to help deliver the targeted efficiency savings over this period. The scale of the efficiency challenges is unprecedented and in addition the Government plans to implement major reforms outlined in the 2010 health White Paper, *Equity and Excellence: liberating the NHS* and within the current Health and Social Care Bill 2011.

The RCN has been monitoring the impact of the drive for efficiency savings on the NHS workforce and services. In November 2010, the RCN published its *Frontline First Interim report*<sup>1</sup> that identified 26,841 NHS jobs at risk in the UK, out of which

<sup>1</sup> [http://royalnursing.3cdn.net/a647f8a6538a76b60b\\_eum6iv7pe.pdf](http://royalnursing.3cdn.net/a647f8a6538a76b60b_eum6iv7pe.pdf) (accessed 04.04.11) Publication code 003 867.

17,932 posts are earmarked to be lost across NHS England. There has been a steady increase in workforce cuts as NHS organisations develop their strategies to deliver on the £20 billion efficiency target. NHS trusts have rarely been transparent about their cost improvement programmes (CIP) and do not always provide details on workforce ‘cuts’ or outline the proportion of frontline nurses and clinicians that could be included within these plans.

The TUC launched a ‘cuts’ campaign website on 22<sup>nd</sup> February 2011 called *False Economy* and identified more than 50,000 NHS jobs that are set to be cut by 2014/2015<sup>2</sup>. *False Economy* gathered this intelligence through Freedom of Information (FOI) requests. The RCN has been working with TUC’s *False Economy* to share information and cross reference intelligence.

The RCN’s up-to-date figure on earmarked NHS job cuts within the UK is 39,782 posts. Within NHS England, 30,873 posts have been earmarked to be lost in the next three years (intelligence from 130 NHS organisations).

## Nursing and clinical cuts

The RCN is aware of at least **21 NHS organisations<sup>3</sup> (acute trusts, foundation trusts and mental health trusts)** in England that have identified large-scale cuts to their total workforce establishment and have listed the types of posts to be lost over a period of up to five years.

Analysis of workforce cuts within 21 NHS Trusts (Appendix 1) provides a snapshot of nursing and clinical posts at risk:

- within these **21 trusts, there are 9,650 posts identified to be lost**. Of these, **4,429 posts are nursing** (registered nurses and health care assistants). **Nursing posts account for 46 per cent of the total workforce cuts**
- the number of **clinical posts** (which include nursing, midwifery, health care assistants, doctors, consultants, dental, scientific, therapeutic and technical posts) **to be lost is 5,209 posts. This is 54 per cent of the total workforce cuts**
- **on average, 12 per cent of qualified nursing jobs will be lost across the trusts’ established nursing workforce.<sup>4</sup>**

**The figures used in this report are the most up-to-date provided for the 21 NHS trusts listed. Some trusts are seeking to develop new models of care provision and alternative forms of efficiency savings, which may in turn lead to reductions in their forecasted cuts to workforce numbers (for example University Hospital of North Staffordshire NHS Trust). However the RCN is neither aware of nor has received any formal notification of a downward revision of the workforce reductions within these 21 trusts.**

There is a growing gulf between national Government priorities for protecting the NHS in England and the reality at an individual NHS trust level. The RCN believes

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<sup>2</sup> <http://falseeconomy.org.uk/blog/more-than-50k-nhs-job-losses> (accessed 04.04.11)

<sup>3</sup> Data obtained from RCN intelligence and False Economy Freedom of Information requests (7 trust examples)

<sup>4</sup> The total nursing establishment headcount data was obtained from Information Centre 2010 *NHS Workforce Staff (non-medical) Statistics*. (Worksheet 7a)

that there are likely to be more NHS trusts that are reducing their nursing and clinical workforce, however, trusts are rarely being transparent in their consultation documents, board papers and media releases.

Many trusts have said that it is their intention to minimise the number of compulsory redundancies and instead will lose posts through natural wastage i.e. non replacement of staff when they retire or leave. In addition many organisations have introduced stricter controls in terms of their recruitment processes which may include freezing or deleting vacant posts. Therefore, whilst the number of compulsory redundancies may be relatively small these other measures can result in a significant net loss to the workforce. This has implications for patient care and the workload of those staff that remain in post. In addition the loss of skills and experience has implications for both the current skill mix and the ability to deliver new models of care in the future.

Out of the 21 NHS Trusts listed in Appendix 1, below are some examples of trusts that are reducing nursing and clinical workforce. The data has been obtained from RCN's *Frontline First* intelligence and *False Economy* Freedom of Information (FOI) requests.

- **Basildon and Thurrock University Hospitals NHS Foundation Trust** has a £20 million reduction in their contract with NHS South West Essex for 2011/12. They will be reducing 218 posts from their establishment, out of which 107 posts are nurses and midwives.
- **County Durham and Darlington NHS Foundation Trust** is undertaking a £60m cost cutting exercise by 2014. The trust is proposing to reduce 300 nursing posts through natural wastage.
- **Barnet and Chase Farm Hospitals NHS Trust** needs to deliver an £8 million surplus by 2010/11. Currently 149 whole time equivalent (WTE) posts are under review for potential losses, 61 WTE are clinical.
- **Barts and the London NHS Foundation Trust** is consulting with staff on their workforce proposals and expects to reduce their nursing workforce by 258 WTE (a £11.3m savings). Total workforce cuts amount to 635 WTE posts.
- **University Hospital of North Staffordshire NHS Trust** has a savings target of £108 million over the next five years. The trust proposes to reduce 1,348 WTE posts by 2015, out of which 688 WTE are from its nursing and midwifery workforce. The trust will be making these savings by introducing new models of care and moving to a new hospital<sup>5</sup>.
- **Mid Yorkshire Hospitals NHS Trust** has placed 131 clinical staff (clinical managers, matrons, nurses, HCAs and few admin) 'at risk' out of a pool of 431 staff in their medical department.
- **The Christie NHS Foundation Trust** is reducing its nursing, midwifery and health visitor staff numbers by 42.85 full-time equivalent (FTE) by 2010/12 and its healthcare assistant and other clinical staff by 53 FTE over five years.<sup>6</sup>
- **Kent and Medway NHS and Social Care Partnership Trust** are proposing to reduce their nursing, midwifery and health visitor workforce by 264 WTE between 2010-2015, a 15 per cent reduction.<sup>7</sup>

<sup>5</sup> *False Economy* data (obtained through FOI request)

<sup>6</sup> *False Economy* data (obtained through FOI request in February 2011)

<sup>7</sup> *False Economy* data (obtained through FOI request in October 2010)

## Themes and emerging trends

### 1. Substitutions and dilutions of the nursing workforce

Increasingly, NHS trusts are reassessing nursing roles to deliver short-term reductions in the wage bill without a full clinical assessment of the impact of these actions on the quality of patient care. This includes down banding, replacing registered nurses with unregistered nursing assistants and re-deploying highly skilled and higher-paid specialist nurses to work on regular wards to cover staff shortages.

The examples identified by the RCN are as follows:

- **Liverpool Women's NHS Foundation Trust** has a cost improvement programme target of £6.6 million for 2011/12. The trust plans to reduce 65 Band 6 posts and increase 48 Band 5 posts, mainly within the neonatal nursing structure
- **Southern Health (Hampshire Partnership Foundation Trust)** is consulting on changes to its clinical skill mix within the Learning Disability Directorate. The trust is reducing substantive Band 6 and 7 nurses and increasing Band 5 nursing posts
- **Royal Cornwall Hospital NHS Trust** is proposing a trust-wide restructuring of its senior nursing and midwifery workforce. Approximately 100 Band 7 and above (matrons, ward sisters, charge nurses and team leaders) will undergo job assessments, with risk of redeployment if they do not fit within the 'newly defined posts in the management structure.' There has been no consultation with staff or trade unions
- **Coventry and Warwickshire Partnership NHS Trust** proposes to change the nursing skill mix in a learning disability assessment inpatient service by reducing Band 5 nurses and Band 3 health care assistants and increasing Band 2 health care assistant staff.

Nurses have continued to voice concerns through the RCN's *Frontline First* campaign on down-banding exercises within trusts. Two examples of comments received from nurses are listed below:

*'Each department had to undergo a workforce review. This is looking at frontline nurses. Posts that are being questioned in my department are Band 7 matrons, specialist nurses who are directly involved in patient care, and Band 3 HCAs.<sup>8</sup> No other profession is being examined at present, only nursing.'*

*'Skill mix persistently being diluted in Minor Injuries Unit to the extent that nurse led services now being delivered for significant periods by Band 5 nurses.'*

### 2. Natural wastage

There are an increasing number of posts being effectively removed from the NHS through a process of 'natural wastage'. This is where clinical and nursing posts are deleted after staff members retire, are re-deployed or leave the trust. The impact of

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<sup>8</sup> Health care assistant (HCA) is a member of the nursing team but not regulated by the Nursing and Midwifery Council (NMC)

natural wastage results in there being less staff on the ground to work within hospital wards, community based clinics etc. This clearly has an impact on the workload and morale of remaining staff and potentially on patient care.

## Cuts within NHS Services

The RCN has identified a number of examples of services within acute and community sectors that have been targeted for cuts.

### **NHS Stockport**

The trust was facing financial pressures and needed to make savings of £19 million in 2010/11. In a staff briefing, the trust stated: *'The Board recognises that these actions do not reflect what we would want to do in normal circumstances but what we need to do at a very challenging time in order to have an opportunity in the future to do what we desire to do.'*

Family Nurse Partnership (supports families most in need), Community Falls Service and Active Case Management were decommissioned in July 2010. Parkinson's Nurse and Early Intervention Service were also decommissioned. These services were setup as pilots and although they received a positive response and delivered a high quality care, there was 'inconclusive evidence' on the cost effectiveness of the service to support continuing it.

The Trust is hoping the Family Nurse Partnership service will be explored under the Government's proposed expansion of health visiting.

### **Lancashire Care NHS Foundation Trust**

Harvey House, a 16-bed residential alcohol detoxification and treatment unit was closed in December 2010 due to financial pressures within the commissioning arm. This treatment unit took referrals from community alcohol teams across Lancashire and Cumbria and provided a 24-hour service for people 18 years and older with enduring alcohol related problems.

### **Birmingham and Solihull Mental Health NHS Foundation Trust**

Birmingham PCTs have decommissioned and reduced funding for some Improving Access to Psychological Therapies (IAPT) programmes delivered by Birmingham and Solihull Mental Health NHS Foundation Trust, removing 14 clinical jobs. The IAPT project offers "talking therapies" to people suffering from anxiety and depression.

### **NHS Oldham – Shawside Community Recovery Unit**

NHS Oldham closed the Shawside Community Recovery Unit in Oldham at the end of January 2011. The 28-bed Shawside unit provided intermediate care for patients who were discharged from hospital but not 'fit' enough to cope at home. Intermediate care services help reduce long-term health costs by decreasing the risk of repeat admissions, particularly amongst vulnerable and other patients. The service was used by 50 patients per month, receiving nine days on average of therapy.

The Trust states that the Community Recovery Unit was funded on a temporary basis in 2009 in order to support the achievement of the 98% target at the Royal Oldham Hospital. Having achieved those targets, insufficient funds and financial pressures have made it difficult for the trust to continue maintaining this service. NHS Oldham is working towards ensuring local GP commissioning consortia will support this transition however timescales have not been identified.

Some examples of primary care trusts that are rationing services include:

### **South West Essex Primary Care Trust**

The total turnaround savings target is £42.8 million by 2010/11. Approximately 17 community beds have closed and the trust is looking to decommission 'low priority' community services like mental wellbeing nurses, lesbian, gay and bisexual health promotion and older people's health improvements. The trust is also placing restrictions on access to services like IVF treatments. The PCT will withdraw funding for double eye cataract operations (the first eye will continue to be treated, with the second eye treated one year later). The trust is also suggesting ceasing all elective surgery for two weeks and to 'hold back outpatient activity' for four weeks to save a further £5.4 million.

### **NHS Nottinghamshire County**

The trust has placed restrictions on low priority procedures like tonsillectomies surgery to relieve snoring, dental implants, varicose veins and acupuncture (except for back pain), making a savings of £500,000 a year. Money saved will be reinvested in services that provide better value.

Below is an example of a trust that is reducing its number of beds without consulting staff and assessing the impact that these closures will have on patient care.

#### **Wirral University Teaching Hospital NHS Trust**

Clatterbridge Hospital plans to close a surgical ward and beds on an orthopaedics ward. Closure of M2 ward will significantly affect care for patients with breast cancer and other serious conditions; whilst reduction of 10 beds on the M1 orthopaedics ward will increase waiting times. The trust has failed to consult with staff and local trade unions over these proposals. Staff side lodged a formal grievance with the trust in November 2010.

On 22<sup>nd</sup> March 2011, the RCN took the trust to the Wirral Overview and Scrutiny Committee and cited evidence that patient care had been adversely affected since the closures and presented a petition signed by nearly 1,600 members of the public. Despite this the trust has closed and downsized the wards in question.

Some significant emerging themes are:

1. Cuts not re-provision – Many NHS trusts are looking to reduce services within acute settings and seeking to re-provide these services elsewhere, particularly within community settings. However, in a significant number of areas there is no clear evidence that these services are being re-provided elsewhere. This could lead to a 'transition gap' where patients do not have access to vital care during the period between services being closed and their re-provision in the future.

2. Preventative services – Nurses play a vital role in the prevention and treatment of disease for patients. In particular specialist community based nurses have been placed at the forefront of taking a lead role in the coordination and delivery of more responsive services for individuals with long-term conditions. The aim of prevention must be to reduce the amount of care that patients require from the NHS, which in turn reduces the overall cost to the NHS. However, the RCN is concerned that a number of the examples of cuts to services identified above relate to the prevention of illness.

The RCN believes that when trusts are planning reductions or changes to NHS services these plans must be accompanied by robust risk and impact assessments to explicitly demonstrate that quality and safety of patient care will not be detrimentally affected.

**Policy and International Department  
Royal College of Nursing, April 2011**

## Appendix 1- Breakdown of workforce cuts - 21 NHS Trusts

Strategic Health Authority	NHS Organisations	Total workforce cuts identified by NHS Trusts	Total nursing posts (RN,HCA) to be lost	Other clinical posts (i.e. medical, dental scientific, technical, therapeutic)
London SHA	Barnet and Chase Farm Hospitals NHS Trust	149	61 (nursing and clinical)	
London SHA	Barts and the London NHS Trust	635	258	
London SHA	Kingston Hospital NHS Trust	486	214	
London SHA	Newham University Hospital NHS Trust	50	49.1	1
London SHA	West London Mental Health NHS Trust	454.7	177.3	58.8
London SHA	West Middlesex Hospital NHS Trust	261	100	15
North East	County Durham and Darlington NHS Foundation Trust	300	300	
North West	Countess of Chester Hospital NHS Foundation Trust	461	148.4	48.5
North West	Salford Royal NHS Foundation Trust	389.4	146.7	67.4
North West	The Christie NHS Foundation Trust	212.6	95.5	44.2
South Central	Heatherwood and Wexham Park Hospital NHS Foundation Trust	470	150	
South East	Ashford and St Peter's Hospitals NHS Trust	272	29	
South East	Kent and Medway NHS and Social Care Partnership Trust	560.6	264.7	20
South East	Medway Community Healthcare (part of NHS Medway)	50	15	8.2
South East	Sussex Partnership NHS Foundation Trust	75	75	
West Midlands	Coventry and Warwickshire Partnership NHS Trust	191	191	
West Midlands	George Eliot Hospital NHS Trust	257	127	48
West Midlands	University Hospital of North Staffordshire NHS Trust	1,349	688.1	296.9
Yorkshire and the Humber	Mid Yorkshire Hospital NHS Trust	131	99	12
East England	Basildon and Thurrock University Hospitals NHS Foundation Trust	218	107	16
East England	NHS Hertfordshire (four provider trusts)	2,678	1,194	

## Summary of Appendix

The RCN has analysed figures from **21 NHS Trusts** that have provided a detailed breakdown on job specific workforce cuts.

Within these 21 trusts, **there are 9,650 posts identified to be lost**. Of these, **4,429 posts are nursing** (registered nurses and health care assistants). **Nursing posts account for 46 per cent of the total workforce cuts.**

The number of **clinical posts** (nursing, doctors, consultants, scientific, technical, therapeutic, midwives and health visitors) **to be lost is 5,209 posts. This is 54 per cent of the total workforce cuts.**

**On average, 12 per cent of qualified nursing jobs will be lost across the trusts' established nursing workforce.**

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