Royal College of Nursing

Frontline First
Nursing on red alert
April 2013

Protecting services
Improving care

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The Royal College of Nursing (RCN) has been examining the impact of financial pressures on the NHS since 2010 through our *Frontline First* campaign. This is our first report following the publication of Robert Francis QC's findings into the scandal at Stafford Hospital (Francis, 2013). His report found that care failings – and even hundreds of excess deaths – were partly caused by cuts to nursing staff and a dilution of skill mix. Although there were many warning signs that something was wrong, no-one put together the pieces of the jigsaw to see the whole picture until it was too late.

We believe that there are now red lights flashing across the UK, warning that we are heading for a nursing shortage that could have serious implications for health services and patients. Over the last few years we have seen cuts to student nursing places and nursing posts. Our members consistently tell us about the increased pressure they are under, as they see more patients with greater needs, while at the same time have fewer staff to look after them.

In 2011, the RCN commissioned research to model the future size of the workforce in England, looking at the impact of changes to 'inputs' and 'outputs' (Buchan and Seccombe, 2011). The two worst-case scenarios showed what would happen if student places decreased and more people left the workforce or retired. Under these conditions, the study showed a decrease of between 23% and 28% of the qualified nursing workforce over a ten-year period – a loss of between 81,000 and 99,000. While this is academic modelling, it shows the huge impact of decreasing the number of people entering the workforce and increasing the number leaving.

Just like at Stafford, there are now numerous and obvious warning signs, which this report highlights with hard evidence. We must recognise the problem and act now to prevent a nursing shortage, and we have identified eight recommendations that governments and health care organisations across the UK should follow.

The Westminster Government's headline response to Francis was that prospective nursing students should work for up to one year as health care assistants (HCAs). The RCN believes this is the wrong priority. As a matter of urgency, the Government must call for a major review of the state of the nursing labour market in England and make sure that supply matches future demands. This is crucial if we are to maintain a safe, high quality service for patients.

Warning light 1 – nursing posts cut

Since the *Frontline First* campaign began in 2010, the RCN has identified thousands of NHS posts that have been cut, and thousands more that are at risk. The total for the UK now stands at **68,880** posts that have been earmarked to go between April 2010 and April 2015. Official figures show that **24,836** of these have already gone (using full time equivalent [FTE] data).

These posts are not all 'back office', non-clinical jobs. The latest official figures show that **4,837** FTE of the posts that have gone are registered nurse, midwife and health visitor posts. There has also been a decrease of **4,042** FTE HCA posts.

However, not all clinical professions are being affected in the same way. For example, the medical and dental workforce has grown by **6,084** FTE over the same period.

Warning light 2 – student places cut

Over the last few years, there have been significant cuts to nurse pre-registration training places. In 2010-11 there were 24,904 places across the UK. This decreased to 21,529 in 2012-13, a fall of 13.55% (see table 1). The supply line into the nursing profession is being choked off, and we believe these cuts are putting short-term monetary concerns above the health needs of the population.

In Scotland, the RCN has successfully lobbied for the Scottish Government to halt the year-on-year cuts to student numbers in 2013-14, but this is not the case in the rest of the UK.

Table 1: The annual number of pre-registration training places commissioned

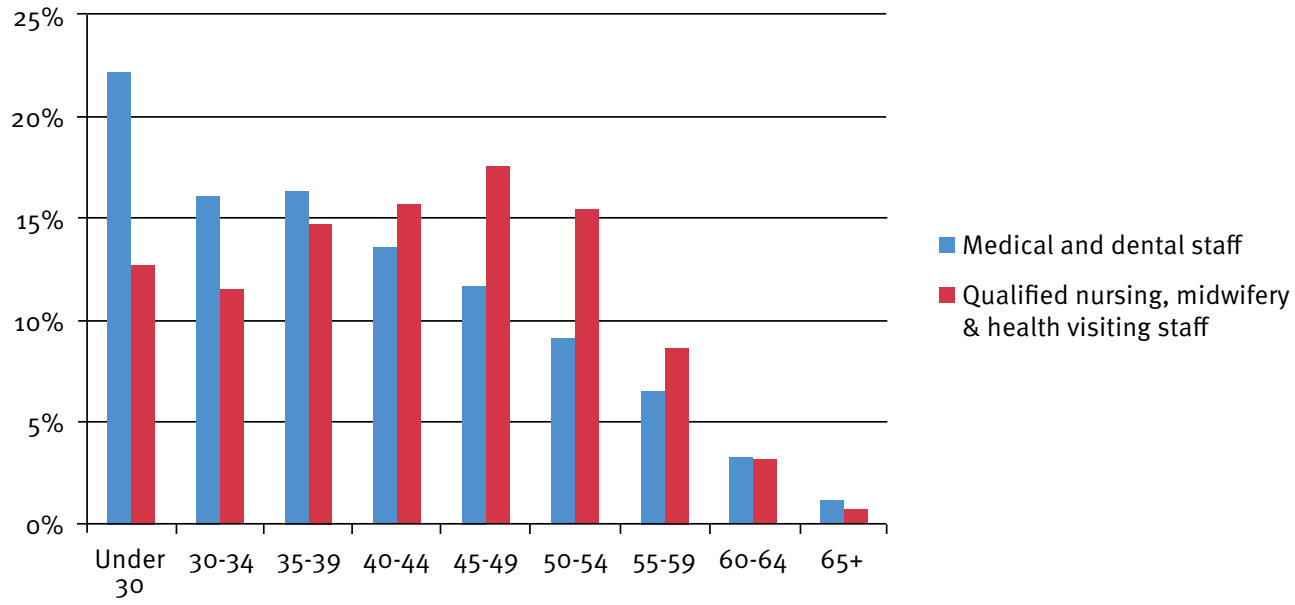
Year	England	Northern Ireland	Scotland	Wales	UK total
2010-11	20,092	678	3,060	1,074	24,904
2011-12	17,741	669	2,700	1,035	22,145
2012-13	17,546	634	2,430	919	21,529
% loss 2010-13	**-12.67%**	**-6.49%**	**-20.59%**	**-14.43%**	**-13.55%**

Warning light 3 – the ageing nursing workforce

The nursing workforce is now an ageing workforce. Overall, 47% of nurses in England, Northern Ireland and Scotland are over 45 (figures are not available for Wales). In Northern Ireland, 43% of qualified nursing and midwifery staff are over the age of 45 (DHSSPS, 2012). In England, the figure is 45% (Health and Social Care Information Centre, 2013a). In Scotland, 54% of the nursing and midwifery workforce is over 45, including HCAs (ISD Scotland, 2013a).

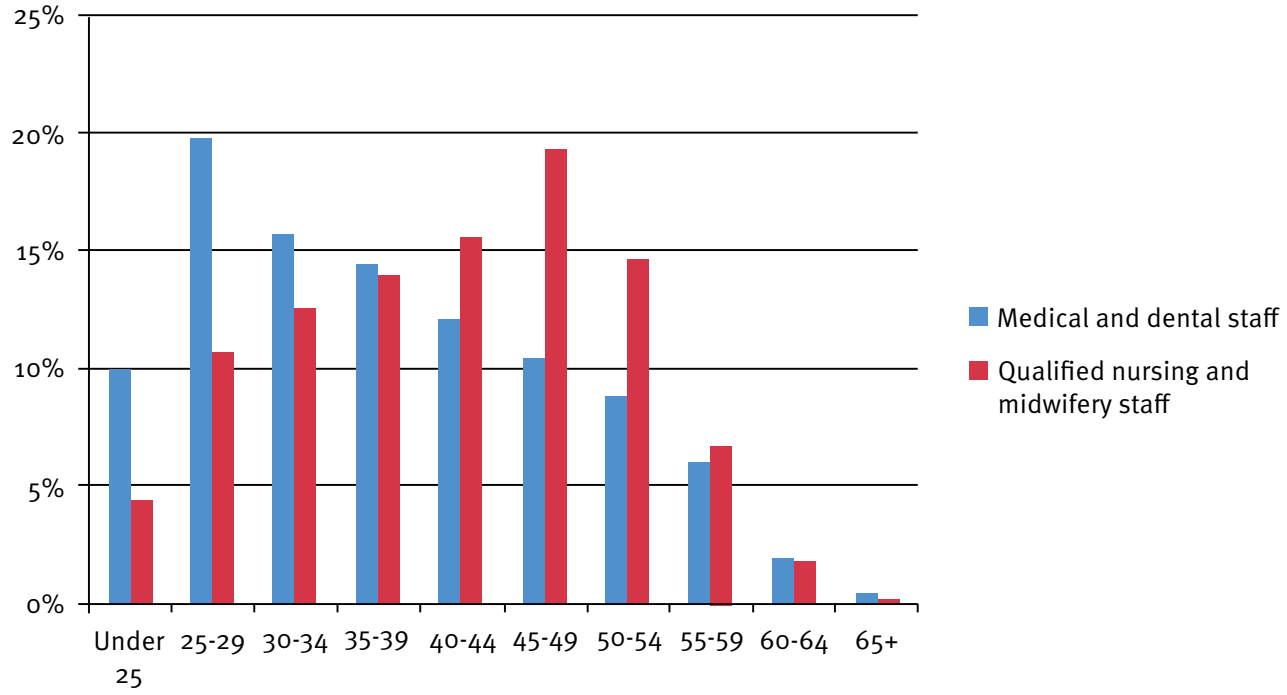
By comparing the age profile of the medical and nursing workforces, the differences are stark (see figures 1, 2 and 3, over the page). The graphs show that the new 'generation' of doctors is bigger than the generation before it. In contrast, the nursing workforce is not being replaced with new blood.

Figure 1: A graph to compare the age profiles of the nursing and medical workforce in England



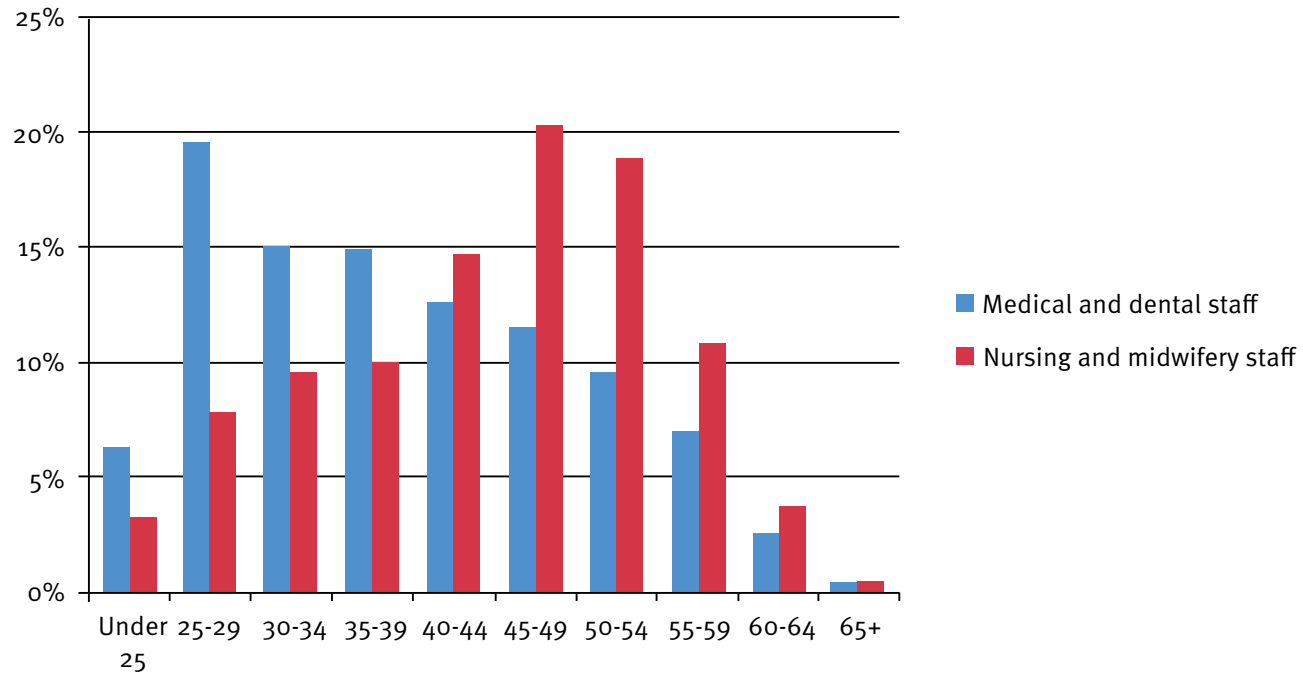
Source data: Health and Social Care Information Centre, 2013a and 2013b

Figure 2: A graph to compare the age profiles of the nursing and medical workforce in Northern Ireland



Source data: DHSSPS, 2012

Figure 3: A graph to compare the age profiles of the nursing and medical workforce in Scotland



Source data: ISD Scotland, 2013a

Warning light 4 – the impact of nursing shortages

The events at Mid Staffordshire NHS Foundation Trust from 2005 to 2008 are a stark warning of what can happen when there aren't enough nurses on wards.

A study has found that surgical patients are 8% more likely to die on wards with fewer nurses than average and 10% more likely to die if there are more HCAs compared to registered nurses (Griffiths et al., 2013; Borland, 2013).

Mortality is the most extreme effect of low staffing. What suffers first is the safety and quality of patient care. A large survey of nurses in England found that there was an association between the patient-to-nurse ratio and harm to patients (for example, pressure ulcers and health care associated infections). Nurses said that the most common activity they left undone because of lack of time was comforting or talking to patients, which correlated strongly with staffing levels (Ball et al., 2012).

Warning light 5 – demand going up

The predicted shortfall in nursing staff comes at a time of rising demand for nursing care. The UK's population is growing, but also ageing. The Office for National Statistics has predicted that the number of people over the age of 85 will double between 2010 and 2030. The percentage of the population over 60 is expected to rise from 22.6% in 2010 to 28.5% in 2035 (ONS, 2011).

The number of people living with long-term conditions has already increased dramatically in the last few years; caring for them now accounts for 70% of NHS spending and 70% of inpatient bed days in England. Data from the Quality and Outcomes Framework shows that in England between 2006-07 and 2010-11, the number of people affected by chronic kidney disease went up by 45%, diabetes by 25%, and dementia by 25% (DH, 2012).

Age is a major risk factor for long-term conditions. For example, whilst 35% of adults under 65 in Scotland live with one or more long-term condition, this figure almost doubles (66%) for all those aged over 65 (Scottish Government, 2011). We can therefore expect their incidence to rise even further in the future, increasing the care needs of the population.

Warning light 6 – a system under pressure

The decreasing supply of nursing staff, coupled with rising demands for care, has led to increased pressure on acute services in recent years throughout the UK. This puts patients at significant risk.

In Northern Ireland, the number of people waiting over 12 hours in A&E increased by 38.4% from 2010-11 to 2011-12 (Northern Ireland Audit Office, 2013). In Wales, only one health board met their A&E four-hour waiting times target in February 2013 (NHS Wales Informatics Service, 2013).

In England, twice the number of NHS foundation trusts failed to meet their A&E waiting times targets in quarter 3 of 2012-13 compared to the previous year (Monitor, 2013). In the last quarter of 2012, compliance with the four-hour waiting time target in Scotland dropped from 94.4% in October to 90.3% in December, with just four NHS boards (including the three island boards) meeting their 98% target in the last month of the year. This is the worst performance in Scotland since July 2007 (ISD Scotland, 2013b).

The RCN believes that community-based services, which keep people out of hospital, have not been invested in to keep pace with patient need. In England, the number of district nurses fell by 39% between 2002 and 2012 (Health and Social Care Information Centre, 2013a). In Northern Ireland, the number of district nurses fell by 11% between 2009 and 2012 (DHSSPS, 2012). Perhaps, it is not surprising that preventable emergency admissions have increased by 40% over the last decade in England (Bardsley et al., 2013).

All these trends have meant that NHS nursing staff are feeling increasingly under pressure. In England, the percentage of staff suffering work-related stress increased from 30% to 38% between 2011 and 2012 (National NHS Staff Survey Co-ordination Centre, 2013a). In Northern Ireland, 36% of nurses working in health and social care state that they have suffered from work-related stress over the last 12 months. The percentage has remained unchanged since 2010, which indicates that no progress has been made in addressing this issue. The number of nurses who say that they work additional hours each week to meet deadlines has increased in Northern Ireland from 56% to 73% over the last two years.

Take action now

The RCN believes that action is needed now by UK governments and health care organisations to avoid a nursing crisis in the future.

1. Improve nurse workforce planning

With the ever-increasing demand for health care, it is naive to believe we will need fewer nurses in the future. Instead of simply decreasing the number of pre-registration student places each year – choking off the supply line into the profession – we need to move to a more evidence-based and robust, long-term workforce planning process that more accurately assesses future demand and supply.

2. Protect frontline nursing from workforce cuts

The health care demands of the population are increasing and nurses will need to be there in the future to meet those demands. Cutting jobs now is short-sighted. While the RCN acknowledges that the setting and location of posts may change as services move closer to the community, we do not believe that it is possible to reduce the size of the overall nursing workforce without affecting the quality of care patients receive, both now and in the future.

3. Ensure nurse staffing levels are safe everywhere

As the nursing workforce is put under pressure, it is imperative that there are the right numbers of nurses and HCAs on duty to provide safe and high quality patient care – on every shift, every day, every night.

The RCN believes that mandatory minimum safe staffing levels must be introduced, which include minimum skill mix and nurse-to-patient ratios. These should be used in conjunction with evidence-based tools to determine staffing locally (taking into account the setting, and patient acuity and dependency) and professional judgement.

Some progress has been made on this issue: the RCN worked in partnership with NHS Scotland on evidence-based staffing levels tools, which are now mandatory, and has been involved in developing a staffing levels framework (that includes normative staffing ranges) with the Public Health Agency in Northern Ireland. In England, we have joined with other nursing organisations to form the Safe Staffing Alliance to campaign for mandatory staffing levels. The RCN has called on the Welsh Government to protect patients by ensuring that they receive safe, dignified, world-class care – staffing levels and skill mix are key parts of this.

4. Ensure boards maintain and review up-to-date information and key indicators relating to the workforce

Health care organisations must maintain accurate and up-to-date information relating to their nursing workforce and review it on a regular basis, and make this publicly available. This will provide assurance that actual staffing levels on the ground are adequate to provide high quality, safe patient care. The RCN has identified key workforce indicators which include: actual nursing staff in post as a proportion of total establishment, the ratios of registered to unregistered staff, nurse staffing relative to population served, nurse staffing relative to patients, staff turnover, sickness absence (RCN, 2010) and the use of bank and agency staff.

5. Make workforce planning multidisciplinary and closely aligned to service planning

All decisions relating to the health care workforce must be based on an evidence-based, multidisciplinary process – both at the national level to plan education and training, and at a local level when determining staffing establishments or planning service reconfigurations. It must take into account the growing health care demands of the population for the long term. It is not only the 'size' of the health care workforce, but its 'shape' that must be considered. How many nurses will be needed, how many doctors, and how many technicians and scientists? In what sectors will they be working, and what training needs will they therefore have? Which geographical areas of the UK may need extra investment? All these questions must be examined. We cannot afford to plan sections of the workforce in isolation if we are to deliver truly joined-up care in the future.

6. Invest in advanced nurse roles and training

A future health system based more in the community and focusing on prevention will need more district nurses, advanced nurse practitioners and specialist nurses. Specialist and advanced nurses save the NHS money by reducing consultant appointments, keeping people out of hospital and preventing their health deteriorating. At the moment, posts are at risk and these sections of the workforce are ageing faster than the rest. Additionally, we have not yet embedded adequate development planning for these posts. The RCN is concerned about a lack of information regarding this sector of the workforce, as little data is collected on their numbers or roles. This will impact upon the ability of workforce planners to make evidence-based decisions about advanced nursing roles.

7. Invest in the health and wellbeing of nursing staff

With the nursing workforce set to decrease, health care organisations must do what they can to retain the staff they have by making sure that they are supported at work, and that there are roles suitable for older nurses. If nurses are overworked and stressed it can lead to burn out, and the loss of experienced and skilled team members. The Boorman Review showed that staff health and wellbeing, and patient outcomes are linked (Boorman et al., 2009). In England, the principle of treating staff with respect, dignity and compassion has been enshrined in the NHS Constitution (DH, 2013), which the RCN welcomes.

8. Protect funding for nurse training and development

Nurses and HCAs need support and training throughout their careers if they are to meet the challenges of an ageing population and if patients are to properly benefit from new technology and innovation. Continual professional development is not an optional extra, but essential for maintaining quality patient care.

A focus on England

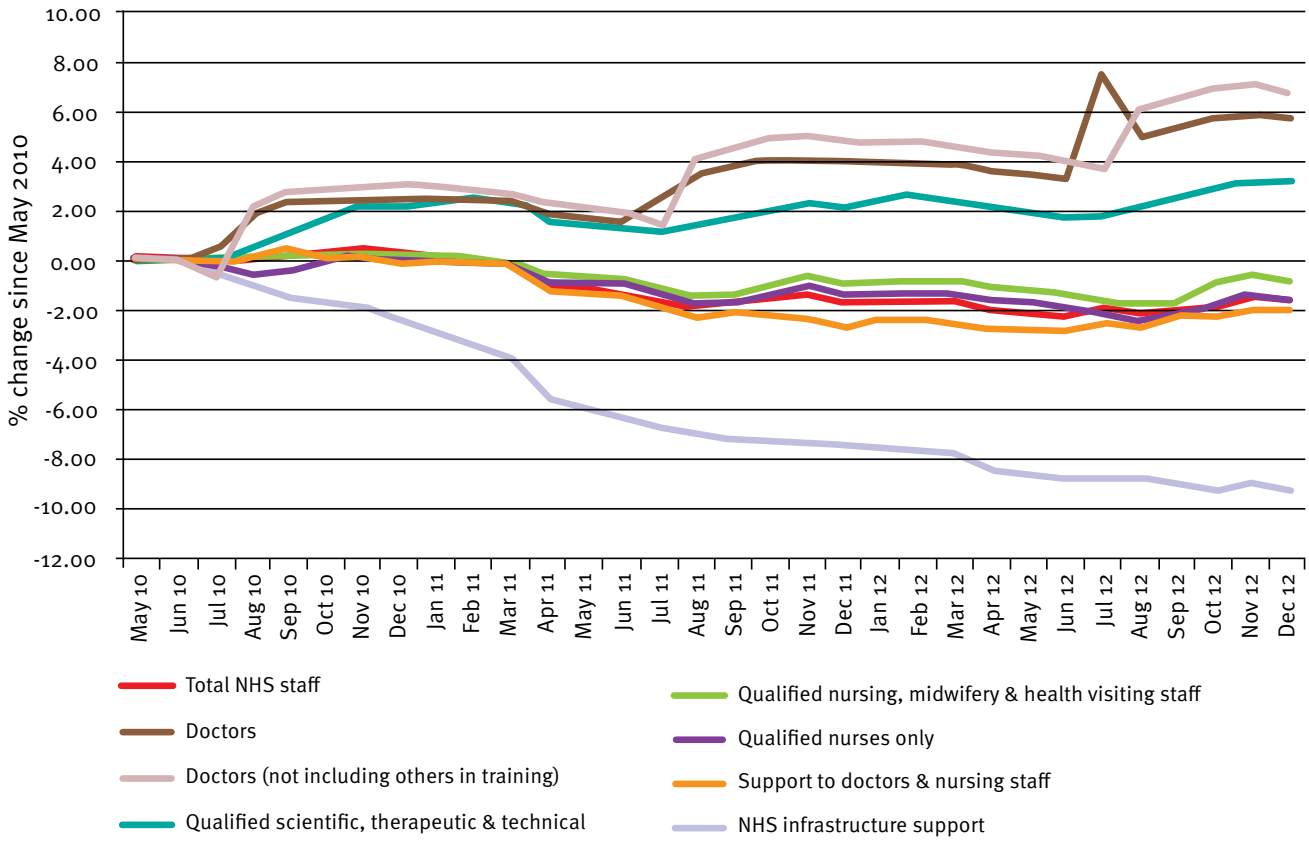
Size and shape of the workforce

The RCN is very concerned about a potential nursing shortage in England. As already highlighted in the introduction to this report, the RCN's own modelling work showed that decreasing the number of student places and increasing the number of people leaving the workforce could result in a loss of 99,000 nurses over ten years (Buchan and Seccombe, 2011).

Unpublished work by the Centre for Workforce Intelligence is reported to predict even bigger shortages for England, as it also takes into account rising demand for nursing care. Their modelling work has found that there could be a shortage of around 190,000 registered nurses by 2016 (Lintern, 2013). In contrast, the Centre for Workforce Intelligence has predicted an oversupply of medical staff, with an increase of 20,000 consultants by the end of the decade (Gainsbury and Neville, 2012).

The differing fortunes of NHS professions are illustrated in figure 4, which compares the percentage change in the FTE numbers of various workforce groups since the election in May 2010 (a negative percentage change represents a decrease in numbers; a positive one represents an increase).

Figure 4: A graph to show the percentage increases and decreases of NHS hospital and community health services staff groups in England from May 2010 to December 2012, using May 2010 as the baseline.



Source data: Health and Social Care Information Centre, 2013c

The RCN believes that the formation of Health Education England (HEE) presents an opportunity to take a holistic approach to workforce planning, and to secure the future supply of clinical staff over the long term. We welcome its strategic plans to take a long-term approach, looking at both supply and demand factors, and equipping the workforce with the skills that will be needed for health care in the future (Health Education England, 2013). We believe that workforce strategies should cover at least a five-year period, so that short-term financial pressures cannot trump careful consideration of health care demands. The relationships between HEE and local education and training boards (LETBs) will be a key one, and the RCN will continue to monitor the relationship between long-term national workforce planning and local workforce plans going forward.

Update on the Nicholson Challenge

The Nicholson Challenge is the plan to make £20 billion of efficiency savings from 2010 to 2015, which is equivalent to 4% of England's NHS budget each year and is set against rising demands.

With full economic recovery remaining some years away, it is looking more and more likely that these levels of savings will need to continue after 2015. It has been reported that the efficiency savings may continue to 2020, taking the total that needs to be saved to £50 billion (Appleby, 2012).

Since the *Frontline First* campaign began, we have identified thousands of NHS posts in England that have been earmarked to be cut because of budgets being squeezed. Some hospitals plan to cut hundreds of jobs each over the next few years. We have found that vacancy freezes and 'downbanding' (replacing nurse posts with those of a lesser grade or unregistered HCAs) are widespread, and have highlighted these issues in all our reports.

The RCN believes that many of these plans are the result of providers trying to balance the books without a clinical rationale, which could put patients at risk. Instead of these short-term savings, a long-term transformational approach should be taken, preventing ill health and moving services closer to home. However, there has been very little evidence of this taking place, despite the intentions of the Nicholson Challenge. Most of the savings so far have come from staffing costs, pay, terms and conditions, and jobs, which is unsustainable in the long term (House of Commons Health Committee, 2013). Moreover, it is important to learn from international experiences, especially Ontario, Canada in the 1990s where economic pressures and short-sighted cuts to the nursing workforce led to a national nursing shortage, with a knock-on effect on patient care, waiting times and increased costs to the health care system (RCN, 2012).

These short-term fixes will result in bigger problems in the long run. A recent study looking at 106 NHS trusts in England found that spending on temporary nursing staff increased by 20% between 2011-12 and 2012-13 (Moore, 2013), suggesting that hospital trusts have not carried out adequate workforce planning, or have overestimated the number of posts they could safely cut. The RCN believes that some acute hospitals will not be able to follow through with their saving plans because of the rising demand for care and the inadequacy of community provision.

An early warning system

Following the publication of the final report of the public inquiry into events at the Mid Staffordshire NHS Foundation Trust (Francis, 2013), it was announced that 14 hospitals with higher than expected hospital standardised mortality ratios (HSMRs) will be investigated (NHS Commissioning Board, 2013).

Mortality measures are important warning signs and the RCN supports the investigation. However, we believe that a better early warning system needs to be in place that uses a range of care quality and patient safety indicators.

The RCN supports the inquiry's recommendations to develop new minimum safety and quality standards, and to make quality and safety information more standardised and accessible. However, we believe that there are some actions that could be taken straight away to help identify providers who may be putting patients at risk. The RCN believes that the Care Quality Commission (CQC) should ensure all inspection reports have information on staffing, including nurse to patient ratios. We also believe that sufficient weight should be placed on existing sources of information that are already monitored by CQC, including the following.

1. NHS staff survey results: We know that the Quality and Risk Profile (QRP) on each provider uses the NHS staff survey (CQC, 2013). The survey (National NHS Staff Survey Co-ordination Centre, 2013b) provides a wealth of information about how staff feel about the organisations they work for. Of particular importance are the results of the following questions.

- Whether respondents agree/disagree with the statement "I am unable to meet all the conflicting demands on my time at work".
- Whether respondents agree/disagree with the statement "There are enough staff at this organisation for me to do my job properly".
- Whether respondents agree/disagree with the statement "I would recommend my organisation as a place to work".
- Whether respondents agree/disagree with the statement "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation".

2. Trust cost improvement plans: Any plans to cut large numbers of staff should act as a red flag for regulators, and should be closely monitored, particularly if clinical posts are involved. Workforce reconfigurations and changes must always be carried out in a planned way, in partnership with trade unions, patient groups and local communities, and should always be based on sound clinical evidence.

3. NHS safety thermometer: The NHS safety thermometer (Health and Social Care Information Centre, 2013d) collects data from health care providers about the numbers of patient safety incidents, or 'harms' that occur in their facilities. The categories of harms include: pressure ulcers, catheter/urinary tract infections and falls, which are recognised as nurse-sensitive indicators (Griffiths et al., 2008). Regulators should give sufficient weight to safety thermometer reports to identify providers who have high levels of harms, or are deteriorating.

Transparency of information

Since beginning the *Frontline First* campaign, we have found it harder and harder to find information about cuts being planned by NHS trusts. Trust board papers and forward plans are now less likely to contain workforce plans. For example, foundation trusts must submit an annual plan to Monitor, which is published online. In the 2011-12 financial year, the workforce section of these plans often contained a breakdown of posts that were going to be removed. In 2011, Monitor stated that such information was commercially sensitive and that they may not request it from trusts in the future (Dowler, 2011). Consequently, the foundation trust plans published in 2012-13 contained very few details about workforce numbers.

The RCN believes that trusts are now much less likely to be open about their plans because of the scrutiny that the RCN and other organisations have put them under. NHS organisations are owned by the public and the public should have access to information about their changing services. The RCN calls on all NHS trusts to be open and transparent about their plans in the future.

A focus on Northern Ireland

The Health and Social Care service (HSC) in Northern Ireland is undergoing a strategic shift in the focus of care delivery under the *Transforming Your Care* (TYC) process (Health and Social Care Board, 2011). As elsewhere in the UK, this involves a greater emphasis on treating people, where possible, in their own homes and communities rather than in hospitals and other traditional institutional settings.

The RCN has consistently pointed out that this reconfiguration must be supported by a coherent workforce strategy that addresses the ageing profile of the nursing profession, in which the bulk of staff are in the 45-49 range. There is little evidence that this is being managed systematically. Indeed, no regional workforce planning has taken place in Northern Ireland since 2008.

The RCN, through the *Frontline First* campaign, has been monitoring and highlighting issues related to the nursing workforce in Northern Ireland over the last three years. These now present a significant cause for concern.

DHSSPS statistics show that the registered nursing workforce in Northern Ireland, measured by whole time equivalent (WTE) with pay, declined between March 2010 and March 2012, from 13,898.9 to 13,822.7. The HCA workforce also declined over the same period, from 3999.1 to 3848.6. Using the headcount measurement, the same pattern is evident. The registered nursing workforce declined over the same period from 16,246 to 16,168 and HCAs from 4,678 to 4,499.

Official workforce statistics do not tell the whole story. The RCN has significant concerns over the increasing casualisation of the nursing workforce in Northern Ireland. Recruitment and selection processes for band 5 nurses mean that trusts no longer recruit to specific posts or areas of clinical practice. Instead, a generic process has become the norm.

One HSC trust recently determined that all band 5 nurses will be recruited via a peripatetic pool and deployed to clinical areas to cover maternity leave and sick leave. Reports are also emerging of difficulties in filling nursing posts. This is being attributed to nurses choosing to work via a nurse bank so they are able to select the clinical area in which they practise.

In many cases, nurses are being recruited to the nurse bank to backfill gaps caused by inadequate workforce planning, inadequate numbers of nurses, cost-cutting vacancy control measures and high levels of staff sickness absence. Monthly usage in trusts across Northern Ireland during 2012 ranged from 1,770 registered nurse shifts per month to 7,100 per month. This number doubles if nursing support staff shifts covered via the bank are included.

Ward sisters and charge nurses are required to comply with bureaucratic administrative processes to cover gaps in nursing rotas via the nurse bank. They complain that often they have to make several calls to the nurse bank and shifts therefore remain unfilled. During 2012, unfilled shifts ranged from 5-15%, leaving nursing teams short staffed.

The extent to which temporary staff are being used is masked by engaging staff via the nurse bank. In many cases, nursing staff are being denied their contractual right to paid overtime by HSC trust policies that dictate they must be registered with the nurse bank in order to work additional shifts. The regionally agreed rate for shifts worked via the bank, in some cases, is lower than that which would be paid to nurses in their substantive post, let alone that to which they would be entitled in overtime payments.

A consequence of the absence of workforce planning is that the community nurses that will be at the forefront of delivering the TYC agenda are both short in numbers and encumbered by an ageing profile. For example, the role of the district

nurse will become increasingly more important under TYC, with its emphasis upon caring for people in their own homes and communities and preventing unnecessary hospital admissions, particularly for people with long-term conditions. However, the number of district nurses employed within the HSC (measured by WTE) fell by 11% between March 2009 and March 2012. Some 72% of the current district nursing workforce in Northern Ireland is aged 40 and over.

Rather than investing in the nurses who will be central to delivering this new strategic vision, the TYC consultation document sets out a reduction of 1,620 WTE posts across the HSC over the next three to five years. If this projection were applied pro rata, it would involve the loss of around 600 nursing posts across Northern Ireland.

The RCN supports the general direction of travel outlined in TYC but believes that, without immediate attention to these nursing workforce issues, not only will TYC fail but, more importantly, health and social care services for the people of Northern Ireland will become increasingly unsafe and unsustainable.

A focus on Scotland

The RCN in Scotland has repeatedly been in the headlines and been quoted in parliamentary debates, commenting on the deeply concerning figures showing ongoing cuts to nursing numbers at a time when the NHS in Scotland is facing unprecedented pressures. The press and politicians have been quick to pick up on stories about winter pressures closing wards, people waiting on trolleys for beds, scandals about waiting times and pressures on NHS budgets. The Auditor General for Scotland has repeatedly set out the strain boards are under in recent months, mirroring many of the concerns we have raised about the long-term sustainability of the service.

The pressures are current and very real and the RCN is completing work to analyse the feedback of hundreds of Scottish nurses to surveys on hospital and community care pressures to help us focus our future work.

The latest nursing workforce figures show that some NHS boards are responding to the stresses of demands on the service and concerns about the quality of care by reversing the trend of cutting nurses and HCAs from the workforce. We have welcomed this, but the picture is not uniform across Scotland, with some areas overseeing an ongoing decline in numbers. We continue to highlight to the Scottish Government our members' fears about their ability to deliver quality care in these difficult times.

The RCN has been involved for some time in the development of a set of evidence-based workforce and workload planning tools for nursing that can be used in different settings. In October 2012, at the RCN conference on health and social care integration, the Cabinet Secretary for Health and Wellbeing announced that NHS boards would be required to use these tools to develop their annual plans from April 2013. We have supported the principle behind this move, but are now negotiating the practicalities of enforcing the use of the tools effectively, including seeking assurance that the tools will be used regularly and in every ward and team. Use of the tools to plan service change alone will not help us get the workforce right, now or into the future.

The future of the nursing profession is, in part, in the hands of our students. The RCN in Scotland successfully lobbied for the Scottish Government to halt the year-on-year cuts in nursing student numbers for 2013-14, but this is on the back of a reduction of nearly 21% of places over the last two years. With demand for care services likely to increase with an ageing population, many experienced nurses nearing retirement, and the need to plan

ahead for advance practitioners to deliver more complex care to more people with co-morbidities, we cannot afford to train too few nurses. The RCN is now working to influence the Scottish Government to produce a more robust approach to modelling to predict workforce needs.

A focus on Wales

Overview

The latest figures available on nursing numbers were published by the Welsh Government in March 2012 and are from September 2011 (see table 2). They show that overall nursing numbers have remained broadly stable between 2008 and 2011.

Table 2: Nursing numbers in Wales

	2008	2009	2010	2011
Number of nursing staff (includes HCSW)	32,124	33,021	33,012	32,787
WTE nursing staff (includes HCSW)	27,806	28,199	28,168	27,999
Number of registered nurses	24,636	25,374	25,436	25,351
WTE registered nurses	21,461	21,790	21,823	21,737
Student nurse (pre-registration) commissioning figures	1,093	1,179	1,070	1,115

Source: Welsh Government

This is clearly good news and the RCN would hope that this picture remains constant for the next few years. However, we continue to be concerned that health boards in Wales are holding vacancies for considerable periods of time pending review, causing immense frustration and pressure on those left behind. The numbers of these held posts are not published by health boards, fuelling the suspicion that the true picture of reductions in posts is being hidden. The Welsh Government is now refusing to publish vacancy data.

Time to Care

In September 2012 the RCN in Wales launched the second year of its *Time to Care* campaign. This campaign emphasises that nursing staff need to be given time to perform their role to their highest caring ability. It emphasises the experience of care that patients and the public expect and the significance, diversity and essential nature of the nursing contribution to caring.

The RCN believes that the Welsh Government must protect patients by ensuring that they receive safe, dignified, world-class care. Alongside the right environment, equipment and treatment, there needs to be the right numbers and skill mix of nursing staff available to provide this care.

'Downbanding' is when nursing posts are re-assessed and the Agenda for Change band is reduced. This can have a long term detrimental impact on the quality of care received as band 7 specialist posts are lost. We are concerned that band 5 nursing posts are being replaced by band 4 HCA posts. In 2009, the RCN

employment survey found that the ratio of registered nurses to HCAs working on wards in Wales had fallen below the 65:35 recommended RCN quality benchmark. The Welsh Government is currently refusing to publish nursing figures by Agenda for Change bands, fuelling suspicions that this pressure on patient care is being deliberately hidden.

Continual professional development

The highest quality of care requires the continual updating of nursing skills. Only 75% of our members in Wales had received continuous professional development (CPD) in 2011 compared with 89% in 2009. Many health boards have placed a moratorium on nursing staff being allowed to undertake any training. We believe that the Welsh Government should set performance targets for all health boards, monitoring nursing access to CPD in key areas.

Reconfiguration plans

The RCN recognises that maintenance of the status quo in Wales is not an option, but it is essential that the proposed changes to the NHS make things better rather than worse. Changes to service delivery need to be sufficiently planned to ensure that they are sustainable.

The RCN is concerned about the potential lack of cohesion between the individual health board reconfiguration plans. It is clear that the development of new community services lies at the heart of the health board reconfiguration plans. The stated intention is that improvements in primary and community care services will prevent unnecessary hospital admissions and support people independently for longer outside the hospital environment. This is a laudable aim supported wholeheartedly by the RCN - however, there is no indication that there has been a robust assessment of the financial impact of the proposed changes. The health boards are operating under financial constraints and the proposed changes have cost implications.

Nurse specialists and nurse consultants are the health professionals that cover the acute hospital and community setting, usually specialising in chronic conditions. There is a wealth of evidence demonstrating the significant role these posts play in reducing unnecessary admissions and maintaining independence outside of the hospital environment. Despite this, the RCN is aware that the number of such posts is decreasing in Wales and many are currently under threat. The role of these posts is not mentioned in the reconfiguration plans. The Welsh Government needs to take action to ensure these posts are utilised by health boards.

Workforce planning

There is no national workforce planning mechanism for the development of the NHS Wales health care workforce. The RCN has been critical of the consequences of this for many years, and has called on the Welsh Government to place a statutory duty on health boards to demonstrate to their own board, and publically, that they are providing the right number of registered nurses and HCAs to ensure appropriate staffing levels for patient care.

At present, the Welsh Government commissions education places for the non-medical workforce. It does this primarily on the recommendations of the local health boards themselves.

The RCN is deeply concerned that a vicious cycle has been established in Wales, which is having a terrible effect on health services. A health board decides to reduce its workforce to save money. It recommends to the Welsh Government that fewer people are trained. The Welsh Government reduces training places accordingly. The health board announces it cannot maintain the health service because there are insufficient staff. The consequences of this (at best) short-sighted cycle are clear to see in the reconfiguration plans – too frequently the future shortage of staff has been included as a reason for reconfiguration of service.

Neonatal care

Neonatal care across Wales has been an area of specific concern to the RCN for some time. Neonatal nursing staff are primarily drawn from registered children's nurses who then undertake further specialised training. There is no shortage of those who wish to become neonatal nurses. However, in 2011 the Welsh Government cut the number of children's nurse education places by 35%. This shortfall will affect the numbers available for neonatal care and must be urgently addressed. Also, the number of nurses undertaking neonatal training is limited by health board funding (not just the cost of the place, but the cost of backfilling the nursing post whilst the incumbent is being educated). The Welsh Government must address this issue nationally.

The RCN is concerned that an all-Wales overview of neonatal care provision is required, but there is little evidence of this overview within the very locally focused NHS Wales health board reconfiguration plans. In particular, the RCN opposes the proposal to move all level 3 nursing in North Wales to England. The current proposal is damaging for neonatal care and nursing in Wales, with serious national consequences.

References

Appleby J (2012) A productivity challenge too far? *BMJ*, 344, e2416. Available at: www.bmj.com/content/344/bmj.e2416?ijkey=AoHyihmrq4vCpSg&keytype=ref (accessed 12/04/13).

Ball J, Pike G, Griffiths P, Rafferty A M and Murrells T (2012) *RN4CAST nurse survey in England*. Available at: www.kcl.ac.uk/nursing/research/nnru/publications/Reports/RN4Cast-Nurse-survey-report-27-6-12-FINAL.pdf (accessed 15/03/13).

Bardsley M, Blunt I, Davies S and Dixon J (2013) Is secondary preventative care improving? Observational study of 10-year trends in emergency admission for conditions amenable to ambulatory care, *BMJ Open*, 3 (1). Available at: http://bmjopen.bmj.com/content/3/1/e002007.long (accessed 14/03/13).

Boorman S et al. (2009) *NHS health and well-being – final report*, London: DH. Available at: www.nhshealthandwellbeing.org/FinalReport.html (accessed 12/04/13).

Borland S (2013) Shortage of nurses is 'killing thousands a year': Patients in overstretched hospitals developing fatal complications which could have been cured. *Mail Online*, 21 January 2013. Available at: www.dailymail.co.uk/health/article-2266158/Shortage-nurses-killing-thousands-patients-year-Patients-likely-develop-complications-properly-monitored.html (accessed 15/03/13).

Buchan J and Seccombe I (2011) *A decisive decade – mapping the future NHS workforce*. London: Royal College of Nursing. Available at: www.rcn.org.uk/__data/assets/pdf_file/0004/394780/004158.pdf (accessed 05/03/13).

Care Quality Commission (2013) *Quality and risk profiles. Data sources: acute and specialist NHS trusts*. Available at: www.cqc.org.uk/sites/default/files/media/documents/acute_nhs_trusts.pdf (accessed 17/04/13).

Department of Health (2012) *Long term conditions compendium of information: Third edition*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134487 (accessed 05/03/13).

Department of Health (2013) *The NHS Constitution for England, 26 March 2013*. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

Department of Health Social Services and Public Safety (2012) *Northern Ireland Health and Social Care workforce census – 31 March 2012*. Available at: www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf (accessed 05/03/13).

Dowler C (2011) Exclusive: publishing FT redundancy plans could harm competitiveness, warns Monitor. *HSJ*, 1 December 2011. Available at: www.hsj.co.uk/news/workforce/exclusive-publishing-ft-redundancy-plans-could-harm-competitiveness-warns-monitor/5038641.article

Francis R (2013) *Report of the Mid Staffordshire NHS Foundation Trust public inquiry*. Available at: www.midstaffspublicinquiry.com/report (accessed 15/03/13).

Gainsbury S and Neville S (2012) 'Glut of doctors looms in NHS'. *Financial Times*, 30 March 2012. Available at: www.ft.com/cms/s/0/7aba53de-7a72-11e1-9c77-00144feab49a.html#axzz2MfF3MGze (accessed 05/03/13).

Griffiths P, Jones S and Bottle A (2013) Is 'failure to rescue' derived from administrative data in England a nurse sensitive patient safety indicator for surgical care? Observational study. *International Journal of Nursing Studies*, 50 (2) pp. 292-300.

Griffiths P, Jones S, Maben J and Murrells T (2008) *State of the art metrics for nursing: a rapid appraisal*. London: King's College London.

Health and Social Care Board (2011) *Transforming Your Care: a review of health and social care in Northern Ireland*. Available at: www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf (accessed 04/04/13).

Health and Social Care Information Centre (2013a) *NHS hospital and community health services (HCHS) workforce statistics in England, non-medical staff – 2002-2012, as at 30 September*. Available at: www.ic.nhs.uk/searchcatalogue?productid=11216&topics=0%2fWorkforce&sort=Relevance&size=10&page=1#top (accessed 16/04/13).

Health and Social Care Information Centre (2013b) *NHS hospital and community health services (HCHS) workforce statistics in England, medical and dental staff – 2002-2012, as at 30 September*. Available at: www.ic.nhs.uk/searchcatalogue?productid=11217&topics=0%2fWorkforce&sort=Relevance&size=10&page=1#top (accessed 16/04/13).

Health and Social Care Information Centre (2013c) *Monthly NHS hospital and community health service (HCHS) workforce statistics in England – December 2012, provisional statistics*. Available at: www.ic.nhs.uk/searchcatalogue?productid=11245&topics=0%2fWorkforce&sort=Relevance&size=10&page=1#top (accessed 16/04/13).

Health and Social Care Information Centre (2013d) *NHS safety thermometer*. Available at: www.ic.nhs.uk/services/nhs-safety-thermometer (accessed 15/03/13).

Health Education England (2013) *Introducing Health Education England – Our strategic intent*. Available at: http://hee.nhs.uk/wp-content/blogs.dir/321/files/2013/01/Our-Strategic-Intent-web-Feb20131.pdf (accessed 09/04/13).

House of Commons Health Committee (2013) *Public expenditure on health and social care services – Eleventh report of session 2012-13*. Available at: www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/651/651.pdf

ISD Scotland (2013a) *NHS Scotland workforce – data as at 31 December 2012*. Available at: www.isdscotland.org/Health-Topics/Workforce/Publications/2013-02-26/2013-02-26-Workforce-Report.pdf (accessed 05/03/13).

ISD Scotland (2013b) *Emergency department activity and waiting times – 26 February 2013*. Available at: www.isdscotland.org/Health-Topics/Emergency-Care/Publications/2013-02-26/2013-02-26-ED-Report.pdf?7964724303 (accessed 16/04/13).

Lintern S (2013) Nurse workforce crisis on horizon. *Nursing Times*, 109 (7) pp.2-3.

Monitor (2013) *NHS foundation trusts: review of nine months to 31 December 2012*. Available at: www.monitor-nhsft.gov.uk/home/news-events-and-publications/our-publications/browse-category/reports-nhs-foundation-trusts/nhs-1 (accessed 14/03/13).

Moore A (2013) Analysed: rising temporary nursing costs. *HSJ*, 19 March 2013. Available at: www.hsj.co.uk/hsj-local/local-briefing/analysed-rising-temporary-nursing-costs/5056194.article (accessed 25/03/13).

National NHS Staff Survey Co-ordination Centre (2013a) *Briefing note: Issues highlighted by the 2012 NHS staff survey in England*. Available at: http://nhsstaffsurveys.com/cms/uploads/NHS%20staff%20survey%202012_nationalbriefing_final.pdf (accessed 16/04/13).

National NHS Staff Survey Co-ordination Centre (2013b) *NHS staff survey 2012 results*. Available at: www.nhsstaffsurveys.com/cms (accessed 15/03/13).

NHS Commissioning Board (2013) *Sir Bruce Keogh announces final list of outliers*. Available at: www.commissioningboard.nhs.uk/2013/02/11/final-outliers (accessed 15/03/13).

NHS Wales Informatics Centre (2013) *Monthly accident and emergency report – February 2013*. Available at: www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=62956 (accessed 15/03/12).

Northern Ireland Audit Office (2013) *General report on the health and social care sector by the Comptroller and Auditor General for Northern Ireland – 2012*. Available at: www.niauditoffice.gov.uk/index/publications/recent_reports/health_report_2012.pdf (accessed 15/03/13).

Office for National Statistics (2011) Statistical Bulletin: National population projections 2010-based. Available at: www.ons.gov.uk/ons/rel/npp/national-population-projections/2010-based-projections/stb-2010-based-npp-principal-and-key-variants.html#tab-Children--ageing-and-older-people (accessed 05/03/13).

Royal College of Nursing (2010) *RCN policy position: evidence-based nurse staffing levels*. Available at: www.rcn.org.uk/__data/assets/pdf_file/0007/353239/003870.pdf (accessed 10/04/13).

Royal College of Nursing (2012) *Ontario's (Canada) deficit crisis and health reforms: Lessons for England*. Available at: www.rcn.org.uk/__data/assets/pdf_file/0007/482353/23.12_Ontario_1990s_health_care_reforms_briefing_FINAL.pdf (accessed 17/04/13).

Scottish Government (2011) *The Scottish health survey – Topic report: older people's health*. Available at: www.scotland.gov.uk/Publications/2011/11/24083430/49 (accessed 15/03/13).

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April 2013

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Publication code: 004 446