



Royal College  
of Nursing

# *Frontline First*

November 2011 update



Protecting services  
Improving care

# Frontline First

## November 2011 update



### Summary

Despite Government assurances that frontline health care services are being protected, the RCN continues to identify more and more posts across the UK that have been lost or are at risk through our *Frontline First* campaign. The latest figures are:

- **56,058** posts at risk across the whole of the UK
- **48,029** posts at risk in England.

Analysis of **41 trusts** in England has shown that administration, management and other back office functions are not the only posts being affected.

- Out of the **14,715** posts at risk in these trusts, **5,021** (34.1%) are nursing and **7,157** (48.6%) are clinical.
- The scale of the cuts shows very significant variation across these trusts. However, on average, **8.3% of the qualified nursing workforce and 9.6% of the total workforce will be lost.**

The RCN has identified a number of trends behind these figures that are concerning:

- job losses and vacancy freezes leading to low staffing levels, potentially impacting on patient care
- “downbanding” of higher-grade nursing posts as a short-term way to save money, leading to a loss of skills
- preventative services which save money in the long term and give better patient outcomes are being targeted for cuts
- cuts to both the community and acute sector, leaving patients with nowhere to go
- cuts to mental health services at a time when demand is increasing
- NHS staff pay, terms and conditions at risk, leading to low morale.

### Introduction

The RCN has now been monitoring cuts to the NHS through the *Frontline First* campaign for over a year, and the effect of the “Nicholson Challenge” is becoming clearer. This is the £20 billion efficiency savings target set by NHS Chief Executive Sir David Nicholson, by which 4% of the health service’s budget in England must be saved per annum until 2014-15. At the same time the NHS is going through a period of immense change as the reforms of the Health and Social Care Bill 2011 are already being implemented on the ground.

David Nicholson has stated that efficiency savings should be reinvested in patient care (Nicholson, 2010). The promise to protect the NHS was a key part of the Conservatives’ 2010 election campaign and Andrew Lansley (then Shadow Secretary of State for Health) told RCN Congress in April 2010: “We will not let the sick pay for the debt crisis” (RCN, 2010a). Since the formation of the Coalition Government, Andrew Lansley has said that reforms will result in more money being invested in frontline services (Conservatives, 2010). However, the RCN has found evidence that clinical services and staff – and patient care – are being affected.

### Cuts to staff

When we started monitoring cuts in April 2010, we knew of 5,600 NHS jobs at risk in England over the next five years. Since then the figure has rapidly increased as we have uncovered information on more NHS trusts. In November 2010 the *Frontline First* campaign published its first report (RCN, 2010b), identifying 17,932 posts at risk in England. By the time of our second update in April 2011 (RCN,

2011a), the figure for England had grown to 30,873 based on intelligence from 130 organisations. The UK figure in April stood at 39,782.

Using intelligence from our 400,000 members, our staff, and other sources, the RCN now has information on how over **220 NHS trusts** in England are being affected. The total figure of NHS jobs in England which have either been lost since the campaign began or are at risk is now **48,029**. The UK-wide figure stands at **56,058**.

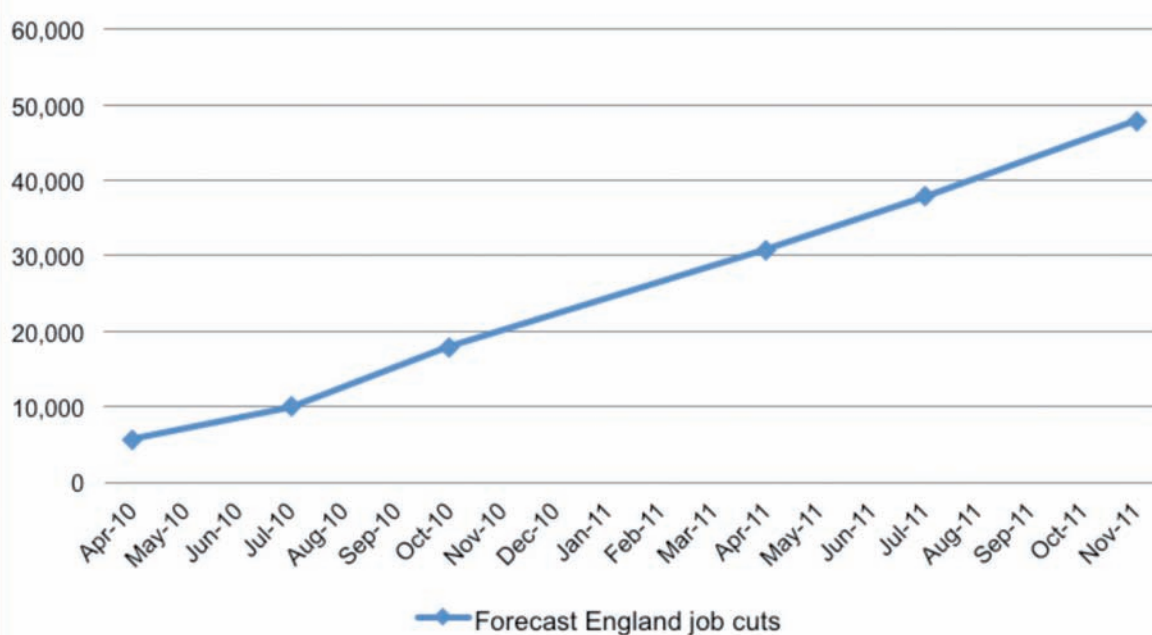
Our information now shows that some NHS trusts in England are planning to cut a significantly high percentage of their total workforce. Examples include:

- **Heatherwood and Wexham Park Hospital NHS Foundation Trust** has lost 280 full time equivalent (FTE) staff in 2010-11 and plans to lose 533 more from 2011 to 2014 as part of its “transformation project”. This equates to a loss of 25.25% of its total 2010 workforce.

- **Central Manchester University Hospitals NHS Foundation Trust** plans to lose 1,916 FTE staff from 2011 to 2016. This is 22.87% of the total 2010 workforce.
- **Kingston Hospital NHS Trust** plans to reduce staff numbers by 486 posts from 2011 to 2016. This is 19.16% of its total 2010 workforce.
- **Luton and Dunstable NHS Foundation Trust** plans to reduce its staff by 556, which is 15.89% of its total 2010 workforce.

While many NHS trusts do not go into detail about the types of posts which will go, some have identified the numbers of nursing, clinical, management or administration jobs that they plan to lose. In our April 2011 *Frontline First* report, we identified 21 trusts like this, and analysed the figures to get a picture of what this means to patient care.

**Figure 1: NHS England job cuts identified by the *Frontline First* campaign**



We now have detailed information on **41 NHS trusts** in England, and the analysis of these provides a snapshot of nursing and clinical posts at risk.

- Within these 41 trusts, **14,715 posts are at risk.**
- Of these, **5,021** are nursing (registered nurses and health care assistants). **Nursing posts account for 34.1% of the total workforce cuts.**
- The number of clinical posts (which includes nursing, midwifery, health care assistants, doctors, consultants, dental, scientific, therapeutic and technical posts) to be lost is **7,157. Clinical posts make up 48.6% of the total workforce cuts.**
- On average, **8.3% of qualified nursing jobs** will be lost across the trusts' established nursing workforce.
- On average, **9.6% of the trusts' total workforce will be lost.**

Please see Appendix 1 for a full breakdown and explanation of these figures.

The RCN's 2011 employment survey (RCN, 2011b) showed that 5% of our members working in the NHS expect to be made redundant in the next 12 months. It's not just those who actually lose their jobs who are affected by changes to the work force, however – the fear of redundancy during times of organisational change can lower staff morale and increase stress (Sprinks and Snow, 2011).

## Themes and trends

Behind the job cut total of 48,029 are a number of trends which have emerged from the RCN's *Frontline First* intelligence gathering systems:

### 1. Concern over safe staffing levels

Our 2011 employment survey showed that over half (54.1%) of our members working in the NHS have seen a reduction in staffing levels for registered nurses in the last year. 31% report that changes

in staffing levels have led to increased caseload or workload.

In an effort to minimise the number of compulsory redundancies, many trusts are instead reducing their wage bill through natural wastage of staff (not replacing people when they retire or leave) and limiting the use of bank or agency workers. 40% said that recruitment freezes have left posts unfilled in their workplace, and 21% have seen a bank or agency ban.

Reductions in staff numbers made in this way may not be counted in the total job cut figure above, but it still means that fewer nurses will be on the ground treating patients, and it puts extra pressure on the staff members who remain. The RCN believes that staffing levels should be set based on rigorous clinical evidence, and should not be the arbitrary outcome of natural wastage in an effort to save money.

The *Frontline First* campaign has received many reports from members concerned about the impact this has had. A number of examples are provided below:

- From a nurse working in Yorkshire & the Humber:

**“Staff morale is very low, extra shifts are being worked to maintain staffing levels. Many members of staff are complaining of bad backs due to extra workloads. There are not enough staff to feed everyone at mealtimes. At some point these cuts are going to have a major effect on patient care, it's disheartening to feel that my patients are not receiving the best standard of care that they possibly could.”**

- From a nurse working in the East of England:

**“We are having to work with fewer members of staff on our ward, as is the rest of the hospital. This affects the patient care that we can give as we consistently do not have the resources to provide exceptional care. Patients' call bells go longer without being answered as there is not an adequate amount of nursing staff on the floor. Patients**

**who need controlled drugs for pain management have to wait longer, as finding another qualified nurse to spare five minutes is getting harder, therefore the patient experiences pain and becomes distressed, and therefore resentful toward the nursing staff which affects the patient-nurse relationship.”**

- From a nurse working in Yorkshire & The Humber:

**“Where I work, three staff nurses have left and not been replaced. Existing staff are being pulled off study leave to fill the ward shortfalls. Stress is increasing and sickness levels rising.”**

Recently there have been many high profile examples of serious failings in patient safety (for example, Mid Staffordshire NHS Foundation Trust and Winterbourne View). In all of these, staffing levels and skill mix have been identified as a central cause. There is a wealth of evidence pointing to the positive association between the number of nursing staff deployed and the quality and safety of the care delivered to patients (Rafferty et al., 2006). This is why the RCN is calling for amendments to the Health and Social Care Bill which would guarantee safe staffing levels – setting standards for both the number of patients a nurse should have under their care, and the registered to non-registered nursing ratio. We are also calling for statutory regulation of health care assistants.

## **2. Downbanding and dilution of skill mix**

The RCN continues to see registered nurses being replaced with nurses of a lower band or unregistered nursing assistants. We have highlighted this trend since the *Frontline First* campaign began in July 2010 (RCN, 2010c), including it in our first two reports and sharing our concerns with the press (Carter, 2010a and 2010b). We have also raised it with parliamentarians of all parties, including the Health Select Committee (RCN, 2010d).

Andrew Lansley has stated that changes to skill mix must have a full clinical assessment to make sure patient safety is not compromised (Lansley, 2010). However, we are concerned that these changes are being made to deliver short-term savings without proper planning and an understanding of the long-term impact.

We have found that this “downbanding” is common when trusts restructure wards and services, and can remain hidden as the total number of posts might not decrease very much. In the RCN 2011 employment survey, 25% of members surveyed said that they had seen a change in skill mix in the last year, and 7% expected to be affected by downbanding in the next year (RCN, 2011b).

When restructuring takes place in this way, it can mean that existing staff have to work at a lower grade, or that new staff are recruited at this lower level to replace them. Often managers expect them to carry out their previous responsibilities despite the reduction in pay and status. By disproportionately targeting the higher paid senior nurses, these changes can result in a significant loss of skills for individual nursing teams and the health service itself – skills which have been built up over many years at the expense of the taxpayer.

Here are some recent examples:

- **University Hospital of North Staffordshire NHS Trust** is proposing to reorganise its nursing workforce due to a reduction in bed numbers caused by the move to a new hospital, resulting in the loss of 66 FTE registered nursing posts in total. As part of this restructure, over 200 band 6 posts will be replaced by band 5 posts.
- **Camden and Islington NHS Foundation Trust** is proposing to restructure its community mental health services. This will result in an overall loss of 69 FTE posts, 63 of which are qualified nurses, occupational therapists, psychologists and social workers. The proposals also

include a large dilution of skill mix, with the loss of all 88 FTE band 7 nursing posts but a slight increase in band 6 clinical roles.

- **University Hospital of South Manchester NHS Foundation Trust** is restructuring its non-ward-based nurse and midwife workforce. Proposed changes include downbanding 7 FTE band 8a nurses to band 7; 9 FTE band 7 to band 6; and 3 FTE band 6 to band 5. The trust is advising affected staff to accept the lower graded post with pay protection, or enter into a redeployment process which may lead to redundancy.
- **East Lancashire Hospitals NHS Trust** is reconfiguring its community nursing services. While 6.9 FTE band 6 and 7 nursing posts are being disestablished, the trust is increasing slightly the number of band 5 nursing posts, altering skill mix.
- **Norfolk Community Health and Care NHS Trust** are reconfiguring children's services, removing a total of 10 FTE posts. In the learning disability team, 6 FTE band 6 nurse posts will be downgraded to band 5.
- **County Durham and Darlington NHS Foundation Trust** has begun a consultation on changes to their Health Improvement Service, which includes downgrading 33 band 6s to band 5.

### 3. Cuts to preventative services

Nurses play a vital role in the prevention and treatment of disease for patients. In particular specialist community based nurses have taken a lead role in the coordination and delivery of more responsive services for individuals with long-term conditions. As well as improving patients' quality of life, the aim of prevention must be to reduce the amount of care they require from the NHS, which in turn reduces the overall cost to the taxpayer.

However the RCN has found examples of preventative services being cut. For example:

- **NHS Oldham** closed the Shawside Community Recovery Unit in Oldham at the end of January 2011. This 28-bed unit provided intermediate care for patients who were discharged from hospital, decreasing the risk of repeated acute admissions.
- **Birmingham and Solihull NHS Cluster** plans to decommission Birmingham Own Health, a health care service for people with long-term conditions in Birmingham which is run by NHS Direct. The service provides one-to-one advice and support to people in several languages to help manage their conditions.
- **NHS Salford** is to discontinue the Active Case Management/Community Matron Service and revert services back to general practice. The Active Case Management service supports patients in Salford who have long-term conditions with complex health and social care needs by providing individual packages of care with a focus on prevention and recognising early warning signs of deteriorating health.
- **NHS West Essex Community Health Services** are closing a nurse-led "One Stop Shop" centre in Harlow which provides health and welfare advice to young people, with a focus on sexual health. This will result in a loss of five nursing posts. The trust is trying to redeploy staff where possible (as of July 2011).
- **South West Essex Community Services** are decommissioning their Mental Wellbeing Nurses; Lesbian, Gay and Bisexual Health Promotion; and Older People Health Improvement programmes.

The RCN has championed preventative services though the *Frontline First* Innovation Award. The winner, Marina Lupari from Northern Ireland, showed that nurse-led services can produce significant savings by reducing acute admissions for older people with chronic conditions

(RCN, 2011c). We believe that services like this should be invested in, not cut. 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 the quality and safety of patient care will not be detrimentally affected.

#### **4. Cuts to the community sector – the “transition gap”**

In principal the RCN supports care being delivered closer to home where it is clinically appropriate and safe to do so, where sound evidence supports such a shift and where these new services will genuinely offer a cost-effective option. However, the shift to the community must be properly planned to make sure that services continue to be available to patients, and properly managed so that staff are supported to provide care in a new way.

Through our *Frontline First* monitoring we have found that when services and posts in the acute sector are cut, trusts often claim that the care will be provided in a community setting instead. There is little evidence of a corresponding increase in community provision. In a number of cases community providers are not aware of these acute sector closures and so have not planned any contingencies, or alternatively will not be re-introducing these vital services at a much later date, leading to a “transition gap”.

In fact, pressure is also on to save money in the community sector. For example, the RCN has received a number of reports from district nurses about vacancy freezes, which are increasing their workloads and is impacting on patient care:

- From a community nurse in London:

**“For the second year in a row, my organisation has declared the vacancies in my locality to be not needed. We lost four community nursing posts last year. The strain we felt was horrible. Sickness rates and stress levels are very high. Staff**

**are unhappy and the majority of us feel that we are not providing quality care. We usually work through our breaks and stay late just to keep on top of the work. Some nurses come in early as well.”**

- From a community nurse in the East of England:

**“More and more people are been treated for many conditions at home now compared to even 10 years ago. This means we have more and more people on our caseloads and not necessarily more staff to cover this. I had no idea how difficult district nursing could be until I started this job. We are expected to take all that is thrown at us no matter what capacity there is. Unlike the hospitals, we can’t go on black alert when busting at the seams.”**

- From a community nurse in the North West:

**“I love my job and there is nothing else I would do. It gives me great pleasure caring for patients and their families, but at times the workload and pressures expected can be far too much. It is stressful and even when you go home you can’t switch off because you are thinking of all the paper work you haven’t done due to lack of time.”**

#### **5. Cuts to mental health services**

The *Frontline First* campaign has uncovered cuts in all sectors, but recently cuts to mental health and addiction services have become more noticeable. For example:

- **Central and North West London NHS Foundation Trust** proposes to more than halve the number of matrons/lead nurses in their acute mental health inpatient services. The number will reduce from 15 to 7 FTE by October 2012.
- **Birmingham and Solihull Mental Health NHS Foundation Trust** is decommissioning its Improving Access to Psychological Therapies/Primary Care programme due to funding issues.

Approximately 155 staff have received an advance notice letter terminating their fixed-term contract by March 2011.

- **Southern Health NHS Foundation Trust's** proposed redesign of inpatient adult mental health services in Hampshire would mean the closure of two units – the Meadows and Woodhaven. This would result in a loss of 48 beds.
- **West London Mental Health Trust** has closed the Families Service at the Cassel Hospital due to lack of funding. This was an intensive assessment and treatment centre for families with complex mental health problems, where children are at risk of harm. The trust is proposing to reconfigure the hospital's other services following the closure. This would result in a loss of 19 FTE posts, including 3 FTE registered nurses.
- **Manchester Mental Health and Social Care Trust** is reducing funding for supporting homeless people, young people at risk, older people, people with mental health problems and drug and alcohol related problems by £8.6million. This is because of changes to budget allocations at Manchester City Council for 2011/12.

It is likely that demand on mental health services will increase due to the economic crisis, with higher levels of depression and drug use. If this happens and early intervention and preventative services are not readily available, the financial impact will be felt not only by the health service (due to increased demand on acute services), but also the benefit and criminal justice systems (McDaid and Knapp, 2010).

## 6. Erosion of terms and conditions

Our 2011 employment survey shows that half of our members who work additional hours are not paid for it, and we have found many examples of staff being asked to work for free or to take unpaid leave

in an effort to save the hospital money. In addition, the RCN is starting to see some NHS organisations attempt to move away from the nationally agreed pay and conditions framework.

The RCN strongly believes that any move away from national terms and conditions such as Agenda for Change would be an expensive folly, distract NHS employers from their core purpose and would have a disruptive effect on the nursing labour market, severely affecting the recruitment and retention of nurses. The RCN believes that a national pay system provides both the service and staff with stability and security, particularly during periods of transition and fiscal challenge and that a move to local pay determination would put this at risk. Furthermore, a national pay system provides important economies of scale – locally determined pay would require resources to undertake negotiations which would reduce resources available for services and unnecessarily distract trusts from their core purpose.

Also, seemingly small changes like increasing car parking charges can have a huge financial impact on low paid staff or community nurses that travel for work.

There is a growing body of evidence that shows how low morale and a poor work environment can impact on patients' experience. For example, the Boorman Review showed that workforce wellbeing and patient satisfaction are linked (Boorman et al., 2009). The RCN believes that this link between the working lives of staff and patient experience should be a key consideration for managers when considering any possible change to terms and conditions.



## Conclusion

The RCN's *Frontline First* monitoring work continues to paint a deteriorating picture of cuts to health services in the UK, particularly in England where the number of nursing posts at risk is growing rapidly. Our findings challenge the myth that the frontline is being protected during this period of unprecedented change in the NHS.

It is for this reason that the RCN is seeking amendments to the Health and Social Care Bill to guarantee safe staffing levels and to bring in statutory regulation of health care assistants. We believe these would be important safeguards for patient care during the difficult coming years.

## Appendix 1 – analysis of 41 trusts

The figures used in this report are the most up-to-date provided for the 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. However, the RCN is neither aware nor has received any formal notification of any changes to these workforce reductions.

Nursing posts listed include registered nurses and health care assistants (HCAs). Other clinical posts include medical, dental, scientific, technical and therapeutic posts. Nursing posts may also be included under this category (if trusts have not specified which clinical posts they are losing).

To work out the percentage of posts being lost within the trusts' total workforce, we have used the full time equivalent (FTE) 2010 workforce statistics published by the NHS Information Centre (2011).

SHA cluster	NHS organisation	Total workforce cuts identified	Nursing posts	Other clinical posts
NHS London	Barnet and Chase Farm Hospitals NHS Trust	220.41		61.70
NHS London	Barts and the London NHS Trust	635	258	83
NHS London	Camden and Islington NHS Trust	69		63.07
NHS London	Central and North West London NHS Foundation Trust	29.12	10	7.13
NHS London	East London NHS Foundation Trust	96	41	
NHS London	Epsom and St Helier University Hospitals NHS Trust	115		26
NHS London	King's College Hospital NHS Foundation Trust	51.07		15
NHS London	Kingston Hospital NHS Trust	486	214	
NHS London	Newham University Hospital NHS Trust	50.09	49.09	1
NHS London	North West London Hospitals NHS Trust	180	80	65
NHS London	Royal Free Hampstead NHS Trust	461	118	39
NHS London	South London and Maudsley NHS Foundation Trust	194.98	29.70	30.28
NHS London	West London Mental Health NHS Trust	454.70	177.30	58.80
NHS London	West Middlesex Hospital NHS Trust	261	100	15

SHA cluster	NHS organisation	Total workforce cuts identified	Nursing posts	Other clinical posts
NHS Midlands and East	Basildon and Thurrock University Hospitals NHS Foundation Trust	218	107	16
NHS Midlands and East	Derbyshire Healthcare NHS Foundation Trust	416.90	129.80	55.70
NHS Midlands and East	George Eliot Hospital NHS Trust	257	127	48
NHS Midlands and East	NHS Hertfordshire (four provider trusts and the PCT)	3187	1194	509
NHS Midlands and East	South Essex Partnership University NHS Foundation Trust	304.36	149.67	
NHS Midlands and East	South Staffordshire and Shropshire Healthcare NHS Foundation Trust	180.76	98.92	52.02
NHS Midlands and East	University Hospital of North Staffordshire NHS Trust	727.08	66.47	296.87
NHS North of England	Blackpool Teaching Hospitals NHS Foundation Trust	675	368	
NHS North of England	Countess of Chester Hospital NHS Foundation Trust	460.97	148.36	48.51
NHS North of England	County Durham and Darlington NHS Foundation Trust	656	300	
NHS North of England	Mid Yorkshire Hospital NHS Trust	197.43	99	12
NHS North of England	Northern Lincolnshire & Goole Hospitals NHS Foundation Trust	491.10	145.80	71.80
NHS North of England	Salford Royal NHS Foundation Trust	389.41	146.73	67.42
NHS North of England	Tameside Hospital NHS Foundation Trust	211.30	110.20	35.70
NHS North of England	The Christie NHS Foundation Trust	212.59	95.46	44.16
NHS North of England	The Rotherham NHS Foundation Trust	142	28	
NHS North of England	Wirral University Teaching Hospital NHS Foundation Trust	49	29	
NHS South of England	Ashford and St Peter's Hospitals NHS Trust	272	29	
NHS South of England	Heatherwood and Wexham Park Hospital NHS Foundation Trust	813.30		374.50
NHS South of England	Kent and Medway NHS and Social Care Partnership Trust	560.60	264.70	20
NHS South of England	Medway Community Healthcare (part of NHS Medway)	74.20	8.13	19.04
NHS South of England	Plymouth Hospitals NHS Trust	516	169	
NHS South of England	Royal Cornwall Hospitals NHS Trust	400	130	

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