
NHS Nursing

Under staffed and under pressure

NHS check

NHS CHECK 7

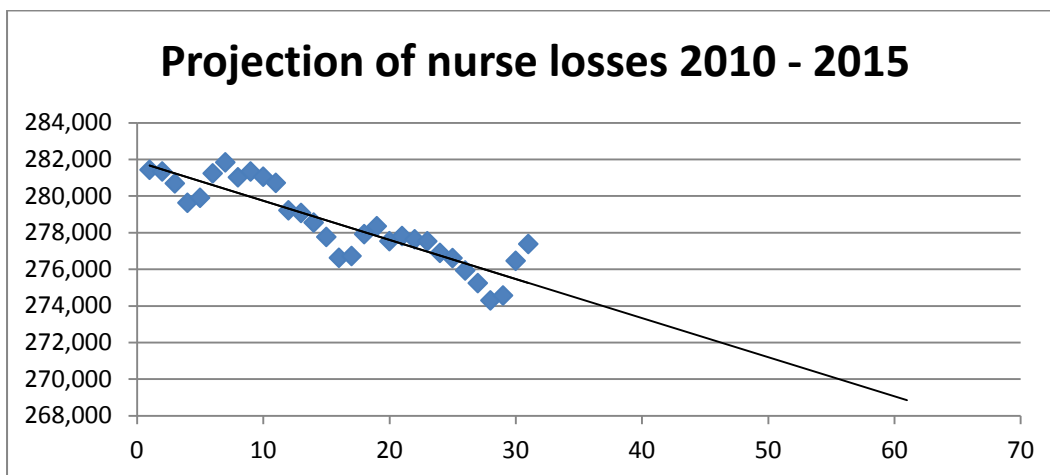
NHS Nursing – under staffed and under pressure

- **NEW EVIDENCE THAT NHS TRUSTS ARE MEETING THE EFFICIENCY CHALLENGE WITH CRUDE CUTS TO FRONT-LINE STAFFING**
- **NHS LOSING 213 NURSES A MONTH AND ON COURSE TO LOSE OVER 12,000 NURSES IN THIS PARLIAMENT, IF CURRENT RATE OF LOSS CONTINUES**
- **PROJECTION BACKED UP BY REDUCTIONS IN COMMISSIONED TRAINING PLACES WITH 4,897 FEWER NURSES IN TRAINING SINCE THE GENERAL ELECTION**
- **CARE OF OLDER PEOPLE HARDEST HIT WITH FOUR OUT OF TEN NURSES LOST IN ACUTE AND COMMUNITY NURSING**
- **LABOUR CALLS ON GOVERNMENT TO REVERSE THE TREND AND IMPLEMENT FRANCIS RECOMMENDATIONS ON STAFFING**

Key findings

1) Nurses are being cut at a worrying rate

- NHS trusts are meeting the efficiency challenge by cutting front-line staff¹.
- The NHS is on course to lose, if current trends continue, over 12,000 nurses by the end of this Parliament



- The most recent workforce figures for November 2012 show a 4,053 fall in the number of nurses compared to May 2010
- Historically, September to November sees an uplift of newly-qualified nurses entering the workforce – so, if the seasonal pattern continues, this will be the peak months for the coming year

¹ Last year, when examining how the NHS was responding to the financial challenge, the Select Committee cited “disturbing evidence that the measures currently being used to try to control the financial situation could fairly be described as ‘short-term expedients’ or ‘salami slicing’,” and concludes, “we are concerned that savings are being made through ‘salami-slicing’ existing processes instead of rethinking and redesigning the way services are delivered”:

“We are concerned however, that evidence does not suggest that the magnitude of this challenge has been fully grasped. Although it is relatively early days, and there are certainly localised examples of welcome innovation, there is also disturbing evidence that the measures currently being used to try to control the financial situation could fairly be described as “short-term expedients” or “salami slicing”. We are not persuaded that the actions currently being planned will allow the situation to be sustainable over the four years of the Spending Review.”

Health Select Committee report on Public Expenditure (Thirteenth Report of Session 2010–12) from 24th January 2012, Pg 6

“We are concerned that there appears to be evidence that NHS organisations are according the highest priority to achieving short-term savings which allow them to meet their financial objectives in the current year, apparently at the expense of planning service changes which would allow them to meet their financial and quality objectives in later years.”

Health Select Committee report on Public Expenditure (Thirteenth Report of Session 2010–12) from 24th January 2012, Pg 15

2) Heaviest losses in acute and community nursing

- Analysis of the areas that have been hardest hit shows that the loss of nurses from 'Acute, Elderly & General' (21%²) and 'Community Services' (20%³) accounted four-out-of-ten of the nurses lost between May 2010 and August 2012
- Psychiatry has also experienced significant falls in nurse numbers
- In terms of the grade of nurses being lost, general staff nurses accounted for two-thirds of nurses lost between May 2010 and August 2012

3) Cuts in nurse training places raise concerns for the future

- Cuts to nurse training places over the last two years have meant 4,897 fewer places, suggesting the downward trend is set to continue.

² the percentages below indicate the proportion of where the drop in nurses comes from in each nursing area

³ the percentages below indicate the proportion of where the drop in nurses comes from in each nursing area

Background

The NHS is under intense pressure with nurses being cut across service areas. Severe cuts in nursing risks hospitals not being able to cope with the pressures on them; Accident and Emergency departments backing up patients as they can't move them through to beds on wards and ambulances queuing to discharge patients in to A&E.

Whilst nurse numbers demonstrate a seasonal pattern across the year and fluctuate from month to month, the trend is very clearly downwards and on the current rates of loss, by the end of this Parliament the NHS is on course to lose over 12,000 nurses.

This breakdown of cuts to nursing posts shows that elderly care is hardest hit with four in ten nurses lost working in 'Acute, Elderly and General' and 'Community Services'.

Reports by the Care Quality Commission, The King's Fund and the Francis Inquiry Report into Mid Staffordshire all identify understaffing as a critical concern for the NHS.

The reduction in nurse training places of 4,897 is storing up problems for the future and indicates that the downward trend in nurse numbers is likely to continue.

Analysis of the breakdown of where the cuts are falling heaviest, show that they are in service areas that will significantly impact on elderly care (Acute and community services). Ordinarily, but even more so in the context of Francis, this is going in completely the wrong direction.

Labour is proud of its record in Government, where nurse numbers increased by over 80,000.

And earlier in this Parliament, we called on the Tory-led Government to abandon its expensive, top-down reorganisation of the NHS and instead use some of the money to save the jobs of 6,000 nurses.

As more and more nurses are lost, it is becoming increasingly urgent that the Government take action to address this growing crisis.

Why nurse numbers matter

Since the General Election, the number of nurses has been steadily falling. This worrying trend led the Shadow Health Team to submit Freedom of Information Requests to see how falling nurse numbers was affecting front-line services. The Government have failed to fully grasp the seriousness of cuts to nurse numbers and nurse training places and the impact it is having on the NHS.

In addition to the current loss of nursing posts, nurse training has also been cut by 4,897, meaning fewer nurses qualifying in the future, continuing the projected downward trajectory in overall nurse numbers.

Independent reports have also raised concerns about staffing levels. The recent King's Fund 'Quarterly Report' acknowledged that the number of qualified nurses, midwives and health visitors have now fallen back to below their September 2009 levels:

“Following an increase of around 1.3 per cent between September 2009 and March 2010, the number of qualified nurses, midwives and health visitors has fallen back to a fraction under the September 2009 level – a reduction of 4,243 compared to March 2010.”

How is the health and social care system performing? Quarterly monitoring report, February 2012, Pg 24

In November, the Care Quality Commission published its 'State of Care' report. That report stated that 16% of hospitals failed to meet the standard on adequate staffing levels⁴. The report also stated that “the increasing pressure on NHS services from an increasing and ageing population – particularly caring for older people and people with dementia – has a direct impact on staffing levels, and whether providers are able to deliver dignified and respectful care with the resources they have”.⁵

Worryingly, the report also warned that the 'CQC has seen a number of NHS services struggle with the requirements to have enough qualified and

⁴ Ensuring there are enough staff to provide a good service is a significant issue in many services. Of the 2,031 nursing homes CQC inspected, 23% (equates to 467 inspections) were not meeting the CQC standard of having adequate staffing levels, whilst 16% (equates to 603 inspections) of the 3,771 residential care homes CQC inspected were not meeting the same CQC standard. In the NHS, 16% of 250 inspections of hospital services (equates to 40 inspections) failed to meet the standard.

<http://www.cqc.org.uk/media/cqc-launch-state-care-report-2012>

⁵ CQC, State of Care Report, 23 November 2012, Pg 54

experienced staff on duty at all times”⁶. This isn’t the first time that the CQC has raised concerns about staffing levels.

In its June 2012 Market Report the CQC stated that “Issues to do with staffing emerge as a key driving factor in many instances of non-compliance, both in terms of the numbers of staff available and in the support they are given to do their job. The non-availability of temporary staff and organisations leaving vacancies open for a number of months – particularly for qualified staff – can lead to compromises in the quality of care given to people, and staff training and supervision⁷.”

We also know that there is a growing crisis in Accident and Emergency which the Government has failed to grasp. Recent reports have stated that: *“Emergency queues hit 10-year high with over 230,000 patients waiting more than four hours to be seen”*.⁸

As Labour warned in our last NHS Check⁹, the number of patients waiting longer than 4 hours is up, the number of patients waiting on trolleys is up and the number of incidents of ambulance queues is up.

The King’s Fund’s most recent Quarterly monitoring report stated that “there is growing pressure on emergency care”:

“There is also growing pressure on emergency care, with the proportion of patients waiting longer than four hours in accident and emergency (A&E) departments at its highest level for this quarter since 2003/4 and a quarter of all providers recording breaches of the target in the quarter to December 2012. In addition, there is a possible emerging upward trend, beginning in the middle of 2009/10, in the proportion of patients waiting more than four hours to be admitted to hospital via A&E – so-called ‘trolley waits’. In the latest quarter, ‘trolley waits’ were at their highest rate since the same period in 2003/4.”

How is the health and social care system performing? Quarterly monitoring report, February 2012, Pg 24

⁶ CQC, State of Care Report, 23 November 2012, Pg 54

⁷ CQC, Market Report Issue 1: June 2012 pg 2

⁸ The Metro, February 14 2013, <http://metro.co.uk/2013/02/14/3476230-3476230/>

⁹ NHS Check #6 – Accident Waiting to Happen (January 2013)

As this NHS Check report reveals, the areas most affected by falling nurse numbers are 'acute elderly and general' and 'community services'. The report also warns that if the current trend in the declining numbers isn't reversed then the NHS could lose 12,000 nurses over the course of the Parliament. This, combined with a declining number of nurses in training will store up problems for the future potentially leading to a nursing shortage.

NHS set to lose over 12,000 nurses this Parliament on current trends

New analysis of official figures shows that on current trends the NHS could lose over 12,000 nurses between 2010 and 2015.

Before the election, David Cameron promised that there would be no frontline reductions:

“But what I can tell you is any cabinet minister if I win the election, if we win the election, who comes to me and says, "Here are my plans" and they involve frontline reductions, they'll be sent straight back to their department to go away and think again.”

David Cameron, 2 May 2010, Andrew Marr Show,

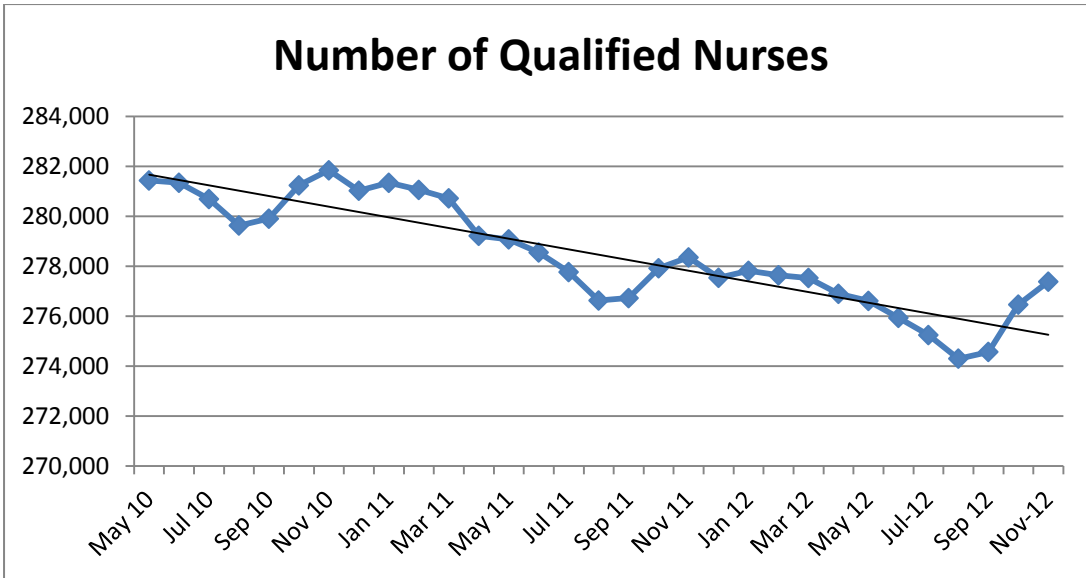
http://news.bbc.co.uk/1/hi/programmes/andrew_marr_show/8656998.stm

But since the General Election, the number of nurses has been steadily falling.

The graph below shows the trend in nurse numbers over this period. As expected, the total number of nurses increases between September and November of each year as this is when newly qualified staff enter the workforce.

This is why figures for November 2012, show a slight increase in the number of nurses working in the NHS. For example, over the past three years the number of nurses reached 277,378 in November 2012, 278,349 in November 2011 and 281,837 in November 2010. So, even though November represents the peak number of nurses, this peak has declined over the last three years.

However, the graph clearly shows that the most recent intake will do nothing to reverse the declining trend in nurse numbers. Between May 2010 and November 2012 the NHS is losing nurses at a trend rate of 213 a month.



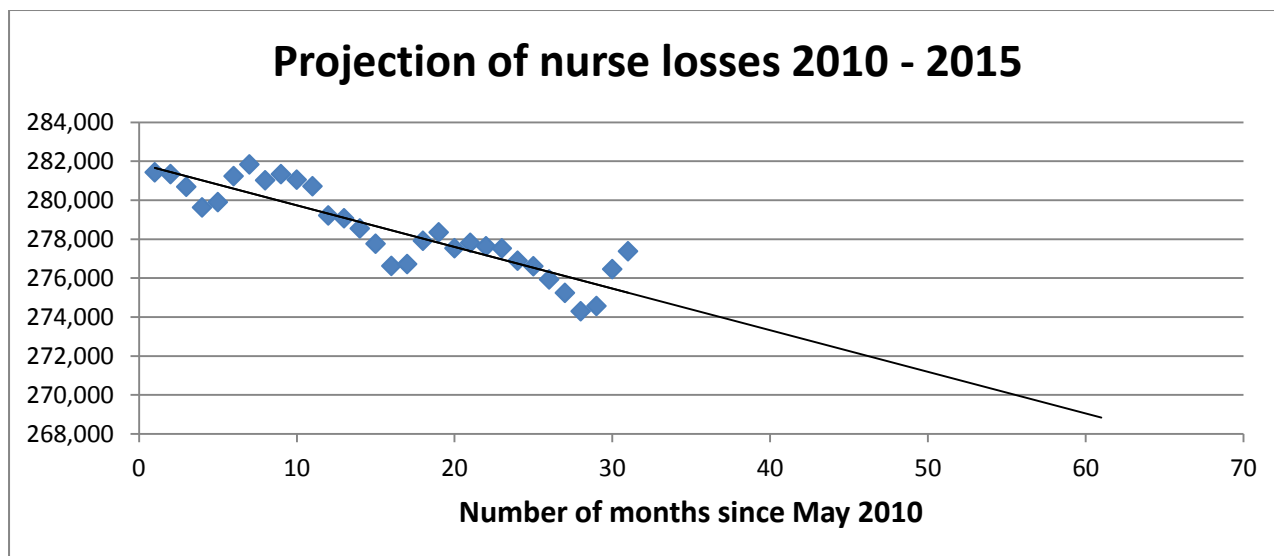
- At around September to November, the number of qualified nurses in the NHS increases when newly qualified staff enter the workforce. Throughout the year, the numbers change reflecting the fact that nurses are leaving the NHS. However, the graph also shows that the overall trend in nurse numbers is declining
- The figures in the graph are calculated by subtracting the number of ‘midwives, school nurses and health visitors’ from the number of ‘All qualified nursing, midwifery & health visiting staff’. The remaining figures tell us how many qualified nurses there are in the NHS

Despite claims made by David Cameron that he would “cut the deficit, not the NHS”, based on current trends, the NHS is set to lose over 12,000 nurses between 2010 and 2015. This trend equates to a loss of 213 nurses per month – if this is projected over the 5 years of the Parliament it would represent a fall from 281,431 in May 2010 to around 269,000 in May 2015.

The graph on the next page sets out what this trend could be like. The blue dots represent the actual nurse numbers between May 2010 and November 2012 and the line shows the trend in nurse numbers from May 2010 to May 2015.

This trend is extremely worrying. It factors in the seasonal fluctuations highlighted on the graph above and, despite the occasional rise in nurse numbers the trend shows a marked and sustained decrease in the number of nurses.

This is a trend that must be reversed if the Government is to be able to respond to the recommendations of the Francis Inquiry.



Where have the nurses been lost?

Where do these nurse losses come from? What types of nurse, and what areas of nursing are most affected?

While a breakdown is not available for the latest monthly figures (November 2012), a recent breakdown of nurse losses from shortly before (August 2012) – obtained by Freedom of Information request – shows which areas are being hit hardest.

The analysis below shows the detailed breakdown of these cuts.

The loss of nurses from ‘Acute, Elderly & General’ and ‘Community Services’ accounted for nearly half of the nurses lost between May 2010 and August 2012

Compared to May 2010, the net loss in nurses by August 2012 was 7,134. This reflected very heavy losses of nurses over the preceding months in a range of areas – losses clearly not offset by minor gains in other areas.

Specifically, the following areas of nursing showed falls in nurse numbers (*the percentages below indicate the proportion of where the drop in nurses comes from in each nursing area*)

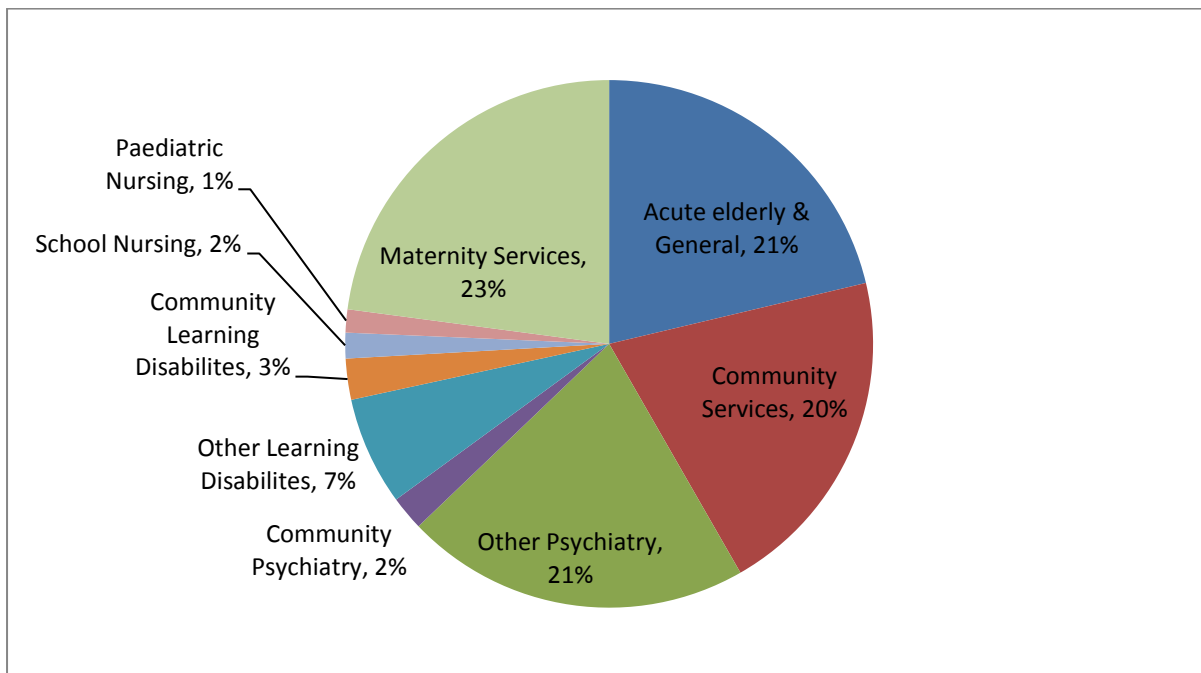
- Maternity Services (23%)
- Acute elderly & General (21%)
- Other Psychiatry (21%)
- Community Services (20%)
- Other Learning Disabilities (7%)
- Community Learning Disabilities (3%)
- Community Psychiatry (2%)
- School Nursing (2%)
- Paediatric Nursing (1%)

The falls in nearly all of these areas reflect real losses of staff – as shown by the headline fall in nurse numbers. The only exception is ‘Maternity Services’, where the fall seems primarily to be driven by a re-categorisation of nurses from this area to other areas.

Which of these areas are most responsible for the overall pattern of nurse losses?

The chart below shows, for August 2012, what proportion of the gross fall in nurse numbers came from each of these areas.

CHART: What proportion of the drop in nurses comes from each nursing area?



SOURCE: NHS INFORMATION CENTRE. Data for August 2012. Unlike the other areas, the fall in 'Maternity Services' seems primarily to be driven by a re-categorisation of nurses from this area to other areas.

As can be seen:

- The loss of nurses from 'Acute, Elderly & General' and 'Community Services' accounted for four out of ten (41%) of the nurses lost between May 2010 and August 2012.
- Nurses working in the 'Acute, Elderly & General' setting include nurses working in outpatients, Accident and Emergency departments, and operating theatres.
- The figures also reveal that a big fall in the number of nurses working in the community were also behind the headline drop in nurse numbers. Nurses working in the community tend to be working with elderly people and those with long-term conditions. They often work to help patients live independently and reduce unnecessary hospital admissions and readmissions.

- Further analysis shows that many of these community nurses lost are district nurses, which, according to the NHS Careers website: *“play a crucial role in the primary health care team. They visit people in their own homes or in residential care homes, providing care for patients and supporting family members. As well as providing direct patient care, district nurses also have a teaching role, working with patients to enable them to care for themselves or with family members teaching them how to give care to their relatives. District nurses play a vital role in keeping hospital admissions and readmissions to a minimum and ensuring that patients can return to their own homes as soon as possible.”*
- A further area that has also experienced significant falls in the number of nurses is psychiatry. Mental health nursing is one of the most complex and demanding areas of nursing. As many as one in six people are thought to be affected by a mental health problem.
- Last year, official figures showed spending on mental health fell for the first time in 10 years: *“Although one of the coalition's first big policy announcements was to declare that mental health ought to have “parity with physical health in the NHS”, investment in mental health for working-age adults dropped by 1%, once inflation is taken into account, to £6.63bn. For the elderly the recorded fall in real terms spending was 3.1% to £2.83bn. In total, spending on mental health services in England dropped by £150m, the first fall since 2001.”* (The Guardian, 7 August 2012)

General staff nurses accounted for two-thirds of nurses lost

What about the types of nurses that are being lost? Again, the breakdown from August 2012 gives an indication of where the cuts are falling.

As before, minor gains in some nurse types do not even begin to offset the heavy falls in numbers among other types of nurses.

Specifically, there were falls in nurse numbers among the following types of nurses:

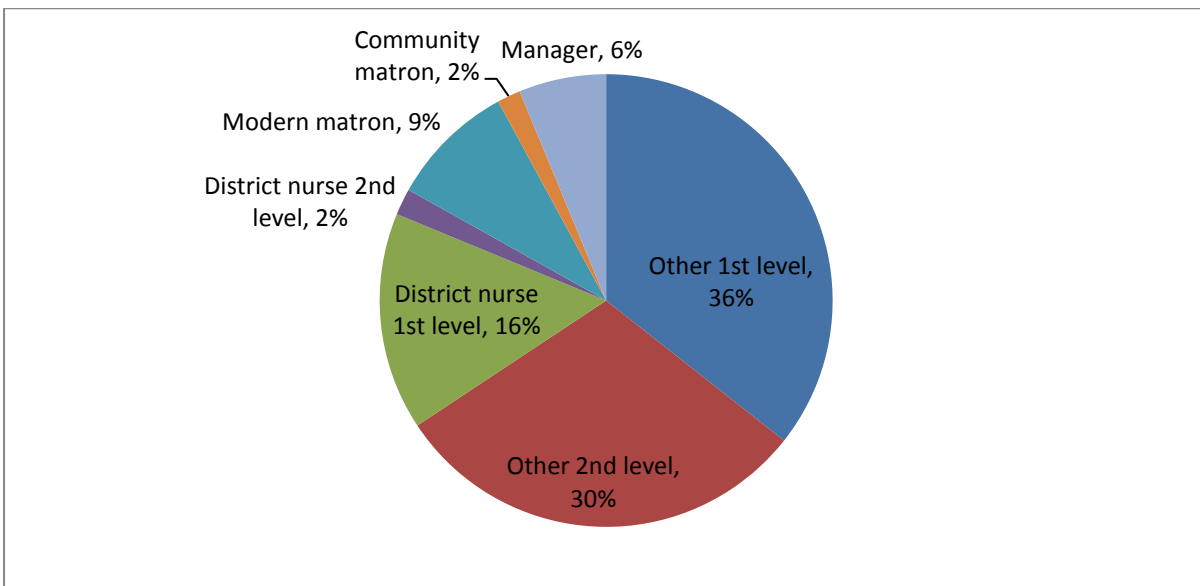
- Modern matron
- Community matron
- Manager

- District nurse, 1st level ¹⁰
- District nurse, 2nd level
- Other, 1st level ¹¹
- Other, 2nd level

Which of these nursing types are most responsible for the overall pattern of nurse losses?

The chart below shows, for August 2012, what proportion of the gross fall in nurse numbers came from each of these types of nurses.

CHART: What proportion of the drop in nurses comes from each type of nurse?



SOURCE: NHS INFORMATION CENTRE. Data for August 2012.

As can be seen:

- General staff nurses (here categorised as ‘Other 1st level’ and ‘Other 2nd level’) accounted for two-thirds of nurses lost. General Nurses work in areas such as adult nursing, child nursing, learning disability nursing and mental health nursing.

¹⁰ Other 1st Level and Other 2nd Level relate to the level of registration with the Nursing and Midwifery Council (for example Registered Adult Nurse, Registered Mental Health Nurse, Registered children’s Nurse and Registered General Nurses). <http://www.nmc-uk.org/Registration/Useful-information/Registration-qualifications/>

¹¹ As above

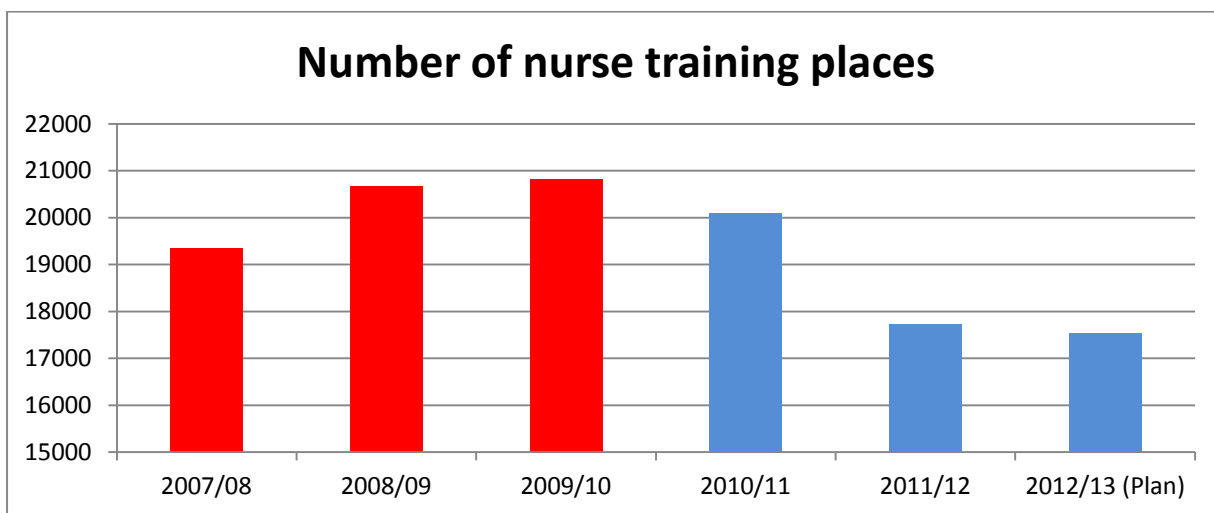
Worse to come?

Data obtained by the Labour party show that reductions in nurse training places are storing up problems for the future.

Between 2007/08 and 2009/10, the number of training places available for new nurses rose from over 19,352 to almost 20,829.

Since 2010, this number has dropped to under 17,741 and is projected to fall again in the financial year 2012/13, to around 17,546 – a cut of over 12% compared to 2010.

With around two and a half thousand fewer nurses entering training in both 2011/12 and 2012/13 compared to 2010, this means 4,897 fewer nurses in training.



SOURCE: ROYAL COLLEGE OF NURSING

This pattern of cuts to training places increases the likelihood that we will see further falls in nurse numbers in years to come – even though, with an ageing population, we know that there will be more demand for care.

CONCLUSION

The loss of 213 nursing posts each month combined with the reduction in the number of nurse training places available show that the downward trend in nurse numbers is set to continue over the course of this Parliament.

This report reveals that over 12,000 nurses could be lost to the NHS by 2015, with a significant number of these in elderly care services.

Independent reports by the CQC, The King's Fund and the Francis Report all highlight understaffing as a significant issue for the NHS.

It is of considerable concern that cuts to nursing posts combined with the loss of thousands of nurse training places all indicate a continuing decline in nurse numbers adding further strain on an already pressurised NHS.

This trend is going in the wrong direction and will make it difficult for the Government to implement the recommendations of Francis.

Mid Staffordshire NHS Foundation Trust Public Inquiry

In Robert Francis's original report, he made clear that staffing levels were a significant factor in the failings seen at Mid Staffordshire NHS Foundation Trust.

The basic requirements of any NHS hospital are that there are sufficient numbers of staff to look after patients and that they act with compassion. In his original report Robert Francis, in explaining what went wrong, cited staffing levels as a factor at Mid Staffs:

“While some of this was due to unprofessional behaviour on the part of individuals, the overwhelmingly prevalent factors were a lack of staff, both in terms of absolute numbers and appropriate skills, and a lack of good leadership.”

Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 Volume I Chaired by Robert Francis QC, Pg 186

In the public inquiry, which reported on the 6th February 2013, Robert Francis made a number of recommendations concerning nursing. In particular he recommended that the National Institute for Health and Clinical Excellence “be commissioned to formulate standard procedures and practice”, these “standard procedures and practice should include evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix”. He recommended that “these tools should be created after appropriate input from specialties, professional organisations, and patient and public representatives, and consideration of the benefits and value for money of possible staff: patient ratios:

Recommendation 22

“The National Institute for Health and Clinical Excellence should be commissioned to formulate standard procedures and practice designed to provide the practical means of compliance, and indicators by which compliance with both fundamental and enhanced standards can be measured. These measures should include both outcome and process based measures, and should as far as possible build on information already available within the system or on readily observable behaviour.”
Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Executive summary, 6 February 2013, Pg 88

Recommendation 23

“The measures formulated by the National Institute for Health and Clinical Excellence should include measures not only of clinical outcomes, but of the suitability and competence of staff, and the culture of organisations. The standard procedures and practice should include evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix. This should include nursing staff on wards, as well as clinical staff. These tools should be created after appropriate input from specialties, professional organisations, and patient and public representatives, and consideration of the benefits and value for money of possible staff: patient ratios.”
Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Executive summary, 6 February 2013, Pg 88

Labour calls on the Government:

- To intervene immediately to halt the worrying downward trend in nurse numbers and nurse training places
- To accept the recommendations made in the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - that the National Institute for Health and Clinical Excellence “be commissioned to formulate standard procedures and practice”, these “standard procedures and practice should include evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix”.
- To ensure that all hospitals, wards and facilities have adequate levels of nursing staff