Royal College of Nursing

Frontline First
More than just a number
March 2014 special report

Contents

1. Introduction

Since the launch of the *Frontline First* campaign in July 2010, the Royal College of Nursing (RCN) has monitored the damaging impact of £20 billion of NHS efficiency savings in England and subsequent cuts to frontline jobs and services.

At the time, the Government claimed that it would be possible to make these efficiency savings without cutting frontline staff. However, the RCN found that NHS trusts across the country were losing thousands of nursing posts, with proposals to cut many tens of thousands more.

The *Frontline First* campaign has repeatedly raised concerns that nursing workforce cuts, combined with the failure to undertake long-term workforce planning, have left many wards and services dangerously understaffed. At the lowest point, in August 2012, the nursing workforce saw 6,240 fewer full time equivalent (FTE) posts compared to April 2010.

Over the last year, following Robert Francis's Mid Staffordshire Public Inquiry report, and subsequent reports from Sir Bruce Keogh and Professor Don Berwick, there has been a welcome spotlight shone on safe staffing levels, particularly in hospitals.

As the impact of understaffing on patient safety has become clear, many trusts have started to reverse earlier cuts and alter their plans. This has resulted in welcome investment in the nursing workforce in some, but by no means all, areas.

Our recent *Frontline First* report - *Running the red light* - highlighted significant challenges ahead, with an impending crisis in the supply of registered nurses, and employers struggling to recruit to as many as 20,000 FTE nursing vacancies. There is also worrying evidence that the recent renewed recruitment, or 'Francis effect', has been limited to the acute, elderly and general sector, with community services, mental health and learning disabilities nursing lagging far behind; having suffered heavy workforce cuts in past years.

Although any investment in the nursing workforce is a positive development, the RCN is calling for this to be sustained in the long term, across all nursing settings. There is still some way to go in reversing past cuts, as expansion in the midwifery and health visiting workforces has masked the true decrease in registered nurses. According to the most recent data, at November 2013, the NHS was still 1,199 FTE registered nurses short of the position it was in back in April 2010 (HSCIC, 2014a).

Furthermore, the RCN is concerned that hidden within wider trends is a significant dilution of skill mix, as more senior nursing staff have been disproportionately targeted for workforce cuts and found their roles increasingly devalued.

Based on freedom of information data obtained from the Health and Social Care Information Centre (HSCIC), this special report, *More than just a number*, confirms that senior nursing roles have borne the brunt of workforce cuts, leading to a dangerous loss of experience and skills that are essential to ensuring patient safety and driving up care standards.

Total workforce numbers only tell one half of the story. Getting staffing right for patients is about more than just a number.

2. Executive summary

The very first RCN *Frontline First* briefing, in 2010, highlighted members' concerns that workforce reconfigurations are disproportionately targeting more senior staff with key specialist and leadership roles. We have seen evidence that many senior staff have been made redundant, have not been replaced on retirement, or have found their roles downbanded, with some expected to continue their previous senior responsibilities at lower pay.

This briefing confirms that in recent years there has been a significant dilution of skill mix across the country and across all settings, with a considerable loss and devaluation of senior skills and experience.

The RCN has obtained data from the HSCIC under the Freedom of Information Act 2000, on the qualified nursing, midwifery and health visiting workforce in NHS hospital and community services, according to the Agenda for Change national pay and terms and conditions system. This shows that between April 2010 and September 2013, more senior nursing staff working at bands 7 and 8 of Agenda for Change have been lost, in both absolute and relative terms, when compared to more junior staff working at bands 5 and 6 (see Figure 1). Over the period:

- **1,633 FTE posts have been lost at band 8 level (a decrease of 11 per cent)**
- **2,360 FTE posts have been lost at band 7 level (a decrease of 4.5 per cent)**
- **in contrast, band 5 level has seen less of a reduction, with only 340 FTE posts lost (a decrease of 0.2 per cent), and most expansion has been at band 6 level, with 1,887 more FTE posts (an increase of two per cent).**

The RCN is clear that while any investment in nursing is welcome in terms of reversing previous cuts, expansion should take place across the workforce. Limiting investment to band 6 nurses at the expense of higher bands represents a significant dilution of skill mix, and indicates the immediate loss and long-term devaluation of specialist skills and leadership developed through years of experience and investment. While reducing the numbers of more senior nurses at higher pay grades may seem an easy, short-term solution for funding total nursing workforce expansion, we believe this will significantly affect the ability for nursing teams to provide high quality, safe and compassionate care in the future.

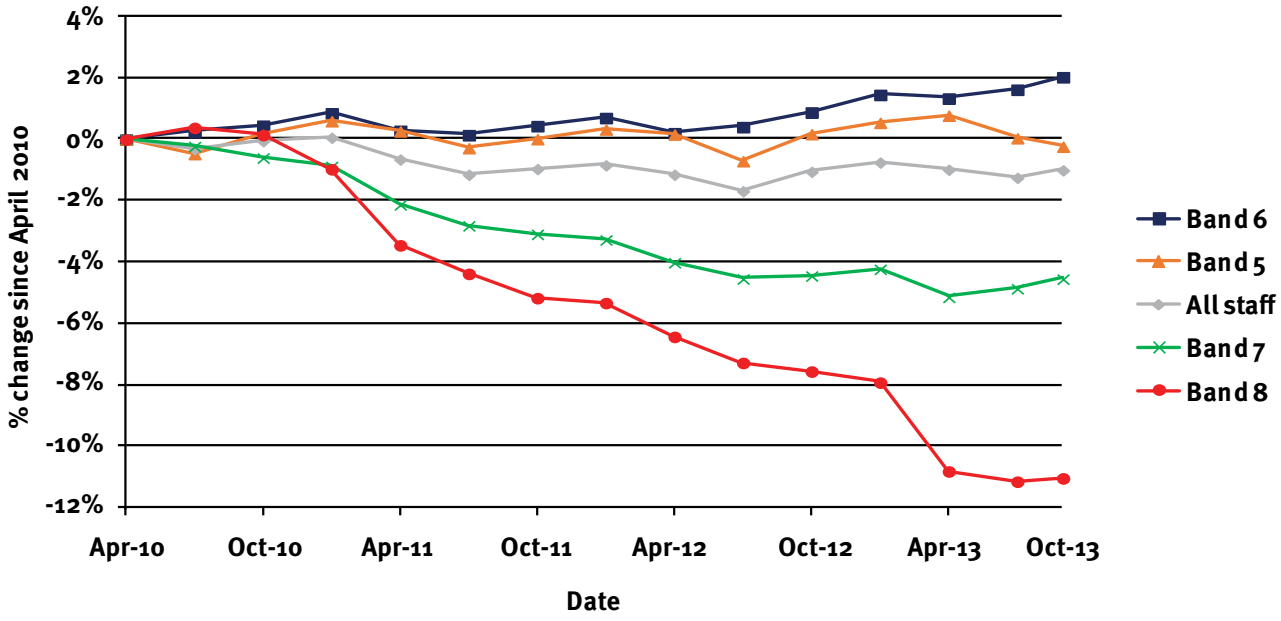
Roles at bands 7 and 8 of the Agenda for Change pay system represent leading roles such as ward sisters, ward managers, modern matrons and community matrons, who serve as the key interface between health care management and clinical care delivery, with many other important responsibilities including improving patient outcomes, driving up clinical standards, and supporting and mentoring staff. The importance of having the right ward leadership in place was highlighted in the recent Mid Staffordshire Public Inquiry, with Robert Francis noting that the role of ward sisters and ward managers was "universally recognised as absolutely critical" (Francis, 2013).

These bands also include advanced and specialist roles, such as clinical nurse specialists, advanced nurse practitioners and nurse consultants. These staff have gained specialist knowledge, skills and experience throughout their careers. Practising with autonomy at an advanced level, they often have sole responsibility for patients and their care. These nurses take a leading role in making sure patients get the best care possible, and several studies have shown that advanced and specialist nurses can be a clinically sound and cost-effective substitute for other health care professionals including doctors. The direct and indirect benefits of specialist nursing roles include reduced referral times, shorter hospital stays and fewer post-surgery complications (RCN, 2010).

Therefore, while the RCN recognises that the NHS is experiencing unprecedented financial pressure, we do not believe that financial savings should be made at the expense of these more senior and experienced nursing staff.

With an ever-growing number of patients with increasingly complex care demands, the skills, leadership and added value provided by these more experienced staff are needed more than ever.

Figure 1: Percentage change in FTE qualified nursing, midwifery and health visiting workforce by Agenda for Change band, NHS hospital and community services, April 2010 – September 2013 (Source: HSCIC freedom of information request)



3. The current nursing workforce

Throughout its *Frontline First* campaign, the RCN has highlighted cuts to the registered nursing workforce. Figure 2 illustrates the size of the workforce since April 2010, showing a significant number of roles lost during 2011 and 2012, reaching a low point of 6,240 fewer FTE posts in August 2012.

Having stabilised at these lower levels in 2012-13, there are now signs that earlier cuts are being reversed. Following a year of increased focus on the importance of staffing levels and patient safety, with the publication of the Francis, Keogh and Berwick reports, there is now renewed investment in the nursing workforce, with higher levels of recruitment and reversals in cuts to education commissions. In just three months, between August 2013 and November 2013, an additional 6,875 FTE staff entered the nursing workforce.

While this investment is welcome news, and long overdue, the RCN is calling for this momentum to be maintained across the nursing workforce. Significant growth in the number of midwives and health visitors being included in the workforce data has masked the true fall in the number of nurses, so despite recent improvements, the NHS is still 1,199 FTE registered nurses short of the position it was in back in April 2010. While there is currently a strong spotlight on safe staffing levels, continued financial pressures may mean trusts seek to cut the nursing workforce further down the line. Monitor's 2013-14 review of NHS foundation trusts' three year plans, for example, shows that although trusts plan a two per cent increase in registered nursing staff numbers in 2013-14, this would be reversed by longer-term disinvestment in nursing, reducing numbers by four per cent over the following two years (Monitor, 2013).

Furthermore, as Figure 3 shows, over the last three years, expansion in the nursing workforce has been largely limited to maternity and neonatal; paediatric; and acute, elderly and general sectors. In terms of staff numbers, community services, mental health, and learning disabilities nursing all lag far behind, having suffered heavy cuts in recent years.

Figure 2: FTE qualified nursing, midwifery and health visiting staff, NHS hospital and community services, April 2010-November 2013 (HSCIC, 2014a)

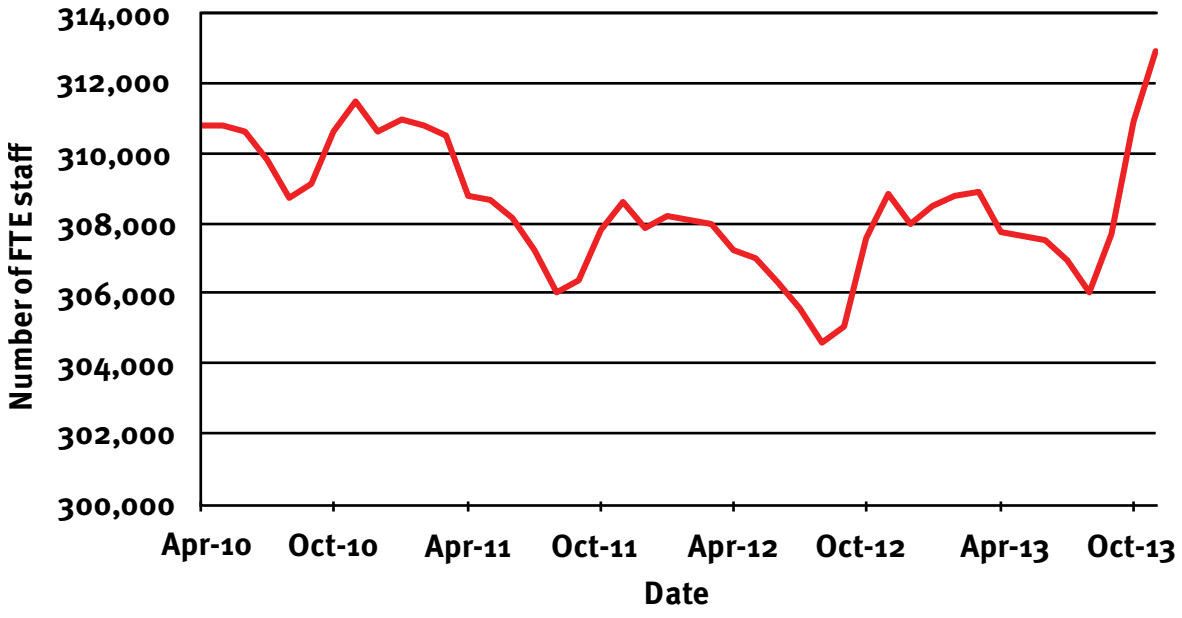
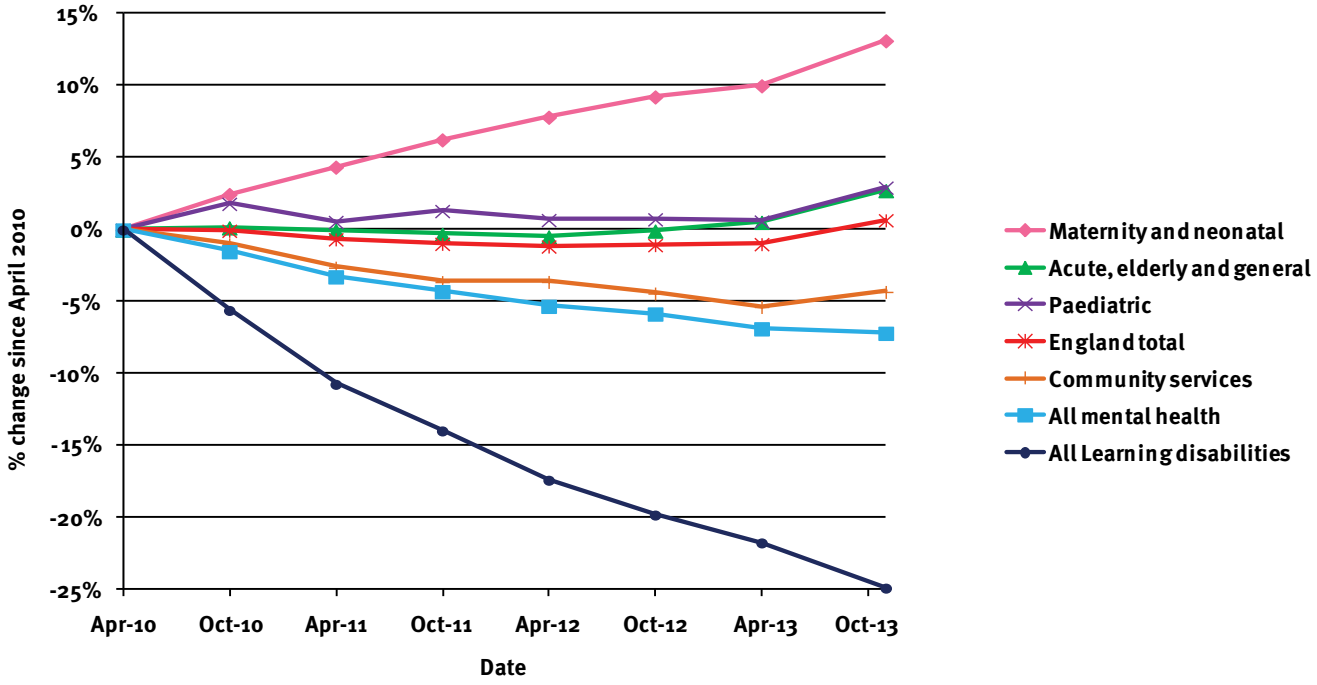


Figure 3: Percentage change in FTE qualified nursing, midwifery and health visiting workforce by service type, NHS hospital and community services, April 2010-November 2013 (HSCIC, 2014b)



Despite some positive signs in terms of overall workforce growth, the data obtained from the HSCIC confirms the RCN's long-held suspicions that years of workforce cuts and efficiency savings have had a disproportionate impact on more senior nursing roles. This has resulted in significant dilution of the nursing skill mix and devaluation of specialist and senior nursing roles.

Even with the recent recruitment drive, RCN freedom of information requests on nursing vacancies for the last *Frontline First* report found that many trusts were continuing to concentrate on more junior posts at bands 5 and 6 of Agenda for Change. Despite considerable efforts, both nationally and internationally, to attract enough nurses to staff services safely, RCN monitoring work suggests there is little indication of any reversal to the dilution of skill mix so far.

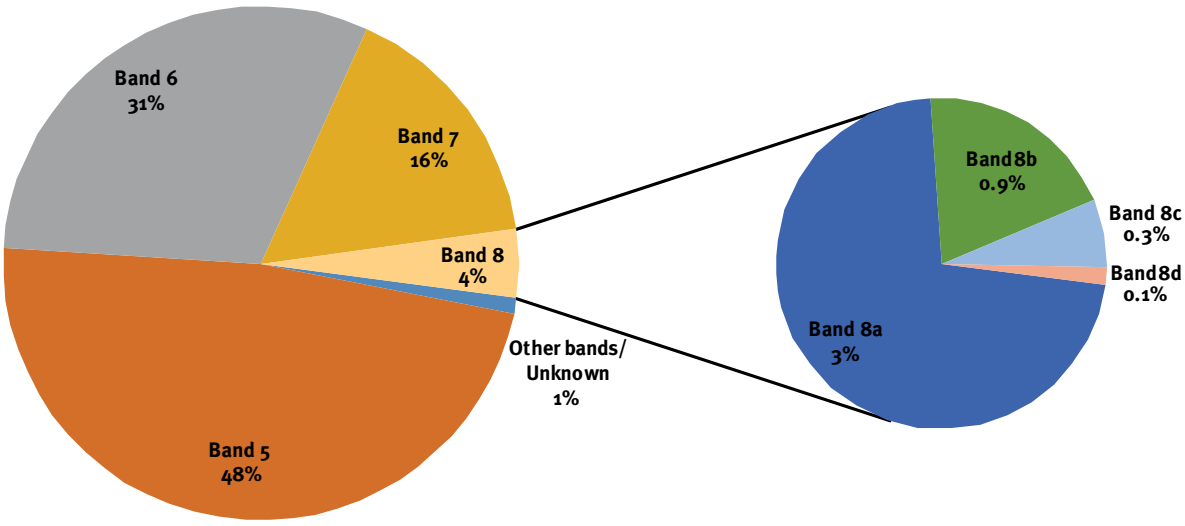
4. Diluting the nursing skill mix

Along with many other non-medical staff, the vast majority of nursing staff working in the NHS are employed under the Agenda for Change national pay and terms and conditions system. Agenda for Change is designed to place staff within nine ascending pay bands based on the knowledge, skills and efforts required for the role.

Within the nursing workforce, a newly qualified nurse would be expected to enter the workforce at band 5 level. On gaining experience, some specialist skills and/or leadership responsibilities, nursing staff might progress to band 6, with the most senior nurses employed at bands 7 and 8a-d. Nursing at bands 7 and 8 would include roles such as ward sisters and ward managers, senior specialist nurses, clinical service managers, matrons, advanced nurse practitioners and nurse consultants. These bands represent nurses with considerable technical expertise and advanced specialist skills, and those with considerable leadership, management, supervision and mentorship responsibilities.

As part of its *Frontline First* campaign, the RCN monitors changes in the skill mix of nursing staff as well as the size of the workforce. In order to do this, the RCN submitted a request under the Freedom of Information Act 2000 to the HSCIC in December 2013, asking for data on the qualified nursing, midwifery and health visiting workforce in NHS hospital and community services, by Agenda for Change band. In January 2014, the HSCIC supplied the following data by region and service type, covering the period October 2009 to September 2013.

Figure 4: FTE qualified nursing, midwifery and health visiting workforce, NHS hospital and community services by Agenda for Change band, September 2013 (Source: HSCIC freedom of information request)



Please note that this report uses figures that have been rounded to the nearest whole number and in some case may not equal the exact total.

This data, obtained from the HSCIC, is presented in Figure 4 and shows the current distribution of nursing staff according to the various different Agenda for Change bands. Just under half of the registered nursing workforce is employed at band 5, with around a third at band 6 and around 16 per cent at band 7. Band 8, representing four per cent of the workforce, is divided into four different brackets, representing an increasingly smaller proportion of the workforce as seniority increases. A remaining one per cent includes a small cohort employed at band 9 (around one in 6,000 nurses), as well as a small number employed at bands 2, 3 and 4, and with unknown employment status. The HSCIC notes that this is likely to be due to data quality issues for a limited number of electronic staff records, and cautions that the data should be used as an estimate of staff numbers at each band, rather than an exact accounting standard.

This information also confirms, as the RCN has long suspected, that more senior staff have borne the brunt of workforce cuts. Table 1 shows how skill mix has changed over time between April 2010 and September 2013. Although the workforce overall lost 3,113 FTE posts over the period (a decrease of one per cent), these posts were not lost in equal proportions across the different bands.

Table 1: FTE qualified nursing, midwifery and health visiting workforce by Agenda for Change band, NHS hospital and community services, April 2010-September 2013 (Source: HSCIC freedom of information request)

	Apr-2010 posts	Apr-2010 % of total	Sep-2013 posts	Sep-2013 % of total	+/- posts	% +/- posts
Band 5	147,511	47.46%	147,171	47.83%	-340	-0.23%
Band 6	92,919	29.90%	94,806	30.81%	+1,887	+2.03%
Band 7	51,942	16.71%	49,582	16.11%	-2,360	-4.54%
Band 8a	10,337	3.33%	9,467	3.08%	-871	-8.42%
Band 8b	3,203	1.03%	2,610	0.85%	-593	-18.51%
Band 8c	1,025	0.33%	863	0.28%	-162	-15.77%
Band 8d	243	0.08%	235	0.08%	-8	-3.44%
Band 9	46	0.01%	50	0.02%	+5	+10.56%
Other/unknown	3,580	1.15%	2,908	0.95%	-672	-18.77%
Total staff	**310,805**	**100.00%**	**307,692**	**100.00%**	**-3,113**	**-1.00%**

More senior nursing posts have been disproportionately targeted for cuts, in both absolute and relative terms. At band 7 level, 2,360 posts have been lost (a decrease of 4.5 per cent), and across all band 8 levels, 1,633 posts have been lost (a decrease of 11 per cent).

In contrast, the number of band 5 posts has remained relatively stable, with a small decrease of 0.2 per cent, or 340 posts. The majority of workforce expansion has occured at band 6 level, with 1,887 additional FTE posts, an increase of two per cent.

The net impact of these changes has been a noticeable dilution of skill mix. In April 2010, bands 5 and 6 represented 77.4 per cent of the total workforce; this increased to 78.6 per cent in September 2013. In contrast, bands 7 and 8 fell from 21.5 per cent of the workforce to 20.4 per cent of the workforce over the same period. This represents either a loss or a significant devaluation of advanced clinical and leadership roles.

These losses at bands 7 and 8 are particularly concerning because they represent key leadership roles such as ward sisters, modern matrons and community matrons. **These nurses serve as the critical interface between health care management and clinical care delivery, with many other important responsibilities including mentoring, driving up clinical standards and improving patient outcomes.** Workforce data from the HSCIC over the same period confirms that many of these posts have indeed been lost, with 997 fewer FTE modern matrons (a 20.4 per cent decrease), and 187 fewer FTE community matrons (a 12.2 per cent decrease) (HSCIC, 2014b).

Senior bands also include advanced and specialist roles, such as clinical nurse specialists, advanced nurse practitioners and nurse consultants. **These staff have gained specialist knowledge, skills and experience throughout their careers. Practising with autonomy at an advanced level, they often have sole responsibility for patients and their care. These nurses take a leading role in making sure patients get the best care possible.** Several studies have shown that advanced and specialist nurses can be a clinically sound and cost-effective substitute for other health care professionals including doctors. The direct and indirect benefits of specialist nursing roles include reduced referral times, shorter hospital stays and fewer post-surgery complications (RCN, 2010). The loss of these staff is likely to have significant implications for the quality of patient care and the ability to further develop the skills and knowledge of modern nursing.

5. The experience of different health care services

Although the NHS, as a whole, has lost more senior roles, there is significant variation between workforce provision for different services.

Table 2 shows how senior staff as a proportion of the workforce varies according to service type. Community services, for example, have a higher proportion of more senior staff, with 28 per cent of the workforce employed at bands 7 and 8, compared to a whole NHS average of 20.4 per cent, while acute, elderly and general care has the lowest proportion of more senior staff, at 18.1 per cent. This variation may reflect the specialist nature of community care and requirements for post-graduate education, or it may also reflect different age profiles for the different staff groups. For example, RCN research on the community nursing workforce found that 38 per cent of community nurses were aged 50 and over, compared to 23.6 per cent in the acute, elderly and general nursing setting (RCN, 2012).

Table 2: Bands 5 and 6, and bands 7 and 8 as a percentage of the total workforce, FTE qualified nursing, midwifery and health visiting staff, NHS hospital and community services, 30 September 2013, by service type (Source: HSCIC freedom of information request)

Service type	Bands 5 and 6 % of total workforce	Bands 7 and 8 % of total workforce
Community services	70.98%	28.06%
All learning disabilities	75.76%	23.61%
Maternity and neonatal	77.56%	21.65%
All mental health	79.72%	19.92%
Paediatric	80.46%	18.91%
Acute, elderly and general	80.74%	18.07%
England total	**78.64%**	**20.40%**

Table 3 illustrates how areas of work have lost more senior staff at different rates. Over the period, no services have gained staff at more senior levels, and all services have lost proportionately more senior staff at bands 7 and 8, compared to more junior staff at bands 5 and 6.

Table 3: Percentage changes in FTE qualified nursing, midwifery & health visiting workforce, NHS hospital and community services, by Agenda for Change band by service type, April 2010 – September 2013 (Source: HSCIC freedom of information request)

Service type	% Change total staff	% Change Bands 5 and 6	% Change Bands 7 and 8
All learning disabilities	-24.52%	-23.07%	-28.05%
Community services	-5.06%	-2.89%	-10.60%
All mental health	-7.98%	-5.90%	-12.88%
Acute, elderly and general	+0.82%	+1.52%	-1.15%
Paediatric	+0.44%	+0.91%	-0.64%
Maternity and neonatal	+10.05%	+16.73%	-7.94%
England total	**-1.00%**	**0.64%**	**-5.98%**

Learning disabilities services have lost the highest proportion of nursing staff, from all bands, but they have also seen a particularly high reduction in band 8 staff. Community and mental health services have also lost staff across all bands, but with significantly higher losses for bands 7 and 8.

There has been an expansion in the total number of nursing staff working in acute, elderly and general care, but this has largely taken place at bands 5 and 6, while more senior posts have been lost, with a small contraction in band 7 posts and a relatively large fall in band 8 posts.

Paediatric, maternity and neonatal are the only areas of work to have seen any expansion at more senior levels, with small increases in staff at band 8 level, but this has been more than offset by much larger losses at band 7 level. Combined with higher growth at bands 5 and 6 this still represents significant dilution in skill mix.

6. The experience of different English regions

As with different health care services, the impact of diluted skill mix has also varied between different English regions.

Table 4 illustrates that skill mix is not uniform across the health system in England. There is currently a significantly higher proportion of more senior posts in London (at 24.7 per cent compared to the 20.4 per cent national average), and to a lesser extent the South East. In contrast, there are relatively fewer senior posts in the South West, East Midlands, and Yorkshire and the Humber regions. This variation may be due in part to a higher concentration of specialist services in London and the South East.

Table 4: Bands 5 and 6, and Bands 7 and 8 as a percentage of the total workforce, FTE qualified nursing, midwifery and health visiting workforce, NHS hospital and community services, 30 September 2013, by NHS SHA region (Source: HSCIC freedom of information request)

Region	Bands 5 and 6 % of total workforce	Bands 7 and 8 % of total workforce
London	74.76%	24.72%
South East	77.95%	21.36%
North West	78.98%	20.84%
North East	79.21%	20.66%
Eastern	75.94%	19.81%
West Midlands	80.07%	19.63%
South Central	80.34%	19.30%
Yorkshire and the Humber	80.94%	17.67%
East Midlands	82.05%	17.64%
South West	80.70%	17.33%
England Total	**78.64%**	**20.40%**

Table 5 shows that between 2010 and 2013, every single English region lost proportionally more senior roles at bands 7 and 8 than more junior roles at band 5 and 6. However, reductions in senior posts were not evenly distributed across different regions.

Yorkshire and the Humber has lost both the greatest proportion of staff overall, and the greatest proportion of senior staff, with nearly 12 per cent of staff at bands 7 and 8 lost over the period. There were also heavy losses of senior staff in the North West, with cuts of nearly 10 per cent. The Eastern, South Central, East Midlands and South West regions also lost more senior staff than the England average.

London and the South East saw relatively smaller losses at senior levels. With one single exception, all regions lost posts at both bands 7 and 8. The North East was the only region to see any expansion in senior staff, with an additional 114 FTE posts at band 7. However, when considered against greater growth in the more junior bands, the North East, like other regions, still experienced dilution of skill mix towards lower bands.

Table 5: Percentage changes in FTE qualified nursing, midwifery and health visiting workforce, NHS hospital and community services, by Agenda for Change band and NHS SHA region, April 2010-September 2013 (Source: HSCIC freedom of information request)

Region	% Change total	% Change Bands 5 and 6	% Change Bands 7 and 8
Yorkshire and the Humber	-4.90%	-2.66%	-11.62%
North West	-1.90%	+1.11%	-9.97%
Eastern	-2.75%	-0.79%	-7.91%
South Central	-1.41%	+0.48%	-7.84%
East Midlands	-0.47%	+1.64%	-7.22%
South West	-1.72%	-2.47%	-6.51%
West Midlands	-0.57%	+1.03%	-5.36%
London	+1.26%	+3.25%	-2.64%
South East	+3.11%	+4.60%	-2.23%
North East	+1.23%	+1.82%	+0.68%
England	**-1.00%**	**0.64%**	**-5.98%**

7. Conclusion

The RCN's research indicates that, hidden within wider nursing workforce cuts, there has been a significant loss and devaluation of skills and experience in the NHS over the last three years. Across all regions and all services, posts at bands 7 and 8 have been disproportionately targeted for cuts. Since April 2010, there are 3,994 fewer FTE staff working at these higher levels. While the workforce data does not allow us to track exactly where all these staff have gone, the RCN's experience suggests that this is likely due to a combination of voluntary and compulsory redundancies, failing to replace senior staff on retirement, and downbanding senior staff at lower levels.

The RCN's work with members and employers has demonstrated many cases of the first two instances, with many senior nurses lost from the workforce entirely, through retirement and redundancy. This represents an immediate loss of specialist skills and leadership that have been built up through years of investment. Failing to replace these staff through effective workforce planning and investment in post-registration education is likely to create significant long-term challenges in securing a workforce with the right skills to meet the increasingly complex health demands of future patients. The RCN is clear that while more senior elements of the workforce might appear to be an easy target for short-term financial savings, there is growing evidence to suggest that more senior specialist nurses provide good value for money in terms of clinical outcomes and delivering excellent patient satisfaction (RCN, 2013c).

Equally concerning is the third phenomenon of downbanding senior staff at lower levels, either through redeployment to more junior roles, or redefining roles so that staff continue to carry out their senior responsibilities at lower pay bands. While this strategy may help retain staff with specialist clinical and leadership skills and provide financial savings in the short term, it is likely to lead to significant challenges around morale and staff retention in the long term. Evidence suggests that many staff are already dissatisfied with their banding; the RCN's last employment survey suggests that as many as 40 per cent of nursing staff do not think their pay band is appropriate (RCN, 2013b). Therefore, while downbanded senior staff may remain in the workforce for the short term, it may not be long before they leave the nursing profession altogether. Permanent devaluation of specialist and senior posts will make it difficult to attract the right people to replace these critical roles.

Used properly, the Agenda for Change job evaluation scheme is a fair and effective way of recognising the value of nursing roles at all levels. It can be an effective system for supporting workforce re-profiling. It can also confirm that the current distribution of tasks and roles is as efficient as possible in delivering a clinically safe service to the expected standards of quality. However, if job evaluation is manipulated to downband roles, this devalues not only the integrity of the process but also the contribution of nursing skills and experience.

The RCN fully recognises the challenges the NHS faces now and for the foreseeable future, with continued financial restraint and ever-rising demand. However, we believe that employers should resist the lure of short-term savings by manipulating a system intended to recognise the value of the skills and experience that nursing staff gain throughout their careers. Whilst recent efforts to invest in the nursing workforce are welcome, it is clear that it is more than a case of numbers. Skill mix is equally important in terms of outcomes, safety and quality. Diluting the skill mix and undermining the important contribution of senior nursing staff may result in a loss of experience and talent that cannot easily, or cheaply, be reversed.

Appendix: NHS Agenda for Change pay scales 2013/2014

NHS Agenda for Change bands (effective 1 April 2013)

Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9
£14,294	£14,294	£16,271	£18,838	£21,388	£25,783	£30,764	£39,239	£45,707	£54,998	£65,922	£77,850
£14,653	£14,653	£16,811	£19,268	£22,016	£26,822	£31,768	£40,558	£47,088	£56,504	£67,805	£81,618
£15,013	£15,013	£17,425	£19,947	£22,903	£27,901	£32,898	£42,190	£49,473	£59,016	£70,631	£85,535
	£15,432	£17,794	£20,638	£23,825	£28,755	£34,530	£43,822	£52,235	£61,779	£74,084	£89,640
	£15,851	£18,285	£21,265	£24,799	£29,759	£35,536	£45,707	£54,998	£65,922	£77,850	£93,944
	£16,271	£18,838	£21,388	£25,783	£30,764	£36,666	£47,088	£56,504	£67,805	£81,618	£98,453
	£16,811	£19,268	£22,016	£26,822	£31,768	£37,921					
	£17,425			£27,901	£32,898	£39,239					
					£34,530	£40,558					

High cost area supplements (effective 1 April 2013)

Area	Level
Inner London	20% of basic salary (subject to minimum payment of £4,076 and a maximum payment of £6,279)
Outer London	15% of basic salary (subject to minimum payment of £3,448 and a maximum payment of £4,395)
Fringe	5% of basic salary (subject to minimum payment of £942 and a maximum payment of £1,632)

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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

March 2014

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

Publication code: 004 598