

Royal College of Nursing Northern Ireland

Supplementary evidence to the NHS Pay Review Body: 2022-2023

Introduction

- 1 The Royal College of Nursing [RCN] in Northern Ireland is pleased to submit supplementary evidence to the NHS Pay Review Body [NHSPRB] in order to inform its deliberations on the 2022-2023 pay round. This supplementary evidence should be considered in conjunction with the RCN's UK submission to the NHSPRB and with reference to the remit letter submitted by the Northern Ireland Minister for Health to the Chair of the NHSPRB and dated 13 December 2021.
- 2 The RCN notes that the Minister's remit letter references his view that "affordability and sustainability must be balanced with the need for fair pay", and that the NHSPRB's recommendations should, accordingly: "take account of the challenging fiscal and economic context and the affordability of pay awards, particularly in the Northern Ireland context, where our integrated system of health and social care brings proportionately more staff into Agenda for Change terms and conditions". This raises the question of whether the Department of Health has appropriately learnt from the experience of the industrial action, including strike action, taken by nursing staff in Northern Ireland during December 2019 and January 2020, as well as the outworking of the imposed 3% pay award for 2021-2022, which is currently the subject of a consultative ballot by RCN members in Northern Ireland. In particular, the Minister's remit letter, whilst acknowledging "the need for fair pay", suggests that, once again, the Department of Health intends to prioritise the "affordability" of a pay award before any consideration either of what constitutes "fair pay" in the context of current inflation rates and other pressures, or the measures required to sustain a nursing workforce that is capable of meeting the health care needs of the people of Northern Ireland. Once again, it gives the RCN no pleasure to point out that it is this type of approach,

replicated over many years, that brought nursing staff in Northern Ireland to the point where they believed that there was no alternative to industrial action in order to address profound and escalating concerns over safe staffing and pay parity.

Fair pay for nursing

- 3 As the RCN UK submission to the NHSPRB explains, RCN members were bitterly disappointed with the pay award for 2021-22 and felt that the 3% fell significantly short of what is needed to address the fundamental problems facing the nursing workforce. The Covid-19 pandemic has exposed structural weaknesses in the health and social care system, and restricted its ability to respond to the crisis. The consequent pressures have exacted a heavy toll upon the nursing workforce, which has been at the forefront of the response to the pandemic. Many nursing staff are now experiencing unrelenting pressure through physical and mental ill health and burnout, whilst working in practice settings that are short of staff across all occupational groups, thereby compromising standards of care and patient safety.

- 4 The RCN UK submission also articulates how RCN members were angered by the positions taken by the UK and devolved governments towards the 2021-2022 pay round, failing to recognise the significant contribution made by nursing staff to the Covid-19 pandemic. While the pandemic has shone a light on the value of nursing to society, both the substance of the UK government's pay proposals and the delay in formulating these proposals undermined any faith staff have that they are valued. The RCN has reiterated its call for the NHSPRB to resist government attempts to restrict its remit and instead urges it to assert its independence by formulating a comprehensive series of recommendations that will help to address the underlying nursing workforce issues, rather than simply reflect the constraints imposed by the UK government. The RCN has also urged the NHSPRB to conclude the process as quickly as possible in order to avoid yet another demoralising delay for staff.

- 5 The RCN's UK submission sets out the need for the NHSPRB recommendations to:
 - ensure that nursing staff can cope with rising and rapidly fluctuating costs which may change significantly over the pay year

- begin restoration of ‘lost ground’ against inflation as part of an overall commitment to pay restoration, with a clear timescale and with the 2022-2023 award representing a significant down-payment on this restoration
- eliminate the impact of increases to pension contributions
- eliminate the impact of increased national insurance contributions
- benchmark the lower end of the Agenda for Change terms and conditions framework against the real living wage
- emphasise the necessity of the full and effective implementation and maximisation by employers of the Agenda for Change terms and conditions agreement in order to retain existing staff.

Without all these measures, more nursing staff will be lost, patient safety will be compromised, and health and social care services will simply be unable to recover.

- 6 The RCN UK submission reiterates how a substantial pay rise for staff will not only help to redress the chronic under-investment in the workforce but will provide a ‘virtuous circle’ effect within a wider economic stimulus programme, serving to boost the wider economy. It would also result in an increase in income tax and national insurance contributions, as well as the multiplier effects from additional spending of disposable income to the wider economy. This, in turn, would create further indirect and induced employment stimuli in other sectors. Our evidence also explains how nursing staff are currently facing substantial financial pressures, with the most significant recent and forecast rise in household costs arising from increases in utility prices. Changes to national insurance contributions and proposed pension contributions will also affect the value of nursing salaries during 2022-2023. The take-home pay for a full-time nurse employed at the top of band 5 will be £275 lower than in 2021-2022 due to the national insurance contribution increase. In order to compensate for this effective loss in earnings, the band 5 salary point would have to rise by 1.5% to £32,000 for take home pay simply to stand still before the impact of inflation is considered. The potential combined impact of the national insurance increase and the projected pension contribution increase is a £401 decline in take-home pay. The band 5 salary point would need to increase by 2.1% to £32,210 for pay to stand still before inflation is considered.
- 7 Under these circumstances, the RCN at a UK level is calling for a substantial, restorative, pay rise above the rate of inflation in order to address the nursing workforce crisis and the long-term reduction in the value of nursing pay. Based

upon our evidence, we urge the NHSPRB to recommend a restorative pay increase of 5% above the retail price index. A pay award at this level is an essential down-payment to restore lost earnings caused by successive years of below inflation pay awards. Our evidence overwhelmingly demonstrates that the nursing workforce is in crisis. The NHSPRB must make recommendations that will support the recruitment and retention of nursing staff. In addition to an initial restorative pay award, we call upon the PRB to recommend immediate measures to implement retention premia and recruitment premia for the nursing workforce as a matter of urgency to address the ever-worsening workforce crisis. In the Northern Ireland context, the use of these premia is referenced at paragraph 27 below.

Recruitment, retention and staff motivation factors

- 8 The recruitment and retention of nursing staff was one of the two matters within the dispute that led to RCN members in Northern Ireland taking industrial action during December 2019 and January 2020. Indeed, for most RCN members, the need to secure safe nurse staffing was a more pressing consideration than the desire for pay parity with England. Moreover, the pursuit of pay parity was viewed primarily by RCN members as a mechanism to promote safe staffing, given the negative impact of pay inequality upon nursing workforce recruitment and retention at that time. Following the publication of the Minister's safe staffing framework in January 2020, the RCN pointed out that the factors creating the current nurse staffing crisis in Northern Ireland had been many years in the making and will, equally, take many years to resolve, as the Minister himself has consistently acknowledged.

- 9 The evidence to illustrate the continuing and escalating impact of the staffing crisis within the HSC nursing workforce is significant. As a starting point, the annual Department of Health workforce census demonstrates that nursing and midwifery staff experienced amongst the lowest rates of growth of all HSC workforce groups between 2012 and 2021, at just 19.4%. This compares, for example, with 41.4% for the professional and technical group, 27.8% for medical and dental staff, 27.4% for ambulance staff, and 23.4% for social services staff. Moreover, this inadequate overall growth obscures a stagnation and even a decrease within some areas of practice. Between March 2011 and March 2021 and measured by whole time equivalent, for example, the mental health nursing

workforce in Northern Ireland grew by just 2.0%, whilst the HSC learning disability nursing workforce contracted by 27%. It must be remembered that the Department of Health has routinely estimated for many years that overall demand for health and social care services increases by around 5% - 6% each year. The Northern Ireland Executive Department of Finance, in its current 2022-2025 draft Budget consultation paper, states: "The cost of providing the services DOH delivers is increasing, with estimates suggesting some 6.5% annually. This is due to an increasing ageing population with greater and more complex needs, increasing costs for goods/services, and growing expertise and innovation which means an increased range of services, supporting improvement in our population health. All of these bring increases in the funding required each year to maintain services and meet demand." It is, therefore, easy to identify from where the mismatch between supply and demand derives in relation to the Northern Ireland nursing workforce.

- 10 The Department of Health's own HSC staff survey, conducted on a triennial basis, was most recently undertaken during 2019, prior to the Covid-19 pandemic. It found that just 27% of nurses working within the HSC believed there were enough staff in their employing organisation for them to be able to do their job properly. Some 59% of nursing staff (compared to 50% of all HSC staff) worked unpaid overtime. Of those respondents, just 17% described this as acceptable. More worryingly, 52% of HSC nursing staff reported being injured or unwell as a result of work-related stress during the preceding twelve months (compared to 47% of all HSC staff). Around two-thirds (65%) of nursing staff stated that they had attended work in the preceding three months despite feeling unwell, due to pressure from managers, colleagues or themselves (compared to 61% of all HSC staff). It is important to reiterate that these are the Department of Health's own figures. The 2019 HSC staff survey also illustrated that 41% of nursing staff often think about leaving (compared to 35% of all workforce groups), the principal reasons cited being not feeling valued (58%) and levels of pay (46%). The RCN notes that, in response to a written question tabled in the Northern Ireland Assembly, the Department of Health has subsequently confirmed that the total cost of sickness absence within the HSC during 2018-2019 was £119,198,185, with a total of 2,881,383 nursing and midwifery working hours lost to sickness absence during that year.
- 11 More recently, and more pertinently in light of the additional staffing pressures deriving from the pandemic, the 2021 RCN Employment Survey found that 56.1% of

nursing staff in Northern Ireland work additional hours at least once each week and that 44.8% of those who work additional hours do so unpaid. Almost half (43.1%) of Northern Ireland nursing staff surveyed said that they had not taken their full annual leave entitlement this year, the highest such percentage across the four UK countries. More than half (51.3%) of Northern Ireland nursing staff feel that there are no opportunities to progress in their current roles, primarily either because of the limited number of promotional positions available or insufficient opportunities to advance in the practitioner's particular area of work or specialism.

- 12 The survey also asked members if they were thinking of leaving or planning to leave their job and, if so, why. More than one-third (35.4%) of Northern Ireland nurses say they are thinking of leaving, whilst one-fifth (20.5%) indicate that they are planning to leave, the highest such percentage across the four UK countries. Asked what factors have contributed to these decisions, almost three-quarters (72.7%) of nursing staff in Northern Ireland say that they feel undervalued, whilst almost two-thirds (64.3%) say that they feel under too much pressure at work, compared with a UK average of 61.4%. The impact of the Covid-19 pandemic is also evident in the fact that more than half (58.3%) of nursing staff say that they feel exhausted, whilst a similar percentage (56.3%) state that staffing levels are too low. More than half (55%) of Northern Ireland nurses say that pay is too low, whilst just under half (46%) believe that they are unable to deliver care to the standard they would wish. More than three-quarters (75.7%) of nursing staff in Northern Ireland have gone to work over the last twelve months despite feeling that they should have taken sick leave, mainly because of stress or muscular-skeletal problems. A similar proportion (73.3%) say that they are under too much pressure at work. Only just over half (52.3%) of Northern Ireland nurses are happy with their working hours, whilst almost two-thirds (63.5%) say that too much of their time is taken up with non-nursing duties, by far the highest proportion across the UK. A similar percentage (63.3%) say that they are too busy to provide the level of care they would like to deliver. Less than half (40.3%) say they are able to balance their home and working lives. Perhaps most worryingly, 39.3% of Northern Ireland nursing staff would not recommend nursing as a career and almost one-quarter (23.4%) do not believe that nursing is a rewarding career. A similar percentage (23.8%) regret choosing nursing as a career, the highest proportion across the UK.

- 13 As at 30 September 2021, Department of Health figures illustrate that there were 2,270 vacant funded nursing posts across the HSC, comprising 1,747 registered nurses and 523 nursing support staff. The registered nursing and midwifery vacancy rate stood at 9.1% and the nursing and midwifery support staff vacancy rate was 8.9%. It is important to understand that these vacancies only relate to posts that, in the Department of Health’s own terminology, are “actively being recruited to”. They exclude the independent (nursing home) sector, in which it has been estimated that the nursing vacancy rate is currently between 15% and 18%.
- 14 The full impact of the Covid-19 pandemic upon the nursing workforce in Northern Ireland has yet to be realised, let alone evaluated, of course. At this stage, all that can reasonably be stated is that the pandemic has amplified and clarified the impact of the nurse staffing shortages that existed before March 2020 and which were the focal point of industrial action prior to that date. The additional impact has been manifested in, for example, the need for redeployment and the imposition of mandatory redeployment, the curtailment of mainstream services (including in areas of practice such as cancer surgery) because of shortages of theatre nurses, escalating use of agency staff, and the ever-increasing evidence of psychological trauma and burnout amongst staff, as referenced at paragraphs 10-12 above. The consequent haemorrhaging of nursing staff has been exemplified by recent reports that more than 182 nurses resigned from one HSC trust between January and July 2021, with a further 81 nurses retiring and 21 being transferred elsewhere within the service during that period. The Northern Ireland Assembly Committee for Health was recently informed that, out of a cohort of 100 nurses at one of the major acute hospitals before the pandemic, just 14 are now left. This is due to a combination of redeployment and nurses simply leaving the profession. Either way, the impact on service capacity, waiting lists and patient care has been devastating.

Nursing workforce recruitment and retention

- 15 The evidence summarised above highlights the urgent need for the development of a comprehensive nursing workforce retention strategy in Northern Ireland. The Department of Health has recently commenced this work, in which the RCN is now involved, but the scale of the workforce crisis necessitates its urgent prioritisation.

- 16 The RCN has consistently highlighted how the previous reductions in the number of commissioned pre-registration nursing education places in Northern Ireland that took place between 2009-2010 (825) and 2015-2016 (645) were storing trouble for the future in reducing the potential future supply of nurses in Northern Ireland. Politicians and senior figures within the Department of Health chose to ignore these warnings in pursuit of short-sighted cost saving measures, often disguised as “efficiency savings”. The RCN believes that these cuts made a significant contribution to the current nursing workforce crisis in Northern Ireland. In particular, they directly generated an unacceptable growth in expenditure on agency nursing staff, which has effectively doubled over the last two years from a level of around £52 million in 2018-2019 to just over £110 million in 2020-2021.
- 17 The RCN welcomed increases in the numbers of commissioned pre-registration nursing education places in Northern Ireland, from 2015-2016 (645) to 2018-2019 (901) and (in line with Executive commitments made in the New Decade, New Approach agreement in 2020) to 1,325 (2021-2022). However, pre-registration nursing education is a three-year programme and so the beneficial impact of these recent increases on the size and composition of the nursing workforce in Northern Ireland will take some time to manifest itself. Secondly, it is one thing to train a larger number of registered nurses in Northern Ireland but quite another to retain them. Thirdly, many areas of professional nursing practice across both acute and community settings require the postholder to obtain a specialist post-registration qualification. Shortages in these areas of practice will not necessarily be addressed simply by increasing levels of investment in pre-registration education.
- 18 Building upon the New Decade, New Approach commitments, the Minister’s safe staffing framework published in January 2020 provided for an uplift of 300 in the number of pre-registration commissioned places for nursing and midwifery over each of the subsequent three years (from 2020-2021 to 2022-2023). In accepting the Minister’s framework, the RCN welcomed this development. However, even if all the additional 900 pre-registration students complete their programmes and then opt to remain in Northern Ireland in order to practise (both of which are highly unlikely), this will not in itself remedy the current gap between supply and demand as outlined in paragraph 8 above. It is important to remember that pre-registration and post-registration nursing students need to be supported in clinical practice. This invariably creates additional pressures upon the nursing workforce. The RCN

has acknowledged previously how the system is currently unable to cope with more than the additional 300 pre-registration students each year, particularly in facilitating their practice placements. Therefore, it must be reiterated very clearly that the uplift set out in the Minister's safe staffing framework will not in itself address even the current nursing workforce shortfall, let alone meet the future projected needs. This is not a controversial assertion; the Minister himself has often admitted that this is the case. Furthermore, the recent (2021) Department of Health consultation paper on a new regional ten-year cancer strategy states: "The workforce has grown in recent years but growth has not kept pace with the exponential rise in demand for diagnosis, treatment and ongoing care." Therefore, given the current levels of nursing vacancies and the pressures across the system, the question must be asked as to whether the increases noted above are in themselves sufficient to address the crisis in which we now find ourselves.

- 19 One of the key elements within the Minister's safe staffing framework is the development of legislation. In many ways, RCN members view this commitment as the most important element of the framework as, if fully and effectively implemented, it will help to ensure that never again will the HSC be incapacitated by shortages of nursing staff. Progress on developing the legislation has been delayed by the pandemic but the RCN, along with other trade unions, is now engaged with the Department of Health in relation to the preliminary work. We were extremely concerned to learn from the Department that the legislation will not now be enacted within the current Assembly mandate, but we are determined to ensure that it is an immediate priority for the new mandate from May 2022.
- 20 In many respects, this legislative framework will, we anticipate, substantiate the existing Delivering Care policy framework but, whilst staffing numbers and staffing ranges are an essential component of any future model, the key point from the perspective of the RCN is that of responsibility and accountability. The legislative framework must, we believe, specify precisely who is responsible and accountable for delivering safe nurse staffing, and therefore enhanced patient safety, for the people of Northern Ireland. Only in this way, can the public - and nursing staff - be assured that previous mistakes will never be repeated.
- 21 The RCN has also highlighted on many occasions how an absence of workforce planning for nursing and midwifery in Northern Ireland has under-pinned the

current crisis. The Department of Health, the Health and Social Care Board (as the extant regional commissioning body) and the HSC trusts are all, in various different ways, responsible for workforce planning and it is primarily their responsibility to evaluate, understand and address the reasons underpinning the various challenges that currently beset the nursing workforce in Northern Ireland.

- 22 Workforce planning is essentially a commissioning activity. It should be based upon an analysis of the health care profile, needs and current inequalities of the people of Northern Ireland, supplemented by an overview of the current nursing workforce and an informed prediction of how many additional nurses (and, equally importantly, in what areas of practice) will be required to meet the needs of the population and the strategic commitments of the Northern Ireland Assembly and Executive over the ensuing period. These considerations link with the need to move towards enhanced multi-year planning and funding for health and social care in Northern Ireland, a subject that has rightly engaged the Assembly and the Executive in recent months and which now appears to have been addressed through the draft 2022-2025 Executive budget consultation proposals.
- 23 The failure to conduct effective workforce planning for nursing is manifested in high levels of vacant posts, escalating expenditure on agency staff, and an inability to advance the strategic transformation of the Health and Social Care service because of shortages within the community nursing workforce upon which the refocusing of services is largely dependent. All of these issues have previously been noted by the NHS Pay Review Body, yet none of them have adequately been addressed by the Department of Health. One of the elements in the Minister's safe staffing framework published in January 2020 was the need to develop effective workforce planning. This embraced a commitment to "develop a costed action plan for the implementation of the health and social care Workforce Strategy 2026", including "full design of the optimum workforce model by 2023". However, there has been little discernible progress to date in delivering this undertaking, which has become the forgotten component of the Minister's safe staffing framework. Current and pre-existing deficits within nursing workforce planning in Northern Ireland were identified and analysed in two major reports published during 2020; the report of the Department of Health Nursing and Midwifery Task Group, and *Workforce planning for nursing and midwifery*, published by the Northern Ireland Audit Office. The RCN once again commends both of these reports to the NHSPRB.

- 24 The RCN believes it to be important to focus on what can be done now to at least start to remedy the position and how, in Northern Ireland, we can engage in meaningful workforce planning that is developed by reference to the health care needs of the people of Northern Ireland, is undertaken in partnership with organisations such as the RCN, and is designed to correlate with the broader strategic direction of health and social care in Northern Ireland, as defined (currently) through *Health and well-being 2026: delivering together*. It is also important that comprehensive workforce planning embraces the needs of the independent sector and particularly our nursing and residential care homes.
- 25 The significant decline in the post-registration nursing education budget in Northern Ireland between 2008-2009 and 2013-2014 had a devastating effect upon the specialist community nursing workforce in Northern Ireland and, we believe, is an example of the often counter-strategic impact of decision-making upon workforce development in Northern Ireland. This anomaly was graphically illustrated by the Northern Ireland Audit Office in its 2017 report *Management of the Transforming your Care reform programme*, as well as in its 2020 report *Workforce planning for nursing and midwifery*, as referenced at paragraph 23 above.
- 26 A restoration in the post-registration nursing education budget to its 2008-2009 level was one of the elements in the Minister's safe staffing framework and has been welcomed by the RCN. This is essential in order to ensure that the community nursing workforce in Northern Ireland can be enabled to deliver the types of community-based care and early intervention that is at the heart of the *Health and well-being 2026: delivering together* vision. In simple terms, if we are to tackle health inequalities, promote healthy futures and develop a "wellness" service (rather than a "sickness" service), we need to invest in the district nurses, school nurses, community mental health nurses and health visitors *inter alia* who will actually deliver this strategic refocusing in communities across Northern Ireland.

Recruitment, retention and pay progression

- 27 There is currently an extremely limited use of local recruitment and retention premia [RRP] in Northern Ireland, despite the fact that they are an existing feature

of Agenda for Change pay, terms and conditions. There is a recognised staffing crisis in many areas of nursing but there have not been any active proposals that would potentially utilise locally-targeted RRP in order to assist in addressing current recruitment and retention issues. The RCN would welcome the NHSPRB's observations on the use of local RRP in this respect. We also share the views of the Nursing and Midwifery Task Group, established by the Department of Health and which reported in 2020, that the recruitment and retention of nurses in Northern Ireland would be strengthened by the implementation of pay progression, particularly between band 5 and band 6, in line with that afforded to other professional groups. This issue is elaborated upon at paragraphs 28-34 below.

- 28 Nursing practice has developed considerably since the introduction of Agenda for Change some 16 years ago. However, HSC employers are often reluctant to rewrite job descriptions and re-match/evaluate roles when staff have taken on additional responsibilities. This has led to nurses in Northern Ireland losing faith in the job evaluation process and feeling that their contribution is not adequately valued or rewarded to reflect their levels of responsibility. This is particularly the case in respect of those who are currently remunerated at band 5 level within the nursing workforce. Over half of the qualified nursing workforce (56.8%) are in the lowest pay band (band 5). They are aggrieved that development in their role has not been fully recognised, and over the associated dearth of career opportunities. One RCN member, quoted in this year's RCN UK evidence to the NHSPRB, stated: "There are few openings for band six clinical nurses ... a role that should be encouraged. It has the opportunity to influence and encourage best practice among the junior staff. Trusts would also have slowed the current exodus of staff with a bit more recognition of senior hands-on staff who had no desire to specialise."
- 29 The RCN advocates a review of the job evaluation process to ensure effectiveness and accountability in the system across all Agenda for Change employers in Northern Ireland. When staff change or develop their role and responsibilities, they need to have confidence that job evaluations are being carried out in a timely and competent manner. This is essential to ensure that staff are able to maximise their contribution to the broader transformation agenda and rewarded appropriately for their role in an evolving and modern health and social care system.

- 30 The report of the Department of Health Nursing and Midwifery Task Group acknowledges these challenges. Recommendation 7.26 (page 13) highlights the need to: “develop arrangements for accelerated pay progression [from] band 5 to band 6 grades similar to other professions”. The commentary continues: “This in particular recognises that many band 5 nurses after several years of practice acquire additional specialist knowledge and skills and take on additional responsibilities commensurate with a band 6 role as a senior clinical decision maker. Midwives become band 6 within a year post-registration.” In support of this recommendation, the report states (page 9): “Workforce data indicates that 94% of the workforce are female and 6% male, and almost 60% of the nursing workforce hold posts at band 5 and midwives mainly at band 6. This is over double the amount, when compared with other professions categorised as band 5. Indeed, with the exception of band 6, when compared with other professions at band 7 and above, nursing and midwifery has significantly lower number of clinicians at senior grade.” With reference to workshops held to inform the work of the Task Group, the report states (page 10): “One of the core recurring messages that emerged from all those who participated in the workshops was a perspective that nurses and midwives do not feel valued as equal members of the MDTs. This was strongly linked to the fact that the vast majority of nurses are band 5. This was further compounded by the lack of a systematic approach to workforce development and therefore opportunities for career or grade progression have been limited.”
- 31 The report continues (page 43): “Furthermore, a higher percentage of roles carried out by registered nurses and midwives within the HSC are in lower pay bands than that of social services or professional/technical. Over half of the qualified nursing workforce (56.8%) are in the lowest pay band (band 5) and there are consistently lower percentages of registered nurse or midwife posts than social services or professional technical posts across pay bands 6, 7, 8a, 8b, 8c and 8d. This pattern is also repeated in nursing and midwifery support posts across AfC bands 1-4.”
- 32 The Task Group report also notes (page 73): “Many [workshop participants] expressed concerns about the lower rates of pay earned by staff on AfC terms and conditions in Northern Ireland. There was a generalised perception that the contribution of other health and social care professionals was being recognised in terms of AfC banding, whilst the contribution made by nurses and midwives was not ... Staff also cited occasions when they had been supported by their employer

to complete specialist development programmes but were subsequently not employed, deployed, or in a position to utilise their specialist practice knowledge and skills in post following completion. There were also situations recounted of nurses utilising higher level skills beyond their AfC job band however were not remunerated at an appropriate level. This articulates a rationale for ensuring appropriate remuneration aligned to career progression for nurses and midwives.”

- 33 In his press statement accompanying the publication of the Task Group report, the Minister for Health commented: “I am committed to maximising the contribution of midwives and nurses at all levels of our health care system. They will have a central role within a transformed health and social care system. I am able today to endorse the bulk of the [Task Group] recommendations. I have asked the Chief Nursing Officer, to oversee their implementation. In respect of a specific recommendation on accelerated pay progression, I am commissioning further work to establish the detailed evidence base for the costs and benefits of such an approach. I acknowledge that this is an important issue and that we need to make better use of the tremendous skill set of experienced nurses. However, further detail is required as to how the Task Group recommendation might work.”
- 34 Accordingly, the associated Department of Health action plan for addressing the report’s recommendations [Nursing and Midwifery Task Group Next Steps Framework - A Three Phased Approach 2020-2026] references (page 5) the commitment to: “Develop arrangements for band 5-6 pay progression similar to other professions” and, in pursuit of this objective, to “conduct a review to establish evidence of the cost and benefits of full implementation”. It is, worth noting that the cited objective references the need to “develop arrangements”, rather than merely “assess”, “scope” or “investigate”. This represents, therefore, a clear commitment on the part of the Department of Health. It is the responsibility of the Department of Health (and specifically of the Chief Nursing Officer) now to ensure that the commitment is met. The RCN is determined to hold the Department to account for the timely delivery of this review and we once again wish to draw this commitment, and its underlying rationale, to the attention of the NHSPRB within the context of the urgent need to prioritise nursing workforce retention.
- 35 The RCN notes that the Minister’s 2022-2023 remit letter requests the views of the NHSPRB on “... wider recruitment, retention and staff motivation factors specific

to health labour markets for regions such as Northern Ireland ... which have land borders across which individuals might reasonably commute”. The RCN will study the recommendations of the NHSPRB in this respect with great interest.

Northern Ireland Executive pay policy

36 In our previous supplementary evidence submissions to the NHSPRB, the RCN in Northern Ireland has welcomed the stated commitment of the Department of Health to agreeing pay policy much earlier in the financial year. The RCN has consistently highlighted the regrettable tendency in previous years for pay awards to be announced and imposed by the Department of Health in November or December of the financial year to which they apply. This exemplifies the inadequate nature of budget-setting and business planning that has characterised the health and social care system in Northern Ireland for far too long. Awards should be agreed in advance of the financial year to which they apply and paid with effect from the April salary date. This issue links to the commitment originally defined in the New Decade, New Approach agreement to move towards multi-year funding settlements in order to facilitate more effective long-term planning in health and social care. Sadly, this commitment was not met during 2021-2022, with a pay award announced in November 2021 and eventually paid in January 2022. The RCN believes that this is totally unacceptable and we would once again draw the matter to the attention of the NHSPRB. Finally, it must be acknowledged that the capacity of the Department of Health to make a fair pay award is almost entirely dependent upon the receipt of Barnett formula funding deriving from the pay award announced for England by the UK government. The inter-relationship between awards across the four UK countries is clear. In this respect, the RCN in Northern Ireland reiterates the factors highlighted in paragraphs 4-7 above.

Concluding comments

37 For all the reasons and evidence referenced above, the RCN is calling for a substantial, restorative, pay rise above inflation to address the nursing workforce crisis and the long-term reduction in the value of nursing pay. We urge the NHSPRB to recommend a restorative pay increase of 5% above RPI. Only a pay

award at this level, forming an essential down-payment, will restore lost earnings caused by successive years of below inflation pay awards. Our evidence clearly demonstrates that the nursing workforce is in crisis. The NHSPRB can stop this crisis by making recommendations that will support the recruitment and retention of nursing staff. In addition to an initial restorative pay award, we call on the NHSPRB to recommend immediate measures to implement recruitment and retention premia payments for the nursing workforce as a matter of urgency and priority. Without a substantial restorative pay rise and a significant recruitment and retention package, nurses' faith in the Agenda for Change structure will be impossible to maintain and the backbone of the HSC will be decimated.

- 38 The RCN hopes that the NHSPRB will find this supplementary evidence to be a helpful summary of the key nursing workforce issues in Northern Ireland that it may wish to consider in responding to the Minister's remit letter. The RCN would be pleased to supply any further information that may be required by the NHSPRB.

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