

**Belfast HSC Trust consultation on 2017-2018 financial savings plans:
response of the Royal College of Nursing**

Introduction

- 1 The Royal College of Nursing [RCN] represents nurses and nursing, promotes excellence in practice and shapes health and social care policy. The RCN represents registered nurses, health care assistants and nursing students across all care settings and throughout Northern Ireland.
- 2 This consultation response has been drafted on the basis both of comments received from RCN members practising within the Belfast Health and Social Care Trust area and the RCN's broader regional perspective upon the £70 million financial savings required by the Department of Health during the remainder of the current financial year 2017-2018.

Consultation process

- 3 The RCN understands that the proposals within this consultation document have been developed by the Belfast Health and Social Care Trust and agreed by the trust board in line with the financial savings target imposed by the Department of Health and in accordance with the Department's 2014 policy guidance circular *Change or withdrawal of services: guidance on roles and responsibilities*.
- 4 The approval process for the proposed financial savings outlined in this consultation document is ambiguous and unsatisfactory. It is stated on pages 3-4 that "... the public consultation by Trusts should be concluded for Ministerial consideration and potential implementation from October 2017".

The RCN questions how the Department of Health proposes to ensure that this requirement is met. There is, of course, no Health Minister in place either to consider or implement the outcomes of the consultation as a consequence of the political crisis that has beset Northern Ireland since the beginning of this year. It currently appears highly improbable that the restoration of the devolved institutions can be secured within the stated timeframe. It also appears impossible, even if the devolved institutions were quickly to be re-established, to envisage that there would be sufficient time for a new Health Minister to consider the responses to the trust consultations, refine the proposals on the basis of consultation, secure the support of the Northern Ireland Executive and Assembly, and subsequently implement them.

- 5 The consultation document then goes on to state (page 4) that: “In view of the urgency, the Health and Social Care Board [HSCB] and DoH will also be considering these proposed draft plans in parallel with the consultation. Following consultation, a final plan will be submitted to the Health and Social Care Board.”
- 6 This, of course, raises a further number of questions. Firstly, if the HSCB and the Department are considering the proposals “in parallel” with the consultation, how can stakeholders be confident that their views will appropriately be taken into account? Secondly, is the Department of Health advocating the abrogation of its own guidance on ministerial approval for the outcome of consultations? Thirdly, why is the principle of requisite ministerial approval being applied to this particular issue but yet nurses and other health staff in Northern Ireland have been told that the 1% pay award made in the remainder of the UK for 2017-2018 cannot be implemented in Northern Ireland as it requires ministerial approval? It would appear that the Department of Health is displaying a significant and unfortunate degree of inconsistency and selectivity in its stipulations as to precisely what does, and what does not, require ministerial approval. Finally, why has the Department prescribed a six week consultation timeframe, rather than the statutory three month period? Devoid of ministerial accountability, authority and direction, it is difficult to avoid the conclusion that the Department is simply making things up as it goes along and implementing its own highly subjective judgements as to

how far the power of civil servants legitimately extends during periods of the suspension of the devolved institutions in Northern Ireland.

- 7 In developing its financial savings proposals, the Belfast Health and Social Care Trust undertook no meaningful prior engagement with its staff or the trade unions and professional organisation that represent the interests of those staff. This is a source of significant disappointment and concern to RCN members working within the trust. Meetings have been held during the consultation period with staff and the public, but these have taken the form of communicating to stakeholders rather than engaging with them, simply outlining the proposals after they have been developed. This is not acceptable. It has also engendered a widespread cynicism about a process perceived to have been choreographed primarily in order to legitimise draconian cuts to patient care and services. The fact that the five HSC trusts' financial savings plans have been developed on the basis of a common template, an introductory section dictated by the Department of Health, and through an identical consultation timescale, lends credence to this view.
- 8 Many nurses perceive, on the basis of statements made at public meetings, a generalised acceptance within HSC leadership at both regional and trust levels that, as a result of these proposals, patients will inevitably suffer and that this is somehow regrettable but unavoidable. Nurses find this viewpoint morally and ethically unacceptable and in conflict with the requirements of their professional code of conduct. Regulatory standards, such as those defined by the Nursing and Midwifery Council, require registered nurses to put the interests of patients first at all times. There is no provision for this requirement to be relaxed on occasions in the interests of financial rectitude.

A failure of leadership

- 9 The Royal College of Nursing has consistently highlighted for many years the factors that have contributed to the current crisis in the health and social care service in Northern Ireland, of which these consultation proposals are merely symptomatic. Short-sighted cost-saving measures have resulted in an escalating level of nursing vacancies, increasing risk brought about by staff

shortages, care left undone, nurses working an increasing number of unpaid hours, spiralling work-related sickness absence levels, and soaring bank and agency costs. This evidence was reiterated only last week with the publication of the RCN report *Safe and effective staffing: nursing against the odds*.

Perhaps more pertinently, all of these issues have been starkly documented in the Department's own triennial HSC staff survey. It is shameful that the Department has chosen to ignore the evidence that it has itself collated in respect of its own employees.

- 10 Notwithstanding what the RCN believes to be a nuanced and justified critique of the Department of Health over these consultations and the under-pinning issues, our real ire is directed at the politicians and political parties who have fomented the crisis in health and social care in Northern Ireland that we are now confronting and whose failure to respect and uphold the democratic mandate provided to them by the people of Northern Ireland on 2 March 2017 has finally pushed a failing system over the precipice. They have failed to provide effective political leadership for the health and social care system, even to the extent of being apparently incapable of implementing their own defined strategic direction, as evidenced by the failure to deliver Transforming your Care and the current slow death of the Bengoa reforms, cast adrift on a sea of inaction, indifference and vacuous posturing about "transformation" and "co-production". If these reform processes had been implemented, they would have improved patient services, achieved savings by focusing care, where appropriate, away from acute hospitals, and thereby precluded the need for these service cuts. Equally, a sum of £70 million, whilst not insignificant, represents a tiny proportion of the overall annual departmental budget of around £5 billion. A functioning and engaged Northern Ireland Executive and Assembly should have been able to circumnavigate the need for the financial savings plans that are now the subject of consultation. It is unacceptable that many of our elected politicians appear to have other priorities.

- 11 The health and social care system in Northern Ireland is unsustainable. Not enough has been done to bring about the change that is required and now patients and staff are paying the price for a failure of leadership at all levels.

Specific comments related to the Belfast Health and Social Care Trust

- 12 The RCN has deliberately refrained from commenting in detail on the specific proposals outlined in the Belfast Health and Social Care Trust consultation document. We believe that the consultation process has no legitimacy and we are not prepared to confer any degree of validity upon it by debating exhaustively the specific proposals outlined. However, RCN members working within the Belfast Health and Social Care Trust have identified a number of related issues and these are summarised below.

Efficiency savings costs

- 13 The RCN requests further details of the proposed measures to “find efficiencies across the health and social care system” (pages 8-10) in order to secure £13.3 million in savings during the current financial year. Pledges to reduce “bureaucracy” seem to be a perennial, and slightly clichéd, reaction to the need to secure economies within the Health and Social Care service. However, this is a significant sum of money that will not be realised by cutting back on the supply of staplers and treasury tags, for example. Previous experience of such measures demonstrates how the burden of economies, particularly in respect of “administration and management costs”, often falls upon frontline staff, particularly nurses, through the inappropriate allocation of a workload previously undertaken by administrative staff, thereby increasing their own workload and detracting from the time available to spend with patients. The RCN strongly disputes the trust’s assertion that such measures can sensibly be categorised as having “no” or “low” impact.

Learning disability services

- 14 RCN members working within the Belfast Health and Social Care Trust have raised concerns about the impact of trust plans in terms of placing additional strain on acute services and how, if economies of this scale are to be secured, the trust is able to find resources for the enhanced divisional leadership

teams. RCN members have also highlighted the impact of trust plans on the care of people with a learning disability from other trust areas and the consequent implications for resettlement. This appears to be in line with the approach adopted by all five HSC trusts in respect of these financial savings plans whereby proposals are targeted at the most vulnerable members of our society. This is reprehensible.

Community services

- 15 RCN members have raised significant concerns over the impact of projected savings on the provision of care packages (pages 14-15) and their implications for the capacity of district nurses to ensure that safe and effective care is being provided to patients requiring carer support. District nurses certainly do not have the capacity to take on additional social care functions as they already struggle to provide the clinical care required by patients.
- 16 Nurses have also highlighted the impact upon patients requiring palliative and end of life care who wish to return to their own homes if care packages cannot be sourced and nursing home beds are not to be funded. It would appear that the trust's proposals risk creating the worst of both worlds, whereby patients are forced either to remain in hospital or hospice care settings (with the obvious implications for bed capacity) or return home without the level of assessed care being provided. In simple terms, the withdrawal of care packages will simply create additional pressures on unscheduled care and is, therefore, a classic example of "penny wise and pounds foolish". Finally, RCN members have also highlighted the iniquity of current charging practices on the part of domiciliary care agencies in respect both of patients who are in hospital and following death.

Orthopaedic services

- 17 RCN members are shocked and greatly disturbed by the proposal (pages 13-14) to "downturn" routine elective care and, in respect of its consequences for

elective orthopaedic surgery, consider the impact to be discriminatory toward a patient group already disadvantaged by lengthy waiting lists. The nature of progressive, degenerative orthopaedic conditions ensures that quality of life will inevitably decline and pain levels will increase whilst awaiting life-changing surgery. This patient group will invariably present to emergency care departments as a result of symptom crises, thereby creating further pressures upon an already dangerously over-stretched service. This appears to be yet another example of a deliberate strategy of targeting the most vulnerable in our society, a theme that runs throughout this draft financial savings plan. It is, furthermore, illogical that, in order to save money, the proposed solutions will ensure that waiting lists spiral completely out of control and community care packages will be withdrawn, serving only to create paralysis within the system.

Workforce issues

- 18 The commentary on “more effective management of the trust’s agency workforce” simply highlights the concerns already articulated at paragraph 9 above. It is inevitable that beds and services will close with the withdrawal of agency services as this is the only way that the trust will be able to plug the gaps and ensure as best it can the safe delivery of care. The trust has been aware of the impending workforce crisis for many years yet appears to have ignored suggestions made by the RCN in relation to alleviation, such as the use of recruitment and retention premia, the development of proper career pathways, and the introduction of band 5/band 6 crossover for nursing. In addition, the RCN has consistently highlighted how the deployment of staff through the nurse bank has been used by the trust as a further measure to control costs by denying nurses their contractual right to overtime payments, as well as being administratively inefficient.
- 19 RCN members have also expressed concerns about how the proposed financial savings plans developed by the other HSC trusts will impact upon the regional services provided by the Belfast Health and Social Care Trust, particularly in areas such as learning disability (see also paragraph 14 above) and in respect of service cuts in areas geographically adjacent to Belfast,

particularly at Whiteabbey Hospital within the Northern Health and Social Care Trust. These issues will have implications both for the nursing workforce and for patient safety and quality of care.

Concluding comments

- 20 As outlined above, the RCN accepts that the Belfast Health and Social Care Trust has been placed in an invidious position in respect of these consultation proposals by the Department of Health and, ultimately, by the political process in Northern Ireland. However, we regard this draft financial savings plan in its entirety as unacceptable and we are not prepared to offer any kind of endorsement to any of the proposals contained therein.
- 21 The RCN supports the need for the reform and modernisation of health and social care services in Northern Ireland. We supported the strategic direction outlined in *Transforming your Care* and we endorsed the substance of the Bengoa reforms as outlined in the ministerial vision document *Health and well-being 2026: delivering together*. Indeed, as articulated above, one of our main criticisms of the Department of Health and the devolved institutions in Northern Ireland is the persistent failure to implement either of these reform processes, despite the unimpeachable evidence upon which they were based and the almost universal degree of support that they attracted. Had either of these strategic initiatives actually been implemented, the RCN believes that the HSC would not find itself in its current parlous position.
- 22 The RCN has always accepted that an essential element within the reform and modernisation process is the need to prioritise patient safety and to deliver services, wherever feasible, in community and domiciliary settings. This will inevitably lead to a rationalisation in the nature of services provided across the current range of institutional care settings, including acute hospitals. We believe that nursing has a leading role to play in this strategic refocusing of care delivery. The key point, however, is that reform and modernisation requires a long-term planned approach, incorporating population needs assessment, workforce planning, the design and

implementation of new community-based services, seamless interaction between acute, primary and secondary care settings, and the gradual building of public and staff confidence in new models of care. Reform and modernisation simply cannot be delivered through a series of ill-conceived cost-cutting measures scribbled on the back of an envelope and devoid of any meaningful prior engagement with patients, health and social care staff or the wider population of Northern Ireland. For these reasons, the RCN is unable to support any of the proposals outlined in this consultation document.

- 23 For further information about the work of the RCN in support of nursing and patient services in Northern Ireland, please contact Dr John Knape, Head of Communications, Policy and Marketing, at john.knape@rcn.org.uk or by telephone on 028 90 384 600.

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