

Northern 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 Northern 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 Northern 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 page 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 during 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 judgement as to

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

- 7 In developing its financial savings proposals, the Northern 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. 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, moreover, engendered a widespread degree of cynicism about a process choreographed primarily in order to legitimise draconian cuts to patient care and services.
- 8 Many staff within the service 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. Staff find this viewpoint morally and ethically unacceptable and in conflict with the requirements of their respective professional code of conduct. Professional 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 implement the democratic mandate provided 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 incapable of implementing their own defined strategic direction, as evidence 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 £1.3 billion departmental budget. A fully-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, once again, shameful 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 Northern Health and Social Care Trust

- 12 The RCN has deliberately refrained from commenting in detail on the specific proposals outlined in the Northern 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 commenting on the specific proposals outlined. However, RCN members working within the Northern Health and Social Care Trust have identified a number of related themes and these are summarised below.

Workforce issues

- 13 A consistent issue throughout the trust's proposals is the redeployment of staff in line with measures to control costs. Page 14, for example, refers to how: "We would redirect Trust employed staff and other staff involved in rehabilitation services at Whiteabbey Hospital, to work temporarily at Antrim Hospital". Page 15 stipulates that: "Trust employed staff (nurses, doctors and other staff in rehabilitation)" will be "redirected to work temporarily at Antrim Hospital". Page 16 explains that: "Nursing staff at Mid Ulster will be temporarily redeployed to Antrim or Causeway Hospitals to enable reduced use of agency and other flexible staffing."
- 14 Nurses and other members of the trust staff are not chess pieces to be moved around the board at the whim of management. They are human beings who deserve nothing less than to be afforded some semblance of dignity and respect for their work-life balance. Given the appalling nature of public transport connectivity within the Northern Health and Social Care Trust area, the well-documented lack of car-parking capacity at major trust sites, and the simple fact that the journey from, for example, Magherafelt to Coleraine, is not insignificant in terms of time and cost, what measures will the trust be taking to alleviate the associated disruption, burden and inconvenience to its staff?
- 15 On a minor point of detail (page 11), the RCN expects that the Northern Health and Social Care Trust would already apply "robust management of

procurement contracts” (page 11), rather than seeing this as a remedial measure to be taken only in times of financial stringency.

- 16 The RCN is fundamentally opposed to the imposition of car-parking charges for staff and we are therefore unable to support the proposals outlined on page 20.

Proposed service changes

- 17 The proposals in relation to hospital services set out on pages 14-16 are deeply alarming, particularly the projected temporary closure of rehabilitation services at Whiteabbey Hospital (page 15). This rehabilitation unit plays a vital role for patients across the trust area and beyond. The obvious point to be made is the significant impact that this will have upon already over-stretched community services, particularly district nursing, and on rehabilitation service access at Antrim Area Hospital. We question the stated rationale for this proposal in terms of the deployment of agency staff.
- 18 The combined impact of the proposed reduction in non-urgent elective day surgery (page 16), reduced elective procedures (page 16) and the “containment of growth in community care home placements and domiciliary care packages” (page 18) will be a paralysis of the entire integrated health and social care system within the Northern Health and Social Care Trust.
- 19 The RCN notes that a senior trust official has commented publicly that: “We are about to ration acute care in the Northern Trust”. In line with the financial savings plans developed by the other four HSC trusts, the proposals appear to have been deliberately targeted at some of the most vulnerable people in our society; older people, people requiring surgery, and people with dementia. A senior nurse employed by the Northern Health and Social Care Trust has stated: “Young people, as well as old, who would have rehabilitation potential will be penalised as the trust is doing away with the in-patient rehabilitation service. People will be left to vegetate in nursing homes or their own homes. This could have the potential to affect anyone of us.”

Concluding comments

- 20 As outlined above, the RCN accepts that the Northern Health and Social Care Trust has been placed in an impossible 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 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 endorsed the strategic direction outlined in *Transforming your Care* and we supported 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, the HSC would not find itself in the 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 scope 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. They cannot be delivered through a series of ill-conceived cost-cutting measures scribbled on

the back of an envelope and devoid of meaningful prior engagement with patients, health care staff or the wider population of Northern Ireland.

- 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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