

Southern 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 Southern 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 Southern 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 6 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 6) 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 in Northern Ireland.

- 7 In developing its financial savings proposals, the Southern 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, moreover, engendered a widespread cynicism about a process perceived to have been choreographed primarily in order to legitimise draconian cuts to patient care and services. That the five HSC trusts financial savings plans have clearly been developed on the basis of a common template, an introduction presumably 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 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 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 Southern Health and Social Care Trust

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

Efficiency savings

- 13 The RCN requests further details of the measures proposed (pages 12-15) in order to secure “all but £75,000 of the £6.4 million of the Trust’s share of the savings required in-year”. We question how and whether savings of this magnitude can be secured through measures such as “natural slippage”, “staff turnover” and “discretionary goods and services”. The RCN strongly disputes the trust’s assertion that such measures can sensibly be categorised as having “low” impact. Given the unacceptable level of vacancies that already exist with the trust and across the HSC, the RCN believes it to be inconceivable that the trust is seriously proposing to maintain and extend the number of vacant posts. Notwithstanding the intention that the burden of future vacant posts will fall within business support functions, the RCN would point out that when administrative posts are cut, the resultant additional workload inevitably falls upon frontline staff, especially nurses, thereby impacting upon their capacity to deliver patient care. Furthermore, RCN members working within the Southern Health and Social Care Trust are currently report delays in advertising and filling vacant frontline nursing posts. They have also referred to difficulties whereby the trust has sought to recruit to vacancies but, by the time that the shared services process has been concluded, any benefit deriving from a new permanent member of staff has been lost as someone else has left during the interim, exhausted by meeting the additional demands. Rightly or wrongly, the perception amongst RCN members is that the trust is deliberately not recruiting, erroneously taking the

view that significant deficits already exist within the nursing workforce and therefore that failing to recruit to vacant posts will make little or no difference to the overall picture.

- 14 The trust plans to deliver further savings by reducing the use of “flexible staffing” (page 16). The RCN requests further information about the detail of these proposals. It has been reported anecdotally that the trust is considering only utilising nursing agencies under contract to the HSC rather than those that are not and which therefore cost substantially more. However, RCN members have significant concerns about shifts not being filled on this basis and, more importantly, regarding the consequent impact on safe staffing levels and patient care. It would appear that even the latter group of agencies can no longer fill all the posts requested by the trust.
- 15 In relation to delivering savings on contracts with independent providers for services that have no, or limited, contractual commitments (page 16), the RCN believes that these services need to be identified and clarified.
- 16 Further to the information set out on page 17 of the consultation document in relation to the procurement of community equipment by the Business Services Organisation [BSO], RCN members are concerned about whether the BSO will be able to provide the same level of service, in a timely manner, as local pharmacies are currently able to deliver to vulnerable members of the community. Concerns also focus upon the limited and unacceptable levels of assurance given by internal audit regarding BSO shared services functions, such as payroll queries and recruitment services.

Concluding comments

- 17 As outlined above, the RCN accepts that the Southern 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. We also accept that the scale and potential impact of the

proposed financial savings identified by the trust is perhaps somewhat lower than in other HSC trusts. 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.

- 18 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 strategic initiatives, despite the unimpeachable evidence upon which they were based and the almost universal degree of support that they attracted. Had either of these reform processes actually been implemented, the RCN believes that the HSC would not find itself in its current parlous position.
- 19 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 configuration 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.

20 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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