

Western 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 Western 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 Western 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 in section 1 (the document has, unhelpfully, not been paginated) 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 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 Western 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. 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 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 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, 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 Western Health and Social Care Trust

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

Workforce issues

- 13 The RCN requests further details of the proposed measures to “apply significant additional vacancy controls in administration, corporate and support services across the Trust” outlined in section three of the consultation document. We question how and whether savings of this magnitude (£0.51 million) can be secured without seriously affecting overall trust performance and we strongly dispute 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. Furthermore, the RCN would also point out that, when administrative posts are cut, the resultant additional workload inevitably falls upon frontline staff, especially nurses, thereby impacting yet still further upon their capacity to deliver patient care. Any reduction in cleaning regimes within clinical areas will create an enhanced infection control risk. The consultation document does not indicate whether clinical areas would be exempt from any reduction in cleaning services.
- 14 The RCN is concerned about the commentary in relation to a proposed “reduction in high cost and non-NHS locums, nursing agency and agency social work staff” (section four). The inevitable consequence is that the trust will no longer be able to sustain safe and effective care without reducing the range of health and social care services it provides. This, as noted above, is

primarily the result of a long-term failure to implement health and social care workforce planning that transcends the Western Health and Social Care Trust and extends throughout the HSC. The trust also fails to define precisely what it means by “high cost” locums and nursing agency staff and how the undertakings made within this commentary relate to the subsequent references to operating a cap on locum payment rates.

- 15 The proposal to apply additional vacancy controls on a temporary basis across a range of disciplines and services in order to accrue savings due to a revised annual leave policy (section 4) is unacceptable in a service already beset by high levels of nursing vacancies, the impact of which upon trust services has recently been evidenced at Altnagelvin Area Hospital. The suggestion that delays in recruitment should be focused upon primary care and services for older people constitutes evidence of how it would appear that the trust’s proposals are deliberately targeting some of the most vulnerable people in our society. This is both reprehensible and unacceptable.

Acute and domiciliary care services

- 16 Reducing the volume for elective activity within a health and social care system that already ranks as the least efficient and effective in the UK will, quite simply, be catastrophic. In tandem with the broad range of other proposals set out in the consultation document, this will add significantly to the already insurmountable pressures on throughput within the acute hospital system. RCN members practising within the trust area have advised of the current 102% bed occupancy rate at the South Western Acute Hospital and the existence of 18 “escalated” beds. Any further reductions in the provision of domiciliary care and nursing home care packages (section four) will inevitably lead to a heightened increase in delayed discharges. All of this has the potential to cause a complete breakdown in acute hospital throughput, particularly during the forthcoming winter pressure period.
- 17 The eligibility criteria for accessing domiciliary and nursing home care (section four) has not been published. It is therefore difficult to assess whether the impact will, in fact, be significantly higher than the estimated 275 domiciliary

care packages and 8-10 nursing home beds. How, and by whom, will “the highest risk clients” be identified? RCN members practising within the southern sector of the trust, in particular, have highlighted the combined impact of increased unscheduled admissions, patients with co-morbidities, a reduction in step-down beds and the absence of acute care at home, along with the recent closure of a 40-bedded nursing home in Fermanagh.

Other proposed cost-saving measures

- 18 In relation to the proposed application of “significant additional constraints to goods and services budgets” (section 3), there is a clear need to implement a robust and continuing risk management process to monitor the impact. The RCN would be extremely concerned if the availability of consumables relating to patient care were to be rationalised and, indeed, if there were to be any negative impact upon patient care deriving from this proposal.
- 19 The proposal (section three) to “accelerate projects which will deliver increased efficiency and reduce costs” by a total of £0.95 million within the current financial year is meaningless without an indication of what, precisely, these projects are. The failure to provide detail in relation to this is a significant failure in transparency and accountability on the part of the Western Health and Social Care Trust.
- 20 The RCN fundamentally opposes the proposal (section three) to increase income through the imposition of car parking charges.
- 21 Once again, the RCN feels that it is disingenuous of the Western Health and Social Care Trust to expect stakeholders to comment upon proposals (section four) to “temporarily reduce or delay some services/service developments” without specifying what they are and what the assessed impact on patient care and trust staff will be. Given that “service developments” generally equate with improving the patient experience and outcomes, this appears to be yet another example of the negative impact of this financial planning savings plan.

- 22 In relation to the proposal (section four) to “remodel services on a temporary basis”, RCN members strongly oppose the recommendation relating to neo-natal service provision at the South West Acute Hospital and have criticised the lack of information and evidence behind this proposed measure. They have also pointed out the adverse potential impact of this proposal upon other maternity and neo-natal services currently provided at the South West Acute Hospital, together with the detrimental psychological consequences for local women, babies and families.
- 23 The projected reform of the older persons assessment and liaison service [OPALS], once again, simply does not provide enough detail as to the anticipated impact, particularly upon length of stay in acute hospitals. Again, this will compound the hospital throughput crisis previously referenced. There is a perception amongst RCN members that this decision has been taken solely on the basis of current service issues in the northern sector of the trust.

Concluding comments

- 24 As outlined above, the RCN accepts that the Western 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.
- 25 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 the Transforming your Care process 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 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 initiatives actually been implemented, the RCN believes that the HSC would not find itself in its current parlous position.

- 26 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 strategic and 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.
- 27 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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