Royal College of Nursing Northern Ireland

Supplementary evidence to the NHS Pay Review Body 2021-2022

Introduction

1 The Royal College of Nursing [RCN] is pleased to submit supplementary evidence to the NHS Pay Review Body [NHSPRB] in order to inform its deliberations on the 2021-2022 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, dated 18 December 2020. As identified in the RCN's UK submission, the RCN is seeking a pay uplift of at least 12.5% for all Agenda for Change staff for 2021-2022.

2 The RCN notes that the Minister's remit letter references his recognition of "the uniquely challenging impact coronavirus is having on the NHS" and a commitment "to continue to provide NHS workers with a pay rise". These acknowledgments are to be commended. However, the letter subsequently refers to the need for the NHSPRB recommendations "to 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 learnt from the experience of the industrial action, including strike action, taken by nurses in Northern Ireland during December 2019 and January 2020 and which remains in a period of suspension. In particular, it suggests that, once again, the Department intends to prioritise the "affordability" of a pay award before any consideration of what measures are required to build and sustain a nursing workforce that is capable of meeting the health care needs of the people of Northern Ireland, let alone any awareness of the business and moral imperatives for securing a fair pay award for nursing staff. It gives the RCN no pleasure to point out that it is this type of thinking, replicated over many years, that brought nurses in Northern Ireland to the point where they believed that there was no alternative to industrial action in order to address their concerns over safe staffing and pay.

3 As the NHSPRB is aware, following this industrial action, a framework agreement re-establishing pay parity with England and encompassing an Agenda for Change refresh was proposed by the Minister in January 2020. This framework was subsequently endorsed by RCN members in Northern Ireland through a consultative ballot and implemented immediately thereafter.

4 At the same time, the Minister published a safe staffing framework that was similarly endorsed by RCN members in Northern Ireland. This sought to address most of the demands made by the RCN in pursuit of safe nurse staffing, with the exception of pay progression from band 5 to band 6, as exists within other professional groups, a recommendation contained with the report of the Nursing and Midwifery Task Group. The Minister determined that further work was required in respect of this recommendation and the issue is addressed at paragraphs 20-24 below. Commentary upon other elements of the Minister's safe staffing framework that link directly to the broader question of pay is also provided below.

Recruitment, retention and staff motivation factors

5 In endorsing the pay and safe nurse staffing frameworks proposed by the Minister in January 2020, the RCN welcomed his intervention and the support of the broader Northern Ireland Executive in seeking to address the issues that led to RCN members taking industrial action during December 2019 and January 2020. However, whilst restoring pay parity with England was achieved comparatively quickly, its impact upon recruitment and retention will take some time to manifest itself. Equally, the factors that created the 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 frequently acknowledged. That is why the implementation of the Minister's safe staffing framework proposals must continue to be prioritised. The RCN remains committed to holding the Department of Health and the Northern Ireland Executive to account for this implementation. In the interim, however, the circumstances that led to RCN members taking industrial action persist and it is important to remember that this industrial action has been suspended, rather than concluded. The evidence presented below should be seen in this context.

6 The need to promote the recruitment and retention of nursing staff in Northern Ireland was one of the two matters within the dispute that led to RCN members in Northern Ireland taking industrial action. 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.

7 The evidence to illustrate the continuing impact of the pay and staffing crisis upon HSC nursing staff is significant. As a starting point, Department of Health workforce statistics demonstrate that the nursing and midwifery staff group experienced the lowest rate of growth of all ten HSC workforce groups between 2016 and 2020, at just 6.1%. This compares, for example, with 20.8% for the professional and technical group and 17.7% for medical and dental staff. Moreover, this inadequate overall growth obscures a stagnation and even a decline within certain areas of nursing practice. Between March 2011 and March 2020 and measured by whole time equivalent, for example, the mental health nursing workforce in Northern Ireland grew by just 0.5%, whilst the learning disability nursing workforce contracted by 15%. Given that the Northern Ireland Executive Department of Finance, in its current draft Budget consultation paper, states: "The cost of providing the services DOH delivers is increasing, with estimates suggesting some 6.5% annually", it is easy to see from where the mismatch between supply and demand derives in relation to the nursing workforce.

8 The Department of Health's own HSC staff survey, conducted on a triennial basis, was most recently undertaken during 2019. This found, for example, that just 27% of nurses working within the HSC believed that 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 staff survey also illustrated that 41% of HSC nursing staff often think about leaving (compared to 35% of all occupations), 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 the year.

9 In a similar vein, the 2019 RCN Employment Survey for Northern Ireland found that 73% of nursing staff in Northern Ireland worked additional hours at least once per week and that 48% of those who worked additional hours did so unpaid. Two-thirds (66.5%) of nursing staff in Northern Ireland said that they feel under too much pressure at work, compared with a UK average of 62.7%. A similar proportion (64.2%) stated that they are too busy to provide the level of care they would wish to deliver, compared with a UK average of 60.6%. Some 85% of nursing staff in Northern Ireland said that, during the preceding twelve months, they had worked when they should have reported sick. The UK average is 74.7%. Under half (45.1%) of nursing staff in Northern Ireland were satisfied with the choice they have over the length of shifts they work. This figure has fallen from 50.0% in 2013. Only just over one-third (34.8%) felt able to balance their home and working lives, compared with a UK average of 39.0%.

10 One of the key elements within the Minister's safe nurse staffing framework, also included within the New Decade, New Approach agreement in January 2020, was the commitment to increase the number of commissioned pre-registration nursing and midwifery education places by 300 per year over each of the next three years. However, as the Minister himself has acknowledged, these increases will not in themselves eliminate all nursing shortages in Northern Ireland. On Monday 12 October 2020, in response to a question about whether Northern Ireland has enough nurses, the Minister for Health told the Assembly: "The answer is no. We did not have enough nurses in March, we did not have enough in January and we do not have enough now." The RCN concurs with this view. It will take some time to deliver the other elements of the safe staffing framework and even longer to

realise the full benefits of this investment, let alone build the additional capacity necessary to transform health and social care and meet the future needs of the people of Northern Ireland (see also paragraph 31 below). In this respect, the RCN recommends once again that the NHSPRB may wish to seek information from the Department of Health, the universities, and the Nursing and Midwifery Council on programme attrition rates, the gap between the numbers of those who successfully complete programmes and then register with a Northern Ireland address, and the gap between this figure and the numbers entering employment within the HSC. If the Minister's safe staffing framework is to have the desired impact, it is essential that progress is measured and evaluated.

11 As at 30 September 2020, Department of Health figures illustrate that there were 1,671 funded nursing vacancies across the HSC, comprising 1,379 registered nurses and 292 nursing support staff. The registered nursing and midwifery vacancy rate stood at 7.4% and the nursing and midwifery support staff vacancy rate was 5.2%. 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" and that they also exclude the independent (or nursing home) sector, in which it has been estimated that the nursing vacancy rate is currently between 15% and 18%.

12 Within Northern Ireland, there is currently an extremely limited use of local recruitment and retention premia [RRPs], despite the fact that they are an existing feature of NHS 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 RRPs within the HSC to assist in addressing current recruitment and retention issues. The RCN would welcome the NHSPRB's observations on the use of local RRPs in this respect. We also share the views of the Nursing and Midwifery Task Group established by the Department of Health and which reported earlier this year, 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 other professional groups. As noted previously, this issue is elaborated upon at paragraphs 20-24 below.

13 The RCN has consistently highlighted over a number of years the absence of effective workforce planning for nursing, with the impact of this 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 a report published by the Northern Ireland Audit Office on workforce planning for nurses and midwives. The RCN commends both reports to the NHSPRB.

Staff migration, recruitment deficiencies and key behavioural drivers

14 The Minister's remit letter to the NHSPRB makes reference to "wider recruitment and staff motivation factors specific to the Northern Ireland labour market". It also seeks views from the NHSPRB on "staff migration, recruitment deficiencies and key behavioural drivers".

15 The 2019 RCN Employment Survey for Northern Ireland provides further important information about the reasons why nursing staff are thinking of leaving the profession. The principal reason, expressed by 70.1% of those surveyed, is feeling undervalued. The next most frequently cited reasons, in descending order of reference, are feeling under too much pressure (52.4%), stress levels (50.2%), low staffing levels (49.8%), an inability to deliver the level of care expected (49.4%) and workload (49.2%).

16 Although the Health Minister's framework on pay parity provided agreement on Agenda for Change pay increases for 2019-2020 and 2020-2021, as well as a refresh of the incremental Agenda for Change system, there remain significant issues for the Department of Health and HSC employers to address.

17 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 nurses 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) and they are particularly aggrieved that development in their role has not been fully recognised, and that there is a lack of career opportunities.

18 The RCN advocates a review of the job evaluation process to ensure effectiveness and accountability in the system across all HSC 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. Such a review is essential to ensure that staff are able to maximise their contribution to the transformation agenda and rewarded appropriately for their key role in an evolving and modern health and social care system.

19 A significant issue raised by nurses over the last decade is the reduction of senior nurse leadership posts and the perception that clinical leadership has been eroded. As a result of a general management approach to service delivery, nurses perceive that leadership posts have been progressively disappearing, to be replaced by general managers. This impacts negatively on nurses' ability to act as autonomous professionals and has led them to feeling increasingly "micromanaged" by people who do not understand clinical issues and patient safety risk. The table above highlights this issue. Although nurses comprise 34% of the total HSC workforce, they are significantly under-represented at bands 7

and above compared to other AFC staff groupings. This is illustrated in the table below.

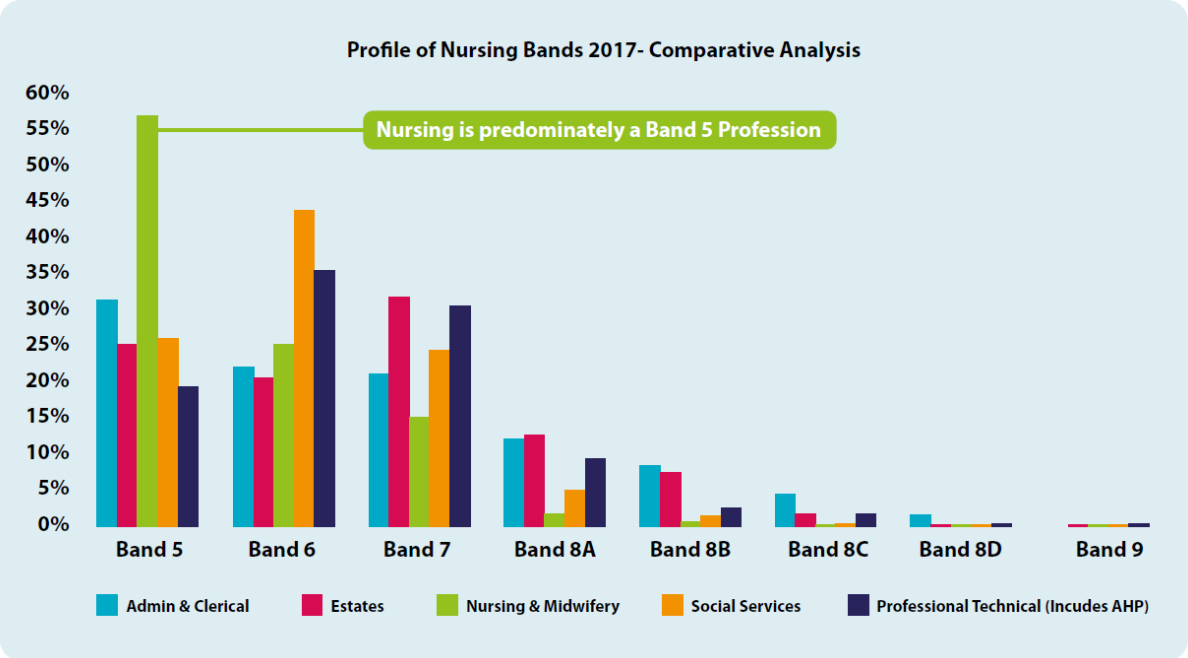
Table one: whole time equivalent [WTE] and percentage of staff in each band (March 2017)

WTE	Band 7	Band 8 A	Band 8B	Band 8C	Bands 8D/9
Administration and clerical	696 (21.1%)	411 (12.5%)	281 (8.5%)	144 (4.4%)	49 (1.5)
Estates services	99 (31.9%)	39 (12.6%)	24 (7.7%)	6.0 (1.9%)	
Registered nurses and midwives	2295 (15.2%)	257 (1.7%)	109 (0.7%)	26 (0.2%)	
Social services	1156 (23.8%)	240 (4.9%)	68.2 (1.4%)	17 (0.3%)	
Professional and technical	1893 (30.7%)	582 (9.4%)	157 (2.6%)	102 (1.7%)	30 (0.5%)

20 In March 2020, the Department of Health published the Report of the Nursing and Midwifery Task Group. A commitment to the publication of this report was one element within the Minister's safe staffing framework demanded by the RCN as a pre-condition for suspending industrial action. Recommendation 7.26 (page 13) states: "Develop arrangements for accelerated pay progression [from] band 5 to band 6 grades similar to other professions. 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 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 a series of 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." The table below illustrates the background to this position.

Figure 15 - Whole Time equivalent and % NI HSC Staff by Occupational Family & Pay Band 5-9 (March 17)



Source: report of the Nursing and Midwifery Task Group, 2020: page 43

21 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 as presented

in figure 15. This pattern is also repeated in nursing and midwifery support posts across AfC bands 1-4."

22 The Task Group report notes (page 73): "Many [workshop participants] expressed concerns about the lower rates of pay earned by staff on AfC terms and conditions in NI. 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."

23 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."

24 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) 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 wish to draw this commitment, and its underlying rationale, to the attention of the NHSPRB.

Safe nurse staffing legislation

25 The safe nurse staffing framework published by the Minister for Health in resolution of the industrial taken in late 2019 and early 2020 contained a reference to moving forward with the case for safe nurse staffing legislation, as exists in Wales and now in Scotland. This will help ensure that the need to provide enough nursing staff to deliver safe and effective care to the people of Northern Ireland is never again subject to the vagaries of ad hoc workforce planning and budget constraints.

26 The principles upon which the RCN believes safe nurse staffing should be based are:

- improving standards and outcomes for service users
- taking into account the particular needs, abilities, characteristics and circumstances of different service users
- respecting the dignity and rights of service users
- taking account of the views of nursing staff and service users
- ensuring the well-being of nursing staff
- ensuring transparency about decisions on nurse staffing for staff and service users
- enabling the efficient and effective allocation of nursing staff.

27 Safe staffing legislation will enable organisations (such as the Department of Health and the HSC trusts) to hold accountability for the decisions they make and should set out the process by which this accountability can be demonstrated. Accountability should include both proactive and reactive mechanisms. On the proactive side, there should be a system of regular reporting on progress made

towards national and local workforce strategy objectives. On the reactive side, there should be a system for exceptional reporting and raising concerns. Mechanisms for holding organisations to account should be enabling and lead to appropriate steps being taken to support the organisation to meet its duties or objectives. Legislation is not an end in itself but an important step in codifying the ways of working that support evidence-based decisions being made in relation to the nursing workforce.

28 If this legislation is to be drafted and processed during the current Assembly mandate, a clear timetable needs to be developed and implemented by the Department of Health as a matter of urgency. We are pleased to note that the Minister for Health has recently made a clear commitment to progressing this legislation and the RCN is, in turn, committed to working in partnership with the Minister and his Department to secure robust primary legislation on safe nurse staffing in Northern Ireland during the current Assembly mandate.

Northern Ireland Executive pay policy

29 The RCN notes that the Northern Ireland Executive has not yet formally published its pay policy for 2021-2022. The 2020-2021 pay remit approval process and guidance, published on 2 September 2020, states: "This pay policy provides scope for public bodies to reward staff differently, subject to the requirements of equal pay legislation and legal/contractual entitlements to, for example, national pay awards. Where there is scope to vary pay awards within public bodies, active consideration must be given to targeting awards to address low pay." The Department of Health has budgeted for a 2% uplift to Agenda for Change pay scales in 2021-2022. On 26 November 2020, Departmental officials told the Northern Ireland Assembly Committee for Health: "It is a 2% pay rise. It is based on a 2% pay rise in line with the Department of Health and Social Care in England."

30 In our supplementary evidence to the NHSPRB in 2020-2021, the RCN in Northern Ireland welcomed the stated commitment of the Department of Health (page 5) to agreeing pay policy much earlier in the financial year. The RCN has consistently highlighted the unacceptable tendency in previous years for pay awards to be agreed or imposed by the Department of Health in November or December of the

financial year to which they apply, and that they are then not paid until February or March. This exemplifies the inadequate nature of budget-setting and business planning that has characterised the HSC in Northern Ireland for too long. Awards should be agreed in advance of the financial year to which they apply and be paid with effect from the April salary date. This links to the commitment defined in the New Decade, New Approach agreement to move towards multi-year funding settlements to facilitate more effective long-term planning in health and social care. No progress has subsequently been made in respect of this commitment.

HSC transformation

31 The Department of Health evidence to the NHSPRB for 2020-2021 discussed the process of HSC transformation. The RCN has commented on many occasions in recent years how the process of transformation has been undermined by an *ad hoc* approach to planning and budgeting, a failure to view transformation as anything other than an isolated series of "projects" rather than as a strategic system-wide refocusing, and, in particular, by the failure to underpin transformation by appropriate workforce planning. The restoration of the post-registration nursing education budget to its 2008-2009 level, as one of the Minister's safe staffing framework commitments, was welcomed by the RCN in this respect but is only one small step in the right direction. If transformation is to be delivered, it requires a significant expansion of, in particular, the specialist community nursing workforce in order to deliver the district nurses, school nurses, health visitors, learning disability nurses, and community mental health nurses, for example, who will deliver the new public health-focused early intervention and prevention services that lie at the heart of the HSC transformation agenda. Given the established link between pay and recruitment and retention, this is a key factor that must be taken into consideration within the context of a pay award for 2021-2022 and in the development of future pay policy.

Agency nursing expenditure

32 HSC expenditure on agency nursing has escalated from just under £10 million in 2012-2013 to £52.1 million in 2018-2019 and then almost doubled within the next year to the £89.8 million recorded in 2019-2020. The RCN has commented on

many occasions how this level of expenditure is unsustainable and reflects the absence of effective workforce planning for nursing in Northern Ireland.

33 Excessive agency expenditure not only has significant financial implications for health and social care services but also impacts upon the quality of care, continuity of care and the patient experience. The RCN is now participating in work with the Department of Health to address this issue. The implementation of the Minister's safe staffing framework will also help to mitigate the levels of expenditure but, as previously noted, the impact of this will take some years to be fully realised.

Covid-19 pandemic, pay and staffing

34 As noted at paragraph 2 above, the Minister's remit letter to the NHSPRB references his recognition of "the uniquely challenging impact coronavirus is having on the NHS" and his commitment "to continue to provide NHS workers with a pay rise". The full impact of the 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 simply 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 nursing staff. It is no exaggeration to state that, if the imposition of the Coronavirus restrictions has been necessitated in part by the perceived need to protect the HSC, these measures might not have been required to the same degree and for the same length of time if an adequate nursing workforce had existed at the onset of the pandemic. In this sense, the people of Northern Ireland have paid a heavy price for the failure of the Northern Ireland Executive over many years to build and sustain a nursing workforce that is capable of meeting their health care needs.

Concluding comments

35 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 request. The RCN would be pleased to supply any further information that may be required.

January 2021
Publication code 009 676