Maintaining standards in difficult times

Nurses in Northern Ireland face much the same pressures as those elsewhere in the UK, but with the added problem of the collapse of the devolved government six months ago. Yet nurse leaders insist there are grounds for optimism, with innovative work in key areas such as safe staffing.

By Jennifer Trueland
"We’re in a good place in nursing – we’ve got high-calibre students emerging, and there’s a huge opportunity for nurses to lead change”, says Northern Ireland’s chief nurse Charlotte McArdle.

While that positive view is shared by many, there is consensus that nursing in Northern Ireland is facing challenges, as is the health and social care service more widely. Nurse vacancy levels are high, waiting times – that traditional barometer of how a service is performing – are lengthening, and there is a crisis in primary care that has led to GPs threatening to resign.

Add to this the political impasse caused by the political parties’ inability to agree a power-sharing deal, plus the spectre of a ‘hard border’ with the Republic of Ireland as a result of Brexit, and it’s clear that life in the province is not easy at the moment.

The prospect of £1 billion in new money over the next two years, divided between health, education and infrastructure projects – the result of the deal struck by the Democratic Unionist Party in return for supporting the Conservatives’ minority government – is unlikely to turn the situation around. Condemned as a ‘bung’ by some critics in the other parts of the UK, the funding has been justified on the grounds that Northern Ireland has particular needs because of its troubled history.

The deal is much more modest than early reports had predicted. ‘Any additional financial support for health and social care in Northern Ireland is to be welcomed,’ said Janice Smyth, director of RCN Northern Ireland.

‘The college is reassured that resources have been identified for transformation. Nurses and nursing require investment that will enable the profession to lead and provide services that improve public health and will provide care of a growing number of people with complex health conditions in the community.’ She added the college is pleased there will be investment in mental health.

There are 1,252 unfilled nursing posts in Northern Ireland, a vacancy rate of around 7%. Although vacancy rates elsewhere in the UK are not directly comparable, they are probably around 4.5% in Scotland and 11% in England, based on figures quoted by the RCN in its Safe and Effective Staffing document, published in May.

Vacancies

Chief nurse Professor McArdle admits vacancies are a problem, but says action is under way to tackle it. ‘There is no quick fix,’ she says. ‘There have been cyclical problems over the past 15 to 20 years, but we’re taking steps to rectify that. We have a strong policy position on safe staffing levels (see box, page 25) and there is a phased implementation under way. But money is tight, and workforce as an issue is tough, so we are taking a phased approach.’

She says it was ‘amazing and uplifting’ to see the innovation and leadership demonstrated by the finalists and winners in this year’s RCN Northern Ireland Nurse of the Year awards. The RCN’s Janice Smyth attended the awards ceremony in Holywood on 8 June, and was also hugely impressed by the talent in evidence.

But she is clear that current circumstances are putting an unsustainable burden on the nursing workforce. ‘Nurses are under increasing pressure,’ she says. ‘There is increasing demand for their services, and the vacancy rate and sickness absence mean they are struggling to meet needs.’
Pay is also an issue – nurses in the province are the lowest-paid in the UK, because the Northern Ireland Assembly decided not to implement the recommendations of the independent pay review body, leading to two years with zero pay rise, then an increase for one year only. Nurses’ pay actually fell at the end of March this year, because the suspension of the assembly meant no decisions could be taken about this financial year. ‘Nurses in Northern Ireland earn 3% less than those in Scotland, and they feel undervalued and demoralised,’ says Ms Smyth.

Reform is slow
It is well-recognised that the health service in Northern Ireland is desperate for transformation, but reform has been slow. Many were hopeful the latest programme, based on the recommendations of Professor Rafael Bengoa would lead to necessary change.

Michelle O’Neill, the health minister at the time Professor Bengoa’s review report was published last autumn, said changing the system was the right thing to do and acknowledged the NHS was at breaking point. As the leader of Sinn Fein, Ms O’Neill has been one of the leading figures trying to negotiate a new power-sharing executive for Northern Ireland, a process that has held up reform because there has been no-one to sign off the budgets required for transformation. ‘We are crying out for transformation,’ says Ms Smyth. ‘We were quite hopeful when the Bengoa report was published but there’s been no movement on this because of the political stalemate.’

Exploitation
Importantly for nursing, Professor Bengoa recognised that looking after the workforce was a key part of transformation, but Ms Smyth says more needs to be done. She points out that Northern Ireland has a higher proportion of band 5 nurses, 52% more than other areas of the UK and many of them are doing jobs that would be handed more highly elsewhere. ‘Band 5 nurses are being exploited, and this needs to stop,’ she says. ‘There needs to be parity with the rest of the UK, and nurses in Northern Ireland should have the same career opportunities, or they will leave.’

Agency staff
Employers in Northern Ireland are already being forced to rely too heavily on agency staff, she adds, because nurses can earn more by working for agencies. ‘If you’re being paid for a band 5 post and having to manage an agency nurse who is being paid three times as much as you, you won’t be happy.’

So what is being done to tackle the nursing shortage? Steps include providing more training places for nursing students, and international recruitment drives to bring in more nurses from overseas, says Professor McArdle.

But there is also an effort to make nursing a more attractive job. This involves having a clear strategic direction, with visible leadership at all levels. Despite the political situation, Professor McArdle insists this work continues. A nursing leadership group – including a wide range of stakeholders – meets every fortnight and has nine work streams.

She says: ‘I know the workforce is under pressure. But nurses are trying their best to provide the best care they can – it’s important to put that on the table. I’ve got to support them, and part of
that is about me being visible in the system.’

Siobhan McIntyre, regional lead nurse consultant for the Northern Ireland Public Health Agency, whose remit includes workforce, accepts more nurses are needed, but says vacancy levels must be put in context. ‘There has been a significant increase in the number of funded posts for medical and surgical nurses in acute hospitals – a 10% increase in nursing posts,’ she says. ‘That has an influence on the vacancy rate.’

The normative staffing policy (see box), a flexible approach to safe staffing that allows for local variation and professional judgement, includes other important measures, she adds, such as ensuring the exclusively supervisory role of the ward sister, and improved capacity to allow for planned and unplanned absences.

Quality graduates
Ms McIntyre points to the nurses of the future – all nursing graduates will be offered posts, to encourage them to stay in Northern Ireland, she adds, emphasising the high quality of the nurse education offered in the province.

Ms Smyth clearly believes the excellence of the nursing workforce is itself grounds for optimism. ‘We have fabulous nurses, doing innovative work. We have a talented workforce and we need to do what we can to support them to provide the care the people of Northern Ireland deserve.’

Jennifer Trueland is a freelance health writer

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**Blueprint for best care and safe staffing**

Angela Reed is a big believer in the importance of managing your workforce well and deploying the staff you have in the best way possible. Part of this comes from personal experience.

‘I was a ward sister and I know that if you get the rostering wrong, it doesn’t take long for staff to make known their concerns,’ she says. ‘You have to work really hard at maximising the complement of staff in your funded establishment and reviewing it regularly against known nursing workload.’

Today Ms Reed is a senior professional officer for the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), an arms-length body that promotes high standards of practice, education and professional development for nurses and midwives as well as providing advice and guidance on best practice.

**Opinion and judgement**

NIPEC was asked by the chief nursing officer for Northern Ireland to manage and coordinate a project to define staffing ranges in primary and secondary care as part of a programme to ensure safe staffing in the health and social care service, as outlined in the Northern Ireland Department of Health Delivering Care framework.

Known as normative staffing, the policy is being delivered in stages covering a number of clinical areas, and is intended to ensure commissioners and service providers – and everyone else involved – talk the same language when it comes to nurse staffing levels.

Rather than focusing on a set number of staff per bed, the normative staffing levels instead specify a range that allows for local variation and circumstances, including influencing factors such as professional regulatory requirements or activity levels. ‘It’s based on professional opinion and judgement,’ says Ms Reed.

She says it is about using data from workforce planning tools, determining the factors that have an impact on the workforce and measuring the outcomes you achieve, to inform professional judgement relating to the overall picture of the number of staff needed.

**Agreed ethos**

The work began in 2011 and the framework was published in 2014. The first phase, covering acute medical and surgical care, is being implemented. Phase 2, covering emergency departments, has been agreed and phase 3 (community nursing), and phase 4 (health visiting) have also been agreed. Work continues to develop phase 5, covering mental health.

‘The influencing factors give control to people rostering staff,’ explains Ms Reed. ‘It allows them to make their argument for where they sit on the staffing range. This might include, for example, having

‘You have to work really hard at maximising the complement of staff in your funded establishment and reviewing it regularly against known nursing workload’

groups of highly dependent patients, such as frail elderly, or having a number of inexperienced staff requiring preceptors, both factors that impact on the capacity of staff to provide safe, effective person-centred care.’

Implementation of phase one was backed with £12.5 million of resources, which has allowed trusts to take on more staff. ‘The difficulty remains that you have to recruit the staff,’ says Ms Reed.

‘But I’m highly optimistic that the policy framework makes a difference to trusts. ‘There was a desire to have a framework that could be translated from the clinical care settings to board level at a grassroots level, and that the ethos be agreed across the organisations. Now, everyone is talking the same language and using the same framework, and that’s a positive development.’