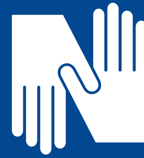

The South West Pay Cartel – the health economy and workforce context

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Introduction

A group of 20 NHS trusts in the South West of England have formed a cartel (known as the “South West Pay, Terms and Conditions Consortium”) to move away from the national Agenda for Change (AfC) framework and towards a regional system for pay and conditions. In response to these proposals, the RCN has looked at official workforce statistics, key indicators of health needs and our own data from the *Frontline First* campaign to analyse the current state of affairs in the South West.

Within this context, the RCN believes that breaking away from the national AfC framework is the wrong solution to the problems seen in the South West. In fact, it is likely to exacerbate them, encouraging experienced staff to leave and compromising the care of patients.

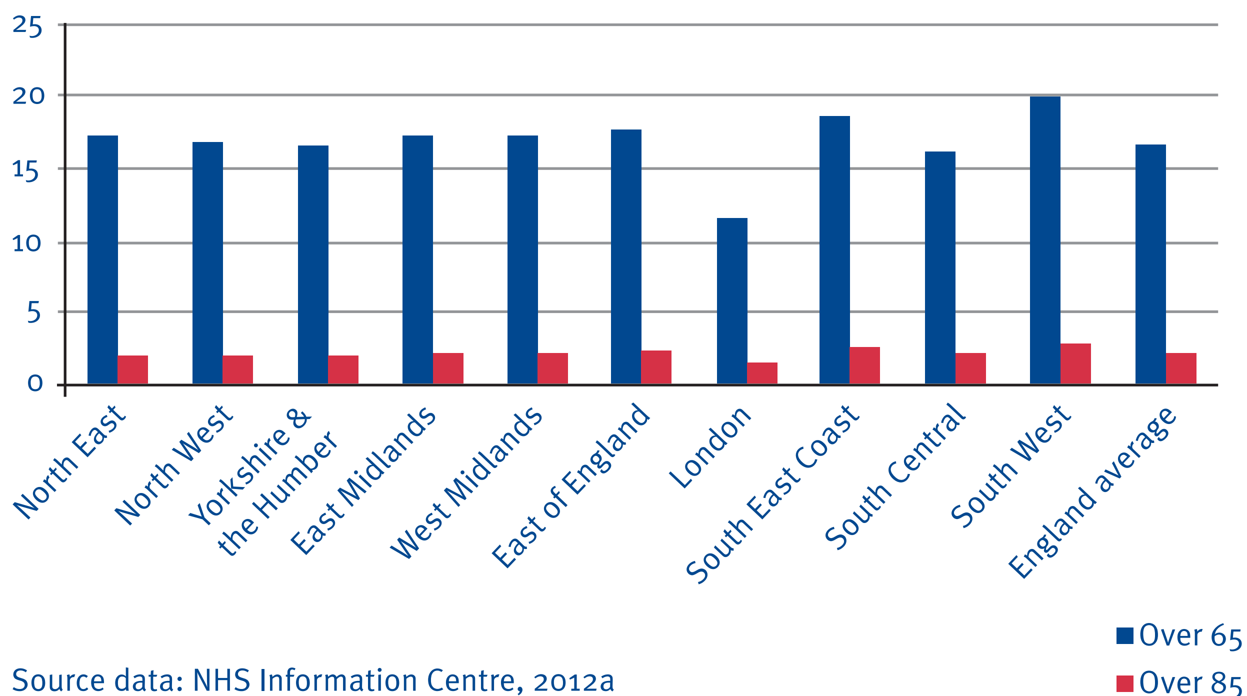
1. Population and workforce

Current situation

The South West SHA area has the oldest population out of all the SHAs in England – 19.78per cent of the population are over 65 and 2.97 per cent are over 85, compared to the England averages of 16.54 per cent and 2.3 per cent respectively (see Figure 1). Older people tend to have greater health needs than average, putting extra demands on the health care staff working in the South West.

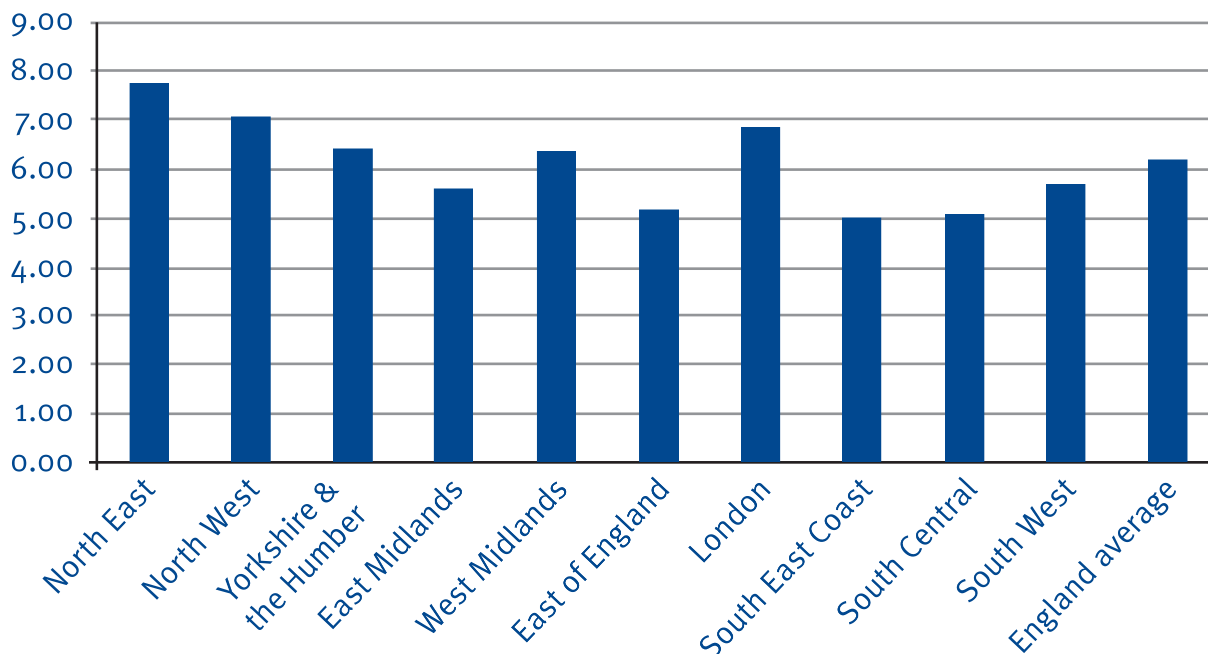
Despite having the oldest population, the number of qualified nurses, midwives and health visitors per 1,000 of the population in the South West is below the national average (5.7 compared to 6.12) (see Figure 2).

Figure 1: Percentage of the population over 65 and over 85 in each SHA area in England



Source data: NHS Information Centre, 2012a

Figure 2: Number of qualified nursing staff per 1,000 people in each SHA area



Source data: NHS Information Centre, 2012a and 2012b

Change over time

Between May 2010, when the Coalition Government came into power, and May 2012 (the latest figures available), the total NHS workforce in the South West decreased by 2.16 per cent. This compares to an average drop of 2.14 per cent across England.

However, if we look at the qualified nursing workforce on its own, this declined in the South West by 3.54 per cent, compared to an average of only 1.16 per cent across England. This was the highest drop of all SHAs (see Table 1).

So overall the workforce in the South West fell by 2.16 per cent, but nurses were hit harder than average and numbers decreased by 3.54 per cent. This is the only SHA region where this was the case. For all the others, nurse numbers either decreased by a lower percentage than the total workforce, or in two cases (London and the South East Coast) slightly increased in number.

Table 1: The percentage change in the NHS workforce between May 2010 and May 2012

	Total NHS workforce % change	Total qualified nursing % change
North East	-0.51%	-0.12%
North West	-3.72%	-3.49%
Yorkshire & The Humber	-3.89%	-3.14%
East Midlands	-2.77%	-0.64%
West Midlands	-2.02%	-0.01%
East of England	-2.94%	-1.95%
London	-0.67%	1.28%
South East Coast	0.63%	2.65%
South Central	-1.71%	-1.43%
South West	-2.16%	-3.54%
England average	**-2.14%**	**-1.16%**

Source data: NHS Information Centre, 2012c

2. NHS staff survey 2011 results

The NHS staff survey asks NHS employees how they feel about their place of work. The 2011 survey (National NHS Staff Survey Co-ordination Centre, 2012) found that:

- 11 out of the 20 trusts in the cartel were in the worst 20 per cent nationally for feeling satisfied with the **quality of work** and patient care they are able to deliver
- 8 out of the 20 trusts in the cartel were in the worst 20 per cent for staff agreeing that their role **makes a difference to patients**
- 7 out of the 20 trusts in the cartel were in the worst 20 per cent for **work pressure felt by staff**
- 7 out of the 20 trusts in the cartel were in the worst 20 per cent for staff feeling there are **good opportunities to develop** their potential at work
- 7 out of the 20 trusts in the cartel were in the worst 20 per cent for staff experiencing **physical violence** from patients, relatives or the public in last 12 months.

Although there is a mixed picture for the South West region as a whole (which is to be expected), in relation to patient focused indicators it is clear that a large proportion of the workforce already feel challenged in their ability to deliver high-quality patient care.

There are variations in relation to how engaged staff feel (both in the South West and other parts of the country). However, of the trusts in the cartel the following were in the worst 20 per cent for **overall staff engagement**:

- Royal Cornwall Hospitals NHS Trust
- Plymouth Hospitals NHS Trust
- Dorset County Hospital NHS FT
- Poole Hospital NHS FT
- Gloucestershire Hospitals NHS FT.

Out of all 38 indicators measured in the survey:

- Royal Cornwall Hospitals has **26 out of 38** indicators in the "worst 20 per cent" category
- Poole Hospital NHS FT has **19 out of 38** indicators in the "worst 20 per cent" category
- Gloucestershire Hospitals NHS FT has **18 out of 38** indicators in the "worst 20 per cent" category
- Dorset County Hospital NHS Foundation Trust has **14 out of 38** indicators in the "worst 20 per cent" category
- Weston Area Health NHS Trust has **12 out of 38** indicators in the "worst 20 per cent" category
- Plymouth Hospitals NHS Trust has **11 out of 38** indicators in the "worst 20 per cent" category.

The staff survey data suggests that staff morale is already low in many of the hospitals in the cartel, with many staff feeling that they are unable to give the quality of care they would like to patients.

3. South West cuts identified by the Frontline First campaign

The RCN acknowledges that trusts in the South West have financial challenges and that savings need to be made. However, we believe that the workforce is the wrong place to start. The RCN *Frontline First* campaign has identified many large workforce cuts that have already taken place in the South West, and these are listed below. Cutting pay or jobs will put even more pressure on an already weakened workforce. Other areas of potential savings such as procurement, drug waste, innovation and expensive PFI contracts need to be looked at first, and any changes must be clinically led.

Royal Devon and Exeter NHS Foundation Trust

The trust published plans to cut 250 WTE posts in 2011-12.

Taunton and Somerset NHS Foundation Trust

The trust has published plans to decrease its workforce by 504 WTE from 2010 to 2013. 60 per cent of the posts are clinical.

Dorset County Hospital NHS Foundation Trust

The trust reduced its bed numbers by 39 and closed its child and adolescent learning disabilities service, which was transferred to another provider. The trust already closed its spinal services in June 2011.

Plymouth Hospitals NHS Trust

The trust published plans to cut 281 posts in the financial year 2011/12, of which 145 were nursing posts. The trust stated that redundancies would be minimised. The extensive review of services and posts saw a significant number of downbanded jobs for nurses and the loss of specialist roles, notably in cardiac rehabilitation and learning and development.

In 2010 Plymouth Hospitals NHS Trust placed 159 staff at risk of redundancy. Approximately 20 Bands 5-7 nurses were affected.

Royal Cornwall Hospitals NHS Trust

In April 2011, the trust announced that it aimed to reduce its workforce by 400 staff by March 2012, mostly through "natural wastage". The trust issued an HR1 placing 38 staff at risk of redundancy.

A review of nursing and midwifery resulted in the loss of half of the trust's matron posts (a loss of eight posts) – five left the organisation during the period of the review or shortly afterwards. More recent difficulties with patient flow have resulted in a review of the medical division and reintroduction of additional matron posts.

North Bristol NHS Trust

North Bristol NHS Trust is closing the Frenchay Hospital and opening a new site with a significant reduction in bed and staff numbers.

Weston Area Health NHS Trust

Hutton Ward closed losing 24 beds. Staff were redeployed to vacant posts.

4. Voices from the frontline

The *Frontline First* campaign allows members to report cuts to services and staff they see in their workplace through a dedicated website. The South West SHA area contains 10 per cent of the population and 10.6 per cent of RCN members in England. However, 14.55 per cent of the reports we have received from members have been from the South West. This means that we are seeing approximately 50 per cent more than we would expect.

The following quotes are taken from these reports. They come from members working at trusts that form part of the South West pay cartel.

"Nursing establishments have been reduced across most clinical areas. Nursing posts have been replaced with non-registered staff. Support staff such as housekeepers, domestic staff have been reduced. Every replacement post has to be approved by the trust executive team. I am aware the trust is exploring options to amend terms and conditions of employment."

"Working overtime but only being paid bank rate (normal pay). Shift patterns and start/finish times changed with a week or less notice and [we were] told if we do not like it there are other places we can work. Vacancies not being filled when people leave, meaning remaining staff have to cover the hours.

"Lots of bullying management styles, no consultations on changes just told at the last minute that something is changing/ happening and get on with it."

"Staffing levels being cut, unpaid overtime being worked by most staff. Specialist nurses being asked to work on wards to fill staffing shortfall over bank holidays. Reduction in extra duty payment to average."

"The trust has recently removed ward administrators with the result that matrons and ward sisters are now having to undertake a greatly increased administrative workload, which is impacting upon time spent undertaking clinical duties. This is negatively impacting upon quality of supervision and clinical leadership with potential for negative impact upon patient care. Shifts which would have previously been covered by the Band 6 and 7 are now having to be covered by agency staff which appears sheer folly since the agency staff are more expensive than regular staff, and ironically the ward administrators were only paid Band 4.

"If you listen to students and Bank Staff they had repeatedly stated they had never before worked with such clinically active matrons, a statement shared by the medical staff. It is a tragedy that these highly experienced clinical staff are now busy in ward offices rather than out in the clinical area. Why standardise to poor practice when the medical areas had got it right? This change is not saving money and is impacting negatively on clinical standards."

"There is a staff shortage as they are not replacing staff who are leaving, retiring, going on maternity leave etc. As I work in theatres it is crucial we have sufficient staff to manage the patient load and lists and we do not have the numbers of staff necessary to cope. When things start to build up or go slow, managers, anaesthetists or surgeons will often come in and shout or demand to know what the holdup is but nothing gets done about the serious staff shortage which in turn makes our job stressful and upsetting on a daily basis. I often feel bullied or rushed into doing things I'm not comfortable with or feel I'm not able to give my patients the care I want to give them. Staff are off late (some days as much as two hours after their 12 hour shift ended) on almost a weekly basis because of lack of staff."

"The hospital has and continues to plan further closure of beds. This has resulted in reducing the establishment of nursing staff to the wards affected. The hospital frequently has no beds. Patients are being nursed in areas where their privacy and dignity is compromised, e.g. observation wards, and these are mixed sex without set visiting hours so privacy for patients is further compromised.

"In addition to this clinical nursing staff on the wards are spending much of their time preparing and packing up patients' belongings in order to transfer from one ward to another and also welcoming transferred patients to their ward getting to know new patients all over again and unpacking their belongings. It is not unusual for some patients to be transferred four or five times."

"The reduction of nursing staff on wards by changing shift patterns and natural wastage. This has resulted in nurses having more patients each shift to care for. Several members of staff have left recently, and their jobs are not being advertised. Shifts also not being covered by the bank, leaving the ward often short staffed. As a consequence workload has increased and job satisfaction decreased, which may be affecting patient care."

Conclusion

Reducing the pay, terms and conditions of staff in the South West is not the only choice that employers have, and this course of action is highly likely to negatively impact on patient care. There is widespread consensus in support of shifting services into the community. It is this sort of whole system reorganisation which will produce savings but is also in the best interests of patients.

We acknowledge that this change will create challenges for the workforce, but simply reducing pay or making short-sighted workforce cuts is not the answer at a time when the health care needs of the population are set to increase. Not only is there a real risk that staff will be forced to leave the NHS, but it will also be difficult to recruit, and the morale of remaining staff will be damaged further.

Rather than working together to cut staff pay, terms and conditions, employers should be collaborating to transform services and bring care closer to home.

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