



Department of

Health, Social Services and Public Safety

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Ms Trish Wilson
Secretary to the NHS Pay Review Body
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5 November 2008

Dear Trish

National Health Service Pay Review Body (NHSPRB) Information

In the 23rd Report the NHSPRB recommended that Northern Ireland aligns its pay scales by 31 March 2008 to reflect the uplift which was eventually implemented in England, Scotland and Wales in 2007 -08. I am writing to confirm that the rates of pay for NHS staff groups were increased in line with this recommendation.

We have also endeavoured to provide you with information as identified in your 23rd report on a range of issues covering recruitment and retention, Knowledge and Skills Framework (KSF) implementation and benefits realisation and on morale and motivation. This is set out as follows:

- Section A. Recruitment and Retention for Pharmacists
- Section B. KSF Implementation and benefits realisation
- Section C. Morale and Motivation
- Section D. Affordability Issues

We regret that it has not been possible to provide you with information on the quality of staff and applicants for this review body round. Staff qualifications are not something that we have historically captured in Northern Ireland. For us the key issue is how reliably such information is recorded at Trust level in the first place. Accordingly, obtaining and validating such information is not be feasible for this year's pay review exercise.

I have also now received your supplementary evidence questions arising from the Health Department's written information to the NHS PRB on 29 October. I will address the issues raised and submit a further response to you by 18 November 2008.

A handwritten signature in black ink, appearing to read "David Bingham". The signature is written in a cursive style with a long horizontal stroke at the end.

DAVID BINGHAM
DIRECTOR OF HUMAN RESOURCES

SECTION A: Recruitment and Retention of Pharmacists

1. Para 3.14 of the 23rd Report suggests that further research should be undertaken on national RRP's for pharmacists. The following demonstrates the position in Northern Ireland for this part of the workforce and DHSSPS would not support the need for a National Recruitment and Retention Premium for the Pharmacy workforce.
2. There is a wide range of reasons for vacant posts, for example, natural turnover of staff, career breaks and geographical location. Some posts have a longer selection process, for example, ambulance personnel have various tests to complete as part of the selection process.
3. Recruitment and retention issues are monitored through the workforce planning mechanism. The workforce planning mechanism comprises a programme of comprehensive regional workforce reviews across the main professions and a number of supporting groups in the HSC. The main aims of the reviews are to establish information on the supply/demand dynamics relevant to the workforce group, in order to inform the Department's decision-making on the number of training commissions and to develop understanding of the issues impacting on recruitment and retention and career progression of those employed.
4. Pharmacy workforce reviews were completed in 2001 and 2006. The overall findings of the last review indicated that, while there was a shortfall in relation to the number of pharmacists and technicians required to deliver on the modernisation initiatives underway, projections indicated that supply and demand would come into balance after 2006. We have not as yet scheduled the next Pharmacy workforce review, but it is likely that we will review the workforce again in late 2009 or 2010.
5. While Pharmacy in general does not experience recruitment difficulties, the hospital sector traditionally attracts fewer recruits, largely due to the lower starting salary compared to the community sector.
6. The DHSSPS also monitors vacancies on a bi-annual basis by means of an established survey (recording snapshot figures as at 31st March and 30th September each year). Information is collected on current and long-term vacancies (i.e. those vacant for 3 months or longer), vacancies by grade, HSC Organisation and Programme of Care for all Terms and Conditions Groups. The report is published on the Departmental internet site. The latest report on vacancies as at 31st March 2008 has just been published.
7. There are 393 (headcount) pharmacist employed in seven HSC organisations in Northern Ireland. Annex A provides a breakdown within each organisation. At March 2008 there were 20.8 WTE vacancies (or 5.5% of staff) of which 3 WTE (or 1.7% of staff) were long term. This compares with overall WTE vacancy rates of 2.4% in March 2008 and an overall long-term WTE vacancy rate of 0.8%; further details are set out in the table below. Overall we have no

information to show that Pharmacy suffers from higher turnover than other groups.

Long-term WTE Vacancy Rates at 31st March 2005 and 31st March 2008

TC Group	March 2005		March 2008	
	Long-Term WTE Vacancies	Long-Term WTE Vacancy Rate	Long-Term WTE Vacancies	Long-Term WTE Vacancy Rate
Admin and Clerical	89.4	0.8%	81.8	0.7%
Works and Maintenance	2.0	0.4%	0.0	0.0%
Ancillary and General	104.1	1.8%	66.2	1.3%
Nursing and Midwifery	297.2	1.7%	119.0	0.7%
Social Services	43.4	0.9%	43.7	0.7%
Professional and technical	136.7	2.3%	61.5	1.0%
Overall	755.1	1.5%	423.1	0.8%

8. The staff turnover calculation is movers plus leavers expressed as a percentage of all staff at mid-point of the year. Movers are those who have moved from one Trust to another but not those who have changed grade. Leavers are those who have completely left the service. The turnover calculation is based on headcount of staff.
9. Some level of staff turnover should be viewed as positive. A healthy organisation should have some staff turnover in order to prevent stagnation. In the year ending March 2008, 8.7% (36 staff) pharmacy staff had either moved within the HSC or left the HSC; this included 6.4% (25 staff) within this group that actually left the HSC. This compares with 8.8% staff turnover in the Professional and Technical staff groups. Further details are set out below in the following table.

Staff Turnover Figures for 2007/08 (Trusts only) Source: Human Resource Management System.

Terms and Conditions group	Movers and Leavers (headcount) 2007/08	Staff in post at Sept 2007 (headcount)	Staff turnover¹ %
Professional and Technical	598	6799	8.8
Social Services	470	6015	7.8
Nursing and Midwifery	1496	20880	7.2
Ancillary and General	936	7951	11.8
Works and Maintenance	18	551	3.3

10. The DHSSPS would not support the need for a National Recruitment and Retention Premia for the Pharmacy workforce. Local recruitment difficulties can be addressed through a local RRP in the same way as other staff groups.

SECTION B - KSF Implementation and Benefits Realisation

BACKGROUND:

1. The NHS Knowledge & Skills Framework (KSF) and Development Review process is one of the three strands of Agenda for Change. As such it is a mandatory element of the terms and conditions of service for staff employed in Health & Social Care in NI. However, despite good progress in relation to the matching and assimilation of staff onto AfC pay bands progress on KSF implementation has lost focus. This situation has not been helped by the setting up of the new HSC organisations under the Review of Public Administration which has been the prime focus during the past year. As the new organisational structures take shape and matching and assimilation activity nears completion, the focus will be concentrated on the implementation and continuing use of the KSF.

PROGRESS TO DATE

2. Although there has been a steady progress in the implementation of the KSF in Northern Ireland, it is slower than we would have like and is concentrated in a few Trusts. The current data shows that 42% of the workforce is covered by a KSF post outline. Lower percentages are recorded for staff with a Personal Development Review completed and a Personal Development Plan. The numbers registered as users on the e-ksf is also low but this is due to a lack of clarity regarding the requirement to use the e-ksf tool.
3. While the lack of progress in implementing KSF can be attributed to a number of reasons the restructuring of the HSC provides an opportunity to refocus on KSF on a larger scale with a smaller number of HSC organisations. Opportunities will present to use KSF as a modernisation/benefits realisation tool. Work is underway to reconfigure the e-ksf system in line with the new structures. The upgraded and improved e-ksf system will provide for improved monitoring of training needs leading to more effective commissioning and delivery of training and development on a wider scale. Effective staff development will link with Clinical Governance and improved patient care.

The Way Forward

4. Plans are underway to hold a relaunch of KSF later this year. This will be directed at senior staff in the HSC and will refocus on the benefits of fully operating the scheme in the restructured HSC. The relaunch will also coincide with the launch of the HSC Workforce Learning Strategy.

SECTION C - Morale and Motivation

1. While individual Health and Social Care organisations in Northern Ireland have undertaken comprehensive surveys of their staff there has not been a coordinated approach to surveying staff attitudes. However, this is about to change and a single initiative will be undertaken in partnership with staff representative groups later this year. The proposed survey will be coordinated by the Regulation Quality Improvement Authority and will have a common approach to implementing a survey using a questionnaire methodology with a sample of randomly selected staff. Work on this initiative will commence in November 2008 and the outcome of the exercise will be included in the 2010 PRB evidence.
2. A sample survey undertaken by the largest HSC Trust in March 2008 prompted responses from almost 5,000 of the 22,000 staff; representing 21% of the workforce in that organisation. The responses reflected the workforce profile in terms of age, gender, ethnic groups and service and occupational groups and therefore it is reasonable to consider the survey as representative of HSC workforce in Northern Ireland. A summary of the findings of the survey are set out below.

Values and Vision	<p>71% said they were aware of the values of the organisation. 58% understood and shared these values and over half felt a strong sense of pride in working for the organisation. 73% understand their roles and responsibilities 61% are clear about our goals and objectives but many are unsure as to how these contribute to the overall corporate objectives.</p> <p>Staff highlighted the low levels of feedback, involvement and consultation in undertaking work.</p>
Job satisfaction	<p>Generally satisfied across service groupings although only 34% felt they were recognised for good work. One in five wish to leave the organisation as soon as another job could be found; the single most common reason given for this was that the organisation didn't value their work.</p> <p>One quarter of those who had received their AFC banding thought it was fair. 70% felt they could cope with the demands of the job but under half felt they didn't have adequate time or equipment, materials or supplies.</p> <p>71% felt they had clear team objectives although only half met regularly to discuss team effectiveness and improvement. 59% felt encouraged to work as a team but only 40% felt they were provided with clear feedback.</p>
Work-life balance and health at work	<p>66% worked above their contracted hours. Nearly one third had requested flexible working arrangements with 83% having their request fully or partially granted.</p>

	<p>27% believed the Trust is committed to helping the work life balance of staff although half felt their manager was approachable about flexible working. There was a diverse range of knowledge regarding awareness of flexible working arrangements offered.</p> <p>23% reported that they had been subject to physical violence at work and 46% to harassment bullying or abuse at work over the last 12 months by patients/clients or their relatives.</p> <p>9% reported having been bullied, harassed or abused by managers/supervisors and 13% of us by colleagues at work over the last 12 months</p> <p>4 out of 5 knew how to access the Occupational Health Service although only 50% knew how to access the Staffcare service. Levels of satisfaction with the working environment were average but a high percentage were not aware of the provision of advice to staff on diet, alcohol consumption, exercise or bike racks</p> <p>High levels knew how to report errors, incidents and near misses; however, nearly half of respondents did not know that there was a system to report any concerns they had about negligence or wrong doing by staff.</p>
Learning and development	<p>89% felt they had adequate training to do their job and 71% had availed of this in the last 12 months.</p> <p>33% have received a personal development/individual performance review or appraisal within the last 12 months and 28% have an agreed personal development with their line manager.</p>
Equality and diversity	<p>68% feel that the organisation is committed to equal opportunities for all staff yet 8% said they had experienced some form of discrimination in the last 12 months.</p>

3. Issues raised that impacted on job performance, morale and motivation included delayed decision making, ineffective management of absenteeism, lack of facilities such as lockers and showers for staff and a need for a more proactive approach to encouraging increased staff health and well-being.
4. The organisation is now using this information to improve staff working lives and to provide better care for patients and clients. How this should be tackled is being developed and some work has begun:
 - Staff focus groups have been established to consult on a range of the work-life balance arrangements highlighted in the survey
 - A programme of work is being developed in relation to Improving Working Lives and Health and Well Being at work

- A Personal Contribution Framework has been developed and is being implemented.

SECTION D - Affordability Issues

DHSSPS 2009-10 Budget

1. The three year pay settlement was reached between UK Governments, NHS Employers and NHS Trade Unions covering all staff on 'Agenda for Change' contracts for the years 2008/09, 2009/10 and 2010/11. Any increase of the 2009/10 headline award of 2.4% will impact on service development. An additional 1% increase in pay will add £42m to the current HSC paybill in Northern Ireland.
2. The 2009-10 DHSSPS budget is £4,356.0, representing an increase of 3.38% from 2008-09. In addition to the resources allocated by the NI Executive, through the delivery of efficiency savings, entitlement to additional in-year resources, reductions to existing spending programmes and over committing existing budgets, DHSSPS has a total of £251.8m additional resources available in 2009-10.
3. The £251.8m is required to meet the following:
£216.7m to meet inescapable cost pressures including £94m to meet increases in costs of the Health and Social Care pay bill
£35.3m for the development and improvement of patient services
4. The NI Health and Social Services budget will have to meet a range of expected pressures in 2009-10 from this settlement. Each HSC organisation has been told to plan on making cash-releasing efficiency savings of 3% next year. In addition to pay awards and general non-pay inflation, HSC organisations face significant inescapable cost pressures arising from existing Ministerial commitments, demographic change and organisational restructuring.
5. These pressures mean that there is no flexibility within the Health and Social Services budget to afford pay cost increases in excess of the £94m identified without impacting directly on patient care by way of reducing resources available for service improvement. DHSSPS has already taken the decision to commit more resources than are available to bring forward much needed service improvements in an effort to ensure Northern Ireland's expenditure addresses the recommendations of the Appleby Review of the HPSS (broadly equivalent to Wanless in England)

Conclusions

The Northern Ireland Executive is committed to implementing UK national pay policy as defined by UK guidance but reserves its position as the Pay Review Body considers evidence presented.