

Nursing and Midwifery Review Summary 2009



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Nursing and Midwifery Review Summary 2009

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Introduction

The Department of Health, Social Services and Public Safety (DHSSPS) commissioned a comprehensive review of the nursing, midwifery and health visiting workforce in 2008, following on from the previous review in 2005 and update review in 2007.





As with previous reviews, this report provided a detailed profile of the workforce, identified current issues impacting on the profession and made projections of the supply and demand up to 2013. It also identified changes in the nursing and midwifery workforce since the last full review in 2005.

The report highlighted a number of action points to improve baseline data in the future and made recommendations for further work to be undertaken. The recommendations are presented with an indicative timeframe and responsible owner.

A Nursing and Midwifery workforce advisory group, comprising of members of the professions, Trust Human Resources and staff-side were convened to assist in the review.

This document gives an overview of the various branches of nursing and provides a summary of the main sections of the report.

The following sections are included;

-  Introduction and description of nursing and midwifery roles
-  Key issues
-  Summary of Action Points
-  Recommendations and Next Steps

Introduction

Nursing

To work in the Health and Social Care sector, nurses must be registered with the Nursing and Midwifery Council (NMC). It is possible to undertake either a diploma or degree course to qualify as a nurse.

Education is provided by universities, with placements in local hospitals, private sector and community settings. The first year is a Common Foundation Programme (CFP), and students then specialise in either adult, children's, mental health or learning disability nursing. Full time diploma courses run for three years. Degree courses run for three or four years.

Branches of Nursing

Adult nursing

Adult nurses are trained to care for old and young adults with diverse health conditions, both chronic and acute. They juggle numerous priorities and use caring, counselling, managing, teaching and all aspects of interpersonal skills to improve the quality of patients' lives, sometimes in difficult situations. They provide physical, psychological and emotional support. Work may be based in hospital wards, clinics or, increasingly, community settings.

Children's nursing

Children's nurses care for children and young people to age 18. They also work closely and in partnership with parents and families. They deal with a range of situations, including planned routine interventions, emergency care and complex care. Children's nursing takes place in hospitals, clinics and in the child's home. Once qualified, it is possible to specialise in hospital and community settings in areas such as burns and plastics, intensive care, community children's nursing, (which deals with children with complex physical healthcare and acute needs to facilitate early discharge), child protection and cancer care.

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Learning disability nursing

Learning disability nurses work as part of a team alongside GPs, psychologists, therapists, teachers and social workers. Nurses who qualify in this branch of nursing help those with learning disabilities to live independent and fulfilling lives. This may involve working with people in supported accommodation - typically three to four people with learning disabilities live together in flats or houses, with 24 hour support. Some nurses work with individuals who require more intensive support - for instance, in hospitals or in specialist secure units for offenders with learning disabilities. Others specialise in areas such as epilepsy management or working with people with sensory impairment.

Nursing is carried out in settings such as adult education, residential and community centres, as well as in patients' homes, workplaces and schools. Some nurses choose to specialise in education, sensory disability or the management of services.

Mental health nursing

Mental health nurses work with GPs, psychiatrists, social workers and others to co-ordinate the care of people suffering from mental illness. The vast majority of people with mental health problems live in the community. Nurses plan and deliver care for people living in their own home, in small residential units or specialist hospital services. Some are based in health centres. It is possible to develop expertise in areas such as rehabilitation, child and adolescent mental health, substance misuse and working with offenders.

Introduction

Midwives are often the key health professional supporting, guiding and caring for the mother, baby and family through the months of pregnancy, during the birth itself and afterwards in the postnatal period.

Midwifery

Midwifery education is at degree level.

Midwives practise in a variety of settings such as hospitals, neonatal units and with GPs in community settings. There are opportunities to specialise in public health, women's health and to run specialist services, such as teenage pregnancy clinics.

Specialist Community Public Health Nurses

This group includes health visitors, school nurses and occupational health nurses. Health visitors are registered nurses or midwives who have undertaken additional training regarding the promotion of good health. They are members of the primary healthcare team, covering a specific geographical or GP practice area. They work in partnership with a network of organisations concerned with health promotion. Their work can be delivered in people's homes, schools, and health centres. Much of their work can involve targeting vulnerable groups and individuals, such as ethnic minorities and travellers.

The Advisory Group reported that it can be difficult to attract individuals into Health visiting, and that attrition rates are not easy to define.

Healthcare Assistants

Healthcare Assistants (sometimes known as nursing auxiliaries or support workers) may hold an NVQ qualification but are not qualified nurses. They work with nurses, midwives and other healthcare professionals under the delegated authority of the registered nurse or midwife, to deliver specific aspects of care.

Key Issues Explored

Headcount

The nursing and midwifery workforce has increased overall since the 2005 review. The September 2008 total headcount of qualified nursing and midwifery staff working in the HSC is 16,140 showing an increase of 5.3% on the March 2004 figures. The ratio of headcount to WTE as at March 2004 was 1.17:1 and this remains unchanged at September 2008.

The HSC nursing workforce, including nurse support staff, represents a total headcount of 20,860 in Northern Ireland (30th September 2008).

Trust	Belfast	Northern	South Eastern	Southern	Western	Board HQ / Regional Services	Total
Service Area							
Acute Nurses	3,721	1,392	1,118	1,262	1,392	18	8,903
Mental Health Nurses	421	341	213	292	429	0	1,696
Learning Disability Nurses	207	22	55	130	65	0	479
Midwives	321	225	227	273	232	0	1,278
District Nurses	224	254	265	231	229	0	1,203
Health Visitors	97	140	95	122	103	0	557
Paediatric Nurses	314	105	83	89	110	0	701
School Nurses	32	26	19	23	20	0	120
Treatment Room / Practice Nurses	35	112	23	33	40	0	243
Specialist Nurses	73	169	42	90	49	5	428
Nurse Managers	141	46	156	51	13	11	418
Teacher / Trainer	7	31	4	20	1	30	93
Other Qualified Nurses	5	0	10	4	0	2	21
Nurse Support Staff	1,726	774	608	787	779	46	4,720
Total	7,324	3,637	2,918	3,407	3,462	112	20,860

Table 2.2.1a: Nursing, Midwifery & Health Visiting Staff (**Headcount**) by Trust and Service Area, as at 30 September 2008 (source: HRMS). It should be noted that for data protection, all figures of 5 staff or fewer within this report have been suppressed and these cells appear blank. Totals may therefore not tally.

Although workforce numbers have shown an overall increase the review noted that pressure points still exist in certain areas e.g. midwifery, mental health and neonatal nursing.

Key Issues Explored

Vacancy Rates

The level of vacancy has remained relatively stable over the past number of years. At 30th September 2008, there were 397 vacancies in Nursing and Midwifery in NI HSC, of which 126 were long-term (i.e. longer than 3 months).

A comparison of the WTE vacancies at Sept 08 by Trust for Nursing and Midwifery staff compared to medical/dental and admin and clerical workforces shows that nursing and midwifery vacancies tend to be lower than the other groups.

Overall the total vacancy rate is 1.9% and long-term 0.6% and the trend from March 2006 shows vacancy rates decreasing.

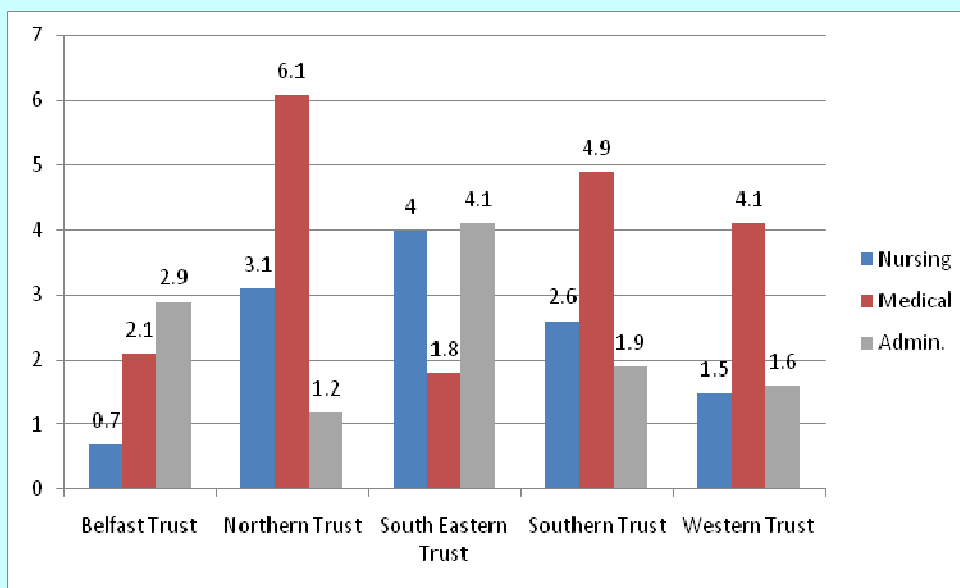


Figure 4.2.1e: Nursing, Midwifery & Health Visiting Staff – Percentage Vacancy Rates by Trust, compared against Percentage Vacancy Rates for Medical / Dental and Clerical / Administrative staff, as at 30 September 2008 (source: DHSSPS)

Full and part-time working

The percentages remained unchanged since the previous review and have remained relatively stable since 2003 with 56% of the workforce working full-time and 44% working part-time.

Agency and Bank Staff

The report noted that agency and bank staff are typically brought in to cover temporary shortfalls and fluctuating workloads. It noted that HRMS does not record the use or deployment of agency/bank staff, making it difficult to track the impact of their use. More detailed research is recommended on this. A detailed examination of control systems relating to the use of agency and bank nursing and midwifery staff within Trusts is also recommended.

Gender Profile

The workforce is currently 92% female and 8% male. This shows little change since the 2005 review.

Age Profile

The 2005 full review noted that the age profile of the nursing and midwifery workforce was increasing with 67% aged between 30-49.

The 2008 review reports an average of 40.7% of staff are aged 45 years and older.

Service areas of particular note are as follows:

Service area	% of staff aged 45 or older
Midwives	54.1%
Health Visitors	48.7%
School Nurses	57.5%
Treatment Room / Practice Nurses	52.7%
Nurse Managers	57.9%
Teacher / Trainer	75.3%

Although some of these service areas would be expected to show a higher age profile e.g. teacher/trainers, and nurse managers the above figures show that areas of concern do exist in respect of age profile and these must be closely monitored.

Internationally Recruited Nurses

Data on internationally recruited nurses is not routinely available and is not recorded on HRMS. A significant manual clerical exercise would be required at Trust-level in order to determine an estimate of the number of international nurses working in the Health sector. Stakeholder consultation did provide some useful qualitative information;

- ❖ In recent years significant numbers of nursing staff migrated to NI to work, including staff from non-EU countries.
- ❖ Worldwide shortages of qualified and experienced nursing and midwifery staff have generated a lot of workforce mobility. Certain countries e.g. the US and Australia have offered generous relocation and salary packages and the transferability of the UK professional registration facilitates free movement of the workforce
- ❖ Anecdotal evidence indicates that many of the nursing and midwifery staff who migrated into NI in the last decade have now left or are considering moving to another country. Current workforce information indicates that increases in local supply have significantly reduced the need for international recruitment.

Continuing Professional Development

A number of issues were identified through discussions with stakeholders;

- ❖ There is a requirement to develop more modular courses that will allow staff to attend training in specific modules that they perceive to be of relevance, rather than being required to attend longer programmes
- ❖ CPD represents a significant resource commitment at service level, both in time required and also in provision of staff to 'back-fill'
- ❖ Supervision of staff/mentoring roles places a high degree of demand at service level. A consensus view is that the development of practice facilitators would make an important contribution to improving support.

Although the issues below were not raised as part of the current review, as they have been the subject of much recent interest

Neonatal Nursing

Neonatal services across the UK are under increasing pressure to meet British Association of Perinatal Medicine recommended staffing levels. These state that Intensive Care cots should have at least 1: 1 nursing; High Dependency cots should have 1 nurse : 2 cots and Special Care cots 1 nurse : 4 cots. BAPM also recommend that neonatal cots should not operate at average occupancy of more than 70%.

The Department has written to the Health and Social Care Board, as regional commissioner of services to request that a review be taken forward to evaluate the neonatal cot capacity across neonatal services. This evaluation will include staffing levels, including medical and nursing staffing specifically in relation to recommendations of the BAPM.

Infection Control Nursing

As part of the Regulation and Quality Improvement Authority report – ‘Clostridium Difficile – RQIA Independent Review, a review of the outbreak of Clostridium difficile in the Northern Health and Social Care Trust 2008’, a recommendation was made that a regional workforce plan and career structure should be developed for infection control nursing and that the development of nurse consultant posts in infection control should be considered across the region.

This work is being taken forward within the Department with an expected completion date of early Spring.

Midwifery

The HRMS data shows the number of midwives has decreased by approximately 2% since September 2003 and currently stands at 1,278 headcount.

This is against an increasing birthrate in the same period. Figures provided from the Northern Ireland Statistics and Research Agency show that births in NI were 24,451 in 2007/08, an increase of 14.5% on 2003/04 figures.

The age profile of midwives has also increased, as predicted in the previous review with the average age of a midwife being 44.3 compared to 40.8 for nursing.

In response to service needs, the Department has taken a number of steps to strengthen maternity services,

- Increase of midwifery training places over the last 3 years by over 40%. Training places were increased from 50 to 65 in 2008/09 and have been maintained at this level for 2009/10
- Investment of £3.5million to help expand maternity services at Craigavon, including recruitment of additional 12 midwives
- Secured investment to commission an additional cohort of 12 midwifery places in 07/08 specifically for the Southern Trust to rectify projected shortfall
- Funded Southern Trust to run pilot project in 2007 for 10 healthcare assistants to carry out NVQ Level 3 in maternity care to support midwives and free them up from theatre duties.
- Establishment of Midwifery-led units.

The review recommends a further increase in midwifery training places to 70 places.

Progress on actions since 2007 update review

➤ ***Training Commissions***

DHSSPS reviews commission levels every year and has re-configured the commission for academic year 2009-10 in response to work-force demand – reduced Adult places, increased Childrens' (by 5 places) and increased Direct Entry Midwifery (by 6 places)

➤ ***Improvements to HRMS***

Although substantial work has taken place to improve the quality of HRMS data, the report indicates that further refinement is essential to ensure projections are made using robust baseline data.

➤ ***Attrition***

An attrition data set to monitor attrition rate for nursing students has been agreed between the Universities and the Department; starting September 2007.

The Department has calculated attrition rate as, on average 16%, averaged over the preceding 5 academic years

➤ ***Integrated workforce planning***

The Department and Trusts must continue to work together to develop workforce plans which integrate finance, service delivery and workforce information. Professional workforce planning skills have been significantly increased and the Department should support Trusts to build further capacity for workforce planning. Trusts should develop organisational-level workforce plans. Some Trust-level workforce planning exercises have taken place however a common methodology should be developed for use by all Trusts.

➤ ***Supply/Demand issues in the independent sector***

The report estimates that between 2000-3000 nurses are currently working in the independent sector however it acknowledges that difficulties remain in collecting reliable data from the private and independent sectors. The Department must continue to forge links with this sector to help inform regional workforce planning.

Summary of Action Points

Throughout the course of the review a number of action points were identified for Trusts and DHSSPS. These action points centred around taking steps to improve the quality of the baseline data for future reviews in order to improve accuracy of workforce projections.

A summary of the action points is given below;

- The inconsistencies in recording of workforce staff numbers and categorisation needs to be addressed by Trusts.
- A comprehensive baseline study of the nursing workforce in the independent sector should be carried out to assist with future workforce planning and determination of training commissions.
- Accurate recording of international workforce supply into Northern Ireland should be initiated and maintained by employers.
- The Department should maintain contact with workforce planning counterpart in the other UK countries including the Workforce Review Team in GB. This will help ensure that appropriate actions can be identified and implemented to keep NI in step with other parts of the UK.
- The Department should consider conducting a benchmarking analysis of nursing and midwifery resources in NI, in terms of standard metrics such as nurse-to-bed ratios and percentage of qualified staff in each clinical area.
- HSC Trusts should seek to provide evidence-based estimates of future workforce requirements based on their quantified assessment of need. A common methodology should be adopted to ensure consistency of approach.

Summary of Action Points

- HSC Trusts should ensure that population health needs are assessed in detail when planning future service delivery models and the related workforce requirements.
- The Department and Trusts should consider how the impacts of the Comprehensive Spending Review and changing patterns of care provision, i.e. focus being placed on primary and community care, could be quantified in future workforce planning exercises.
- The impact of changes within Children's services such as development of the new Childrens Hospital, will require close attention, and will need to be quantified for inclusion within future workforce planning exercises at HSC Trusts level.
- The number of consultant-level nursing posts should be investigated and analysed. Related initiatives, including nurse leadership, might also be examined.
- The Royal Colleges, NMC and the Department should examine whether nurses are specialising too early in their careers and whether this is restricting their flexibility.
- Trusts should continue to monitor closely their sickness absence levels within the nursing and midwifery profession and should ensure that the benefit of reductions in absence levels are factored into workforce plans on an annual basis.
- HSC Trusts, in liaison with the Department, should take steps to ensure that no double counting appears in the staffing data sets, and that staff moving between jobs or employers can be tracked and recorded correctly on HRMS. Careful attention should also be paid to staff being re-coded, to ensure the data on HRMS is correct and consistent.
- The recommendations from Review of Health Visiting and School Nursing and Mental Health and Learning Disability workforce should be considered by DHSSPS

Recommendations

The review recommends **NO CHANGE** to the number of commissioned training places which are currently approved as the projections indicate relative balance in supply and demand with a potential minor over-supply over the next 5 years.

An increase to **70 places** in midwifery is recommended to address service changes planned by Trusts, including the development of midwifery-led units, developments in professional practice/skill-mix, flexible working arrangements and family-related career breaks.

Further work is recommended in respect of workforce turnover for all of the service areas examined

It is recommended that DHSSPS should apply a model for prediction of supply and demand including the following characteristics;

- Establishment of the baseline
- Workforce turnover
- Impact assessment of future workforce supply
- Impact assessment of future demand
- Benchmarking
- Skill-mix/new roles

Greater engagement between DHSSPS and the representative body 'Independent Health Care Providers' to ensure data from the independent sector is factored into regional planning as far as is practicable.

The review recommends continued liaison with RQIA, the Regulation and Quality Improvement Authority to examine any workforce data they have collected which might be helpful.

The report recommends a shift in responsibility for workforce planning – primary responsibility for organisational-level workforce planning should be held by HSC trusts with the Department leading at regional level. The Regional Board must recognise the key role it must play in workforce planning to support the HSC Trusts and the DHSSPS.

The Way Forward

The Department will now share the recommendations with Trusts, and the Regional Board with a view to progressing actions.

Actions – Department

- Carry out a comprehensive baseline study of the nursing workforce in the independent sector
- Continue liaison with workforce planning counterparts in other UK countries
- Consider conducting a benchmarking analysis of nursing and midwifery resources in NI, in terms of standard metrics such as nurse-to-bed ratios and percentage of qualified staff in each clinical area
- The number of consultant-level nursing posts should be investigated and analysed. Related initiatives, including nurse leadership, should also be examined
- Examine, in conjunction with Royal Colleges and the NMC, whether nurses are specialising too early in their careers and whether this is restricting their flexibility
- Recommendations of the reviews of health visiting and school nursing and mental health and learning disability workforce, should be considered by DHSSPS

The Way Forward

Actions – HSC Trusts

- Address inconsistencies in recording workforce staff numbers and categorisation
- Maintain an accurate record of international workers
- Adopt a common methodology to provide evidence-based estimates of future workforce requirements
- Population health needs should be assessed in detail when planning future service delivery models and the related workforce requirements
- Continue to place focus on monitoring and reducing sickness absence levels and ensure reductions are factored into workforce plans on an annual basis
- Maintain close attention to changes within children's services such as development of the new children's hospital with a view to factoring in within future workforce planning exercises

Actions – Joint

- Consider how the impacts of the Comprehensive Spending Review and changing patterns of care provision, i.e. focus being placed on primary and community care could be quantified in future workforce planning exercises
- HSC Trusts, in liaison with the Department should take steps to ensure that no double counting appears in the staffing data sets, and that staff are re-coded correctly to ensure HRMS data is correct and consistent.

The Way Forward

The next comprehensive review of the nursing and midwifery workforce will take place in 2011 however there will be update reviews in advance of this date. The update reviews will monitor progress on the actions and identify new and emerging issues for the workforce. Additionally, the Department will liaise with the HSC Nursing workforce leads as necessary regarding nursing workforce issues.

Any queries regarding the content of this review should be emailed to wpu@dhsspsni.gov.uk