



Workforce Planning Review

Department of Health, Social Services and Public Safety
An Roinn Sláinte, Serbhísí Sóisialta agus Sábháilteachta Poiblí

Introduction

Nursing, Midwifery and Health Visiting practice takes place in a context of continuing change and development. Changes in peoples health and social care needs, advances in technology and rising public expectation. The changing pattern of practice and the organization of care delivery within the Health and Personal Social Services creates challenges and opportunities for the nursing professions.

This document is a summary of the Comprehensive Review of the Nursing Midwifery Workforce as at September 2001. The review was co-ordinated by a Project Steering Group, comprising of representatives of the DHSSPS, service providers, education, staff side and commissioners. The report includes a profile of the workforce, a projection of the supply and demand within the HPSS workforce over the 5-year period 2002-2006 and recommendations to address issues arising from the review. This information will assist the Department primarily in developing strategies that will ensure that the correct numbers of professionals are trained, in place and working effectively to offer the maximum benefit to patients and clients.

Methodology

A variety of methods were utilised to undertake this Review:

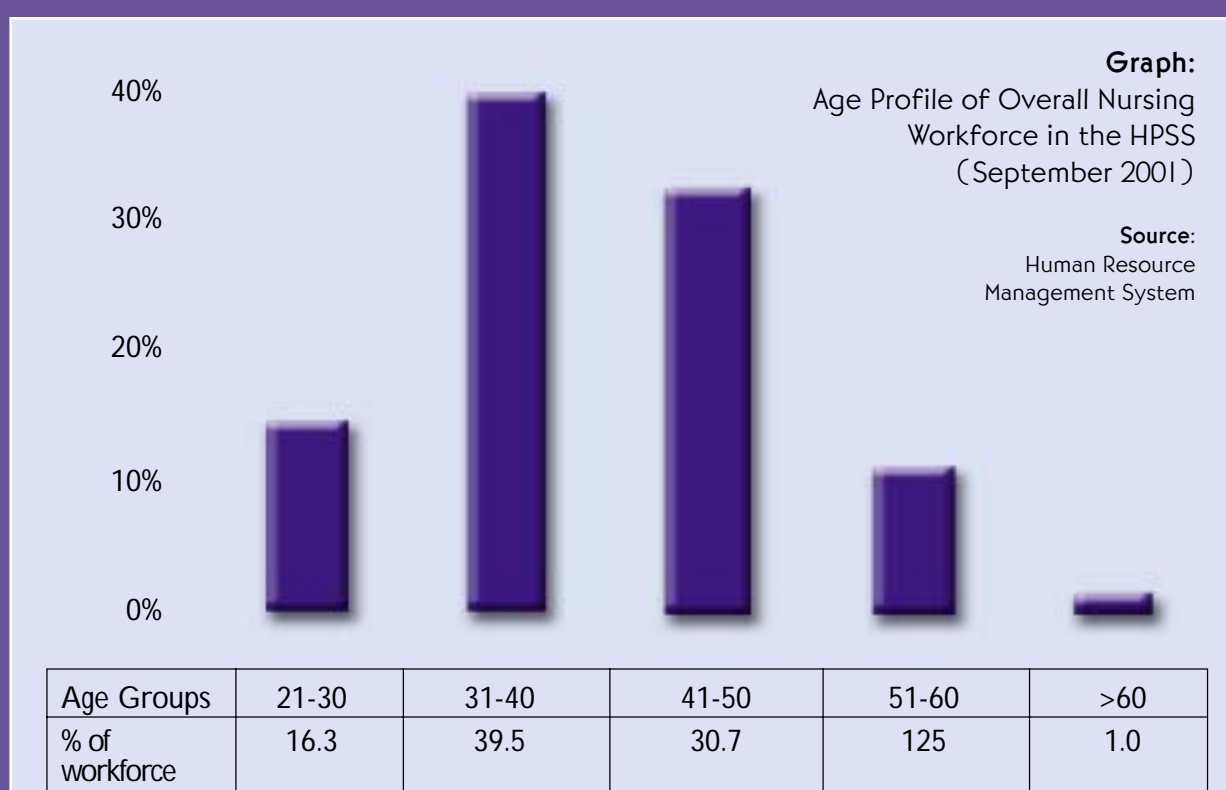
- An audit to identify the staffing profile and characteristics of the current workforce, primarily gathered from existing information held at the Department and Trust level on the Human Resource Management Information Systems and supplemented by data from respective professional bodies.
- A background research was conducted involving a literature review; policy document review; a review of Trust and Commissioner Strategies to identify proposed capital and service developments and or changes.
- Consultation with stakeholders across all relevant disciplines of the workforce involving 48 key informant interviews and 15 focus groups.
- Analysis of the data gathered to develop a workforce model to aid the prediction of future workforce needs by the identification of key supply and demand indicators over the period of 2002-2006.

Key Findings of The Review

Key findings included the staffing profile, supply and demand issues and predictions.

Staffing Profile

- In September 2001 there were 14950 qualified nurses and midwives including approx 1530 bank staff. By September 2002 there were 15570 qualified nurses and midwives (an increase of 620 in the 12 month period). Registered nurses, midwives and health visitors represent 26% of the total HPSS workforce in Northern Ireland. This workforce makes up approximately 50% of the total direct health care workforce in the primary and secondary sectors.
- The ratio of headcount to whole time equivalent (WTE) was 1.18:1.
- The workforce is predominantly female 94%.
- 49% of the workforce was employed on part-time contracts and of these 42% are female and 7% male.
- The age profile of the nursing workforce shows 15% fall within the 50 + category. The eligible age for retirement is 55 years within the general nursing profession and some categories of staff are entitled to enhanced pension rights on reaching 50.
- The grade breakdown identifies 32% of qualified nurses employed at a Grade D this compares to 24.2% of qualified nurses working in England at this grade.
- The total number of vacancies were 508 WTE, (3.8% of the total headcount).
- There were 109 WTE agency nurses regularly utilised across the province and the equivalent of 139 WTE Bank Staff.



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Supply & Demand Issues

Supply Issues

A number of issues were identified as affecting the supply of the workforce.

Recruitment and Retention

- There were no difficulties recruiting to nurse training places in Northern Ireland. The ratio of applications to places was 2.9:1.
- There was an average attrition rate of 8.8% for nursing students per intake. Approximately 10% of graduates do not enter the HPSS sector.
- 269 nurses had completed a Return to Practice course between 1998-2001 (80% take up employment in HPSS).
- At 1st April 2001, there were 214 work permits issued for overseas nurses within HPSS.
- In 2000/2001 an estimated 259 nurses and midwives left the service for reasons other than retirement equating to 1.9% of the workforce. Retention is being further affected by the increase in nurses transferring to other health care related fields.

Career Progression

- A lack of career progression was identified as a major de-motivating factor in the workforce.

Job Satisfaction

- Key aspects noted as having a detrimental effect on job satisfaction were increasing workload, poor infrastructure, lack of funding to support the increased provision of care in the community, limited amount of time with the patient, insufficient Continuing Professional Development (CPD).

Lifelong Learning

- A greater focus is required for opportunities for life long learning in terms of resource and commitment especially with the CPD requirements of continued role extension and development of specialisms. This would increase the demand on the available workforce.

Leadership

- Importance was placed on leadership within the nursing professions and the requirement to develop future leaders at all levels.

Demand Issues

A number of factors that specifically result in greater demand on the workforce were identified:

Specialisation and Role Extension

- Increased demand was identified for specialist nurses within the profession and it was felt there should be a re-evaluation of the core tasks and roles that nurses undertake. The key specialist skills demand areas were identified as: -

Acute Sector

Accident & Emergency; surgery; orthopaedics; respiratory; cancer; diabetes; palliative care; drugs and alcohol care management; wound management; renal and neo-natal services.

Community Sector

Rapid response units; community care; learning disability; mental health; community children's nursing; school nursing; GP teams and units; wound management; tissue viability; management of terminal illness and palliative care.

Midwifery

Neo-natal; health education/counselling and midwifery- led care.

- Alongside the increase in specialisms respondents reported an increase in role extension. It was also identified that there was a requirement to extend hours of service coverage.

Service Delivery

- Workload increases were identified across the service and these were: -

Acute Sector

Reduction in junior doctor hours; increased interventional treatment; phlebotomy; nurse prescribing and diagnosis/triage.

Community Sector

Care management, nurse prescribing and diagnosis/ triage.

Midwifery

Suturing; interventional assistance; management of central lines and phlebotomy.

- Continued increases in patient expectations have resulted in an increase in workload.
- Respondents reported an increase of between 10-30% of their time being spent on administrative tasks.

Skill Mix

- Respondents were positive about extending the role of nurse auxiliaries/assistants but identified the requirement of a well-planned re-structuring exercise with appropriate training and regulation in place.

Clinical Training/Mentorship

- To effectively accommodate this role, one hour protected time per student each week was indicated as a minimum requirement.

Societal Factors

- Key societal factors highlighted were an ageing population; increased dependency of patients; increased throughput and the sophistication of treatments now available.

Capital & Service Development

- Key areas of planned capital and service development were identified with the additional staffing requirements:

- Intensive Care Unit/High Dependency Unit bed increases (116WTE).
- Development of the Cancer Centre, Belfast City Hospital (40WTE);
- Regional Cancer Units -Ulster Hospital (127WTE); Craigavon Hospital (11WTE);
- Knockbracken Regional Secure Unit (75WTE)
- Child and Adolescence Psychiatry Unit (25WTE)
- Regional Brain Injury Unit (27 WTE)
- Renal Services (21 WTE);
- Royal Victoria Hospital Capital Development, Phase 2 (52 WTE);
- Altnagelvin Hospitals Trust, 56 additional adult acute beds (75WTE).

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- Transfer of treatment to the primary care setting would require approximately 10% increase in resources in General Practice.

Table: Projected Demand Figures for Nursing & Midwifery Over 2002/2006

Demand	Year 1	Year 2	Year 3	Year 4	Year 5
Acute Sector	35	35	35	34	34
Community Sector	24	24	24	23	23
Cancer Services	10	10	10	10	-
Capital Development	106	106	106	106	106
Development of Primary Care	8	8	8	8	8
CPD	9	9	9	-	-
Student mentorship	27	-	-	-	-
Total	219	192	192	181	171

* The table above does not take into account demand in the independent sector, as it was not within the scope of this review.

Based on the above assumptions and calculations, there is a need to make available the minimum of 955 WTE across the nursing, midwifery and health-visiting workforce of Northern Ireland over the 5-year plan. These demand figures are based on identified additional demand as provided by the Project Group and makes the assumption that the current funded establishment figures are adequate to meet present required service expectations.

The predicted numbers of additional professionals required in the system over the course of the next 5 years have been profiled below for supply and demand.

Table: Profile of projected supply against projected demand over the 5-year plan in whole time equivalents

Key Factors	2002	2003	2004	2005	2006
<i>Supply:</i>					
- Entering	542	549	647	664	670
- Leaving	742	754	783	885	769
- Shortfall (A)	(200)	(205)	(136)	(221)	(99)
<i>Additional Demand:</i>					
- HPSS Vacancies	170	170	170	0	0
- Independent Vacancies	134	133	133	0	0
- Agency	37	37	37	0	0
- Acute Sector	35	35	35	35	35
- Community Sector	24	24	24	23	23
- Capital Developments	106	106	106	106	106
- Primary Care	8	8	8	8	8
- CPD	9	9	9	0	0
- Mentorship	27	0	0	0	0
- TOTAL (B)	550	522	522	172	172
Net under provision in the workforce (A + B)	(750)	(727)	(658)	(393)	(271)

Based on the current identified headcount to whole time equivalent ratio the net deficits outlined above would need to be increased to provide a more accurate figure of the actual numbers of additional nurses required.

Sensitivity Analysis Summary

A number of sensitivity scenarios have been presented below to review their impact on the projected shortfall figures:

- *Decrease the number of projected leavers:* If the number of leavers (excluding retirees) were reduced by 20%, an additional 264 nurses would be available in the workforce over the 5-year plan.
- *Decrease the number of nurses retiring at 55:* If the number of nurses retiring at 55 years were projected as 50% of those eligible (rather than 70%) an additional 424 staff would be retained within the workforce.

The impact of all of the above would be an additional 688 nurses in the workforce over the 5-year period potentially reducing the projected shortfall.

Supply & Demand Conclusions

Based on the consultations and subsequent analysis of data and assumptions, conclusions were drawn which formed the basis of a workforce model to predict anticipated supply and demand of this workforce over the years 2002-2006.

- It was estimated that supply would decrease year on year over the period of 2002-2006 by approximately 1% - 2% each year. This figure is based only on the current situation and does not take account of factors such as Euro/Pound equilibrium, a more effective utilisation of the current workforce, development of current care pathways, consolidation of the current service provision or an increase in the current student intake.
- It was estimated that projected demand is set to increase and that, at a minimum, an additional 955 WTE nurses would be required over the period 2002-2006.
- When the supply is projected against demand over the 2002-2006 period, an estimated shortfall of 2799 in the workforce is projected. This is based on an assumption that all current HPSS vacancies would be filled and agency nurse hours would be reduced dramatically over the 5-year period.

Key Recommendations

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- The annual intake of pre-registration students should be increased from 680 to 750 in 2002/03 subject to funds being made available and the ability of the two Universities to facilitate this.
- The Department should give consideration to commissioning two intakes of pre-registration students per year to facilitate recruitment and employment after training.
- The intake to the pre-registration midwifery programme should be increased to 40 per annum and discussions commence regarding a direct entry midwifery programme.
- Further work should be carried out to improve the quality of data held on the Human Resource Management System. More research is required into the trends and impact of work life balance policies to make the supply assumptions more robust and predict better the future impact on the workforce.
- HPSS Employers, particularly Trusts should produce workforce supply and demand projections.

Recruitment and Selection

- Employers in the HPSS need to review their current Recruitment and Retention practices to ensure that they reflect best practice. It is particularly important that the recruitment process is timely and responsive to trends in the labour market.
- The Department should work closely with University pre-registration providers to ensure that those recruited as student nurses have a long-term interest in pursuing nursing as a career in Northern Ireland.
- There should be more targeted campaigns for pre-registration training to attract individuals into specific areas of shortage.
- Trusts should seek to build relationships with pre-registration students during placements to encourage them into employment, once they have qualified.

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- Trusts should ensure that there are planned induction, consolidation and mentorship programmes for all new graduates.
- The skills mix between D and E grades should be reviewed across the HPSS.
- There should be a consistent approach to the implementation of work-life balance practices. Other measures such as self-roistering systems should be considered to increase flexibility, ownership and empowerment of staff.

Utilisation of the Workforce

- There should be a significant investment to increase the number of Health Care Support Workers who are trained to NVQ level 3.
- Further research should be progressed to ascertain the impact of the junior doctor working hours on the nursing workforce.
- The feasibility of new roles in health care provision to ascertain their potential impact on the nursing workforce should be explored e.g. the 'physicians assistant' or 'health care practitioner' roles. A key player in this development will be within the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC).

Lifelong Learning

- Continuing Professional Development should be supported as a means of developing and empowering the nursing workforce.
- The role of the new Education Commissioning Groups (ECG's) should be evaluated to consider how education and training opportunities could be maximised.
- Training should be available to all staff providing a mentorship or coaching support as part of their role. Adequate protected time should be set aside to ensure that mentors are supported and facilitated in this role.
- A Training Needs Analysis should be carried out to establish the key development areas of nurse leaders for the future and a training and development package should be established.
- NIPEC should lead in a pro-active approach to career progression and the formulation of career paths that are reflective of service needs in all areas.

Conclusion

The Nursing & Midwifery Workforce Review can only be viewed as the starting point, or a baseline for further work to be taken forward. This includes the development of an action plan to take forward the recommendations outlined above and further discussion to consider the implications of the workforce trends presented. The models presented in the report will be updated and refined on a regular basis to continue to inform decision-making and priorities concerning the investment in the HPSS Nursing & Midwifery Workforce over the next 5 years.



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