



Workforce Planning Review

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

Introduction

Occupational Therapy is the treatment and rehabilitation of people with physical and mental health conditions, through specific selected activities, for the purpose of enabling individuals who are temporarily or permanently disabled to reach their maximum level of function and independence in all aspects of life.

This document is a summary of the Comprehensive Review of the Occupational Therapy Workforce February 2002. The review was co-ordinated by a Project Steering Group, comprising of representatives of the DHSSPS, 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 is vital to 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

Various stages were utilised to undertake this review:

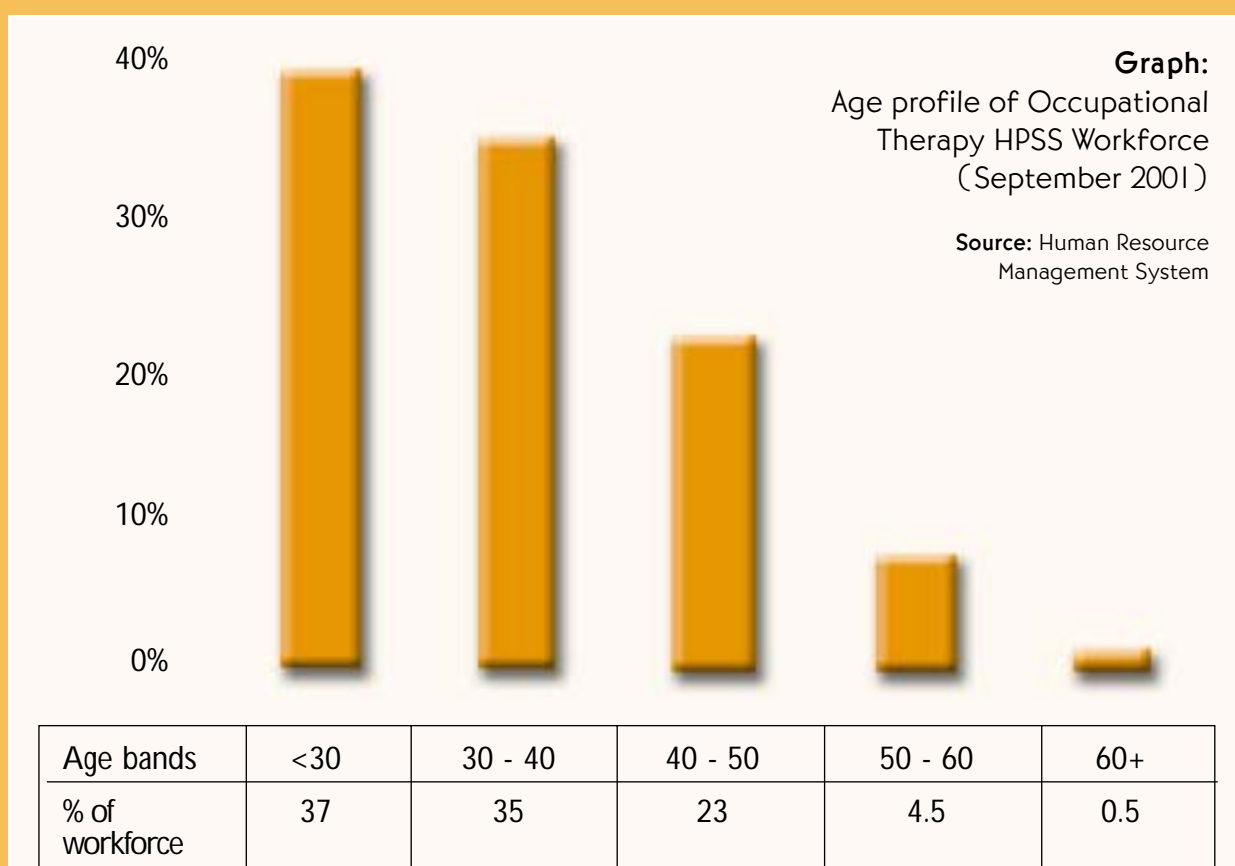
- An audit to identify the staffing profile and characteristics of the current workforce.
- Background research was conducted involving a literature review, policy document review and a review of Trust and Commissioner strategies to identify proposed capital and service developments or changes.
- Consultation with stakeholders across all areas of the workforce, through 22 key informant interviews and 8 focus groups.
- Analysis of 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 factors identified include the staffing profile, supply issues, demand issues and the predictions over the 5-year plan.

Staffing Profile

- There were 525 Occupational Therapists (OT) across the HPSS.
- The workforce was predominantly (97%) female.
- The workforce was relatively young with 72% under the age of 40 years.
- There has only been a small increase in part-time working within the profession, with 72% of staff full time in 2001, compared to 74% in 1998.
- Skill mix of the profession indicated that the majority of posts (52%) were graded at the highest clinical grade (Senior 1). Only 16% of posts were at the new graduate / entry grade (Basic Grade) and 15% of posts were at the management grades.
- All of the OT providers within the HPSS employ support staff in OT Helper / Assistant / Technical Instructor roles. 126 such support staff were in post across HPSS.
- A vacancy rate of 9% was indicated at September 2001. This equates to 53 posts, which managers were having difficulty filling.



REVIEW

Workforce Planning Review

Supply & Demand Issues

Supply Issues

The following issues were identified as affecting the workforce supply over the 5-year workforce plan:-

Recruitment and Retention

- On average only 58% of students were taking up a position in NI after graduation.
- The majority of Trusts were finding it difficult to recruit to posts, particularly in the specialist higher clinical grade (Senior I Grade). There were either limited or no applicants for many posts advertised with the exception of entry grade posts (in the period immediately following graduation).
- Competition between Trusts was highlighted as an increasing issue within HPSS in the recruitment of staff.
- All Trusts were finding it extremely difficult if not impossible to recruit to temporary posts.
- With an almost exclusively female workforce, all Trusts were experiencing increased life work balance requests.

Career Progression

- A lack of opportunities for career progression was a key area of concern amongst staff.
- There were limited opportunities for clinical career progression beyond Senior I and the only promotion route into management.

Lifelong Learning

- Lack of resources in terms of time and funding for Continual Professional Development (CPD) was also highlighted as a major issue of concern a need for a regional approach to assessing, prioritising and resourcing CPD for all Allied Health Professionals was identified.
- There will be a need to factor into the workforce plan the mandatory requirements of continual professional development, which are to be identified by the Health Professions Council.

Environment

- The poor standard of accommodation in which many staff have to work was seen as a contributory factor in low moral within the workforce.



Demand Issues

Operational Difficulties

- An increase demand from hospital inpatient services, wheelchair services, home based rehabilitation, paediatrics, community mental health and learning disability.
- Paperwork and general administration was taking up a considerable amount of therapists' time. Inadequate administrative support and IT was available to enable clinical work to be carried out more efficiently.
- While the commitment to supporting clinical placements was clear from respondents, many found it difficult to accommodate students because of balancing high caseloads and the time that student supervision required.

Legislation

- Legislation continues to have an impact on the work of occupational therapists. (eg Disability Discrimination Act 1995, Education Order 1995 and the anticipated Special Education and Disability Bill, 2003/04).

New Ways of Working

- New initiatives that occupational therapists have become involved in include, assessment of patients at Accident and Emergency (to help prevent hospital admissions).

Projected Supply & Demand Conclusions

Conclusions were drawn and assumptions made concerning the future profile of the workforce utilising supply and demand projections. These have been developed into a workforce model to predict the requirement of the Occupational Therapy workforce over the 5-year period 2002-2006.

The data indicates, that if current trends continue, there will be an estimated 6% increase in the supply of therapists to HPSS over the next five years.

The demand for additional occupational therapists into HPSS over the five year period has been presented at three demand levels:

Demand Level One

Agreed and resourced capital and service plans with identified workforce requirements within the 5-year plan

This refers to service developments that have been agreed within the current HPSS policy framework with resources identified, over the course of the 5 year workforce plan it includes, additional posts within the Cancer Centres, Regional Brain Injury Unit, Regional Medium Secure Unit, Acute Services and, as a result of the establishment of Local Health and Social Care Groups.

Demand Level Two:

Capital and service requirements, which are likely to be resourced within the 5-year plan.

This refers to service developments that have been identified via key informant interviews and the project group that potentially may be supported over the next five years, although resources have yet to be identified. Areas included are additional

REVIEW Workforce Planning Review

investment in multidisciplinary support services in the community as a result of the Community Care Review. Also, further support for posts in the areas of brain injury (community infrastructure), addressing community waiting lists, meeting demands within paediatrics, addressing resource for continuing professional development and the development of the consultant role.

Demand Level Three:

Current demand and unmet need with no identified funding:

This refers to additional unmet demands within the current services, identified via the key informant interviews and project group. It is acknowledged that there is currently no policy context or resource identified to meet the demand areas identified. Included in this category are additional support for hospital services, learning disability, mental health and health promotion.

Table: Summary of Workforce Requirements of Demand Levels 1 & 2

Demand Levels	Additional Staffing (headcount)
<i>Demand Level One (agreed policy)</i>	
Cancer Centre Development	7
Regional Brain Injury Unit	11
Regional Medium Secure Unit	2
Local Health & Social Care Groups	3
Acute Services	25
Sub Total	25
<i>Demand Level Two (future policy context)</i>	
Community Care Review	22
Community Services	11
Brain Injury Community Infrastructure	8
Special Education Review	10
Consultant Role	4
CPD	9
Sub Total	64
Total Demand Levels 1 & 2	89

For the initial purpose of the workforce plan a combination of Demand Levels 1 and 2 has been adopted which include agreed capital and service plans with identified workforce requirements that have agreed funding or are likely to be resourced within the 5-year plan.

Table: Projected numbers in the workforce in whole time equivalents after meeting the needs of Demand Levels 1+2 and the current vacancies over the 5-year plan.

NB () indicates a shortfall

YEAR	2002	2003	2004	2005	2006	TOTAL
Demand 1+2	8	21	23	17	20	89
Vacancies	26	27	-	-	-	53
Sub Total	34	48	23	17	20	142
Net Supply	12	10	8	7	5	42
Projected numbers in workforce	(22)	(38)	(15)	(10)	(15)	(100)

If the identified trends continue in the supply of Occupational Therapists over the period 2002-2006 it can be seen from the above table there will be an estimated shortfall of 100 WTE after Demand Levels 1+2 are accounted for.

Sensitivity Analysis Summary

A number of scenarios were presented to analyse their impact on the projected shortfall within the workforce.

Scenario A

- Recruit more graduates to the HPSS workforce (eg 70% compared with the current 58%). An additional 26 therapists would be available over the 5-year plan.

Scenario B

- Reduce the number of leavers from HPSS (for reasons other than retirement) eg by 30%. A further 27 staff would remain in the workforce over the 5-year plan.

Scenario C

- Increase the number of graduate places at UU by 10. A further 6 therapists per annum would be available to the HPSS workforce from 2006.

The net impact of the above would be to provide an additional 59 therapists over the 5-year plan within the HPSS workforce.

It is recognised that there is no single simple solution to increasing the numbers of Occupational Therapists in the HPSS workforce. Several recruitment and retention strategies will be required to be established in order to make a significant improvement on the overall numbers of staff.

Recommendations

Workforce Planning

- Trusts should project their workforce requirements for the year ahead and recruit from final year UU students, commencing the process early (prior to graduations) in November / December. This will mean Trusts may also have to consider recruiting to additional entry grade posts to secure more qualified occupational therapists within the workforce.

- Increase the percentage of students taking up posts in NI after graduation – with a target of 70% of the graduates.
- Further discussions with 4th year UU students should be undertaken to provide further information about how to attract more graduates into HPSS.
- Trusts should review their skill mix to ensure that junior grade posts are available to attract students into the HPSS, particularly before graduation. Trusts should also review their skill mix to develop future posts at basic grade and senior II posts.
- The provision of improved administrative and IT support to therapists needs to be further reviewed by employers.

Clinical Placements

- All Trusts should seek to facilitate clinical placements in NI to reduce the need for UU students to travel to GB for placements. The University, Boards and Trusts will need to take forward discussions on how this can be achieved (overcoming current barriers) within the context of current service level agreements.

Additional Student Places

- The Department should take forward discussions with UU to review an increase in the number of undergraduate places. The feasibility of the development of an accelerated entry programme for qualification as an Occupational Therapist should be explored (this should include the opportunity for support staff to undertake training to qualify as an occupational therapist).

REVIEW

Workforce Planning Review

Recruitment & Retention

- The Department should explore the potential for a return to practice initiative.
- The Department should coordinate regionally information on opportunities within HPSS for NI students who are currently studying in GB.
- Further work is required to review the implementation and impact on the workforce of family friendly policies.
- A retention strategy should be established to identify initiative that will lead to improved retention of therapists within HPSS.
- Consideration needs to be given to the establishment of a scheme of rotation appointments for newly qualified staff, to provide the experience of different clinical settings.

Continual Professional Development

- The Department should progress the development of the Allied Health Professional consultant role to acknowledge high levels of clinical expertise within the profession.
- The Department should take forward initiatives to enhance the continuing professional development opportunities for occupational therapists. This will include developing a regional strategy to identify training and development needs and investment in opportunities locally. The development of a regional centre for Continual Professional Development for Allied Health Professionals should be taken forward.

Skill Mix

- The development of the role of occupational therapy support staff should progress. This includes regional support to make provision for opportunities to develop the skills of assistants to NVQ level 3.
- Providers should consider how the role of unqualified staff can be developed to assist in addressing demands within the current service.

Further Review of the Workforce

- The project group should be reconvened to review and update the workforce plan initially on an annual basis.

Conclusion

- In conclusion, it must be emphasised that this review provides only a baseline from which an action plan must be developed and to enable the development and implementation of the recommendations outlined. In addition, the workforce data and projections presented must be subject to regular review and updating as further and more up to date information becomes available. By actively reviewing the workforce planning model, a mechanism exists to inform strategic decision making about the occupational therapy workforce within HPSS for the future.



Workforce Planning Review

MARCH 2003

OCCUPATIONAL THERAPY

Project Steering Group

David Bingham	.DHSSPS
Irene Boyd	.Sperrin Lakeland HSS Trust
Joyce Cairns	.DHSSPS
Anne Clarke	.NHSSB
Patrick Convery	.Foyle HSS Trust
Bill Day	.Homefirst Community HSS Trust
Pamela Eakin	.University of Ulster
Betty Flood	.DHSSPS
Joy Hammond	.Homefirst Community HSS Trust
Pamela Hannigan	.NHSSB
Claire Kelly	.DHSSPS
Mairead Magowan	.Royal Group of Hospitals HSS Trust
Nuala McArdle	.DHSSPS
Eveline Milne	.Armagh & Dungannon HSS Trust
Jena Muston	.Beeches Management Centre
Jennifer Thompson	.DHSSPS
Hazel Winning	.Homefirst Community HSS Trust

Contact Address

Department of Health Social Services & Public Safety
Human Resources Directorate
Workforce Development Unit
Room D1.4
Castle Buildings
Stormont Estate
Upper Newtownards Road
BELFAST BT4 3SQ

<http://extranet.dhsspsni.gov.uk>