



Workforce Planning Review

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

Introduction

The Speech and Language Therapist provides specialist assessment, diagnosis and treatment for children and adults with communicable and/or swallowing problems. Their work covers the areas of speech, language, voice, fluency, swallowing, reading and writing skills and includes teaching alternative and augmentative methods of communication.

This document is a summary of the Comprehensive Review of the Speech & Language Therapy Workforce March 2001. 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 at this point in time, 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 18 key informant interviews and 6 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 predictions over the 5-year plan.

Staffing Profile

- There were 283 Speech and Language Therapists (SLT) across the HPSS. clinical grade (Grade 2); only 13% of posts are at the entry grade (Grade 1).
- The workforce was predominantly (99%) female. ➤ SLT assistant roles existed in only 6 Trusts and 13 such staff were in post across HPSS.
- The workforce was relatively young with 69% of staff under the age of 40 years. ➤ A 15% vacancy rate existed in March 2001 which equates to 51 posts.
- Trends for part-time working within the profession has increased with 63% of staff full time in 2001, compared to 71% in 1998.
- A review of the skill mix within the profession indicated that the vast majority of posts (72%) were at the middle

Graph: Age profile of Speech & Language HPSS Workforce (March 2001)
Source: Human Resource Management System



Age bands	<30	30 - 40	40 - 50	50 - 60
% of workforce	27	42	26	5

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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 57% of new graduates were taking up a position in HPSS.
- The majority of Trusts were finding it difficult to recruit Speech and Language Therapists, particularly in the higher clinical grades (Grades 1 + 2).
- All Trusts experienced difficulty in recruiting to temporary posts.
- Speech & Language Therapy has an almost exclusively female workforce and all Trusts are experiencing increasing work life balance requests which often means a reduction in contracted hours.
- All respondents indicated a concern that it will become increasingly more difficult to recruit into the workforce over the next few years.

Career Progression

- The lack of opportunities for career progression was a key area of concern amongst staff.

Lifelong Learning

- There was concern over a lack of resources and support for Continual Professional Development (CPD). It was felt that a regional approach should be taken to assessing, prioritising and resourcing CPD for the Allied Health Professions.

Demand Issues

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

Operational Difficulties

- An increased demand from the elderly care sector, community services, education and regional services.
- An increased demand for paperwork and general administration was taking up a considerable amount of therapists' time. There was limited access to adequate administrative support and IT to enable clinical work to be more efficiently carried out.
- There were a number of demand and unmet need areas of service, which included dementia services, mental health and adult learning disability.

Education & Development

- There was a commitment to supporting clinical placements by many departments, although some were finding it difficult to accommodate students because of the high vacancy rates and the pressure to meet service contract targets.
- There is 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.

Skill Mix

- Only six of fourteen SLT service providers employ assistant grades. Many respondents indicated that the role of these support staff could be developed.

Service Developments

- New services have placed additional demands on therapists, including early intervention, brain injury, and cochlear implanting.

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 requirements of the Speech & Language Therapy workforce over the 5-year period 2002-2006.

The figures indicate, that if the identified trends continue, there will be an estimated 1% increase in the supply of therapists to HPSS over the next 5 years.

The demand for additional therapists into HPSS over the 5-year period have 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 investment identified by the Department of Education in Speech and Language services within schools over the period 2002-2004, additional posts within the Regional Brain Injury Unit, Cancer Centre and as a result of the establishment of Local Health and Social Care Groups.

Demand Level Two:

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

This refers to service developments that were 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 were additional investment in multidisciplinary support services in the community as a result of the Community Care Review, cancer services / palliative care and services for children.

Demand Level Three:

Current demand and unmet need with no identified funding.

This refers to additional demand and unmet needs within the current services, identified via the key informant interviews and project group. It is acknowledged that there is no policy context or resource identified to meet the demand areas identified and includes additional support for acute stroke services, learning disability, early intervention and continuing professional development.

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

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Table: Summary of Workforce Requirements at Demand Levels 1&2 (in headcount) over the 5-year plan (2002-2006)

Demand Levels	Additional Staffing (headcount)
<i>Demand Level 1 (agreed policy)</i>	
<i>Education</i>	7
<i>Regional Brain Injury Unit</i>	4
<i>Cancer Centre</i>	1
<i>Local Health & Social Care Groups</i>	1
Sub Total Demand Level 1	13
<i>Demand Level 2 (future policy context)</i>	
<i>Community Care Review</i>	11
<i>Cancer Services</i>	4
<i>Education</i>	10
Sub Total Demand Level 2	25
<i>Demand Level 3 (unmet need/demand)</i>	
<i>Acute Stroke Services</i>	12
<i>Learning Disability/Community</i>	8
<i>Early Intervention/Pre-school</i>	11
<i>Continual Professional Development</i>	6
Sub-Total Demand Level 3	37

At Demand Levels 1&2 there would be 38 additional posts required over the period of 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	9	12	8	4	5	38
Vacancies	17	17	17	-	-	51
Sub Total	26	29	25	4	5	89
Net Supply	(1)	(4)	(4)	4	3	(2)
Projected numbers in workforce	(27)	(33)	(29)	0	2	(91)

If the identified trends continue in the supply of Speech and Language Therapists over the period 2002-2006 it can be seen in the above table that there would be an estimated shortfall of 91 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

- Increase the percentage of graduates entering the HPSS workforce (target 70%). At an increase to 70% an additional 16 therapists would be available to the workforce over the 5-year period.

Scenario B

- Reduce the number of leavers from the workforce (target by 30%). A reduction of 30% in the number of therapists leaving the HPSS would give an additional 15 therapists to the workforce over the 5-year plan.

Scenario C

- Increase the number of undergraduate places by 5 per annum. An increase by 5 per annum of undergraduate places would by 2006 provide an additional 3 therapists per annum.

The net impact of the above would be to provide an additional 34 therapists over the 5-year plan to the HPSS workforce.

It is recognised that there is no single simple solution to increasing the numbers of Speech & Language 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 graduation). Trusts should consider recruiting to additional entry grade posts to secure more qualified speech and language therapists within the workforce.

- Further discussions with key stakeholders should be undertaken to provide further information about how to attract more graduates into HPSS.
- The provision of administrative and IT support to therapists needs to be further reviewed by employers, given the poor levels reported by participants in the workforce review.

Recruitment

- Trusts should be proactive to increase the number of graduates taking up posts within the HPSS with a target of 70% of the graduates.
- The Department should explore the potential for a return to practice initiative.
- The Department should coordinate regionally opportunities for NI students who are currently studying in GB to return to employment in the HPSS.

Clinical Placements

- All Trusts should seek to facilitate undergraduate clinical placements in Northern Ireland to reduce the need for University of Ulster students to travel to the mainland UK for placements, the University and Trusts should work together to ensure that as many third and fourth year student placements as possible are provided within HPSS.

Student Places

- The Department should progress discussions with UU to increase the number of undergraduate places.

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- The introduction of a fast track course in Speech and Language Therapy for graduates with a relevant degree qualification should be explored.

Retention

- Further work should be taken forward to review the impact on the workforce of work life balance policies.

Lifelong Learning

- Continuing Professional Development (CPD) opportunities for speech and language therapists should be progressed to include developing a regional strategy to identify training and development needs and investment in opportunities locally. The development of a regional centre for CPD for Allied Health Professionals should be taken forward.

Skill Mix

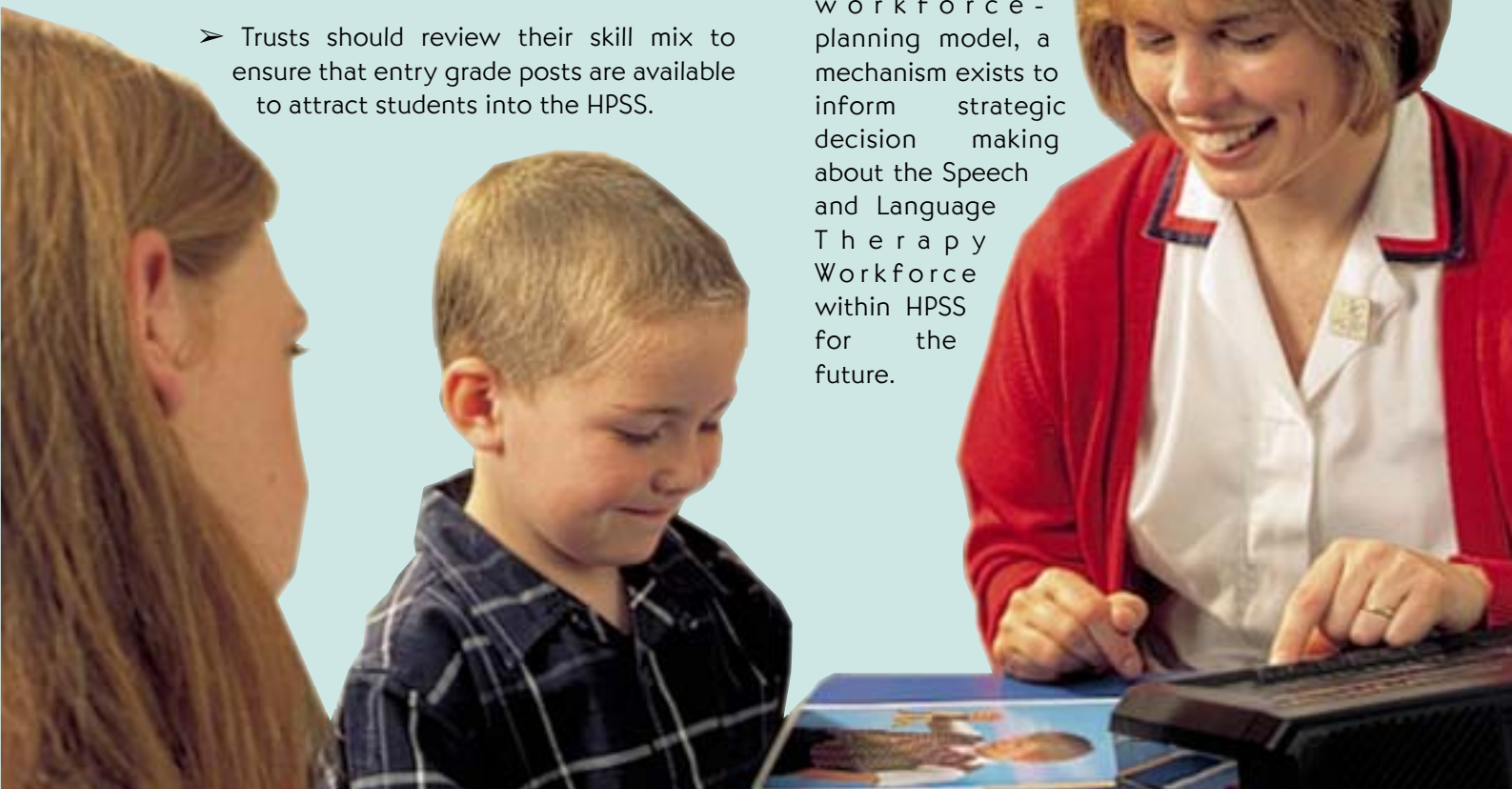
- The development of the role of speech and language therapy assistants should be a priority. Regional support should be provided to develop the skills of assistants to NVQ level 3. Trusts should consider how the role of assistant staff can be developed to address demands within the current service.
 - Trusts should review their skill mix to ensure that entry grade posts are available to attract students into the HPSS.

Further Review of the Workforce

- The project group should be convened initially on an annual basis to review and update the workforce plan for speech and language therapists.

Conclusion

In conclusion, it must be emphasised that this review provides only a baseline from which an action plan must be developed 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 Speech and Language Therapy Workforce within HPSS for the future.



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