

**COMPREHENSIVE REVIEW  
OF THE  
SPEECH AND LANGUAGE THERAPY  
WORKFORCE**

**REPORT OF THE PROJECT  
GROUP**

*January 2002*

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## EXECUTIVE SUMMARY

*In September 2001, the DHSSPS commenced a series of uni-professional workforce reviews, which, over the period of one year, would cover the 15 main clinical professions within the HPSS. There were a number of drivers behind the initiative and these included, the publication of the Hayes Report on the future of Acute Hospital Services and the DHSSPS Consultation document 'The Employer of Choice'. Both documents highlighted the urgent need to put in place structures that will support workforce planning within and across all of the HPSS Professions. While it was determined that the initiatives, at this stage, would be taken forward on a uni-professional basis, the information and recommendations from this work would provide an important baseline in terms of developing workforce planning within HPSS across service sectors and professions.*

*Speech and Language Therapy (SLT) was the third clinical profession to be included in the workforce review initiative.*

## Introduction

The document presented sets out a comprehensive review of the HPSS SLT profession. The review was undertaken during the period September – December 2001 and was co-ordinated by a Project Group, which comprised of representatives of the DHSSPS, providers, education, commissioners, and staff side. The content of the report includes background details (including terms of reference), the project methodology, a detailed profile of the current SLT workforce, a projection of the supply and demand for SLT's within the HPSS workforce over the 5 year period 2002 – 2006 and recommendations to address issues arising from the review.

## Background

The principal focus of the review was to provide the DHSSPS and service providers and commissioners with information concerning recruitment and retention issues within SLT and a projection of supply and demand within the profession. This information is vital to assist the Department in developing strategies that will ensure that the correct numbers of therapists are trained, in place and working effectively to offer the maximum benefit to patients and clients.

In considering the above, it is also important to review the current health policy context for the delivery of health and social care services in the future. A number of strategic documents have been reviewed and highlight the focus now being given to the delivery of high quality accessible care, with the development of the HPSS workforce being key to achieving this.

Specifically in relation to SLT, a brief review of literature has highlighted that the profession, UK wide, is experiencing significant recruitment and retention difficulties, which are being exacerbated by increasing demands for services. This is illustrated by the following examples. In Scotland a Ministerial initiated review commenced in January 2002 to review the funding and supply arrangements for SLT services for children and adults. The need to meet increasing demands for PAMS services has also been acknowledged within the South, with an additional 75 student places p.a. being commissioned from September 2002. Locally the Education and Library Boards are currently undertaking a review of support within schools for children with special education needs (SEN). While this review will not report until Summer 2002, it is likely to highlight the need for significant investment in PAMS support for children with SEN.

It is widely accepted that the number children requiring support (not just those with statements) has increased significantly over the past years along with the complexity of support required. There has however been no corresponding increase in the level of PAMS support.

### **Terms of Reference Methodology and**

The terms of reference for the review were as follows:

- To provide a profile of the current SLT workforce
- To provide an analysis of current and future recruitment and retention issues, including pay, career structure, working arrangements)
- To provide a prediction of the supply of and demand for speech and language therapists over the next 5 years.

The methodology applied to achieve the above comprised of a number of elements, including, literature review, analysis of current workforce data, questionnaire to service managers, interviews with key informants and focus groups.

One of the main outcomes of the review is to assist the Department in reviewing the number of student places that need to be commissioned from education locally to meet future service demands.

### **Findings**

The main findings in relation to the current HPSS SLT workforce profile and trends within this workforce are outlined in Section 4 of the report. The analysis of data indicates that there are 283 speech and language therapists in the HPSS, with 99% of staff female. The workforce is relatively young with 95% of staff under the age of 50 years. There is an increasing trend for part-time working within the profession, with 63% of staff full time in 2001, compared to 71% in 1998. A review of the skill mix within the profession indicates that the vast majority of posts (72%) are graded at the middle clinical grade (Grade 2). Only 13% of posts are at the new graduate / junior entry grade (Grade 1). Six of the fourteen SLT providers in NI employ unqualified staff in SLT assistant roles. 13 such staff are in post across NI.

A review of vacancies at March 2001 indicated a 15% vacancy rate across the service in NI. This equates to 51 posts which managers are having difficulty filling or are unfilled. More recent evidence from the interviews with managers and through the project group indicates that this problem is not decreasing.

The questionnaire forwarded to managers also provided details on staff leaving the profession, and recruitment of staff who have graduated or been previously working outside of NI. This information informed the supply assumptions detailed in the workforce projections contained in the report. The DHSSPS Project Support Analysis Branch has also been able to supply data

on average retirement age within the profession (average 60 years), and leavers for other reasons. These details have also been used to inform the projections.

### **Key Findings In Interviews and Focus Groups – Supply Issues and Demand Issues**

Eighteen key informant interviews and six focus groups were carried out to gather qualitative data on issues impacting on the recruitment and retention of speech and language therapists within the HPSS workforce. The detailed findings are contained within sections 5 and 6 of the report.

In relation to the supply of therapists, the following issues were highlighted:

- **Students:** The University of Ulster provided details on student numbers and first destination survey results of graduates over the past three years. On average only 57% of students are taking up a position in NI after graduation. Issues identified that are attracting new graduates to posts outside of NI included, bursaries on offer from GB and ROI, students undertaking placements in GB and being offered attractive posts on graduation to return, better choice of posts elsewhere, better CPD opportunities offered elsewhere. The DHSSPS has recently increased the intake of students to the UU degree from 20 to 30 places (commenced September 2001).
- **Recruitment:** The majority of Trusts are finding it difficult to recruit to posts, particularly in the higher clinical grades (Grades 1 / 2). The geographical position of some Trusts is also a problem, with areas like Mid Ulster and Larne finding it particularly difficult to recruit. All Trusts reported that there are either limited or no applicants for many posts advertised.
- **Temporary Posts / Competition:** All Trusts are finding it extremely difficult to recruit to temporary posts and as a result some have stopped trying. Limited success was also reported when Trusts have attempted to recruit for temporary staff via GB based agencies. Trusts are having to attract staff from other providers, ie ‘robbing Peter to pay Paul’. The review of pay banding for speech and language therapists through NI may increase this problem as some Trusts may be able to grade posts at a higher level than others.
- **Family friendly policies:** With an almost exclusively female workforce, all Trusts are experiencing increasing requests for part-time working and career breaks. Many managers are seeking to facilitate requests, rather than loose staff altogether.
- **Career Progression / CPD:** Many respondents indicated that lack of opportunities for career progression was a key area of concern amongst staff and encouraged some to leave the profession. Lack of support for CPD was also highlighted. Many comments were received concerning the need for a regional approach to assessing, prioritising and resourcing CPD for all PAMS. This is supported by the fact that many Trusts have reported difficulty in attracting candidates with the appropriate skills for posts.
- **The future:** All respondents indicated that they are very concerned that the recruitment situation for the profession is going to get progressively worse in the next few years.

The following areas of demand were highlighted through the interviews and focus groups.

- **Current services:** Increasing demand are being experienced from the elderly client group (stroke, dysphagia referrals, progressive neurological disorders) community services (lengthy waiting lists), education (increasing demands within special schools and from

children with statements of special needs attending mainstream schools) and some regional services (voice / fluency services).

- Administration: All respondents indicated that paperwork and general administration was taking up a considerable amount of therapists' time, to the detriment of time spent with patients and clients. Few feel that they have access to adequate administrative support or IT which would enable them to carry out their clinical work more efficiently.
- CPD: There is an expectation that at some time in the future the new Health Professions Council will set down mandatory requirements for CPD time for PAMS. This could potentially be 10 sessions per annum.
- Clinical placements: While the commitment to supporting clinical placements was clear from respondents, many are finding it difficult to accommodate students because of the high vacancy rates amongst qualified staff. There was also a strong feeling that staff should be given a separate allowance for the supervision of students. The pressure to meet contract targets was also an issue, as facilitating students resulted in a reduction in the number of clients seen at a clinic.
- Increasing patient expectations: Respondents commented that patients are now more 'vocal' about their 'right' to a service. As a consequence staff have to spend increasing amounts of time dealing with inquiries or complaints.
- Role extension: The development of the role of speech and language therapists has been welcomed as positive within the profession. Examples of where this has occurred include training nurses in the screening of dysphagia patients, involvement with patients in ICU, development of endoscopy activity and dyslexia.
- Skill mix: Only six of the current 14 SLT service providers employ unqualified assistants. Many respondents indicated that the role of these support staff could be developed with appropriate support for training and by addressing the current poor pay structure.
- New services: New services that have been or are currently being developed have placed additional demands on therapists. These include early intervention, brain injury, and cochlear implant.
- Unmet need: Respondents highlighted a number of areas of service where there is clear demand for the development of SLT services, however little or no resources have been allocated. These include dementia services, mental health and adult learning disability.

### Supply and Demand Projections

Section 7 of the report provides details on the estimated supply and demand projections of speech and language therapists within HPSS over the period 2002 – 2006. The supply figures have been developed from the data gathered and from discussions with the project group members. The figures indicate, that if current trends continue, there will be an estimated 1% increase in the supply of therapists to HPSS over the next five years.

The demand for additional therapists into HPSS over the five year period has been presented under three scenarios. These are:

1. **Agreed policy context and resource approved / identified:** This refers to service developments that have been agreed within the current HPSS policy framework with

resources identified, or are likely to be approved over the course of the 5 year workforce plan. This includes additional investment identified by the Department of Education in speech and language services within schools over the period 2002 to 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.

2. **Future policy context that may potentially attract investment:** This refers to service developments that have been identified via key informant interviews and the project group that potentially maybe supported over the next five years, although resources have yet to be identified. Areas included are additional investment in multidisciplinary support services in the community as a result of the community care review. Also, further support for posts in the area of cancer services / palliative care and further investment in services for children (main stream and special schools).
3. **Unmet demand:** 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 stroke services, learning disability, early intervention and continuing professional development.

In considering initially within this report the demands for additional staff in scenarios 1 and 2 the projections indicate that:

- If the current trend continues in the supply of staff, over the period 2002 – 2006 there will be an estimated shortfall of 66 staff after 5 years within scenario 1, rising to a shortfall of 91 (after 5 years) if scenario 2 is included.
- If more graduates are recruited to the HPSS workforce (eg 70% compared with the current 57%), an additional 16 therapists would be available. If a reduction in leavers (for reasons other than retirement) was achieved (eg by 30%) a further 15 staff would remain in the workforce). If the number of graduate places at UU was increased by 5, a further 3 therapists per annum would be available to the HPSS workforce from 2006.

A summary of the above is presented the table:

**Table : Projected shortfall in SLT workforce**

<b>Demand Level</b>	<b>Scenario1 (resources available)  Deficit in staffing</b>	<b>Scenario 1 + 2 (Potential resources in future)  Deficit in staffing</b>
<b>Current staff deficit</b>	(66)	(91)
<b>A. Increase % of students entering HPSS (A)</b>	(50)	(75)
<b>B. Decrease leavers (B)</b>	(51)	(76)
<b>C. Increase UU places by 5 pa</b>	(63)	(88)
<b>Impact of A + B + C</b>	(32)	(57)

The figures confirm that there is projected to be a significant shortfall in the HPSS speech and language therapy workforce over the next five years. This would be further increased if scenario 3 was included by an estimated further 37 posts.

A number of recommendations are outlined below that are aimed at addressing the shortage in the workforce identified.

### **Recommendations**

The following recommendations have been concluded from the review:

***Increase the number of students taking up posts in NI after graduation – Target 70% of graduates:***

- It is recommended that 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 junior grade posts to secure more qualified speech and language therapists within the workforce.
- Trusts should review their skillmix to ensure that junior grade posts are available to attract students into the HPSS, particularly before graduation.
- A follow up to the focus group work with 4th year UU students should be undertaken to provide further information about how to attract more graduates into HPSS.
- Further discussions are required on incentives to encourage new graduates to take up posts within NI (one Trust is currently offering bursaries / flexibility to enhance the initial salary package).

### ***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.
- The University and Trusts should work together to ensure that as many third and fourth year student placements as possible are provided within NI.

### ***Additional Student Places:***

- The Department should take forward discussions with UU to increase the number of undergraduate places at UU by 5 per annum.
- The introduction of a fast track course in Speech and Language Therapy for graduates with relevant degrees (eg biomedical sciences) should be explored with UU.

### ***Attracting other qualified Speech and Language Therapists into the workforce:***

- The Department should explore the potential for a return to practice initiative by assessing levels of interest through local advertisement.
- The Department should seek to provide information on opportunities within NI for NI students who are currently studying in GB. This should be co-ordinated regionally.

### ***Retention of current workforce:***

- Further work needs to be taken forward to review the impact on the workforce of family friendly policies and leavers. There was a view from some members of the project group that the figures presented in the report, particularly in relation to the future impact of these variables, are conservative and require further research.
- Further work is required to identify initiatives that will lead to the retention of therapists within the workforce. This will include incentives to encourage staff to consider continuing to contribute to HPSS Speech and Language Therapy services after the normal retirement age. The successful implementation of the pay rebanding exercise within Speech and Language Therapy should have a positive impact on retention and progress with this exercise, and its actual impact on the workforce, will need to be reviewed.
- The Department should take to take forward the development of the PAMS consultant role to acknowledge high levels of clinical expertise within the profession and remunerate accordingly.

### ***Continuing Professional Development Opportunities***

- The Department should take forward initiatives to enhance the continuing professional development opportunities for speech and language 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 CPD for PAMS should be taken forward.

### ***Unqualified / support staff***

- Work needs to be taken forward to support the development of the role of speech and language therapy assistants. This includes regional support to make provision for opportunities to develop the skills of assistants to NVQ level 3 and local providers considering how the role of unqualified staff can be developed to assist in addressing demands within the current service.
- The provision of administrative and IT support to therapists needs further reviewed by employers, given the poor levels reported by participants in the workforce review.

### ***Further Review of the Workforce***

- The project group should be convened 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 and further work taken forward 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 working within HPSS for the future.

## 1. INTRODUCTION

*Speech and Language Therapists specialise in the diagnosis and treatment of communication disorders in adults and children. This may include reading and writing difficulties as well as speech, language, voice or fluency difficulties. They are also involved in teaching alternative and augmentative methods of communication and in the assessment and management of swallowing problems.*

*After assessing the nature of the communication or swallowing problem, speech and language therapists use their theoretical and practical skills to rehabilitate, educate and counsel patients and their families, with the aim of enabling them to reach as great a measure of independent communication as possible. (12)*

This report outlines a comprehensive review of the Speech and Language Therapy workforce within Health and Personal Social Services in N. Ireland. The review was undertaken during the period September to December 2001 and was co-ordinated by a Project Group, which comprised of representatives of the DHSSPS, HPSS commissioners and providers, education and staff side (Appendix 11– Membership). The report is presented by the Project Group and outlines:

- The background to the project
- The project methodology and terms of reference
- A detailed profile of the HPSS Speech and Language Therapy (SLT) workforce, recruitment and retention issues identified in relation to the workforce and a projection of the supply and demand for therapists over the five year period 2002 – 2006.

The report concludes with a list of recommendations from the Project Group which seek to contribute to the addressing current and future workforce issues within the N.I. speech and language therapy workforce.

## **2. BACKGROUND**

The principal focus of the review has been to provide a profile of the current speech and language therapy workforce in N.I. and to investigate, through a range of survey tools, key issues and factors regarding the supply of and demand for therapists over the period 2002 – 2006. The report culminates in highlighting key recommendations, which will assist the Department in developing strategies that will ensure the correct number of speech and language therapists are in place, working in the most effective way, to offer maximum benefit to patients and clients. The development of such strategies must also consider speech and language therapy services within the context of national, regional and local strategies and priorities for healthcare services as a whole. A brief review of some of the relevant policy issues are outlined below.

### **2.1 Health Policy Context**

The overall aim of the Department of Health, Social Services and Public Safety is to improve the health and well-being of the people of Northern Ireland. It seeks to achieve this in ways which:

- Are fair and equitable, targeting resources towards those in greatest need.
- Listen to the views of users, carers and the public
- Continuously improve the quality and clinical excellence of services
- Stimulate and support the formation of partnerships across all sectors to promote and improve health and well-being (1).

It must also seek to ensure the effectiveness of service provision, ie, to secure the greatest possible health gain from available resources. All HPSS employees have a central role in achieving this overall clinical effectiveness and it is essential to develop strategies that can ensure the correct numbers of these skilled employees are in place, working on an integrated basis and in the most effective way, offering maximum benefit to the health care team and patient and clients. This has been further reinforced by the Report produced by the Acute Hospitals Review Group (May 2001) (2) which highlights the urgent need for improved workforce planning arrangements within HPSS including a robust assessment of service needs and the skills and staff required to deliver these services efficiently and effectively. The report also highlighted that there is the need to build up adequate contingency or even over supply of adequately prepared professionals so as to ensure that there is no repeat of the difficulties of the past.

### **2.2 Great Britain and Northern Ireland Context**

The current strategic focus for health and social services first detailed in 'The New NHS - Modern and Dependable' (3) which sets out the Government's vision for the National Health Service (NHS) in England. The Government plans for NHS modernisation are intended to ensure a high quality, national service that is clinically sound, cost-effective and equitable. The NHS white paper and subsequent quality consultation document (4) identified requirements for consistent, high quality care throughout the health service and all health organisations,

including primary care. This will mean that all areas of healthcare, deliver care to the patient in the most timely and most cost effective ways possible.

The Northern Ireland Executive in its Programme for Government 2001 –2004 (5) identified “Working for a Healthier people” as one of its five priorities and has stated that “we will work to reduce waiting lists, implementing new management arrangements, and recruiting additional front line staff”.

The Programme focuses specifically on the following:

- reducing preventable diseases, ill health and health inequalities;
- ensuring that the environment supports healthy living and that recreational facilities are improved;
- modernising and improving hospital and primary care services to ensure more timely and effective care and treatment for patients;
- enabling those who suffer from disability, chronic, mental or terminal illness to live normal lives
- promoting the health and social development of children

The programme recognises that everyone has a right to timely quality care based on clinical and social care need and the system must be able to respond to assessed individual need. The programme also commits the Executive to addressing current workforce shortages within HPSS.

Priorities for Action (6) details the DHSSPS planning priorities for 2001/2002, in the context of the Programme for Government as outlined above. These include:

- Increasing capacity and improving flexibility and responsiveness to meeting continuing demand.
- Improving access to services, particularly reducing waiting lists
- Tackling shortages of skilled staff, particularly in hard pressed specialised areas. This includes not only the increases in the supply of qualified staff but also measures to improve recruitment and retention of staff within HPSS.
- Developing partnerships with other statutory and voluntary sector organisations.

A number of targets and objectives are set out in the document which outline how the Department expects HPSS to deliver to the Minister’s priorities, within the context of the overall resources available, during 2001/02. Those that impact on speech and language services include :

*Community Care and Acute Services :*

- to further develop bridging services between community, primary and acute care to ensure that acute admissions take place only where appropriate and patients are assured timely return to the community once acute treatment has been completed.
- to agree the service requirements for the new cancer centre by September 2001 and progress the development of Cancer Units and the Centre and the full implementation of the 1996 Campbell Report “Cancer Services: Investing in the Future”(7)

*Family and Child care :*

- to increase the coverage of the Sure Start programme, targeted at children under 4 in areas of social disadvantage.

*Physical and Sensory Disability :*

- to establish a regional traumatic brain injury unit
- to facilitate early discharge from hospital to the community.

*Family Health Services :*

- to encourage a team approach in primary care, promote multi-disciplinary working and collaborative working
- to invest in services that substitute for services currently provided in secondary care
- to support primary care in its efforts to target health and social need
- to support services which deliver proven outcomes and have the capacity to be replicated elsewhere as best practice

*Workforce :*

- to review the effectiveness of the current workforce planning mechanisms and introduce improvements to enhance the multi professional dimension to such activity.
- to ensure that recruitment and retention issues are addressed and that future workforce requirements are identified and linked to workforce planning activities.
- to address the need to increase the numbers of students in pre and post registration education within the professional allied to medicine.

*Partnerships with the voluntary and community sector :*

- to ensure that funding for the voluntary and community sector enables the sector to achieve sustainable outcomes in line with Boards and Trusts policies and objectives.

## **2.3 Secondary Care**

In the provision of secondary services, the Acute Hospital Review Group Report 2001(2) is the most recent document to address the structure of the HPSS as a whole in Northern Ireland. The Report's key recommendations include:

- Giving primary care a more prominent role in service delivery and expanding the research base in primary care.
- Reorganising hospital services and treating them as a series of systems, rather than stand alone institutions
- Provide acute hospital services that are consultant delivered rather than consultant led
- Primary care organisations given the responsibility for the commissioning of community services and non-regional hospital services in the context of the strategic plan

While not providing specific comments concerning speech and language therapy services, the report does suggest that, in line with trends announced for the NHS in England, NI will require an additional 1000 therapists and other health professionals by 2010. It also emphasises the urgent need to undertake a major workforce planning exercise that covers the whole of HPSS.

## **2.4 Primary Care & Quality**

Building the Way Forward in Primary Care (A consultation paper) (8) outlines new ways for health professionals to be involved in the delivery of HPSS services. The recent summary of the consultation on the future of primary care (9), details that there is general agreement on the need for the development of primary care to provide a quality service to meet the growing demands on this sector. The arrangements, announcement by the Minister on 16<sup>th</sup> October 2001, (10) outline proposals to set up local health and social care groups, with primary care professional working in partnership with Health and Social Services Boards, Trusts and others in the planning, commissioning and delivery of services for the communities they service. The new arrangements will undoubtedly facilitate service development for PAMS and other professions, in that 'they will help stimulate innovation in the delivery of service at a local level' (10).

The recent Consultation Paper, "Best Practice - Best Care" (11), published in April 2001, focuses on the three interlocking strands of setting standards (improving services and practice), delivering services (ensuring local accountability) and improving monitoring and regulation of the services. The document sets out the Department's commitment to securing a more responsive, caring public service, raising the quality of HPSS and tackling underperformance

The DHSSPS position paper 'Primary Care – Professions Allied to Medicine' (12), has been produced to help inform key stakeholders of the contribution that the Professions Allied to Medicine currently make and their potentially greater role in ensuring high quality services and primary care services. It endorses the priority given to breaking down traditional boundaries so that all care professionals use their skills in the most appropriate way to treat and care for people, the development of new and innovative models of service delivery and the support of emerging new professional roles. However in order for this to happen it is argued that :

- It must be recognised that PAMS are key contributors across HPSS services including health promotion and prevention.
- They must be given equal status at all levels to enable them to become full partners within primary care settings, including opportunities, support and resources.
- There must be sustained investment in continuing development and training of PAMS to take on new roles and to maintain and further develop skills.
- PAMS must be given equal access at all levels to opportunities and systems to facilitate their research and development.

The Regional Strategic Framework for PAMS in N.I. (13) also outlines that :

- there must be greater representation of the Professions Allied to Medicine to influence the decision making process in strategic planning, policy formulation, commissioning and in the general management of the HPSS.

## **2.5 Public Health**

In the UK, public health strategies have recently been produced for Scotland (Working together for a Healthier Scotland 1998) (14), Wales (Better Health –Better Wales 1998) (15) and England (Saving Lives: Our Healthier Nation 1999) (16).

In Northern Ireland these key public health issues are outlined in the strategic document Well into 2000: A positive agenda for Health and Social Well-being”(17) and the more recent public health consultation document “Investing for Health”(18) The proposals recognise that our health is determined by social, economic and cultural environment and encourage professions to work with the community to promote health and well-being rather than focus on the treatment of ill health. It is clear that speech and language therapists will have part to play in delivering to the objectives and targets that will be outlined in final public health strategy.

## **2.6 The Importance of the Workforce**

The underlying strategic theme of effective and co-ordinated workforce planning is documented in a number of NHS documents in England and Wales (19,20). In the consultation paper “A Health Service of all Talents: developing the NHS workforce” (2000) (21) the Department of Health acknowledge problems with the current workforce development and planning. The paper made a range of recommendations including improving training education and regulation, increasing staff numbers and changing career pathways whilst achieving better integration between workforce, service and financial planning. A National Workforce Development Unit, Care Group Workforce Teams and a Workforce Numbers Advisory Board will be established to implement the recommendations.

Significant focus is being placed on the education, training and development of all Allied Health Professionals, including speech and language therapists (22).

The consultation paper “Acute Hospital Services Review” published in May 2001 (2) reinforces the fact that over 70% of HPSS expenditure is on staffing, so it is obviously critical for employers to have in place a planning system to help managers set appropriate

establishment levels. The report puts forward the idea that the main asset of the current system is a “skilled, dedicated, caring and motivated workforce”. The key issue in achieving change is the need to consider the impact of changes on the existing workforce, their need for training and support, and the development of new skills and work practices to meet the needs of the future. In developing the workforce to meet the new challenges, The Acute Hospital Services Review (2) notes that emphasis should be on:

- Team working across professional and organisational boundaries
- Flexible working to make the best use of the range of skills and knowledge staff have
- Patient focused workforce planning and development, stemming from the needs of patients not professionals
- Maximising the contribution of all staff to patient care, doing away with barriers that say only doctors or nurses should provide particular types of care
- Modernising education and training
- Developing new, more flexible careers for staff from all professions
- Expanding the workforce to meet future demands

The publication of the DHSSPS consultation document the Employer of Choice (23) outlines the commitment by the Department to improve services through attracting, retaining and developing the best staff. The paper outlines that key areas that must be addressed are :

- workforce planning
- recruitment, retention and return
- improved working lives
- equality and fairness
- education and training
- industrial relations

***It is in within this health policy context that we examine the speech and language therapy profession in N.I.***

## 2.9 Speech and Language Therapy Profession

The United Kingdom Parliament formally acknowledged the professional status of Speech and Language Therapists by setting up the Speech and Language Therapists Board through the Professions Supplementary to Medicine Act 1960. This gives a considerable degree of professional autonomy to Speech and Language Therapists, enabling them to maintain their own professional discipline and standards of conduct and to set standards of education and training for entry into the workforce (24).

There are currently 7325 speech and language therapists registered in the UK with the Council for the Professions Supplementary to Medicine. (at 6<sup>th</sup> November 2001).

## 2.10 Supply Issues

It has been widely accepted that there is an increasing shortage of speech and language therapists within the UK. In the last few years there has also been a huge increase in the number of children and adults referred to speech and language therapists (25) throughout the UK. An article published in the Guardian (26) highlighted that much of the problem is due to the professions recruitment and retention problems. In July 2001, the UK Government agreed to make speech and language therapy one of the shortage professions. This decision now means that employers in the UK will find it quicker and easier to obtain work permits for qualified therapists from outside of the EU. The potential exist for overseas therapists to fill at least some of the gap in the current workforce in the UK.

Some of the issues associated with the supply of staff are detailed below :

### *Remuneration*

In 1988, speech and language therapists departed from the common grading and pay structure for other PAMS professions. A new salary scale was introduced which provided three grades with individual posts assigned to a personal pay scale of 3 three consecutive points, within the range allocated to each grade (27).

A survey conducted by the Royal College of Speech and Language Therapists (1999) (28) of 1000 lapsed members identified reasons for individuals leaving the profession which included :

- poor pay and career prospects
- the status of the profession
- repeated change and reorganisation
- poor management support in the post qualifications years

Subsequently the profession achieved success in pursuit of an equal pay claim with clinical psychologists (29). The outcome of the equal pay claim has been :

- the introduction of a new five band pay structure

- the extension of the existing pay spine in line with that of clinical psychologists to allow equal access to pay where work performed is of an equal value
- local reviews to determine assignment within the new structure.

As a result of the above, all SLT posts within NI are being examined and allocated to the new salary scale. The majority of Trusts within NI are currently in the process of completing this exercise, with the aid of guidance (agreed by MSF and the NI SLT Managers Forum). The new remuneration proposals will provide the opportunity for enhanced pay, particularly in the more senior clinical grades (if recommendations are accepted by Trusts). However SLT junior clinical posts will continue to enter the profession at a lower salary than other PAMS (£14237 compared to £16520). They also usually only have the opportunity to move up 3 points within a post compared to 4 or 5 (other PAMS) (31).

The development of the common remuneration arrangements under 'Agenda for Change' will eventually place speech and language therapists alongside all other professions within HPSS.

### *Recruitment Issues*

Audit work undertaken by the Royal College of Speech and Language Therapists (32) confirmed the difficulties experienced by managers in recruiting staff. Of 276 posts surveyed in October - December 1999, the mean number of applicants for each post was 2, the mean number interviewed was 1 and 50% of the posts advertised remained unfilled. Managers commented that the more senior the post the more difficult it was to fill. Another survey of people who have left the profession gave a mean length of stay of 11 years. The audit concluded that the problems lay not just with retention of staff, but also with the numbers of newly qualified, with 54% of posts for the latter grades also remaining unfilled.

In the South of Ireland, a report commissioned by the Minister and Health and Children (Current and Future Supply and Demand Conditions in the Labour Market for Certain Health Professional Therapists, 33) highlighted the shortage of qualified physiotherapists, occupational therapists and speech and language therapists. The report concluded that a major expansion is essential in the number of therapy professionals over the next fifteen years comprising a fourfold increase in the speech and language therapists. The recommendations within the report include :

- an annual increase of 75 places at undergraduate level (being provided from September 2002)
- provision of sufficient clinical placements
- concerted recruitment from overseas.

The report recommended that the scope for fast tracking qualification should be examined, whereby graduates in relevant disciplines could enter a fast track process for gaining recognised qualification in any of the three therapy professions (the example quoted was the Masters Degree in Physiotherapy at the University of Ulster). Also appropriate two year courses should be made available in sufficient numbers to enable assistant therapy grades to be expanded significantly, freeing some time of newly qualified therapists for additional duties.

The report also notes that the expert group of various health professions (35) recommended that initiatives should be undertaken to facilitate the return to work of qualified personnel.

In terms of overall numbers of therapists, Bacon refers to the Irish Association of Speech and Language Therapists who have estimated that 23.37 posts per 100000 population are required to provide an adequate level of service. (There are 13.7 therapists per 100000 population currently within NI). Direct comparisons with actual numbers of therapists to populations numbers within the UK Countries and the South of Ireland cannot be readily made as not all therapists are employed within the health sector within the different countries.

### *Education and Training*

A number of strategic documents review education, training and development for health professionals in England and Wales (19,20). Educating and Training the Workforce for England (2001) (19) concluded that achieving the planned expansion set out in the July 2000 NHS Plan depends on increased investment in teaching staff and accommodation at higher education institutions; achieving value for money in the provision of training courses; a reduction in student drop out rates and a larger number of good quality practice placements.

The reports (19,20) also note the availability of suitable practice placements as a critical limiting factor on the number of training places that can be commissioned and that given current staffing levels, most hospital departments are close to or have already reached their capacity for supervising students. In England there have also been problems with recruitment and retention for undergraduate places, with an average 20% under recruitment against available places, and student attrition rates at around 27%. The Department of Health's Human Resource Performance Framework (36) includes targets to reduce attrition rates, with the 2000/1 intake non completion rate not to exceed 10% for allied health professionals nationally.

In Northern Ireland the overall number of university places for speech and language therapy was increased by 10 in September 2001 (20 to 30 per intake). In addition, the attrition rate is lower in Northern Ireland than in England and Wales, with average rates of 10%.

The predominately female speech and language therapy workforce, 99% in Northern Ireland (37) has implications for both part-time working and the need for family friendly working policies. The importance of having regard for the needs of a predominately female workforce, is well documented in the Hayes Report (2).

In England and Wales, this is documented in the third Report of the House of Commons Select Committee on Health (38). In considering NHS workforce issues the report details the government's commitment to introduce a range of family friendly policies including child care facilities, flexible hours and job share opportunities and the fact that the NHS operates a comprehensive 24 hour service provides opportunities. There is therefore a need be an employer who allows staff to 'marry their work and out of work responsibilities'.

## 2.9 Demand Issues

Understanding the current and future demand issues within HPSS as they relate to speech and language therapists is essential in projecting future requirements for staff. Some of the relevant issues are highlighted below.

### *Societal Changes*

The Department for Education and Employment, Employers Skills Survey Report (39) highlighted that there has been steady growth in demand that is expected to continue in the medium term, for the services of Professions Allied to Medicine. Factors contributing to this demand include ageing population, rising expectations of patients and government reforms including a move towards care in the community, more integrated multi-disciplinary services and the introduction of clinical governance. The report identifies that the picture within HPSS is one of changes in technology and ways of working requiring staff to have a greater range of skills and a higher level of skills.

The NHS plan has recognised the above and sets out a clear commitment to PAMS staff, with over 6500 more therapists and other health professionals to be employed by 2004 and the introduction of with new therapist consultant posts.

### *Other areas of demand*

Other key areas of demand include the following :

- **Dysphagia:** With greater numbers of elderly patients, the incidence of stroke and progressive neurological disorders is on the increase. As a result, many speech and language therapy departments in hospitals are experiencing increasing referrals for assessment and treatment of dysphagia (swallowing problems), often to the detriment of other areas of work (41). In addition to elderly patients, there are a growing number of children surviving with dysphagia problems. A major issue concerns the availability of sufficient therapists who are appropriately trained to treat this patient group.
- **Childrens services:** Research funded by the Department of Education and Employment identified that caseloads and waiting lists were highest for under 4 's. This will include the increasing number of children diagnosed with autism and children with special needs. There is also increasing emphasis on the need for significantly more early intervention services within Speech and Language Therapy. Initiatives such as Surestart and those funded by the I-Can Charity have gone some of the way to provide this focus, however the Royal College of Speech and Language Therapists has warned that they could also exacerbate shortages in the NHS by luring staff away from core services (26)
- **Education:** The increased demand for speech and language therapy services within educational settings is evidenced by figures provided by the South Eastern Education and Library Board. During the period 1985 to 2001, there was a 114% increase in the number of children attending special schools in the area (604 to 1291). Between 1997 and 2001, the number of children with a statement of special education needs increased by 14% (2592 to 2943). A high percentage of these children require speech and language input. In addition, a significant number of children with special education needs do not receive a statement, but are supported through specialist inputs within mainstream education. These

children often require speech and language therapy input in close collaboration with their educational programmes and this places significant demand on community SLT services. This increased demand in the educational setting through NI over the past number of years has not been matched by increased investment in SLT services to the schools

There has been significant concern expressed by parent and politicians about the lack of provision of SLT services within schools in NI. To help alleviate the problem the Department of Education has recently secured resources from Executive Programme Funds to allow the extension of a project, piloted in the Western Board area to other Board areas. Investment of £0.1M in 2001/01 rising to £0.4 M in 2003/04 has been identified to concentrate on the delivery of services for children in Key Stage 1 with speech and language impairment. The project will focus on training for teachers and classroom assistants to enable them to identify children at an early stage with speech and language difficulties. The anticipated outcomes of the initiative include fewer children requiring statements, reduced caseloads for psychologists and other staff, with greater numbers of children effectively supported in mainstream education.

In addition to the above, the 5 Education and Library Boards are currently carrying out a review of the demand for services (including SLT) in schools for children with special education needs. The review will report in Mid 2002 and is likely to highlight the need for significant investment in SLT to support the increasing number of special needs children with language problems attending schools.

#### *England / Scotland*

In November 1998, the Department of Education and Employment (England) established, in partnership with the Department of Health a working group to consider issues associated with the provision of SLT services to children with special education needs (SEN). The background for the initiative came from an acknowledgement of the difficulties in securing the therapy services for children with SEN, which partly results from the different statutory priorities of health authorities and local education authorities and lack of clarity over funding. The Group, which reported in November 2000, produced a number of recommendations aimed at improving the delivery of services to children.

Scotland has also acknowledged the increasing demand for SLT within the educational setting, particularly for those with special education needs. Due to the concerns that have been raised, Scottish Ministers have agreed that there should be a review of funding and supply arrangements for speech and language services for children (Ministers accepted that the review should also be extended to cover adult services). The review began in January 2002 and will also cover occupational and physiotherapy services for children. It is expected to be completed by September 2002.

- CPD and Research: Evidence based practice through good quality audit and research is vital if speech and language therapy is to develop as a profession. Therapists have voiced their concerns at the lack of structure and support available for research within the profession (42). A recent report completed by the Research and Development Office found that, while SLT had the highest ratio of involvement in research amongst the PAMS groups locally (20% of those surveyed), much more needs to be done to support PAMS in this area. (43)

- Community and Stroke Rehabilitation – specialist teams : The demand for SLT in this area of service will continue to grow with an increasing elderly population and the need for the development of rehabilitation services within the community.

### *Training*

In the UK, although there has been no statutory requirement, CPD has actually been a registration requirement of the Royal College of Speech and Language Therapists since 1991. The code of professional conduct makes it clear that all Speech and Language Therapists must continue to maintain and advance their knowledge and skills throughout their careers (44). Therapists are expected to undertake 10 sessions per annum for such activity. It is anticipated that will eventually become a mandatory requirement when the new Health Professions Council (HPC) becomes established in 2002. It is suggested that thirty five hours would serve as an indication of a minimum level of CPD activity.

### *Cancer Services*

The NHS Cancer Plan (45) and the Calman-Hine Report (46), in United Kingdom, were published with the aim to create a network of cancer care within England and Wales so that every patient wherever he or she lives, receive a uniformly high standard of care.

In the Government's strategic document 'Investing for Health' Northern Ireland (18), it states that, as the second most frequent cause of death men have a 1 in 6, and a women as 1 in 8 chance of dying from the it before the age of 75yrs. The Campbell Report (1996) (7) was a key document as it showed that treatment by specialist, multi-disciplinary teams leads to better outcomes for patients. To ensure that all people with the disease have rapid access to cancer services the report also outlined for the need for current services to be re-organised. The implementation of the report will provide one regional cancer centre, at the Belfast City Hospital, and four additional cancer units, one for each Board area. To progress the development of Cancer Units and the Cancer Centre in line with the Campbell Report, is one of the key objectives within both the 'Acute Services Review'(2) and 'Priorities for Action'(6). Speech and Language therapists will form part of the multidisciplinary services to be taken forward in this area.

### **3. METHODOLOGY**

The methodology for the review contained the following research components:

- Literature review, data research and analysis and questionnaire to service managers
- Key informant interviews
- Focus Groups

#### **3.1 Terms of Reference**

The terms of reference were identified as follows:

- to provide a profile of the current Speech and Language Therapy workforce in Northern Ireland, including:
  - numbers employed
  - age and gender balance
  - working patterns
- to provide an analysis of the current and future recruitment and retention issues, including:
  - pay
  - career development and specialisation
  - career breaks/leaving the profession
  - working arrangements
- provide a prediction of anticipated future supply and demand of speech and language therapists over the next 5 year period.

One of the main outcomes of the review is to assist the Department in reviewing the number of student places that need to be commissioned from education locally to meet future service demands.

### **3.2 Literature Review and Research**

A review of key strategic documents (both local and national) was carried out to set down the policy context influencing the delivery of speech and language services and consequently workforce planning, both for now and into the future. A limited range of papers on recruitment and retention issues relating to speech and language therapists were also reviewed. The content of these documents is largely considered in Section 2.

To gather accurate information that would help in the development of the current and future profile of the speech and language therapy workforce a range of information sources was utilised. These included:

- A detailed workforce questionnaire completed by all speech and language therapy managers working in HSS Trusts in N.I.
- DHSSPS Project Support Analysis Branch database
- Council for Professional Supplementary to Medicine database
- Royal College of Speech and Language Therapists database
- University of Ulster : Student Profile Report

The data gathered through the above sources was vital in informing the future demand and supply predictions for the speech and language workforce.

### **3.3 Key Informant Interviews**

The Project Group identified a number of key individuals who would contribute to qualitative data in relation to the following areas ;

- current and future recruitment and retention issues
- current and future demand issues
- identification of parameters that will impact on the supply and demand of speech and language therapists over the next 5 years, within the context of the HPSS service and the wider environment

The list of individuals who took part in the interviews is detailed in Appendix II.

### **3.4 Focus Groups**

Six focus groups were held in various locations throughout N.I. All of the groups were organised and facilitated by the Beeches Management Centre.

The purpose of groups was to explore, with a mixture of speech and language therapy staff (within different grades / specialisms) issues that they (staff working on the ground within HPSS) felt were key to the recruitment and retention of staff. The locations of the groups were as follows:

- EHSSB (2 groups)
- SHSSB (1 group)
- NHSSB (1 Group)
- WHSSB (1 group)
- University of Ulster (1 group of undergraduate students)

A total of 46 speech and language therapists participated in the events.

A wide range of qualitative information was gathered through the groups on the current and future recruitment, retention and demand indicators.

## 4. FINDINGS

This section details the key findings from the analysis of the workforce profile information.

### 4.1 Workforce Demographic Profile

The data from the DHSSPS Project Support Analysis Branch, and the questionnaire completed by service managers provided the majority of the workforce information presented.

Information available from the Council for Professional Supplementary to Medicine (CPSM) and the Royal College of Speech and Language Therapists was accessed but is limited to individuals currently registered with a N.I. address, with no tracking of leavers. The age profile and names and addresses of de- registrants is available, although the reasons for de-registering are not recorded.

#### *Profile of the Speech and Language Therapy Workforce*

282 'qualified' speech and language therapists with a NI address were recorded on the CPSM register at September 2001. This corresponds almost exactly with the number of staff recorded from the service managers questionnaire (283), with the staffing broken down by managers as follows:

- 265 permanent staff
- 6 staff on fixed term contracts (time limited projects)
- 12 staff on temporary contracts

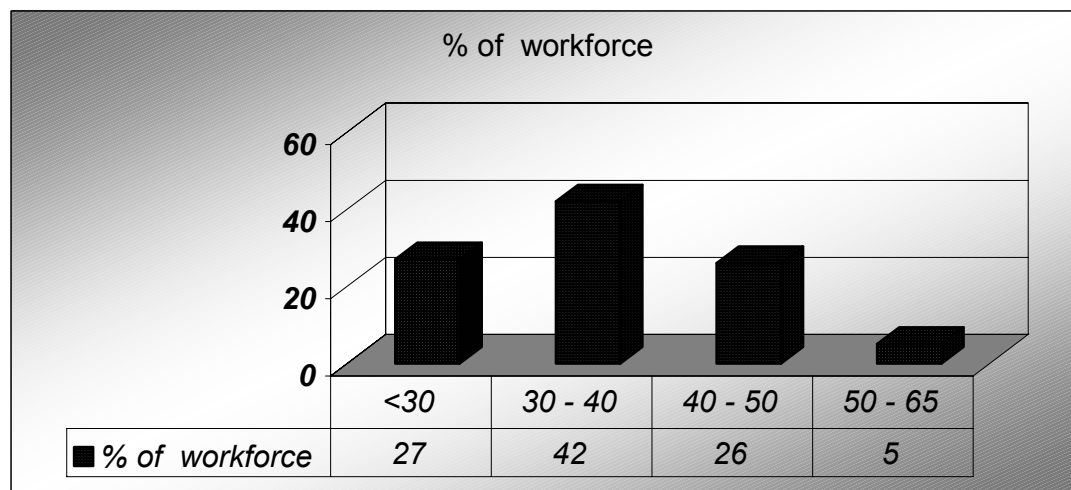
The Royal College of Speech and Language Therapists recorded 307 practising members with a NI address and 16 non practising (3 of whom are working abroad and 3 are retired). 277 staff are recorded on the HPSS systems at September 2001.

99% of the workforce are female with only 1% male. This breakdown has not changed over the past 4 years

## 4.2 Age Profile

The age profile of the workforce is detailed in the Figure below:

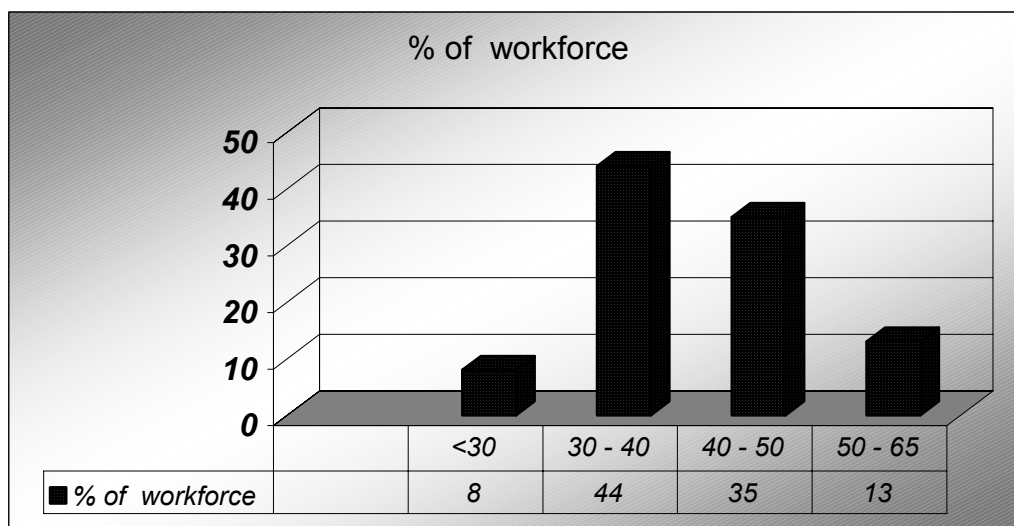
**Figure : Age Profile – Speech and Language Therapists – March 2001**



Source : DHSSPS, March 2001

The data indicates that the majority (42%) of the current workforce is within the 30 – 40 age range. If the age profile is projected over the next five years (at current total workforce numbers) this age group continues to be dominant (44%). The figure below illustrates the predicted age profile of the workforce five years hence.

**Figure : Age Profile – Speech and Language Therapists Projected – 2006**

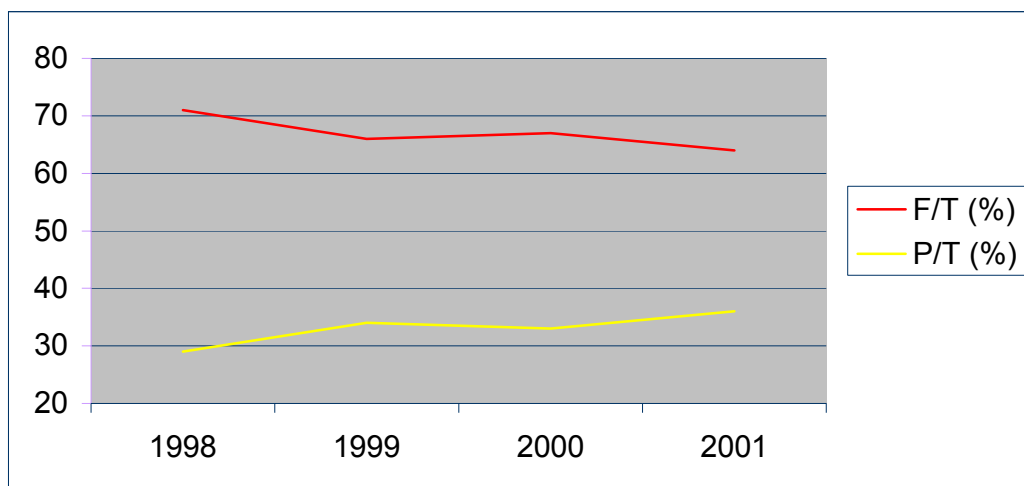


Source : DHSSPS, projected from March 2001

### 4.3 Full Time / Part Time Profile

An analysis of the number of full time and part time staff working within Speech and Language Therapy over the past 4 years is detailed below :

**Figure : Full time / Part time staff Profile 1998 - 2001**



Source : DHSSPS

The figure indicates that during the period 1998 – 2001, the number of full time staff reduced by 8% (71% to 63%), indicating that more staff are seeking and securing part-time employment. During the same period the number of speech and language therapists employed within HPSS increased by 11% (249 to 275 individuals, Source DHSSPS, March 2001)

#### **Headcount to Whole Time Equivalent Breakdown**

Based on the available data, information can be presented on the ratio of current numbers of full time Speech and Language Therapists to part time staff, shown as actual headcount to whole time equivalent.

**Table : Headcount to WTE ratio**

Total Headcount (June 2001)	283
Total WTE (June 2001)	234.34
WTE / Headcount	1.2 Headcount = 1 WTE

Source: Trust Questionnaire, June 2001

The figures indicates that for every WTE speech and language therapist, the equivalent of 1.2 staff must be employed within the service.

#### 4.4 Workforce Profile By Grade

An analysis across all HSS Trusts of grade profile of the Speech and Language workforce is detailed in the table below.

**Table : Grade Profile – June 2001**

Grade	Full Time (Number)	Part Time (Number)	TOTAL
1/2	34	4	38 (13%)
2	116	88	204 (72%)
3	30	4	34 (12%)
Other	6	1	7 (3%)
<b>TOTAL</b>	<b>186 (66%)</b>	<b>97 (34%)</b>	<b>283</b>

*Source : Trust questionnaire – June 2001*

The table indicates that there is a low percentage of available posts for new graduates (Grade 1 /2) with the vast majority of staff at Grade 2. There are also few higher graded clinical posts. This clearly has implication for the career progression of experienced staff.

In addition to the professional staff groups, 6 Trusts reported that they employed Speech and Language Therapy Assistant staff. 13 assistants were recorded as working throughout N.I. (June 2001)

#### 4.5 Vacancy Analysis

The workforce questionnaire forwarded to service managers provided details of the vacancy profile at 30<sup>th</sup> June 2001. The analysis of the vacancies is detailed below.

**Table : Vacancies – June 2001**

<b>BOARD</b>	<b>FULL TIME</b>	<b>PART TIME</b>	<b>TOTAL</b>
<b>EHSSB</b>	16	4	20
<b>SHSSB</b>	3	3	6
<b>NHSSB</b>	15	4	19
<b>WHSSB</b>	6	0	6
<b>Total</b>	<b>40</b>	<b>11</b>	<b>51</b>

*Source : Trust questionnaire – June 2001*

Out of 51 identified vacancies at 30<sup>th</sup> June 2001, 32 related to permanent posts, 8 related to fixed term posts and 11 were within temporary posts.

### ***Vacancy Analysis / Total Workforce***

The information from the workforce questionnaire at 30<sup>th</sup> June 2001 indicates current vacancy rate of 15% within the HPSS Speech and Language Therapy workforce. This is calculated as follows :

➤ Staff in post (June 2001)	283
➤ Vacancies (June 2001)	51
➤ Total workforce	334
➤ Vacancy % rate	15%

In relation to the above, the point was made by Trust managers, that a small number of vacancies can have a huge impact on the provision of speech and language therapy services. For example, an unfilled 0.5 wte vacancy can mean that no service can be provided in a particular specialty area.

### **4.6 Recruitment and retention of Staff**

Managers were asked within the questionnaire to identify the number of staff they had been able to recruit from universities or employers outside of N.I. The figures provided indicated that on average (across the last 4 years) :

- 4 new graduates from universities outside of N.I. returned each year to find their first job within N.I.
- 4 qualified staff returned each year to the N.I HPSS workforce after working as therapists elsewhere.

In relation to retention of staff, managers returned the following information :

- 13 staff per annum leave the HPSS speech and language therapy workforce (taken as an average over the last four years). (This equates to approximately 5% of the workforce)
- 12% of the above retired
- 24% left for family reasons
- 24% left to take up a SLT post outside of N.I.
- 41% left for other reasons (eg to commence a career in teaching)

The figures provided have informed the development of the supply projections detailed in future sections of the report.

The Royal College of Speech and Language Therapists have provided figures of numbers of qualified staff who have lapsed from their membership. 68 members are recorded as lapsed with an age profile as follows : (Dates of birth were available for 53 of the individuals) :

- Under 30 years : 9
- 30 – 40 years : 16
- 40 – 50 years : 10
- Over 50 years : 18

The figures indicate that there are likely to be qualified therapists within NI not currently working within the profession. No tracking of individuals is kept however, therefore there is no immediate access to information that might indicate if the individuals are available for return to practice.

## 5. KEY FINDINGS IN INTERVIEWS AND FOCUS GROUPS : SUPPLY ISSUES

This section provides details of the various views expressed throughout the 18 key informant interviews and 6 focus groups. Many of the issues raised by different individuals were similar and provided valuable information, which has informed the development of the recommendations and conclusions, contained in the report.

### 5.1 Supply Issues - University of Ulster Graduates

The University reported that recruitment to the BSc(Hons) Degree course at Jordanstown was not an issue, although the number of applicants per place has reduced from 680 (in 1995) to 330 (in 2001). Over the last five years, all places available have been taken up, with usually 90% of students NI residents. An average of 2 students per year, over the last 3 years, have been from the ROI although the numbers applying has decreased in the last three years since the introduction of no fees payable in the ROI. The academic entrance standard to the course remains high, with usually 3 'B' grades required at 'A' level or equivalent. There have been no male students commencing the course over the last 5 years and the attrition rate on the course is an average of 2 students per intake.

Figures available from the University indicate the first destination of graduates after graduating, over the period 1996 - 2000.

**Table : First destination of qualifying UU Graduates, 1996 – 2000**

<b>First Destination</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>N.I.- HPSS</b>	9	9	12	15	10
<b>GB - NHS</b>	2	7	2	0	3
<b>EC – Health Service</b>	5	5	4	8	3
<b>Other</b>	0	0	0	0	2
<b>Total</b>	16	21	18	23	18

*Source : University of Ulster*

The figures indicate an average of only 57% of students joining the N.I. HPSS workforce immediately after graduating from the University of Ulster.

Participants within the focus groups emphasised the increasing employment options and incentives now available to new graduates outside of N.I. These include:

- Bursaries on offer from service providers in the ROI and GB if students agree to work there for a limited period after qualifying.
- Limited placements in N.I., with students encouraged to go to England / Scotland for their 3<sup>rd</sup> and 4<sup>th</sup> year with the possibility that they would return there after graduating.

- Better choice of basic grade positions in England and Scotland, with more mixed posts, offering newly qualified students a wider variety of experience.
- Guarantee of better continuing professional development opportunities than would be available in N.I.

This low retention of UU graduates within the HPSS workforce is a particular issue impacting on the supply of therapists.

Another issue raised in relation to the University concerned the remuneration of lecturers. A number of respondents indicated that it is possibly going to be more difficult to recruit to these posts in the future due to an anticipated differential in pay between lecturers and clinical staff within the HPSS. It is expected that the pending review of pay within HPSS will make the health service a more attractive option than moving into education.

## **5.2 HPSS Workforce Recruitment and Retention**

The majority of respondents from the interviews indicated that they have been experiencing increasing difficulties in relation to the recruitment and retention of staff over the past 2 – 3 year period. A significant number of Trusts have difficulty in recruiting to Grade 2 / 3 (higher clinical grade) posts, and in particular part time positions within this grade. A number also expressed that they have been experiencing difficulty in attracting appropriately trained staff to these specialist grades, and, as a result, have had to broaden the specification for positions and provide training if an individual is appointed. Many managers commented that the service is not resourced or geared to provide for such ‘training’ within substantive posts.

The extent of the recruitment and retention difficulties to permanent posts is not uniform through N.I.

## **5.3 Junior Grades / New Graduate Posts**

A smaller number of Trusts are experiencing difficulty recruiting to Junior / new graduate posts (Grade 1 / 2) posts, and in response, one Trust, has offered final year bursaries to 4 students to take up new graduate posts for 1 year within the Trust. This is despite the fact that Trusts are attempting to attract new graduates to available posts around the time of graduation. It was reported that following the period after graduation, it was impossible to recruit to this grade, as all new UU graduates would have secured positions in N.I. or elsewhere.

Many Trusts reported difficulty in retaining junior grade staff. The current job market means that there is a higher turnover as staff move onto higher graded posts, often closer to the Greater Belfast area. The limited salary band for Speech and Language Therapists (3 points scale) was also a contributory factor.

## **5.4 Geographical Area / Specialty**

The geographical position of Trusts has an impact on the ability to recruit and retain staff, with Trusts providing services to more rural areas (Eg. Mid Ulster, Larne) or certain areas within Belfast (eg North Belfast) experiencing greater problems. Trusts located closer to the border with the ROI are also finding that staff are attracted to posts within commuting distance in the South, through enhanced remuneration packages, which cannot be matched in N.I.

Some speciality areas, such as adult learning disability experience more difficulty in attracting applicants.

All Trusts indicated that when posts are advertised there are a limited number or no applicants applying.

### **5.5 Temporary Posts**

All Trusts are having significant difficulty in recruiting to temporary posts. Some Trusts indicated that they have even stopped advertising for temps as they know that there will be no applicants for the positions. There was a clear indication from the interviews that there are no 'spare' speech and language therapists within N.I. Those who want to work are in posts and there are no staff available who wish or have to work on a temporary basis. This is further evident from the lack of success on the part of some Trusts who have attempted to create a 'bank' of therapists. Only one Trust indicated that they have a 'bank', with one therapist.

### **5.6 Agency**

A small number of Trusts have attempted to secure agency staff to fill posts for a temporary period. Limited success was reported, although those that have utilised agency staff did report that it was successful. (in particular therapists from Australia / New Zealand). A number of Trusts reported that they had not been able to explore the possibility of using agency staff due to the financial implications (usually 3 times the normal cost). Another requirement was the ability of the Trust to provide suitable accommodation, which is not always available. Of note is recent correspondence forwarded by an agency in England to therapists in N.I., canvassing for therapists who might consider being available for locum work. Therapists participating in the focus group were also concerned that the use of agency staff 'hides' the real issues of the recruitment and retention difficulties within the workforce.

### **5.7 Competition between Trusts**

Competition between Trusts was highlighted as an increasing issue within NI. It was reported that Trusts are increasingly having to try and 'poach' staff from other providers to fill vacancies. Differences in terms and conditions, grading, and location have meant that some Trusts are more attractive employers than others. (eg. some Trust contracts require staff to work a 33 hour week, while others require a 35 hour week). One key area that was highlighted is the difference in the grading of posts between the hospital and community. Hospital posts (particularly those in Greater Belfast) have traditionally been more attractive as they are generally more highly graded than community posts.

In addition, many interviewees commented that the outcome of the re-grading of speech and language therapists would be crucial, with many staff waiting to compare offers with those in other Trusts. A number of Trusts commented that they had concerns that they would lose staff to other Trusts who are offering more highly graded positions.

### **5.8 Family Friendly Policies / Career Breaks / Return to Practice**

With an almost exclusively female workforce (99%), many respondents in the key informant interviews indicated an increasing number of requests from staff for flexible working. Many managers feel obliged to accommodate such requests from staff, given the emphasis within

HPSS on the implementation of family friendly policies. Many requests have been for term time working or a reduction of some sessions per week, and managers reported difficulties in attempting to cover hours lost to basic core services. A number reported that they always attempt to accommodate staff requests as the alternative was that the member would leave the organisation altogether. Given that the majority of the workforce will continue to be within the 30 – 40 age range over the next 5 years, it is not anticipated that there will be any reduction in requests for flexible working. On the contrary the number of requests is expected to increase.

The questionnaire completed by Trust manager indicated the number of staff taking career breaks was on average 2 per annum . Evidence from the interviews and focus groups indicated that staff who leave the profession, generally do not wish to return. One example quoted was therapists taking a career break to undertake teacher training and subsequently finding teaching positions, which offer better terms and conditions and remuneration packages. Respondents felt that although return to practice initiatives have been successfully take forward in England, (eg. Keele University) there would be little demand within N.I.

### **5.9 Private / Voluntary Sector**

There are 13 therapists listed in the N.I Region on the Association of Speech and Language Therapists in Private Practice Web Site and some existing HPSS staff offer private sessions outside of their main work. Respondents stated however that the private sector does not have any significant impact on the workforce market within N.I.

The main voluntary sector organisation employing Speech and Language Therapists within NI is Speech Matters. The number of therapists working for the organisation is small (3.9 wte), and generally staff are recruited from HPSS Trusts. Speech Matters indicated similar difficulties to HPSS in recruiting to specialist posts and as a result has widened criteria to attract candidates. The I-Can Speech and Language Charity has recently established a presence in N.I. through the opening of a pre school nursery in Ballynahinch. One speech and language therapist is currently attached to the nursery.

Respondents acknowledged the useful role of the voluntary sector in specific areas of speech and language therapy services. At present voluntary provision is small and does not have a significant impact on the HPSS workforce, however some Trusts indicated that they have lost staff to the sector.

### **5.10 Career Progression**

Many respondents from the focus groups and key informant interviews felt that this was a key area of concern and had an impact on the recruitment and retention of staff. A typical career pathway was described as follows :

- First post : Attempt to secure a mixed post to avoid early specialism
- Apply for Grade 2 post in preferred area when suitably experienced and remain within this post for years and years.

A common concern was that due to the small number of grade 3 posts within N.I., staff were stuck as grade 2 for the majority of their career with limited opportunity for progression and no additional reward for their years of clinical experience. This lack of career development was

the cause of poor moral and de-motivated staff and encouraged individuals to consider leaving the profession. Many had gone into the profession because of their interest in pursuing a clinical career, but there is little or no recognition of the development of clinical expertise, with only a small number of higher graded clinical posts available. The only option to achieve a higher salary is to pursue a career in management, which is not attractive to those whose main interest is the development and recognition of their clinical skills. The new pay banding structure for therapists is providing the opportunity to acknowledge clinical expertise, however there is concern that it will not resolve these issues, as each Trust is handling their own arrangements separately. Many respondents in the focus groups indicated that they were awaiting the outcome of the re-banding exercise to inform their future career decisions. This would include whether they would choose to remain within the profession.

### **5.11 Continuing Professional Development (CPD) & Research**

Many respondents in the interviews and focus groups highlighted lack of support for continuing professional development as a key area of concern. While a small number of Trusts indicated that adequate support was available within their organisation, the majority indicated that funding for CPD opportunities was inadequate and inconsistent. It was also highlighted that it is difficult to access specialist training in N.I. with therapists who can access funding having to travel to G.B. Focus group respondents indicated that staff have difficulty in accessing the 10 CPD sessions per year as recommended by the RCSLT. Some also felt that the University of Ulster could play a more proactive role in this area and comments were received that Trusts who can invest in staff development subsequently lose out as staff leave to take up positions elsewhere. The restriction on CPD was highlighted in the focus groups as a key de-motivating factor by staff.

Many respondents from the interviews indicated that an appropriate level of investment in CPD was urgently required and a regional approach to assessing, prioritising and funding of such training would be welcomed. This is supported by the fact that many Trusts reported difficulty in attracting candidates with appropriate skills, with no clear route for staff to train into specialist areas required for services in N.I. Also some have not been able to advertise posts with the appropriate skills required stipulated within the criteria as they are unable to offer the opportunities for training within the particular specialist area.

In addition to the above, that lack of opportunity to pursue research was highlighted. Few Trusts are able to offer any opportunity for research and the respondents in the focus groups identified this as a key de-motivational factor.

### **5.12 Advertising**

A small number of Trusts had attempted to advertise vacancies nationally, however the majority have not pursued this route, in part due to the cost.

A number commented that if therapists outside of N.I. were looking for posts within the province, they would actively seek information from, for example, the Belfast Telegraph web site.

### 5.13 Other professional groups

In general, respondents within the focus groups indicated that they felt that there was a lack of respect for the role of speech and language therapists within HPSS by other professional groups and as a result they felt less valued.

*The majority of the respondents from the interview and focus groups indicated that they were very concerned that the situation in relation to the recruitment of SLT's was going to get significantly worse over the next few years.*

## 6. KEY FINDINGS IN INTERVIEWS AND FOCUS GROUPS : DEMAND ISSUES

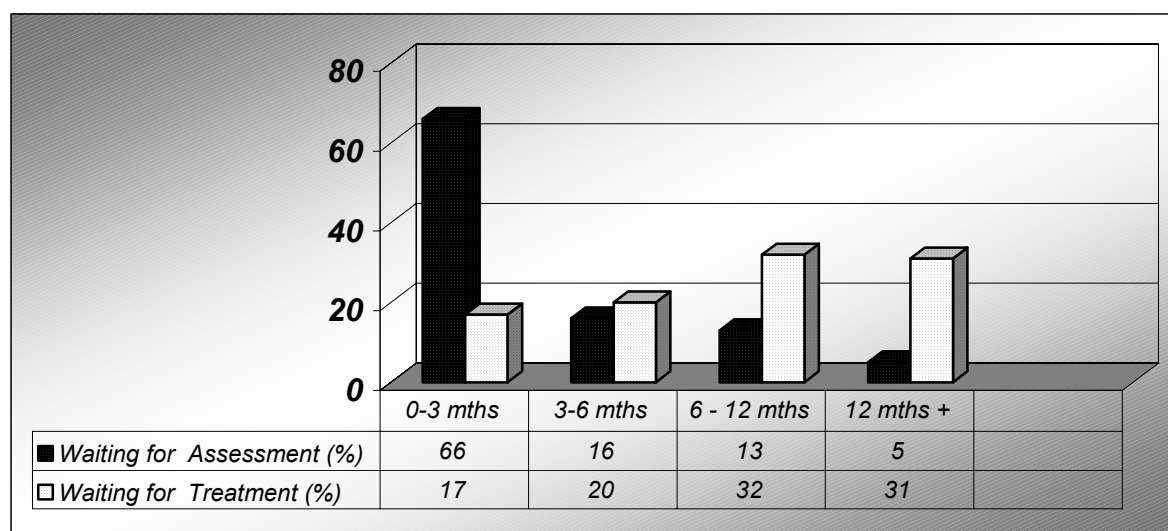
All respondents expressed concern about the inability of HPSS to meet the demand for speech and language therapy services both currently and into the future. It was also felt that a key factor has been that there has been no real ‘assessment’ of need for SLT services within N.I.

### 6.1 Current Services

The evidence from the interviews suggested that current key areas of demand are as follows :

- **Elderly services:** Therapists are experiencing increased referrals of patients suffering from stroke / progressive neurological disorders / dysphagia. It was commented that therapists are now recognised for their expertise, particularly in the area of dysphagia management and have essentially taken on a role, which was historically within the remit of medical staff. While welcoming this area of role development, the increased demands, (with little or no additional resources) have meant that many therapists feel that their time is being taken up with assessing and treating the physical problems associated with dysphagia, with less time available for dealing with the associated communication difficulties suffered by patients. The growth in the elderly population will lead to further pressures in this area of work.
  
- **Community / childrens services :** All respondents indicated the increasing number of referrals of children to community based clinics. The pressures in this area are indicated by a review of the waiting lists for service (at June 2001). SLT managers recorded 2309 clients waiting for assessment at June 2001 and 4487 clients waiting to commence treatment following initial assessment. These details do not of course reflect the increasing demand for services within hospitals services.

**Table : Community Clinic Waiting Lists – June 2001 (Clients not seen at June 2001)**



*Source : HPSS Trusts Questionnaire, June 2001*

The table indicates that over 60% of clients referred are waiting over 6 months for speech and language therapy treatment following assessment. Respondents indicated the demand

is not only from an increase in referrals, but also in terms of the complexity of cases presenting. While the N.I. population of under 15 years old children is projected to decrease by 5.5 % over the next five years, the pressures within community clinics will not decrease because of the increase in children presenting with more complex needs. This includes an increase in the number of special needs children surviving and children presenting with autistic spectrum disorders (the increase in the prevalence of autism is significant as practically all such children also have language difficulties). The vast majority of these children will have long term speech and language therapy requirements.

It is widely recognised that intervention by qualified therapists with children at an early age is crucial, however current services are not effective as they are not at the right level.

- Education : A key area of service demand for speech and language therapists is linked to educational settings. As outlined previously, the number of children attending special schools has increased along with the level of dependency, however there has not been a corresponding increase in the level of investment in speech and language therapy services. There has also been an increase in the number of children with statements of their education needs, with many of the statements including the requirement for the provision of speech and language therapy input.
  
- Many respondents commented they are stretched in providing services to special schools and are not able to provide support for children with therapy needs who are attending mainstream schools. This will be further increased as it is likely that NI will follow with legislation already in force in England and Wales (Disabled and Special Education Needs Act 2001). The proposed new Special Education Needs and Disability Bill (2003/4 which is likely to be passed by the Assembly in 2003/04, will provide more opportunity for parents to opt to place their children in mainstream schools with the recommended support required, rather than within a special school. (The Bill will remove 'economic grounds' as a reason for Boards not recommending placement of special needs children in mainstream schools). This will potentially have logistical and resource implications for speech and language therapists who may be required to provide services to children placed in scattered mainstream schools.

There are examples of initiatives funded through the education and library boards that have been welcomed ie. therapists employed on a project basis to review how best to provide services to mainstream schools and to provide training of teachers at Key Stage 1 level. Further funding has also been identified to extend this scheme. However, evidence from Education and Library Boards suggests that the parents perceive the contact with a professionally qualified speech and language therapists as key to their child's language development. The lack of therapy was cited as one of the main reasons for complaints by parents within the educational setting, and as well as the additional pressures placed on therapists, a likely further repercussion is an increase in complaints to the Special Needs Tribunals.

Of all of the PAMS service, speech and language therapy is viewed as of key importance within the educational setting. Children who commence school with language delay and continue to have problems, are very likely to have literacy problems. Many respondents commented that because of increasing demands in this area (pre-school, special school and

within mainstream schools), it is vital that a more strategic and co-ordinated approach to service planning and delivery was achieved and resourced.

- Regional Services: Belfast City Hospital have indicated that waiting lists have now developed for services provided at a regional level eg. in the areas of voice and fluency.

## **6.2 Administration**

Many respondents in both the focus groups and interviews indicated that paperwork and general administration were taking up more and more of qualified therapists time, to the detriment of time spent with patients and clients. Few therapists feel they have access to adequate clerical support and all feel that a significant proportion of their administrative work could be reallocated to administration staff. There was a general feeling that there is a lack of recognition of the need for administrative support for PAMS within Trusts. Respondents also commented on the lack of IT infrastructure and associated training within their organisations.

## **6.3 Increased focus on CPD and research**

As highlighted earlier in the report, CPD and a commitment to facilitating staff training is viewed as a key factor in the recruitment and retention of staff. This is also set against the background of Trusts having difficulty in recruiting suitable trained staff for some specialist positions and the likely introduction by the new Health Professions Council of a requirement for a minimum number of CPD days to be undertaken by qualified staff. This must also be seen in the context of the clinical governance arrangements within HPSS organisations.

## **6.4 Clinical Placements:**

Many respondents indicated that, while they were committed to supporting the training of students at University, it was becoming increasingly difficult, particularly for those experiencing higher vacancy rates. A key motivational issue related to the fact that therapists do not receive a separate allowance for taking students, as it is considered part of their basic remuneration. It was highlighted that when students are on placement, therapists have to reduce the number of clients attending clinics, placing added pressures on already excessive waiting lists. This can also cause added problems when attempting to reach contract target levels. There was a general feeling that if a separate allowance were given for providing students placements, staff would feel more valued in carrying out this work. Facilitating student placements is an area of increasing demand given the additional 10 places for SLT students at UU from September 2001. One idea for addressing the demand for student clinical experience was the introduction of clinics based at the University. This arrangement would require discussion with and funding from current commissioners of services.

## **6.5 Increasing patient expectations**

It was clear from respondents that patient expectations have increased through availability and access to information. The impact of this has been to widen the gap between what patients expect in terms of a service and what can actually be provided. Respondents commented that patients are now more 'vocal' about their 'right' to a service. As a consequence staff have to spend increasing amounts of time dealing with inquiries or complaints.

## **6.6 Role extension**

The development of the speech and language role has been welcomed as a positive move for the profession. Examples of where this has had an impact or could in the future are detailed below :

- Training of nursing staff for screening of dysphagia patients
- Providing training to teachers and parents / carers
- Involvement with ICU patients at an early stage
- Development of endoscopy activity
- Neonatology and paediatric dysphagia management
- Dyslexia
- Involvement in service planning eg through local commissioning groups

## **6.7 Skill mix**

Six of the 14 Trusts employing Speech and Language Therapists also employ staff in assistant roles. Those employing assistants commented positively on the contribution they made to service delivery. Most of the respondents in the key informant interviews (including those who do not currently employ assistants) recognise that there is a place for assistants within the current skill mix, particularly in areas such as working with patients, clients and carers on programmes that have been designed by qualified staff. Respondents within the focus groups indicated that better use of assistants would allow qualified staff to treat patients more effectively and efficiently. Most Trusts who do not currently employ assistants indicated that the reason for this was due to lack of resources. Respondents did however emphasise that the assistant role could not replace that of the qualified therapist and proper supervision arrangements are necessary to ensure effective and appropriate use of assistant time. Comments from education identified the opportunity to develop links and co-operation between the roles of the classroom assistant and the speech and language therapy assistant.

There was an overall feeling that issues that needed to be addressed within the assistant role included the lack of opportunity for career development, poor pay structure and a deficit of training opportunities, with, in the latter case, individual Trusts currently having to make their own arrangements.

Those Trusts that have recruited assistants indicated that they have been able to fill posts. However respondents were clear that the further recruitment of assistants was not a solution to address the current difficulties in relation to trained staff.

## 6.8 New Services

A number of new service areas are or will require additional investment in Speech and Language Therapy services over the next few years. They include:

- Early intervention initiatives (Surestart / Wilstaar) : There was a clear indication of the importance of investment in early intervention initiatives in speech and language services. Initiatives such as Surestart for pre-school children and Wilstaar (targeting babies at around 9 months) are already in place in certain Trusts and it is likely that further early intervention initiatives will roll out over the period to 2006.
- Brain Injury : The development of the new regional brain injury unit will require additional support from speech and language therapy.
- Cancer Services : The proposed arrangements for the development of cancer services within NI will present additional demands for speech and language services
- Cochlear Implant : The development of this new service has resulted in increased demand for speech and language services
- Specialist stroke teams

## 6.9 Unmet need

Several areas of service were noted where it was felt by respondents that therapists could or will in future, with appropriate level of funding, have a role. These included:

- Dementia
- Mental Health
- Adult learning disability
- Clients with physical disability / sensory impairment
- Irish Medium Schools / Linguistic Minorities

## 6.10 Societal Factors

The majority of respondents highlighted the following societal factors as necessitating an increase in demand:

- Ageing Population - advances in medicine and technology have resulted in people living longer lives and this has resulted in an increase in demand for therapists
- Increased Dependency - again in relation to the above, it is now recognised that those who receive the care are generally more dependant than before and this brings about a more resource intensive service

## **7. WORKFORCE SUPPLY AND DEMAND PROJECTIONS**

This section provides details on the estimated supply of Speech and Language Therapists within the NI workforce over the next five years. A prediction of the anticipated demand for therapists is also outlined.

### **7.1 Supply of the Speech and Language Therapy Workforce**

The supply information presented below has mainly been gathered by reviewing trends over the past 3 / 4 year period, presented in the data supplied by the DHSSPS, University of Ulster and Trust Speech and Language Therapy Managers. The anecdotal evidence gathered from the interviews and focus groups and from the CPSM and the RCSLT has also informed conclusions about the inflow and outflow of individuals into the workforce.

The supply of Speech and Language Therapists within the N.I. workforce is in the main determined by:

- The exiting employees currently available in the workforce (including full-time and part-time staff)
- Students graduating from the University of Ulster
- Students returning to work in N.I. after graduating from a university outside of N.I.
- Professionals joining the workforce who were working previously outside of N.I.
- Professionals leaving the workforce (through retirement, leaving for family reasons, career break etc)

The table below outlines the current and predicted supply of Speech and Language Therapists within the workforce over the 5 year period 2002 – 2006.

**Table : Supply of Speech and Language Therapists (Headcount) 2001 - 2006**

Supply	2002	2003	2004	2005	2006
University of Ulster Graduates	11	10	12	18	18
<b><i>Entering the Workforce</i></b>	3	3	3	4	4
Graduates entering the workforce from outside of N.I.					
SLT returning to work in N.I. from elsewhere	3	3	3	4	4
<b><i>TOTAL ENTERING THE WORKFORCE</i></b>	<b>17</b>	<b>16</b>	<b>18</b>	<b>26</b>	<b>26</b>
<b><i>Leaving the workforce</i></b>					
Impact of family friendly policies (including career breaks)	7	8	9	10	11
SLT leaving the workforce (excludes those retiring)	9	10	11	11	11
SLT retiring at 60 years +	2	2	2	1	1
<b><i>TOTAL LEAVING THE WORKFORCE</i></b>	<b>18</b>	<b>20</b>	<b>22</b>	<b>22</b>	<b>23</b>
Total currently in the workforce	283	282	278	274	278
Projected Number in workforce	282	278	274	278	281
Net increase / (decrease)	(0.4%)	(1.4%)	(1.4%)	1.5%	1%

The figures presented above have been projected as follows:

- UU Graduates joining the workforce have been estimated at 57% of those graduating, with an attrition rate of 2 students per intake. (based on evidence from UU). The increase in 10 places commissioned by the DHSSPS in September 2001, will have an impact in 2005. It has also been assumed that the increase in 10 places will also roll forward to the September 2002 intake. The figures presented are a 'worse case scenario' in that they have assumed no improvement in the retention of newly qualified students UU within N.I. The recommendations highlight the need to address this issue in particular given the low retention rate in N.I. of newly qualified therapists, the majority of whom (90%) are resident in N.I.. The introduction of bursaries for 4 final year UU students by one Trust could, for example, increase the total number of UU students commencing their career in N.I.

- The projected number of SLT joining the N.I. workforce from outside of N.I. is based on evidence gathered from the Trust questionnaires and comments from the project group.
- Evidence from the Trust questionnaires indicated that 8 staff commenced a career break over the past 4 years. Evidence from the interviews also suggests that a number do not return to work after a career break and there is an increasing trend for more individuals to take advantage of the opportunity. It is also assumed that over the course of the next five years workforce capacity will be lost due to an increase in requests for flexible / part-time working. The assumption is made that the equivalent of 45 therapists will be lost to workforce due to the impact of family friendly policies.
- Again evidence from the Trust questionnaires and DHSSPS data has been used to project the number of therapists who will leave the HPSS for reasons other than retirement over the past 4 years.
- The retirement figures presented have allowed for individuals, who will reach the age of 60 between 2002 – 2006, leaving the workforce. Although some therapists choose to work until 65 years, it is considered appropriate to project leavers at the lower eligible age. Figures from DHSSP Project Support Analysis Branch confirm that the average retirement age for therapists is 60 years. Also, no provision has been made within the projections for those taking premature retirement either on a voluntary basis or on the grounds of ill health / incapacity. (DHSSPS figures indicated that 2 staff over the last 3 years have retired early due to incapacity). The small number of therapists work beyond 60 years and remain in the workforce (average of 2 per annum over the last 4 years), will compensate for those who may retire early over the next five years.

Based on the above analysis and assumptions it is predicted that the supply of speech and language therapists over the course of the next 5 years will increase by around 1%

***A number of the assumptions outlined above (eg. career breaks and family friendly policies) have been based on the conservative estimates from information available. Further work needs to be carried out however to obtain as accurate a picture as possible on the impact of these variables on the workforce supply projections.***

## **7.2 Demand for Speech and Language Therapists - Assumptions**

It is difficult to obtain accurate data concerning the exact future quantifiable demand for Speech and Language Therapists within N.I. This is mainly due to the fact that there is little specific information available on projected resource investment within the service over the next five years. Evidence gathered from a number of sources, through the review, can however been utilised to present demand scenarios for particular areas of service. This includes known areas of definite or likely investment in Speech and Language Therapy services (ie current business cases), the impact of policy areas that are currently under review and the views of managers on unmet demand within the service over the period 2002 – 2006.

The demand projections for additional speech and language therapists required within the HPSS over the next 5 years have been presented as three scenarios;

### ***1. Agreed policy context and resource approved***

This refers to service developments that have been agreed within the current HPSS policy framework with resources identified, or are likely to be approved over the course of the 5 year workforce plan.

### ***2. Future policy context that may potentially be resourced***

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

### ***3. Unmet demand***

This refers to additional unmet demands within the current services, identified via the key informant interviews and project group. There is no specific policy context or resource identified at present to meet this demand.

**Table : Speech and Language Therapy – Demand scenarios**

Context	Area	Additional Staffing
<b>1. Agreed policy context and resource approved</b>	Education: Investment by Department of Education (Estimate 1- 2 posts per ELB area, 7 projected) 2001/2 = £0.1M 2002/3 = £0.3M 2003/4 = £0.4M	Estimate: 7 posts 2001/2 = 2 2002/3 = 3 2003/4 = 2
	Disability: Regional Brain Injury Unit (Business Case approved)	2002/3 = 2 2002/3 = 2
	Acute services: Cancer Centre (Business Case workforce plan)	2003/4 = 1
	Local Health and Social Care Groups: 15 groups, estimate input from SLT is 1 wte	2002/03 = 1
	<b>SUBTOTAL</b>	<b>13 POSTS</b>
<b>2. Future policy context that may potentially be resourced</b>	Elderly / Primary Care: Impact of the community care review and need for enhancement in elderly rehabilitation services (1 per community Trust estimated)	2003/06 = 11
	Cancer services: To address the further development of the cancer centres and palliative care services (1 per Board)	2003/4 = 4
	Education: Additional investment as a result of demands in education, both from special and mainstream schools (2 per Education & Library Board Area). The DHSSPS is currently assessing demand in this area from Trust questionnaires (the details are not yet available).	2002/6 = 10
	<b>SUBTOTAL</b>	<b>25 POSTS</b>
<b>3. Unmet demand</b>	Acute services: stroke services (1 post per Acute Trust)	2002/6 = 12
	Learning Disability: To address unmet demand in community (2 posts per Board)	2002/06 = 8
	Early Intervention: To address the demand to development early intervention services (pre school) and reduce numbers on the waiting lists (1 post per community Trust)	2002/06 = 11
	Continuing Professional Development: To enable staff to avail of 10 sessions per annum of CPD and research opportunities. (10 sessions / 283 staff per annum)	2002/06 = 6
	<b>SUBTOTAL</b>	<b>37 POSTS</b>

### 7.3 Supply Vs Demand

Utilising the above information in scenarios 1 and 2, the profile of the current workforce (including vacancies), the supply of Speech and Language Therapists against demand over the next 5 years is detailed below. The current vacancy level has been profiled in over the first 3 years of the period.

**Table : Projected workforce supply against projected demand 2002 – 2006 (Headcount)**

	2002	2003	2004	2005	2006
<b>Supply</b>					
Entering total	17	16	18	26	26
Leavers total	18	20	22	22	23
<b>Net Supply (Shortfall)</b>	<b>(1)</b>	<b>(4)</b>	<b>(4)</b>	<b>4</b>	<b>3</b>
<b>Scenario 1 - Agreed</b>					
Education	2	3	2	0	0
Regional BI Unit	2	2	0	0	0
BCH Cancer Centre	0	1	0	0	0
LHSCG's	1	0	0	0	0
Current Vacancies	17	17	17	0	0
<b>Total Scenario 1</b>	<b>22</b>	<b>23</b>	<b>19</b>	<b>0</b>	<b>0</b>
<b>Total over (under)</b>	<b>(23)</b>	<b>(27)</b>	<b>(23)</b>	<b>4</b>	<b>3</b>
<b>Scenario 2 - Potential</b>					
<i>Primary Care</i>	2	2	2	2	3
<i>Cancer Services</i>	0	2	2	0	0
<i>Education</i>	2	2	2	2	2
<b>Total Scenario 2</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>5</b>
<b>Total over (under)</b>					
<b>SCENARIO 1 &amp; 2</b>	<b>(27)</b>	<b>(33)</b>	<b>(29)</b>	<b>0</b>	<b>(2)</b>

- From the above it can be clearly concluded that demand outweighs supply. In considering only the areas of confirmed investment (Scenario 1) in speech and language services over the next five years, if the current trend remains unchanged, there is a projected shortfall of 66 within the workforce by year 5. This increases to 91 if further investment is secured in the services (scenario 2) and of course would be significantly greater in resources become available to invest in areas identified in scenario 3.

## 7.4 Sensitivity Analysis

A number of sensitively scenarios are presented below to review their impact on the projected shortfall figures above :

➤ ***A Increased % of UU graduates entering the HPSS workforce (70%)***

If the HPSS was to be able to attract a greater percentage (eg 70%) of UU graduates into the HPSS on graduation, an additional 16 therapists would be available in the workforce over the 5 year period.

➤ ***B Reduction in number of leavers from the workforce (by 30%)***

If the HPSS was to be able to reduce by 30% the number of therapists leaving the HPSS (for reasons other than retirement), an additional 15 therapists would be available in the workforce.

➤ ***C Increase number of graduate places at UU by 5 per annum UU***

If the number of places at UU is increased by 5 per annum from September 2002, an additional 3 therapists per annum (based on current graduate numbers entering HPSS on graduation) would be available from 2006.

**Table : Sensitivity scenarios**

<b>Demand Level</b>	<b>Scenario1 (resources available) Deficit in staffing</b>	<b>Scenario 1 + 2 (Potential resources in future) Deficit in staffing</b>
<b>Projected staff deficit (no change)</b>	(66)	(91)
<b>Increase % of students entering HPSS (A)</b>	(50)	(75)
<b>Decrease leavers (B)</b>	(51)	(76)
<b>Increase UU places by 5 p.a. (C)</b>	(63)	(88)
<b>Impact of A + B + C</b>	(32)	(57)

## 8. RECOMMENDATIONS

A number of recommendations are now presented based on the key findings outlined in the report. The main focus of the recommendations is to address the projected significant shortfall in therapists over the next 5 year period.

The main areas of concern and recommendations in relation to these issues from the Project Group are as follows:

### ***Increase the number of students taking up posts in NI after graduation – Target 70% of graduates:***

- It is recommended that 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 junior grade posts to secure more qualified speech and language therapists within the workforce.
- Trusts should review their skillmix to ensure that junior grade posts are available to attract students into the HPSS, particularly before graduation.
- A follow up to the focus group work with 4th year UU students should be undertaken to provide further information about how to attract more graduates into HPSS.
- Further discussions are required on incentives to encourage new graduates to take up posts within NI (one Trust is currently offering bursaries / flexibility to enhance the initial salary package).

### ***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.
- The University and Trusts should work together to ensure that as many third and fourth year student placements as possible are provided within NI.

### ***Additional Student Places:***

- The Department should take forward discussions with UU to increase the number of undergraduate places at UU by 5 per annum.
- The introduction of a fast track course in Speech and Language Therapy for graduates with relevant degrees (eg biomedical sciences) should be explored with UU.

### ***Attracting other qualified Speech and Language Therapists into the workforce:***

- The Department should explore the potential for a return to practice initiative by assessing levels of interest through local advertisement.
- The Department should seek to provide information on opportunities within NI for NI students who are currently studying in GB. This should be co-ordinated regionally.

### ***Retention of current workforce:***

- Further work needs to be taken forward to review the impact on the workforce of family friendly policies and leavers. There was a view from some members of the project group that the figures presented in the report, particularly in relation to future impact of these variables, are conservative and required further research.
- Further work is required to identify initiatives that will lead to the retention of therapists within the workforce. This will include incentives to encourage staff to consider continuing to contribute to HPSS Speech and Language Therapy services after the normal retirement age. The successful implementation of the pay rebanding exercise within Speech and Language Therapy should have a positive impact on retention and progress with this exercise, and its impact of the workforce, will need to be reviewed.
- The Department should take forward the development of the PAMS consultant role to acknowledge high levels of clinical expertise within the profession and remunerate accordingly.

### ***Continuing Professional Development Opportunities***

- The Department should take forward initiatives to enhance the continuing professional development opportunities for speech and language 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 CPD for PAMS should be taken forward.

### ***Unqualified / support staff***

- Work needs to be taken forward to support the development of the role of speech and language therapy assistants. This includes regional support to make provision for opportunities to develop the skills of assistants to NVQ level 3 and local providers considering how the role of unqualified staff can be developed to assist in addressing demands within the current service.
- The provision of administrative and IT support to therapists needs further reviewed by employers, given the poor levels reported by participants in the workforce review.

### ***Further Review of the Workforce***

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

## **9. CONCLUSION**

The speech and language workforce review presented 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. The models presented in the report will need updated and refined on a regular basis to continue to inform decision-making and priorities concerning the investment in the HPSS speech and language therapy workforce over the next years.

## **APPENDICES**

1 – REFERENCES

2 - PROJECT GROUP MEMBERS

3 – KEY INFORMANT INTERVIEWS

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## APPENDIX II – PROJECT GROUP MEMBERS

MEMBERS :
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JOAN SKEFFINGTON, ALTNAGELVIN HOSPITALS TRUST
CARMEL CASSIDY, SPERRIN LAKELAND TRUST
MILDRED BELL, HOMEFIRST TRUST
JILL BRADLEY, CAUSEWAY HSS TRUST
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ALISON DOUGLAS, STAFF SIDE REPRESENTATIVE
JACKIE MCCUSKER, COMMISSIONER REPRESENTATIVE
KIERNAN DONAGHY, DIRECTOR OF HR, CRAIGAVON AND BANBRIDGE
FIONA CROSSEY, BEECHES MANAGEMENT CENTRE – FOCUS GROUP LEADER

### APPENDIX III – KEY INFORMANT INTERVIEWS

REPRESENTATIVE	ROLE / ORGANISATION
R Nesbitt	Speech and Language Therapy Manager, Craigavon & Banbridge
J Skeffington	Speech and Language Therapy Manager, Foyle
C Hayden	Speech and Language Therapy Manager, Royal Hospitals
M Bell	Speech and Language Therapy Manager, Homefirst
H Crawford	Speech and Language Therapy Manager, Down Lisburn
C Jordan	Speech and Language Therapy Manager, UCH
J White	Speech and Language Therapy Manager, Newry & Mourne
C Cassidy	Speech and Language Therapy Manager, Sperrin Lakeland
J Bradley	Speech and Language Therapy Manager (acting) Causeway
J Graham	Speech and Language Therapy Manager, Belfast City Hospital
C Timney	Speech and Language Therapy Manager, Greenpark
B McCreesh	Speech and Language Therapy Manager, North and West Belfast
I Knox	Special Education, South Eastern Education & Library Board
J McCusker	PAMS Commissioner, EHSSB
E Gildea	Speech Matters
Dr M Power	Consultant Physician, Ulster Hospital
R Gray	University of Ulster
A Patterson	University of Ulster