Nursing and Midwifery Retention Report

March 2022

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FOREWORD

Nurses and midwives are one of our Health Service's greatest assets. Together, they make up the largest group within our health and social care workforce in Northern Ireland; the system could not function without their hard work, unquestionable dedication and resilience. However, the Health and Social Care (HSC) system in Northern Ireland is under immense pressure.

While the annual number of pre-registration places commissioned by the Department of Health at local universities has increased to record levels, nursing and midwifery staffing remains one of the key challenges for the HSC here in Northern Ireland.

Ongoing challenges faced by our nursing and midwifery workforce have been exacerbated by the Covid-19 pandemic. When this work was commissioned, our Health Service was still responding to rising Covid admissions and caring for more acutely ill and end of life patients in the community, collectively managing what may have been one of the most difficult winters the service has ever seen.

Unfortunately, a combination of these issues has led to an increase in the number of nurses and midwives leaving the workforce either temporarily or on a more permanent basis. Such problems are not confined to Northern Ireland. Despite overall increases in the numbers of nurses and midwives, the NHS does not have the staff it needs.[1]

Globally analysis of the impact of the pandemic on nurse retention is growing, with extremely worrying findings. It is widely expected that there will be reduced nurse retention because of COVID-19 driven ill health, burnout, reduced working hours and early retirement, which will further exacerbate existing nurse workforce shortages[2].

In producing this Regional Retention Report and accompanying Implementation Framework, we have aimed to listen to colleagues concerns and to develop a range

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[1] The NHS nursing workforce (nao.org.uk)

[2] Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-pandemic.pdf (intlnursemigration.org)

of actions to address both immediate and longer term workforce issues to support our nurses and midwives to remain in post.

I would like to thank the thousands of colleagues who took the time to respond to the Retention Survey that informed this work. It is with your help and feedback that we can begin to address the concerns of our nursing and midwifery workforce and to create a working environment where all staff feel valued.

This work was completed in partnership by representatives of HSC Trusts, Trade Unions and the Department of Health. Whilst this work was focused on the five HSC Trusts the recommendations should be considered by other employers across the wider HSC system.

Maria McIlgorm
Chief Nursing Officer

1.0 INTRODUCTION

Registered nurses and midwives are the largest workforce within Health and Social Care Northern Ireland (HSC) (26%) and intractable vacancy rates are presenting a challenge to the system. Whilst nursing and midwifery vacancy rates fluctuate, they were 9.7% in March 2021, 11.4% in June 2021, 9.1% in September 2021 and 10.4% in December 2021, they are often the highest amongst the HSC workforce. Although pre-registration places have been increased there seems to be a growing issue with retention. The total number of registrants who left the Nursing and Midwifery (NMC) Register is 23% higher than in 2013 (RCN 2020) with UK nurses reporting the highest rates of burnout across Europe. Health Education England (HEE) found that stress and burnout are particularly high in young newly qualified nurses, where turnover rates tend to be high.[3] HEE go on to say that focusing efforts initially around newly qualified staff and specific branches with the highest turnover should be the first step.

'**The NMC Register' data report** (March 2019) explored the numbers of nurses, midwives and nursing associates joining and leaving the register between 1 April 2018 and 31 March 2019. The NMC asked over 11,000 people who left its register over a six month period in 2018 the reasons why they left. Findings from that survey show that the top reason for leaving was retirement, however almost a third (1,050) of the 3,504 respondents cited too much pressure leading to stress and/or poor mental health as a top reason for leaving. 20% (630) of the 3,210 nurses and midwives who trained in the UK and responded to the survey said they were disillusioned by the quality of the care provided to patients.

Statements such as these are damaging public confidence and Robin Swann, Minister of Health commissioned this work and asked that a Regional Retention Plan for Nurses and Midwives working within the HSC in NI be developed.

[3] Nurses leaving practice - Literature Review.pdf (hee.nhs.uk)

1.1 Overarching Purpose

The Nursing and Midwifery Task Group Report (NMTG)[4] was set up by Michelle O'Neill, the then Minister of Health, to develop a roadmap that would provide direction in achieving world class nursing and midwifery services in a reconfigured HSC system. The NMTG had a number of key messages concerning the stability of the workforce:

- A fundamental and a pressing need to address workforce shortages and to strengthen the capacity of the nursing and midwifery workforce to deliver safe and effective care.
- The workforce should be supported to function effectively by reducing unnecessary bureaucracy.
- Enhancing the development of new roles should be nurtured and progressed to optimise the contribution made by the professions across the life course.
- There is a need to ensure safe staffing levels are mandatory and funded.

The Regional Retention Plan will develop a plan to address the more immediate workforce issues impacting on the level of vacancy and turnover of nurses and midwives. It will inform and feed into the future Retention Strategy work stream aligned with the NMTG recommendations to support stability of the workforce. The Report was co-produced by representatives of the HSC Trusts, Trade Unions and the Department of Health and 36 recommendations were made all of which are aligned to this Retention Initiative.

1.2 Objectives

The objectives of the retention initiative are to:

a) Scope current retention issues within NI;

[4] Nursing and Midwifery Task Group (NMTG) Report and Recommendations | Department of Health (health-ni.gov.uk)

b) Work in partnership with DoH, Trusts and Trade Unions to develop a Strategic Retention Plan;

c) Work in partnership with DoH, Trusts and Trade Unions to implement the Strategic Retention Plan. (The DoH have since asked that the recommendations contained within this report will fall under the remit of the Nursing and Midwifery Task Group for implementation.)

The Regional Retention report will seek to understand and quantify emerging anecdotal evidence by identifying baseline information from a range of datasets and a survey of registered nurses and midwives currently employed with the five HSC Trusts.

2.0 WHAT DO WE KNOW ABOUT OUR NURSING AND MIDWIFERY WORKFORCE?

The challenge of nursing and midwifery workforce availability is not a recent issue. The HSC Workforce Strategy 2026[5], published in 2018, identified significant issues for the nursing and midwifery workforce precipitated by a reduction in the investment in pre-registration training between 2010 and 2015. This meant that supply did not keep pace with demand, resulting in a significant shortfall of nurses and midwives to fill vacancies.

The NI Audit Office Report, Workforce Planning for Nurses and Midwives (2020)[6] found that although the HSC registered nursing workforce has increased by 8.8% between 2012 and 2019, this was insufficient to meet the rising demand. The report goes on to say that assuming similar delivery structures, workforce levels should have grown by over 23% to match this increased level of demand.

During the reference period of this review, the headcount of registered nurses and midwives in HSC posts has increased by 1,202 from March 2019 to December 2021. HSC vacancy rates of posts in active recruitment have fluctuated from 11.5% in March 2019 to a peak of 13.1% in June 2019 and the latest figures in December 2021 show

[5] Health and Social Care Workforce Strategy 2026 | Department of Health (health-ni.gov.uk)
[6] 239521 NIAO Health Workforce Report FINAL WEB PDF.pdf (niauditoffice.gov.uk)

a vacancy rate of 10.4%. This continues to be suggestive of an increased level of demand.

The Nursing and Midwifery Task Group, after extensive engagement with the workforce found a concerning picture of a pressurised, under-resourced service, curtailing capacity to deliver safe, effective care. Whilst the NI Executive have committed to investment in the Nursing and Midwifery workforce with an additional £60m of funding over 5 years to strengthen the workforce and address safe staffing, it is recognised that more still needs to be done.

2.1 What does the literature say?

Health Education England has compiled a comprehensive overview on nurses leaving practice, which is a review of the available literature on nurses (excludes midwives) who may be about to leave, have recently left or are registered but not practising.[7] The review suggests that there is likely to be around 10% of the nursing workforce seriously considering leaving.

This report builds on the Nursing and Midwifery Task Group Report (2020) which developed a roadmap to provide direction in achieving world class nursing and midwifery services in a reconfigured HSC system.

The Courage of Compassion, Kings Fund 2020 gathered a range of evidence from across the four UK countries. [8] The report identified that nursing and midwifery stress, absenteeism, turnover and intention to quit had reached alarmingly high levels in 2019, with large numbers of nursing and midwifery vacancies across the health and care system. The same publication also suggested that the impact of the pandemic on the nursing and midwifery workforce has been unprecedented and will be felt for a long time to come. The crisis has also laid bare and exacerbated longstanding problems faced by nurses and midwives, including inequalities, inadequate working conditions and chronic excessive work pressures. These were detailed to include:

[7] Nurses leaving practice - Literature Review.pdf (hee.nhs.uk)
[8] (word template (kingsfund.org.uk)

- Staff shortages
- Turnover and intention to quit
- Stress levels
- Work pressure
- Moral distress
- Pay
- Work schedules
- Bullying, harassment and abuse

Nursing and midwifery vacancies lead to patient safety concerns, quality of care issues, decreases in efficiency, decreasing staff morale, impacts on the wellbeing of nurses and midwives and increased costs for the organisation which need to continually recruit and train new employees to replace those leaving.[9] A survey of more than 61,000 nurses and 130,000 patients in Europe and the US found that positive work environments and lower ratios of patients to nurses were associated with lower burnout, better quality care and higher levels of patient satisfaction (Aiken et al 2012)[10] Takawira C, Marufu et al 2021 identified a range of factors affecting recruitment and retention:

- Professional factors
- Leadership and management
- Staffing issues
- Education and career advancement issues
- Support at work
- Personal factors
- Demographic issues

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[9] Takawira C, Marufu et al 2021, Factors influencing retention among hospital nurses systematic review.pdf

[10] Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States | The BMJ

- Financial and monetary aspects

The British Medical Association Northern Ireland recently discussed issues within the medical workforce where working at the pace required to maintain care standards is becoming impossible and unsustainable.[11] A number of key themes emerged, including:

- Terms and conditions
- Wellbeing
- Working conditions
- Environment.

Medical staff strain is immediately felt by nurses and midwives and adds to their own as these workforces work so closely together. The outputs from the nursing and midwifery workforce survey completed as part of this retention initiative are aligned to the outputs of this BMA survey.

Anne Marie Rafferty and Aisha Holloway refer to the gaping injustices and inequalities that Covid-19 has exposed globally and identified five remedies to ensure that the pandemic has at least some positive outcomes, particularly when it comes to beleaguered healthcare professionals.[12] Rafferty and Holloway set out a group of measures, which if aligned will help overcome some of the intractable problems that have plagued the nursing profession in the UK for decades, and which could be applied to healthcare more generally. These include:

- Pay
- Workforce Planning
- Regulated Advanced Practice
- Demand led CPD
- Staffing for safe and effective care

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[11] BMA NI Supporting doctors - COVID and winter pressures 2021.pdf
[12] A prescription for nursing: five measures to remedy the ills of the profession | The BMJ

This paper will examine a number of datasets and results from a Retention Survey conducted with existing nursing and midwifery staff during a three week period from 23rd December 2021 to 12th January 2022 to explore what the current position is in Northern Ireland regarding the nursing and midwifery workforces.

3.0 WHAT ISSUES DID OUR NURSES AND MIDWIVES RAISE THROUGH THE RETENTION SURVEY?

The Retention Survey gathered the views of the nurses and midwives currently employed within the five HSC Trusts. The survey was issued through the Trusts on 23rd December 2021 and remained open until 12th January 2022. Despite the timing, 3,888 responses were received from across all Trusts and the full range of specialities and every part of the NMC Register. The response rate was 22% of all permanent and temporary contracts. It should be noted that the survey was completed during a particularly pressurised period, including three bank holidays and the peak of the Omicron wave of Covid-19, which caused huge staffing disruptions due to high levels of staff sickness and isolation. A detailed outline of the survey responses is included in Appendix 2.

3.1 Key Survey Findings

- The response rate amongst the qualified nursing and midwifery staff varied from Trust to Trust, ranging from 16% to 26%, with the highest response rates in the Southern and Western Trusts.
- The majority of respondents:
  - worked in Bands 5 and 6, 42% and 31% respectively,
  - worked in Adult Nursing (67%) and
  - were hospital based (70%).
- 64% of respondents would not recommend a career in nursing or midwifery to friends and family.
- 14% of respondents worked for another employer.
- 24% of respondents agreed or strongly agreed that it was a great place to work.

- 26% of respondents agreed or strongly agreed that their work was valued, although 88% agreed or strongly agreed that it made a difference to service users.
- 78% disagreed or strongly disagreed that they were paid at an appropriate level.
- 84% of respondents did not always manage to take allocated breaks whilst on duty.
- The top three factors contributing to staff considering leaving were pressure of work, not feeling valued and would like more pay.
- Of those who were considering leaving, 25% were planning to work for an Agency and 24% were planning to work for an employer outside of HSC.
- The top 5 factors that would encourage staff to remain in post were identified as improved staffing levels, better pay, more support to deal with workforce pressures, feeling more valued in their work and improved work-life balance.

Within the survey, nurses and midwives were also asked to provide comments on the practical improvements they would like to see. This enabled the survey to give voice to the current feelings within the nursing and midwifery workforces. Their voices were both consistent and coherent in terms of the overall messages. The views of our nurses and midwives have been themed and will form the basis of this report.

As well as hearing their views, this report will include other datasets such as HRTPS (Source: Information & Analysis Directorate in DoH) to further quantify the issues highlighted.

The survey revealed four key themes:

- Safe Staffing

Staff were concerned about vacancies, use of bank and agency, redeployments and volume of non-nursing/midwifery tasks;

- Valuing Staff

Staff were concerned about fair pay, their health and well-being, flexibility of shifts, access to family friendly policies and cost of and access to car parking;

- Leadership

Staff were concerned about adequacy of induction, access to CPD/training, visibility of leadership, succession planning, abuse and bullying;

- Good Working Conditions

Staff were concerned about their working facilities e.g. break times, availability of tea rooms, cost and access to car parking.

The words of staff were strong and powerful and have been included throughout this report. There were 294 respondents who gave their consent to take part in a number of focus groups to sense check the recommendations outlined in the Retention Implementation Framework. These are currently ongoing and will be completed by 6th April. Any outputs will be reflected in the implementation plan.

The survey responses will be broken down by Trust and by specialism to include:

Critical Care (330), Theatres (214), Emergency Department (292), General/Specialist Surgery (342), General/Specialist Medicine (695), Community Care (400), Primary Care (221), Mental Health (317), Learning Disability (82), Children's (181), Midwifery (362), Prison Health (9), Corporate Role (54) and other (389).

3.2 Safe Staffing

The Issue

Appropriate staffing plays an important part in the delivery of safe and effective health and care. Safe staffing must be matched to patients' needs and is about skill-mix as well as numbers, about other staff as well as nurses, and other settings as well as hospitals. It is the responsibility of health and care providers, which are regulated by system regulators in the four countries of the UK.[13]

Despite a significant investment in Delivering Care: Safe Staffing[14] and an 87% increase in pre-registration commissions since 2015/16, staffing remains the leading

[13] Safe staffing guidelines - The Nursing and Midwifery Council (nmc.org.uk)
[14] Microsoft Word - Draft Normative staffing Ranges Section 1 Final Draft April 13 (hscni.net)

area of concern for nurses and midwives. Figure 1 below shows increasing numbers of nurses and midwives on their register.[15]

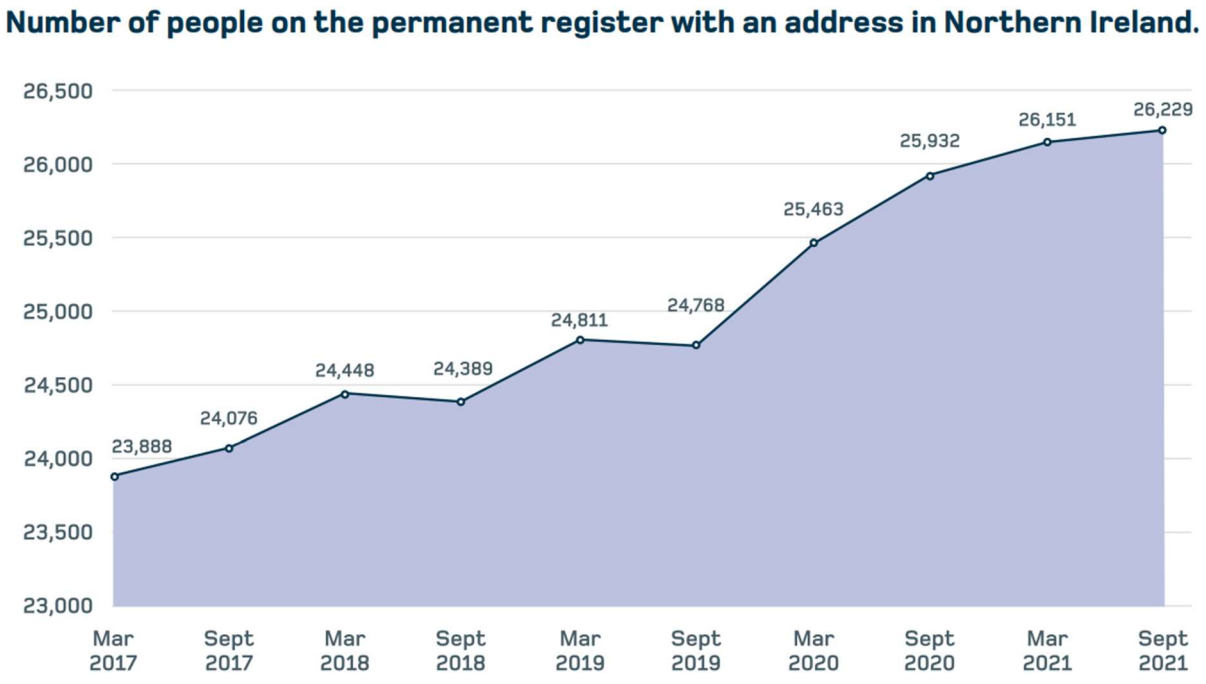


Figure 1: Numbers on the NMC Register with a NI address

However, high levels of vacancy remain which are creating instability within teams due to the number of non-core staff on duty on any given shift.

The latest published figures on HSC vacancies, 31st December 2021, showed 7,096 HSC vacancies actively being recruited to, with an overall vacancy rate of 8.5%. The largest number of vacancies in the HSC system, at 2,154 relates to registered nurses and midwives, a rate of 10.4%. The vacancy rate for nursing and midwifery support staff during this period was 8.9%. It should be noted that these figures only relate to those under active recruitment at a point in time. In addition to vacancy, teams continue to experience gaps arising from sick/absence and maternity leave. Although there is already some work underway in streamlining recruitment processes this clearly needs to progress at pace.

[15] The NMC Register Northern Ireland Mid-year update: 1 April to 30 September 2021

To support filling these gaps the Steering Group, and Trade Union colleagues in particular, agreed to collectively explore introducing the Agenda for Change recruitment and retention premia for hard to fill roles.

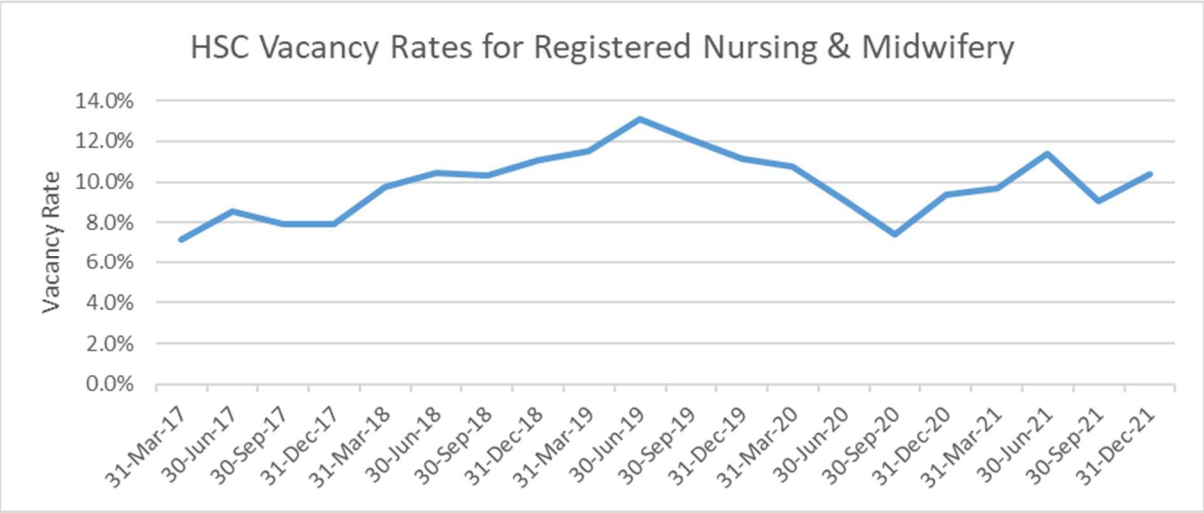


Figure 2: Vacancy rates for registered nursing and midwifery posts

Source: Recruitment Shared Services & HSC organisations.

Regional definition used: A vacancy is any position that is currently with the recruitment team and being actively recruited to. This will include those going through pre-employment checks, up to the point of a start date being agreed. Once a start date has been agreed with both parties (i.e. manager and applicant) this will no longer be classed as a vacancy. Vacancies that are on hold by managers are not included. Data represents the count of posts, including permanent and temporary positions.

It is well-recognised that patient acuity is rising due to increasing age and growth of co-morbidities in the general population. Delivering Care: Safe Staffing[16] has embarked on an ambitious programme reviewing Registrant: Patient / Nurse and Woman / Midwife ratios and in most cases, is recommending increased staffing ratios. It is critically important to keep this work in the forefront whilst looking at 'leavers' and 'joiners' to ensure appropriate balance in the workforce.

For those nurses and midwives considering leaving the HSC, 73% blamed pressure of work. This pressure of work has been further compounded for some staff by the level of redeployments.

[16] Delivering Care | HSC Public Health Agency (hscni.net)

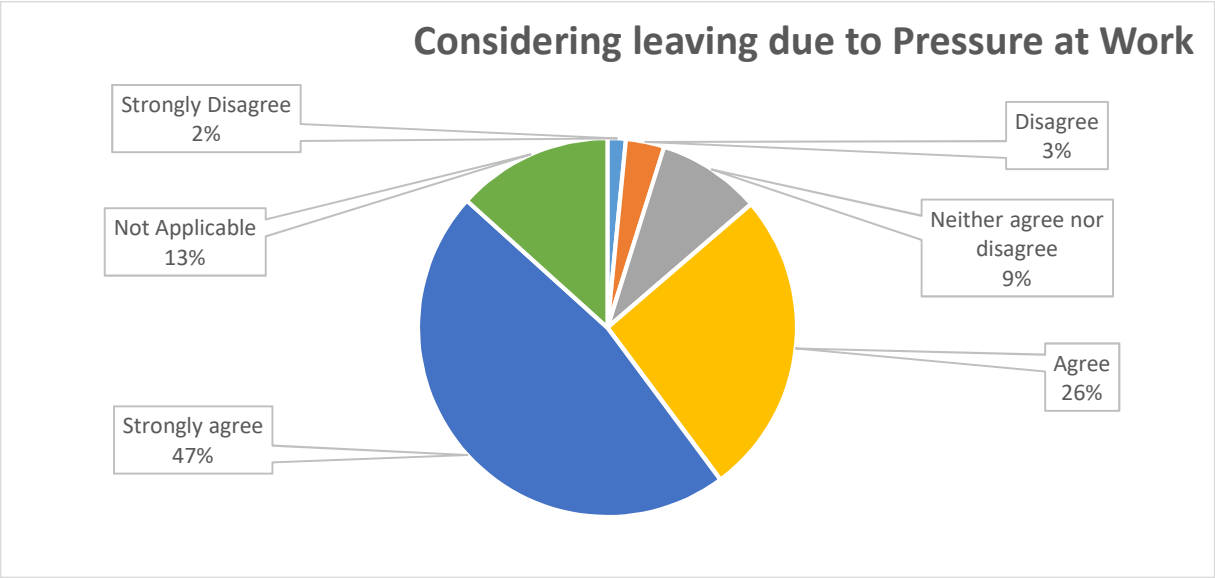


Figure 3: Percentage of nurses and midwives considering leaving due to pressure at work

Nurses and midwives said:

I'm frightened for my own health if I stay in this role much longer.

I'm begging you to please make changes and come and talk to the people in the floor.

"We are chronically and consistently understaffed"

"More staff would fix everything"

"Theatre nurses have been totally disrespected throughout this pandemic. We are overused by all areas within the hospital and so many of my colleagues are broken. It is very sad to see, we have lost numerous experienced nurses as they are so tired of the constant battle regarding redeployment and sheer disrespect."

"Being moved to other areas like ICU is hard, no training and you are expected to look after patients without any knowledge."

Staff overwhelmingly (91%) felt that improved staffing would help them remain in their posts.

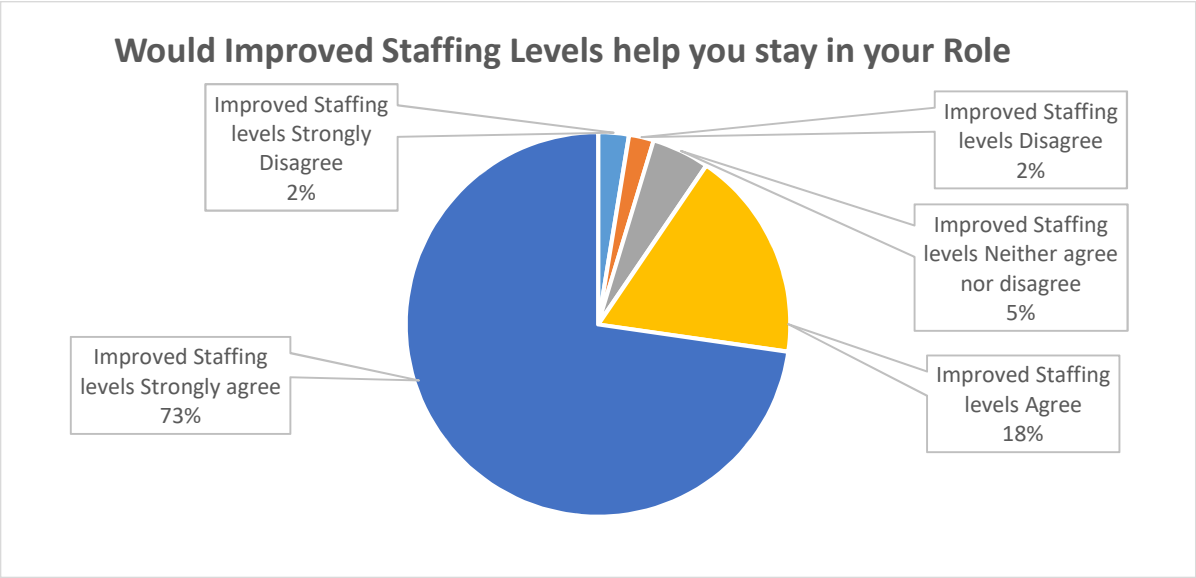


Figure 4: Percentage of nurses and midwives who indicated improved staffing would help them stay in their role

Recommendations for Improvement in Safe Staffing

- Delivering Care: Safe Staffing should continue with urgent review of those areas already completed.
- Redeployments should be carefully managed and only exist for the shortest possible period during times of surge and extreme service pressures and should include careful planning, training and support before, during and after redeployment.
- Urgent consideration should be given to focused recruitment campaigns for hard to fill roles and consideration should be given to a recruitment and retention premia to attract applicants to these roles.
- There should be a regional recruitment campaign, locally focused to fill nursing and midwifery support staff vacancies.
- Urgent attention must be given to streamlining recruitment processes.

3.2.1 The Balance between Leavers and Joiners

The DoH has increased pre-registration commissions across our three local universities by 87% since 2015/16 and recruited more than 1,000 international nurses. However, the balance between leavers and joiners in both professions remains challenging due to retention issues, vacancy rates, use of non-core staffing (bank and agency) and rising acuity, as discussed by the NI Audit Office in the literature review.[17] In addition, midwifery also has the challenge of an aging workforce with high levels of potential retirements.

For the purposes of this report a 'leaver' is someone who has left a permanent or temporary contract in the HSC, as opposed to someone 'moving' around the wider HSC system. It should be noted that some of these 'leavers' may have retained a bank contract. For a full definition of 'leaver', 'joiner' and 'mover' see Appendix 3. The graph below identifies HSC nurse and midwife leavers and joiners as a percentage of staff in post.

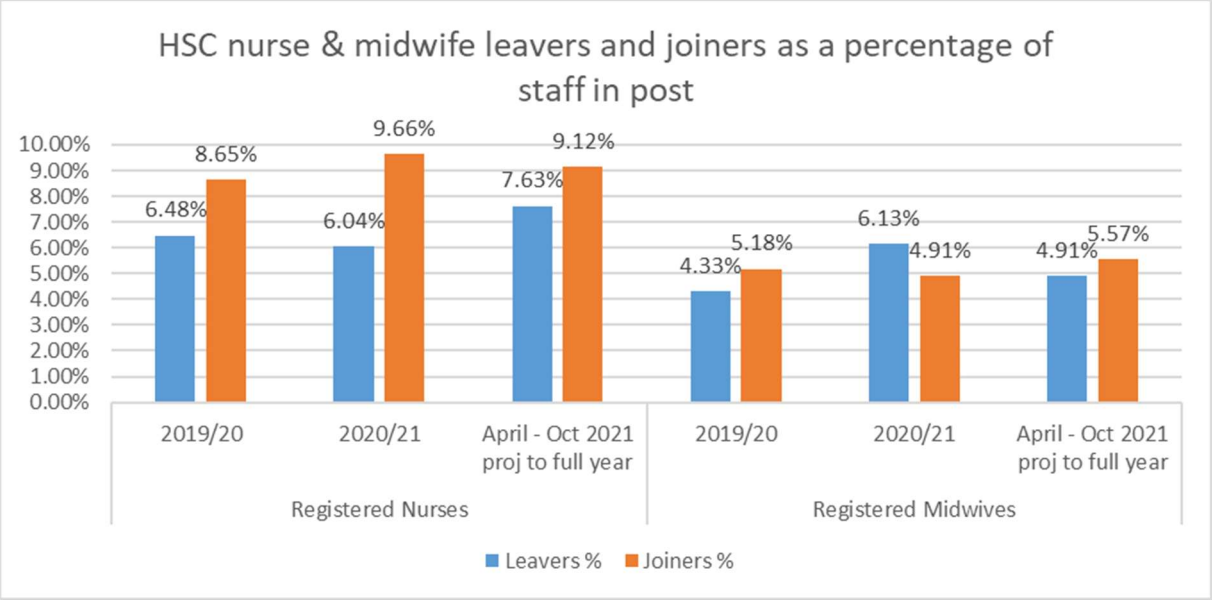


Figure 5: HSC nurse and midwive leavers and joiners as a percentage of staff in post

It should be noted that in the graph above the figures for 2021/22 are the projected full year percentages.

[17] 239521 NIAO Health Workforce Report FINAL WEB PDF.pdf (niauditoffice.gov.uk)

Whilst in the main there is a positive balance between leavers and joiners, the graph above shows leavers for nursing are projected to increase to above 7% and midwifery just below 5%.

Midwifery has a very small differential between 'leavers' and 'joiners', and given the age profile of this workforce, and that the NIAO Report on Workforce Planning for Nurses and Midwives noted 63% of midwives work part time, this may have an even greater impact on the shortage of midwives in the future and will require urgent attention.

Whilst there are a large proportion of nurse/midwife leavers in the 55+ age groups each year due to a prior pension option for them to retire early, the graph below also identifies increased nurse 'leavers' in the age category 25 - 34.

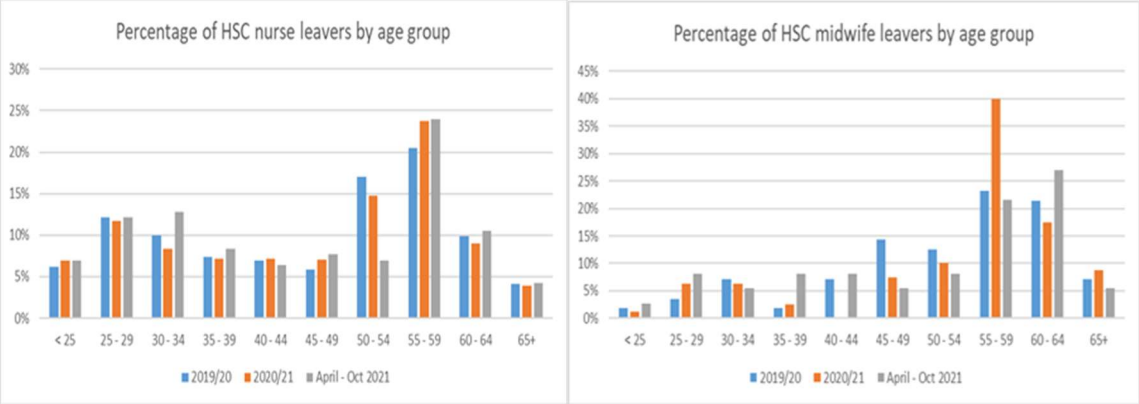
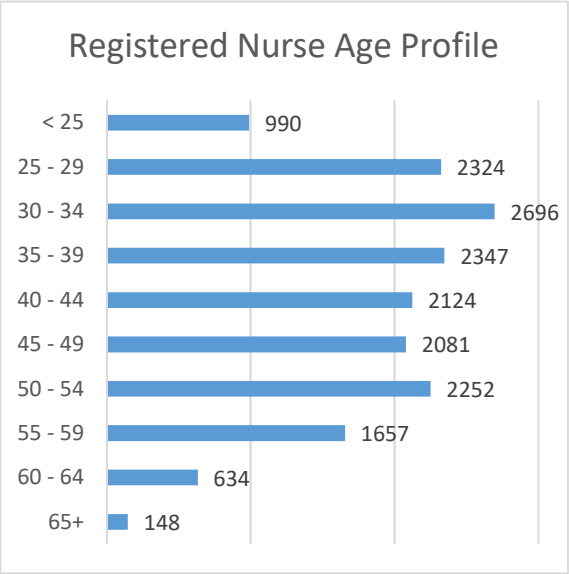


Figure 6: Percentage of HSC nurse and midwife leavers by age group

The majority of midwife leavers are in the 55+ age groups. The graphs below identify the age profile of both workforces.



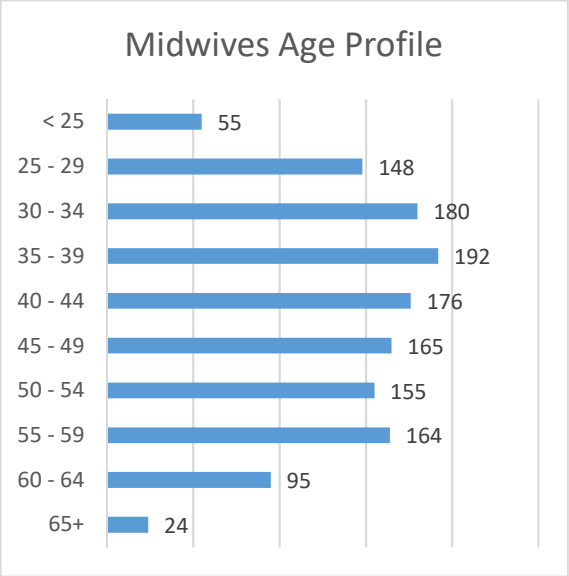


Figure 7: HSC Registered nurse and registered midwife age profiles

There are 17,253 Nurses and 1,354 Midwives employed within the HSC, and of those 27% of nurses are over 50 and 32% of midwives are over 50.

The HSC Pension Service has received a significant increase in retirement queries from nurses and midwives (including support staff) over the past 6 months. These queries generally include references to the pressures Covid has had on the member's well-being, including staffing problems. Members have also expressed concerns about the implementation of the "McCloud Remedy"[18] and how that will affect them. The HSC Pension Service expects that the pro rata numbers detailed in Figure 8 below may be higher when all applications are submitted based on the volume of retirement estimates currently being received.

Year	Total Active Members	50-55	56-60	61-65	66-70	71-75	75+	Total Retirees	
2019/20	22,016	159	190	138	15	0	0	502	
2020/21	23,647	139	225	88	28	2	0	482	
2021/22	20,808	83	174	92	25	1	0	375	514*

[18] https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/The-McCloud-Judgement-Joint-Statement-January-2020_0_1.pdf.

Figure 8: Pension trends **Projected figures for 2021/22*

Close attention should be paid to retirements during 2021/22 and 2022/23 due to the number of enquiries which suggests there may be a significant increase.

There is also a reduction of 14% in female membership of the HSC Pension Scheme. This is also worthy of further work as it may signpost an affordability issue due to the focus on pay in the survey results.

Recommendations for Improvement in balancing 'leavers' and 'joiners'

- Schemes such as the Flexible retirement | NHS Employers should be promoted by employers.
- Flexibility within the Retirement Scheme should also be considered for affordability reasons e.g. partial salary sacrifice to the HSC Pension Scheme

3.2.2 The Impact of Sickness Absence and Self-Isolation

The Issue

The pandemic has resulted in an elevated level of absence amongst registered nurses and midwives. The percentage of hours lost due to normal sickness, covid-related sickness or self-isolation is presented below. Around one third of hours lost to sickness absence is recorded against the 'mental health' category.

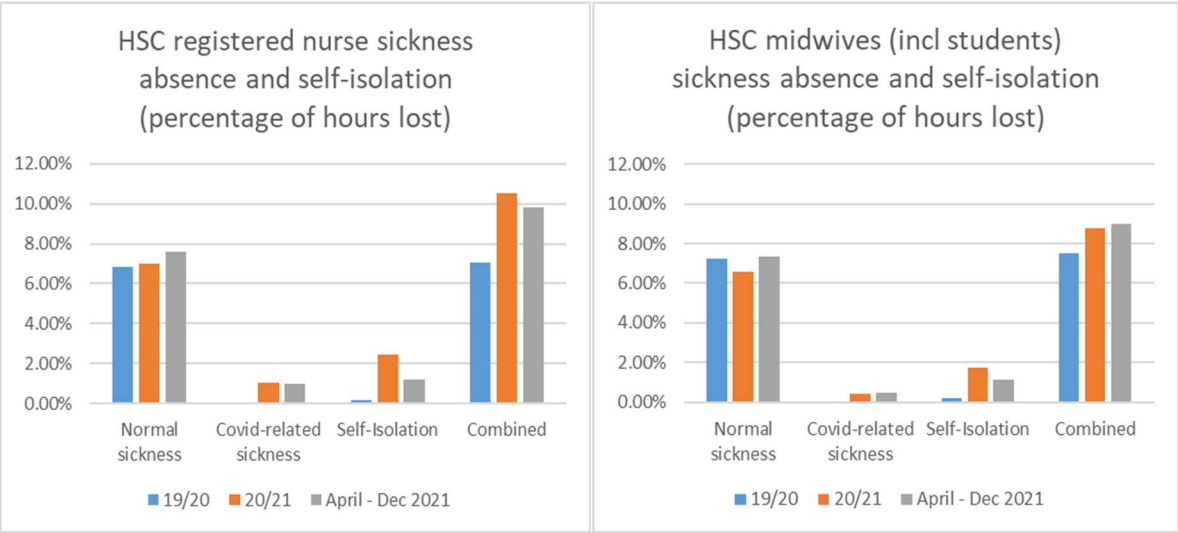


Figure 9: percentage of nursing and midwifery hours lost to sickness and self-isolation

In the current financial year covid related sickness and self-isolation is adding around 2% more working hours lost to absence levels. The pressure of any additional absenteeism is keenly felt by depleted teams.

3.2.3 The Use of Bank and Agency

The Issue

HSC expenditure on agency nursing and midwifery workers (including support workers) has more than doubled between 2018/19 and 2020/21 and is projected to rise further by the end of 2021/22. Bank expenditure also rose by 20% in that period and is expected to rise by a small percentage (4%) by the end of 2021/22. Trusts continue to have to use nurses and midwives employed through bank and agency to cope with shortfalls in staffing levels to ensure safe staffing.

Year	Agency	Bank
2018/19	52,071,741	62,910,219
2019/20	89,779,974	70,505,725
2020/21	110,040,906	75,466,584
Q1+Q2 21/22 projected to a full year	125,905,124	78,651,528

The graphs below show that the proportion of expenditure that is agency versus directly employed bank has increased from 45% in 2018/19 to 62% projected for 2021/22. In addition, the proportion of agency expenditure that is from off-contract rates has increased from 52% in 2018/19 to 73% in 2021/22. Off-contract agencies charge the HSC significantly more per shift filled.

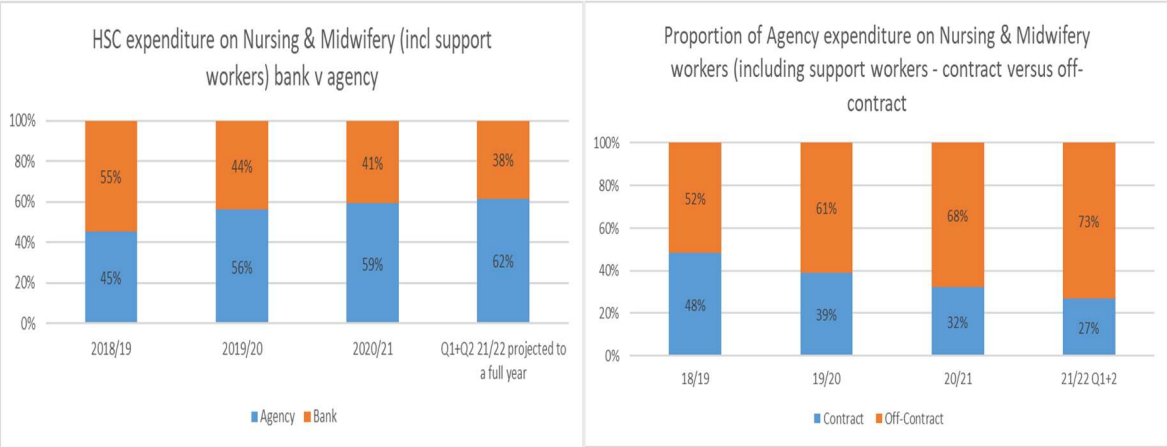


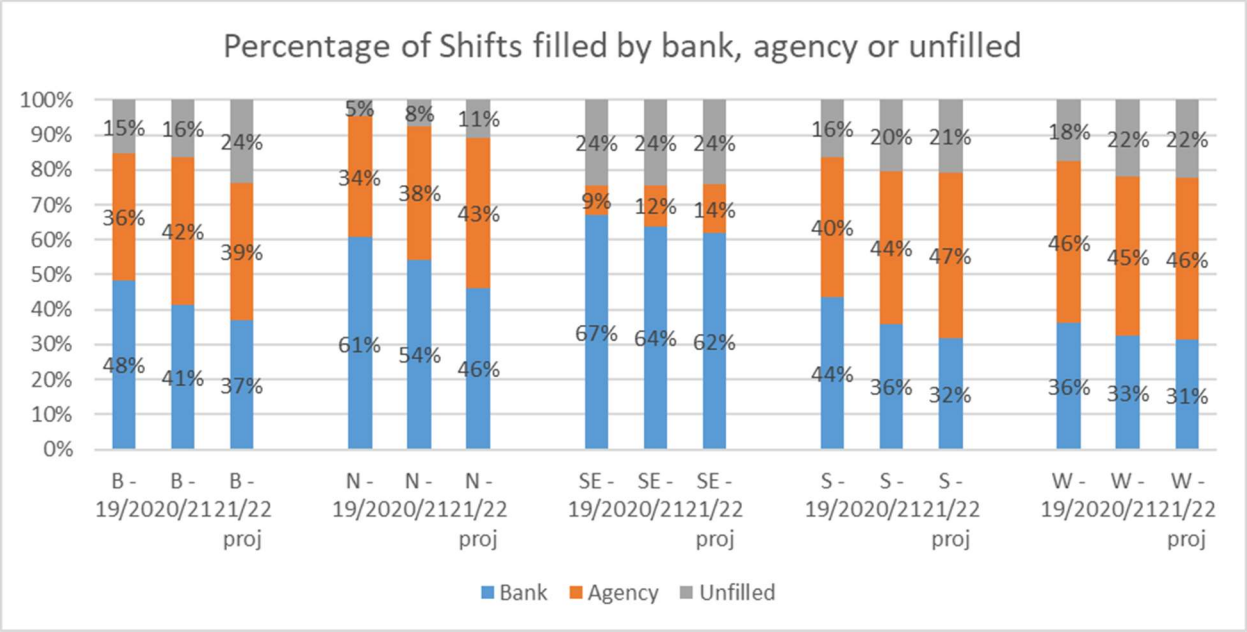
Figure 10: HSC Nursing and Midwifery Bank and Agency Expenditure

Nurses and Midwives said:

"Impossible to work with different staff each day."

"Less agency staff getting paid more for the same work and doing less"

Trusts have varying patterns of shifts filled by agency versus bank, and the graph below shows that breakdown alongside the percentage that were unfilled.



B - Belfast Trust N - Northern Trust SE - South Eastern Trust S – Southern Trust W – Western Trust

Figure 11: Percentage of shifts filled in each Trust by bank, agency and unfilled

Unfilled shifts appear to be generally increasing. This may have several causes; Trusts may be booking more due to patient acuity (bed occupancy has not fallen below 104%

since September 2021), ward managers may be overbooking or indeed there may be a supply issue for the agencies.

The graph below shows that Trusts appear to be increasingly reliant on bank and agency to fill shifts.

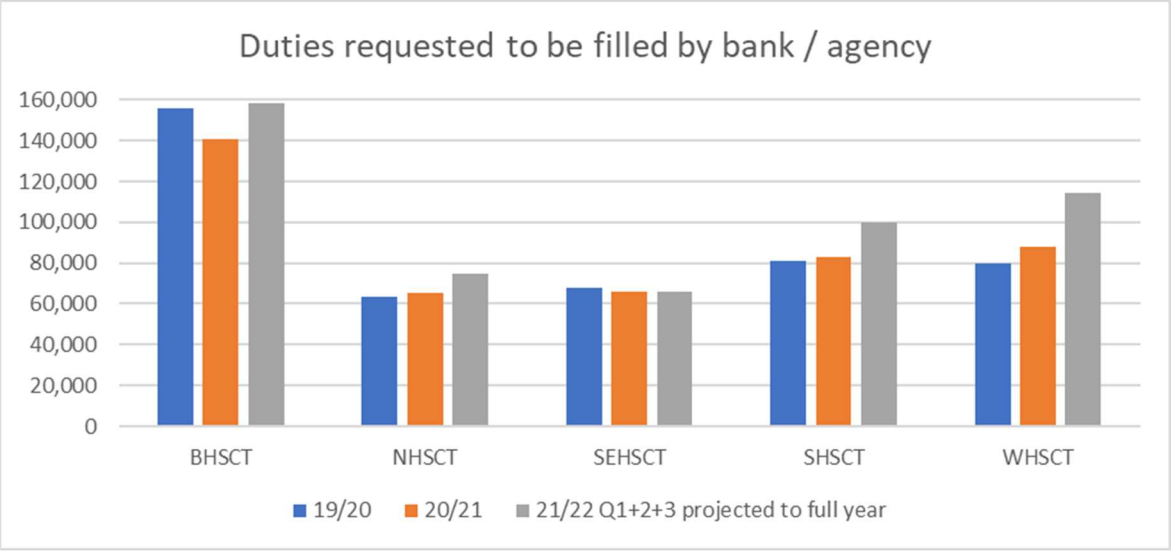


Figure 12: Trust hours requested to be filled by bank and agency

This reliance on non-core staff has a knock-on effect on permanent staff (see survey results) creating instability in teams, inequity of pay and inequity of shift patterns. The volume of unfilled shifts is particularly concerning as this suggests that some teams may be operating with gaps and may signpost a supply issue for agencies.

Recommendations for Improvement in use of bank and agency

- Careful attention should be paid to this plan whilst considering future commissioning of pre-registration places.
- Once vacancies are addressed reduce bank and agency to minimal level and rebuild stable teams.

3.2.4 Non-Nursing/Non-Midwifery duties

The Issue

In addition to the pressure of working in depleted teams nurses and midwives are also carrying out a range of non-registrant duties.

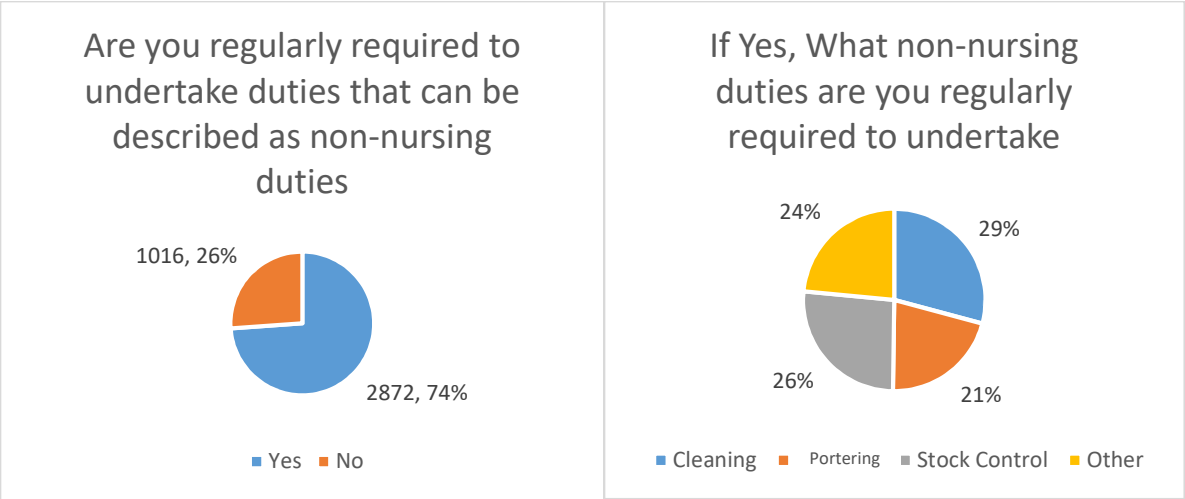


Figure 13: Non registrant duties

Nurses and Midwives said

"Allow nurses to carry out a nursing role not every other role"

"I feel that nurses are sick of just being a career that picks up the slack"

In considering the actions which could be taken to address the staffing issues highlighted in the retention survey, the Steering Group identified the utilisation of support roles as an important enabler. It was felt that the effective deployment of support roles would help to ensure that nurses and midwives will be able to focus on the tasks that only they can do. It is recognised that the effective deployment of roles, including housekeepers, admin staff, domestic support staff and dementia companions can help to ease the pressure on nurses and midwives and improve the experience of patients and service users. An urgent review of non-registrant duties has been undertaken to explore the number of ward/team housekeepers and clerical support, all support vacancies filled and consideration given to recruitment of others (Porters, Dementia Companions) based on the findings of the review.

Recommendations for Improvement on non-registrant duties

- The review of non-registrant duties should be completed as soon as possible.
- Linkages should be further explored with local Further Education Colleges regarding training opportunities for nursing and midwifery support staff.

- Full implementation and resourcing of the Standards for Nursing Assistants and associated resources | Department of Health (health-ni.gov.uk).

3.3 Valuing Staff

Nurses and midwives are our greatest asset and this work was undertaken to help understand and quantify their feelings due to the plethora of anecdotal evidence suggesting they were leaving the profession well ahead of retirement. Staff reported a lack of value due to their belief they were unfairly paid, had to pay for car parking, and in some instances had no access to car parking, as well as lack of flexibility in their shifts and access to family friendly policies.

3.3.1 Pay

The Issue

Nurses and Midwives are feeling aggrieved by the extensive and growing use of agency, particularly high-cost non-contract agency. These off-contract agency remuneration rates are significantly higher than Agenda for Change pay rates. Nurses and Midwives also feel there is pay disparity between them and other professions.

Nurses and midwives said:

"Demoralising working alongside agency workers who get paid more and have more flexibility and less responsibility"

"Nurses need better pay that's why the HSC cannot retain. A band 5 nurses is working alongside agency being paid treble the amount and have all the responsibility on the ward. Very frustrating and why many leave."

"My colleagues and I are all undervalued and we have lost the fight for our rights to the proper pay grade"

"Parity of pay with non-nursing colleagues"

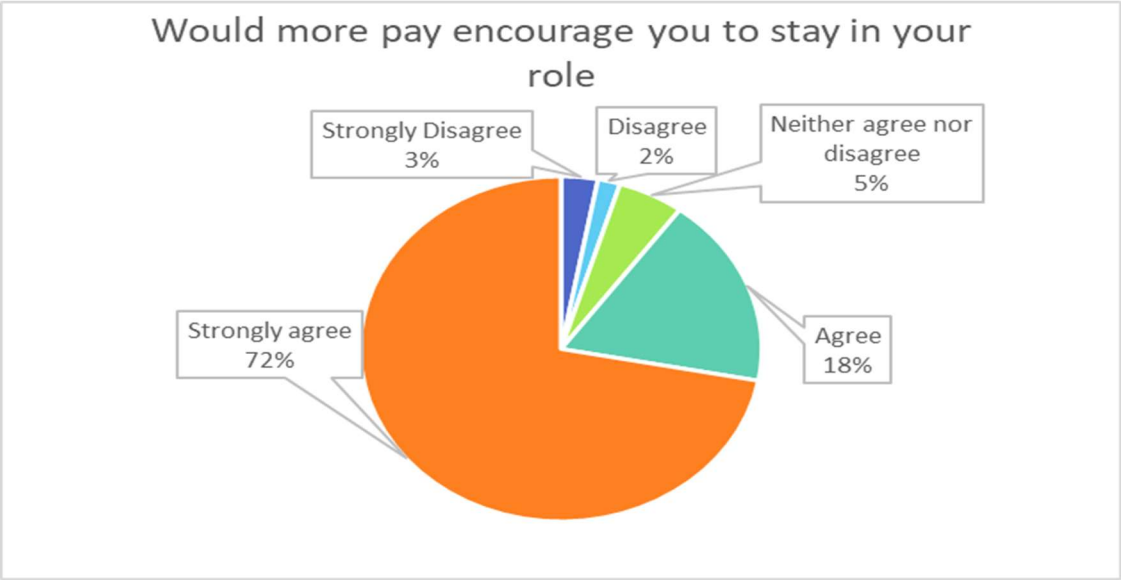


Figure 14: Percentage of nursing and midwifery staff that indicated better pay would encourage them to remain in their role

Nurses and midwives were asked to indicate which outcomes would encourage them to remain in their roles. 90% of nurses and midwives who responded to the survey agreed that more pay would encourage them to stay in their roles.

Recommendations for Improvement - Pay

- The issue of pay should be taken forward to the relevant forum as a priority to encourage Nurses and Midwives to stay in their current roles.
- The recommendation within the NMTG Report for pay progression from Band 5 to Band 6 should be given urgent consideration.

3.3.2 Car parking

The Issue

Car parking was raised by a significant number of staff, and of those surveyed, 78% said they would consider remaining for better terms and conditions. However, in another part of the survey, 30% agreed that they enjoyed good terms and conditions.

Nurses and midwives said:

Although no specific comments were made about car parking, question 20 of the survey asked for nurses and midwives to suggest three practical actions your

employer could take to make your job better and alongside, more staffing and better pay, car parking featured heavily.

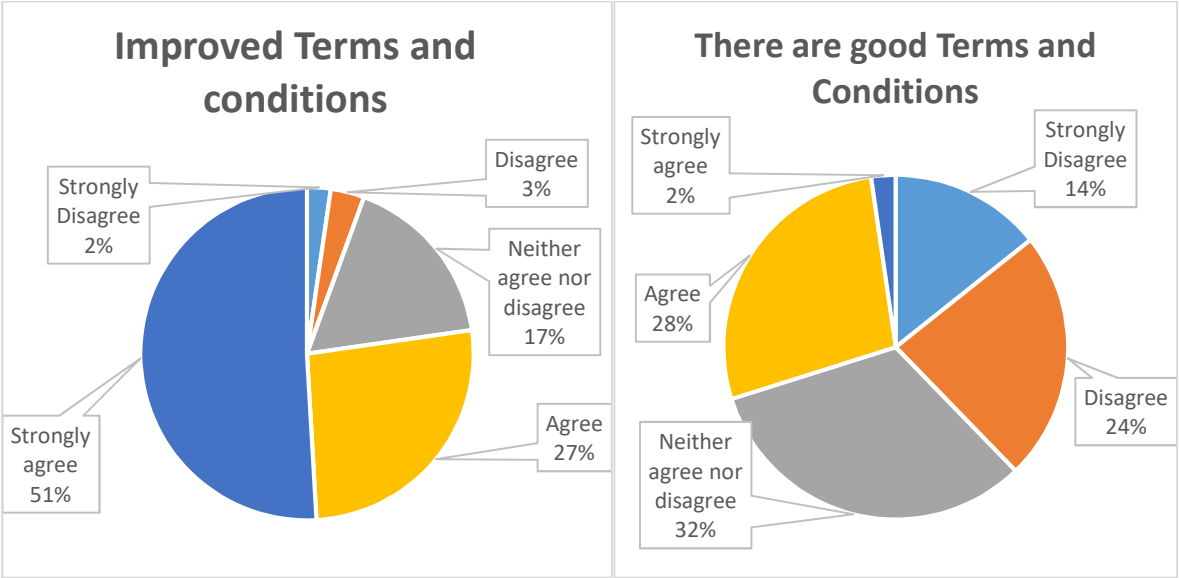


Figure 15: Percentage of nurses and midwives who indicated better T&C would encourage them to stay and percentages who agreed that they currently have good terms and conditions

Recommendations for Improvement – car parking

- The issue of free car parking should be taken forward to the relevant forum

3.3.3 Flexibility

The Issue

Whilst all Trusts have family friendly policies in place, nurses and midwives reported that 'due to service needs' their requests for family friendly working were often refused. Work life balance and issues with rostering were constantly raised throughout the survey; 50% disagreed with the statement that there were family friendly policies and work life balance, 49% disagreed that there was flexibility of working patterns.

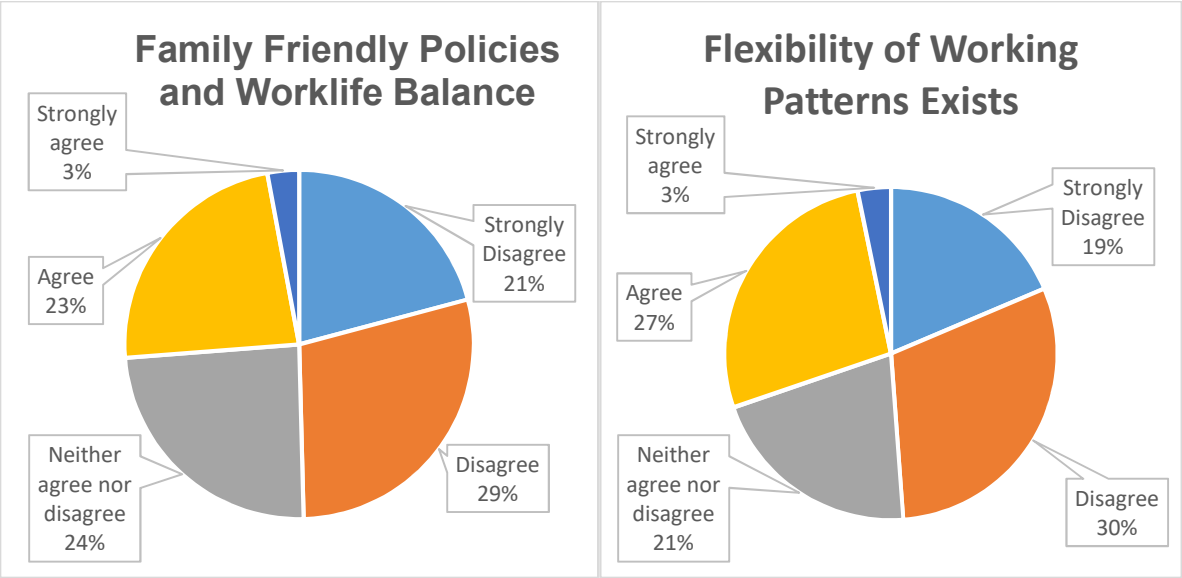


Figure 16: Responses from nurses and midwives on working in HSC

Staff also reported that on some occasions they had three days or less notice of their off duty. This short notice period makes organising childcare incredibly difficult.

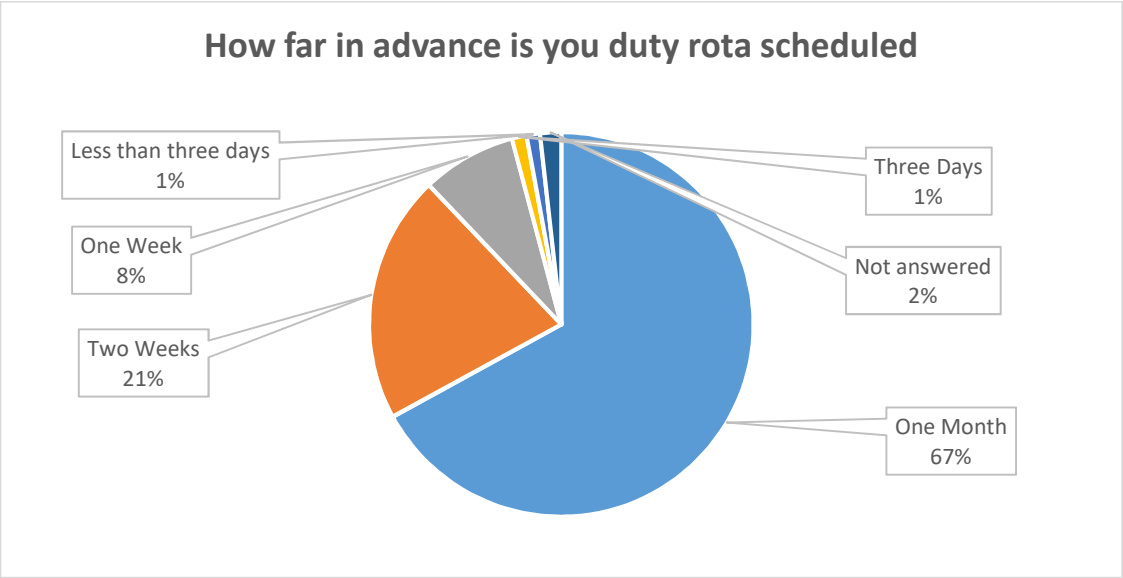


Figure 17: Responses on how far in advance duty rota is scheduled

What did nurses and midwives say:

"Make it worthwhile for band 5's to keep their permanent full time jobs! Block booked Agency are able to pick/choose shifts that suit them but yet we can't work our schedules to facilitate childcare/have some sort of routine!"

"Allow personal choice of shifts rather than only allowing 3 requests per month"

"Flexible working for especially employees with small children, I feel staff always bend and comply with added pressures with less than appropriate time to even adjust your working diary."

Whilst considering reasons to encourage nurses and midwives to stay, 68% agreed that greater flexibility of shift patterns and 78% agreed that improved work life balance would encourage them to stay.

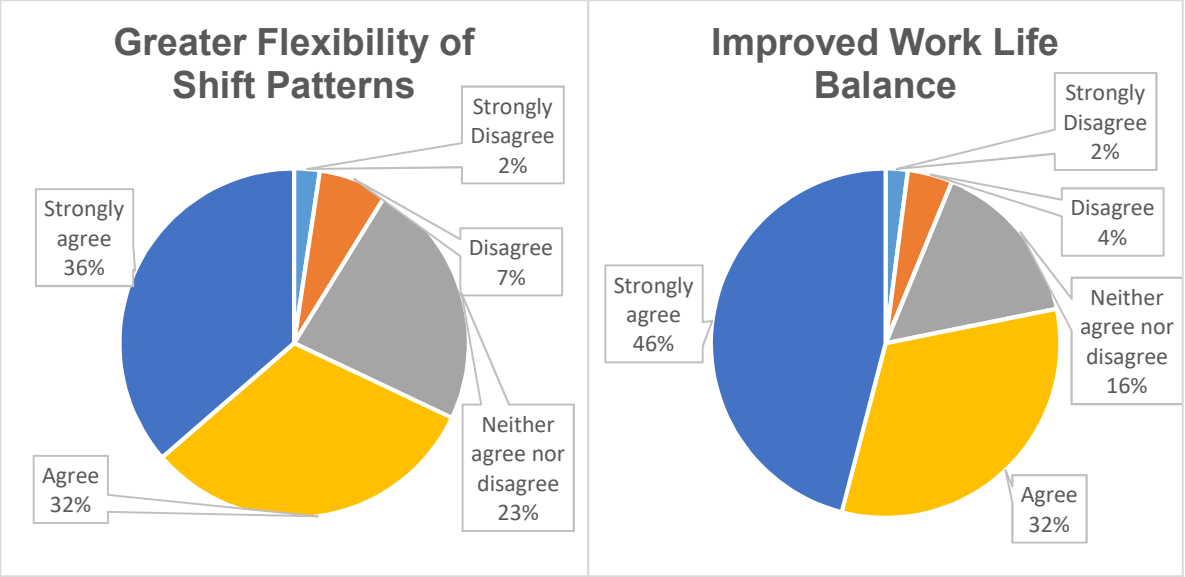


Figure 18: Percentage indicating that greater flexibility and work life balance would encourage them to remain in their role

The role of the Ward Manager/Team Leader is difficult, and the roster is only one part of their job. Managing the roster with vacant posts, a predominantly female workforce with significant carer responsibilities and added levels of cover needed for maternity and sick leave is difficult. Flexibility with family friendly policies needs to be balanced with ensuring that their area has sufficient cover 24/7, with the right numbers and skillset across a range of shifts. The Ward Manager/Team Leader is also a practising nurse/midwife overseeing a range of key performance indicators to ensure safe patient care. Ward Managers are also the key point of communication with patients, families and the wider system.

Recommendations for Improvement - Flexibility

- Family friendly policies must be applicable right across the workforce and at all stages to include newly qualified, new starts and those seeking promotion.
- A series of Key Performance Indicators must be immediately developed for timely and fair production of rosters including an e-roster pilot of team team-rostering. The SEHSCT are currently piloting e-roster team rostering and the findings, once available, should be considered by the region.
- There should be regional exploration of shift patterns with an acknowledgement that all areas should aim to have a range of shifts to suit differing personal circumstances.
- Ward Managers/Team Leaders should have administrative support.

3.4 Leadership

The Issue

HSC Northern Ireland is committed to 'Collective Leadership'[19] wanting to create a desired culture of strong, visible collective leadership focused on high quality care and support which is continually improving and recognised through our behaviours. Aspiring to a leadership community characterised by authenticity, honesty and openness, curiosity, decisiveness and appreciation. There is no doubt that the pressure of Covid and the staffing issues highlighted in this report have impacted on staff perception.

Staff suggested that more support to deal with workplace pressures and greater access to promotions would encourage them to stay.

What did nurses and midwives say

19 hsc-collective-leadership-strategy.pdf (health-ni.gov.uk)

"I love my job and would not want to do anything else and do not mind going out of my job role for the patient but would be nice to feel valued for all the hard work."

"The staff on the ground are totally undervalued and unheard"

"More praise less criticism"

"The staff are the service, when will management see that nurturing and supporting staff who are human beings with their own families and personal lives is the key to a thriving workforce."

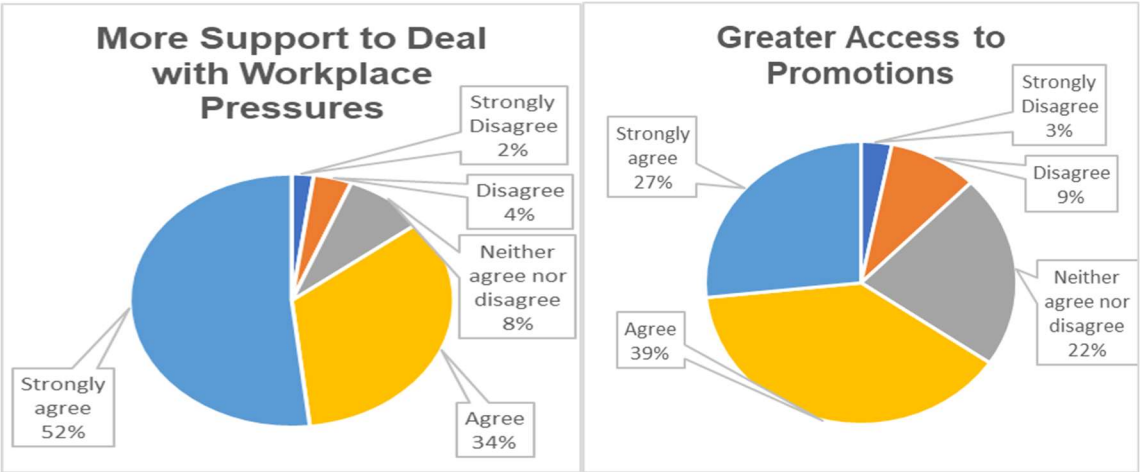


Figure 19: Percentage indicating that more support to deal with workplace pressures and greater access to promotion would encourage them to remain in their role.

Recommendations for Improvement - Leadership

- Newly promoted nurses and midwives at band 6 and above should have access to a leadership programme with an element of coaching included.
- Consideration should be given to commissioning further cohorts of the Global Leadership Programme.
- All previous Report Recommendations (Section 6.0) should be implemented in full.
- More career progression opportunities should be developed including expansion of the Advanced Nurse Practitioner Programme.

3.4.1 Induction and Training

The Issue

Whilst all Trusts have induction processes in place, those surveyed suggested that they needed to be strengthened and that improved access to learning and development would encourage them to stay.

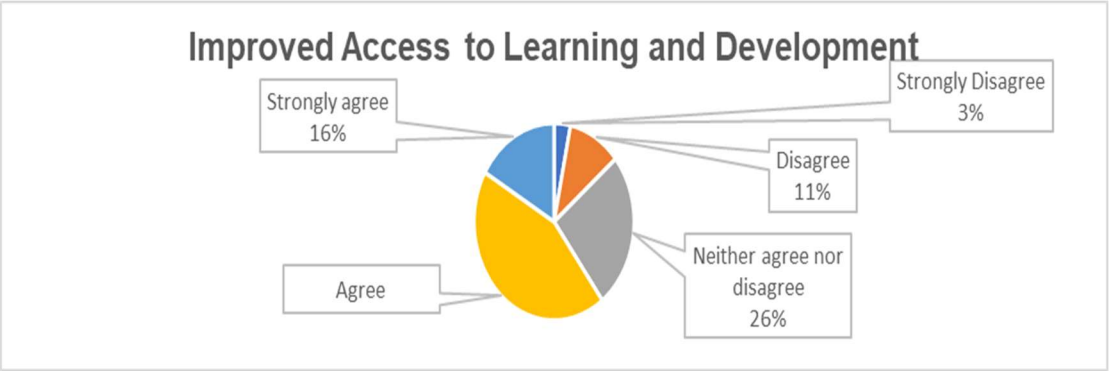


Figure 20: Percentage indicating that improved access to learning and development would encourage them to stay in their role

Other things which would encourage nurses and midwives to stay were wider professional development opportunities (67%), greater access to promotion (66%), opportunities for a change of position within the HSC (63%) and feeling more valued (84%).

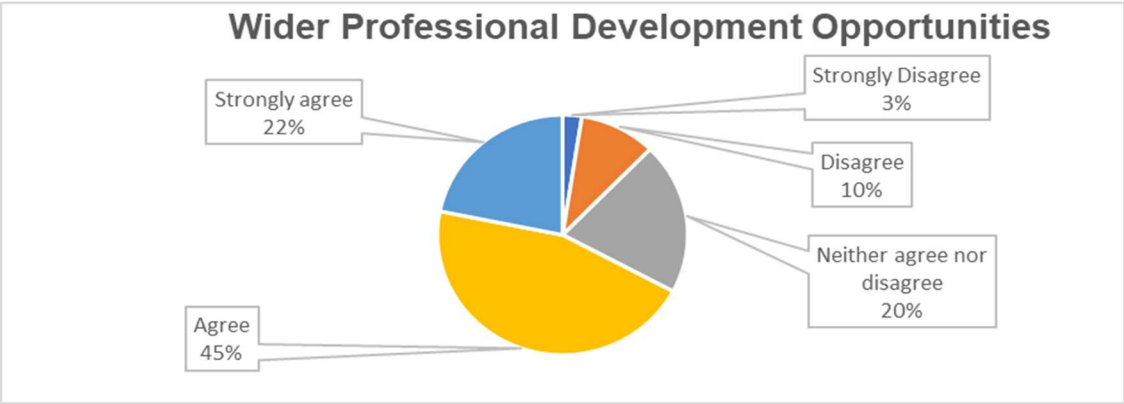


Figure 21: Percentage indicating that wider professional development opportunities would encourage them to stay in their role

What did nurses and midwives say:

"People are not mentored or supported when they are newly qualified, and I understand why as the pressure you face day in and day out to have to support new members of staff can be unbearable for most people."

"I have been studying in my own time and out of my own pocket to try and advance in my career and I can't get no-where. I feel stuck in XXX, I feel so trapped in my career that the only way I can see for me is to leave."

"Nursing is a fantastic career and I love it but I don't feel passionate about my job anymore because I've got nothing to strive for."

Recommendations for Improvement - Induction and Training
➢ All new starts (at all bands) must complete a clear induction pathway. ➢ All nurses and midwives should have regular (twice yearly) appraisals and supervision. ➢ Newly qualified nurses and midwives must have a robust preceptorship programme in place. ➢ The review into post registration education should be completed as soon as possible.

3.4.2 Abuse and Bullying

The Issue

Some survey respondents raised instances of abuse and bullying and described a challenging environment to work in; 85% agreed that feeling more valued and 48% agreed that improved relationships with Line Managers would encourage them to stay.

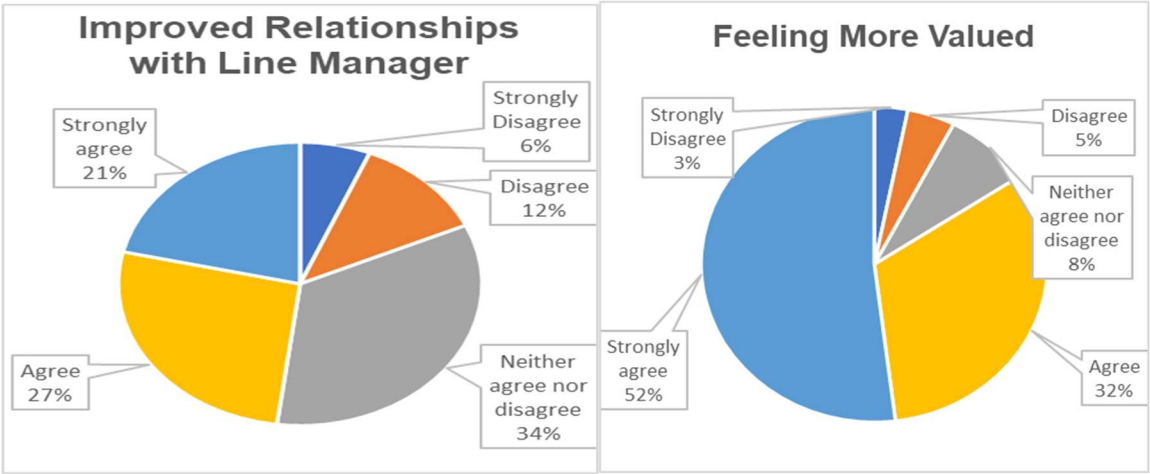


Figure 22: Percentages indicating that improved relationships with line managers and feeling more valued would encourage them to remain in their role

What did nurses and midwives say

"I will leave the nursing profession in the next couple of years as there is no way I will deal with the stress, the bad moral, the physical and verbal abuse I get off patients and family members with no proper support or aftercare at all for nurses"

"There is a huge to how their management style created the environment for mistakes."

"Nothing will change. This place is toxic and the bullying is immense. Will be going to XX Trust to work. Xxx and xxx are awful. Putting people down."

"If I could turn back 3 years I would. I love my patients, I love helping people I am a compassionate person but the trust makes you hate going to work every single day."

Recommendations for Improvement - Abuse and Bullying
➢ Awareness of abuse and bullying policies should be undertaken across all Trusts alongside training for the new violence and aggression policy about to be launched.

3.5 Good Working Conditions

All staff should have access to regular breaks and access to something to eat and drink at regular intervals.

3.5.1 Staff Facilities

The Issue

Access to rest/tea rooms and adequate breaks were identified as an ongoing issue which was undoubtedly worsened by the Covid response, social distancing and pressure on beds. Nurses and midwives reported that they did not always get to take allocated breaks.

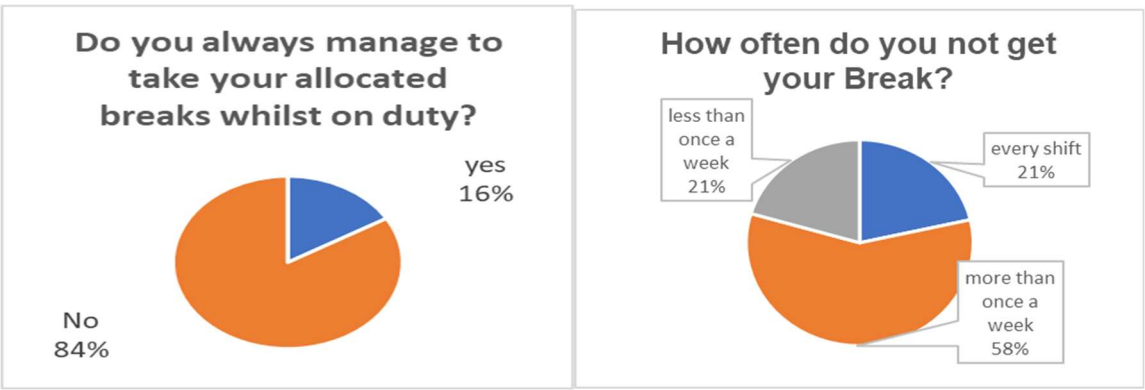


Figure 23: Percentages indicating whether they are able to take breaks and, if not, how often they do not get their breaks

In addition, 87% of nurses and midwives did not end their shifts on time.

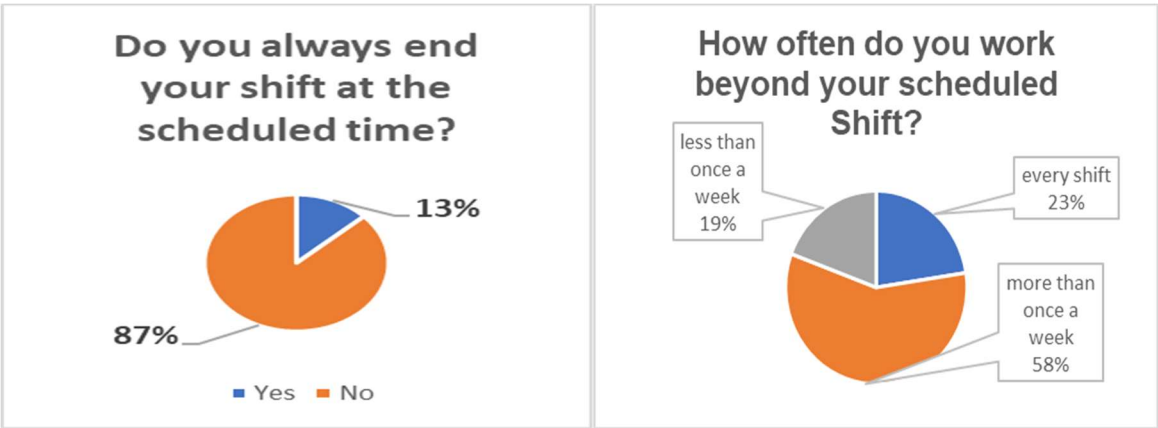


Figure 24: Percentages who are not able to end their shift at the scheduled time and how often they work beyond their scheduled shift

Recommendations for Improvement - Staff Facilities

- All nurses and midwives must have a mandatory break on all shifts.
- All areas must urgently consider access to rest room facilities for all staff.

4.0 LIMITATIONS

Trusts collated a range of data from their systems: HRPTS, Finance and E-Rostering. The data was explored extensively by a systems analyst from the Strategic Investment Board. However regular anomalies and gaps were identified which left the data unreliable and for this reason the data analysis in this report is based on validated information from Information & Analysis Directorate, DoH.

Whilst this report focuses on HSC Trust employed nurses and midwives, there are also significant numbers employed within the independent sector. Some of these nurses raised concerns through Twitter at the time of the survey saying that they were being 'forgotten'. Nurse and midwife assistants and support workers also raised concerns that the survey was not open to them. If further surveys are carried out these workforces should be considered for inclusion.

Timing was a significant issue due to the urgency ascribed to this work. The survey was carried out during the Christmas and New Year period, at what was an extremely pressurised time. This included 'normal' winter pressures, which were compounded by the impacts of the surge of the Omicron variant of Covid 19 and when many services were operating beyond capacity and caring for high acuity patients and service users.

5.0 THE NURSING AND MIDWIFERY RETENTION PLAN

Nurses and midwives are our greatest asset and are working under extreme pressure due to rising acuity, an older population with increased co-morbidities, high levels of vacancy and high usage of bank and agency staff creating instability within teams which has been further exacerbated by unprecedented levels of redeployment. These factors have combined to create low morale and issues with retention right across the workforce and this paper has sought to understand and quantify those issues to develop a plan to address them. The Retention Plan set out in the following pages has been co-produced with the Steering Group and is focussed on the five HSC Trusts, it will be shared with their nurses and midwives through a series of Workshops in the immediate future.

Safe Staffing

In Spring 2020, the NI Executive committed £60m to the Nursing & Midwifery safe staffing agenda. Whilst £25m has been invested since then in key priority services to strengthen the district nursing workforce, mental health nursing and emergency care nursing, there is a commitment to fund a further 299 posts across a variety of areas. There is an acknowledgement that in order to fill these posts there needs to be a sufficient supply and there has been an 87% increase in pre-registration nursing and midwifery places since 2015/16.

There is a global shortage of nurses, and despite over 1,000 international nurses having been recruited, shortfalls remain and the Belfast HSC Trust has recently carried out a successful and targeted Critical Care Recruitment exercise. Regional work is underway to streamline recruitment processes and in addition work has also began on reviewing non-registrant duties and is due to report imminently. Despite all of these initiatives safe staffing remains an issue and needs further attention.

Safe Staffing: further work required	
1.	Delivering Care: Safe Staffing should continue across all specialties with an urgent review of those areas already completed.
2.	Redeployments should not be routinely used to cover vacancy, they should be carefully managed and only exist for the shortest possible period during times of surge and extreme service pressures and should include careful planning, training and support before, during and after redeployment.
3.	Whilst considering workforce planning, the future commissioning of pre-registration places and ongoing international nurse recruitment must take into account the issues raised in this paper, most notably vacancy and usage of Bank/Agency.
4.	Urgent consideration should be given to focused recruitment campaigns for hard to fill areas and consideration should be given to exploring recruitment and retention premia to attract applicants to these posts.
5.	There should be an immediate regional recruitment campaign, locally focused to fill nursing and midwifery support staff vacancies. Any lessons learnt from the recent BHSCT initiative should be shared with other Trusts.
6.	The review of non-registrant duties recently commissioned by DoH should be completed as soon as possible to maximise the time available to registrants to care for patients.
7.	The work on streamlining recruitment processes should be given the highest of priorities.
8.	Once vacancies are addressed reduce bank and agency to minimal levels and rebuild stable teams.

Valuing Staff

The HSC and Trusts have a variety of ways in which they demonstrate value to their staff e.g., Chairman's Awards, Nurse/Midwife of the Year, NI HSC Awards, International Day of the Nurse, International Day of the Midwife, Great-ix, Thank you Thursdays etc. In the survey virtually every nurse and midwife identified fair pay as a source of discontent. A prescription for nursing: five measures to remedy the ills of the profession | The BMJ lists pay as being vital to improving recruitment and retention in nursing. It is the most tangible indicator of value and worth.

The SEHSCT are currently piloting e-roster and the findings, once available, should be considered by the region.

Valuing Staff: Further work required	
9.	The issue of pay should be taken forward to the relevant forum as a priority to encourage nurses and midwives to stay in their current roles.
10.	The recommendation within the NMTG Report for pay progression from Band 5 to Band 6 should be given urgent consideration.
11.	The issue of car parking should be taken forward to the relevant forum as a priority.
12.	Pension Intelligence should be collated on a monthly basis to support an agile response to potential increases in the volume of pension requests.
13.	Immediate work should be undertaken to investigate the drop in female membership of the pension scheme linked to an investigation of potential affordability implications from the increasing national insurance contributions due 1st April 2022.
14.	Flexible retirement schemes should be promoted by employers to encourage those thinking of retiring early to stay on, such as Flexible retirement | NHS Employers.

Valuing Staff: Further work required
15. Flexibility within the Pension Scheme should also be considered for affordability reasons.
16. Belfast Trust complete exit interviews and other Trusts should consider adopting this approach with a view to picking up retention issues in as timely a fashion as possible.
17. Family friendly policies must be applicable right across the workforce and at all stages to include newly qualified, new starts and those seeking promotion.
18. All employers should work in partnership with Trade Unions to review and revise their policies on flexible working to provide a greater opportunity for nurses and midwives to access a range of flexible working arrangements and develop a positive culture of flexible working.
19. A series of Key Performance Indicators must be immediately developed for timely and fair production of rosters including team rostering. Outputs from the E-Roster Pilot in South Eastern Trusts should be shared widely for any lessons learnt.
20. There should be regional exploration of shift patterns with an acknowledgement that all areas should aim to have a range of shifts to suit differing personal circumstances.
21. Ward Managers/Team Leaders should have administrative support.

Leadership

The HSC Collective Leadership Strategy was launched in 2017 and sets out the framework for a creating a leadership culture based on the principles of quality, continuous improvement, compassionate care and support embodying a partnership approach. The Collective Leadership strategy developed HSC Values and Behaviours

- 1 (pagetiger.com). Based on some of the feedback from the survey there seems to have been some divergence from the culture the HSC is seeking to support.

All Trusts have induction, appraisal and preceptorship policies in place. However, survey feedback suggests that due to current workplace pressures some of these may not be rigorously implemented.

All Trusts recently took part in the Nightingale Challenge Global Leadership Development Programme which was well evaluated, opportunities such as these should be further developed and encouraged.

A review into post-registration education and commissioning is already underway and should be completed as soon as possible.

Leadership: Further work required
22. All new starts (at all bands) must complete a clear induction pathway.
23. All nurses and midwives should have regular (twice yearly) appraisals and supervision should be based on the NI Supervision Framework (NIPEC).
24. NIPEC work on Preceptorship should progress at pace based on the Principles of preceptorship - The Nursing and Midwifery Council (nmc.org.uk).
25. Linkages should be further explored with local Further Education Colleges regarding support for training nursing and midwifery support staff. Southern Trust have already started this work and should share any lessons they have learnt.
26. The Regional-Team-Leader-Project-Career-Progression-Pathway.pdf and Career Pathway | NIPEC (hscni.net) should be refreshed, re-issued and implemented in full.

Leadership: Further work required
27. The Nursing and Midwifery Post-Registration Education and Commissioning Review should be completed as soon as possible.
28. Full implementation and resourcing of the Standards for Nursing Assistants and associated resources | Department of Health (health-ni.gov.uk) should be a priority. Work has started on updating the existing Northern Ireland Regional Maternity Support Workers education programme and should progress at pace.
29. Greater awareness should be promoted of the Encompass Programme and what healthcare will look like once it is rolled out.
30. Awareness of abuse and bullying policies should be undertaken across all Trusts alongside training for the new Management of Violence and Aggression Policy about to be launched.
31. Work underway to develop a Nursing and Midwifery Leadership Framework through the NMTG should progress at pace and ensure that newly promoted nurses and midwives across all levels should have access to a leadership programme with an element of coaching included.
32. All previous Report Recommendations (Section 6.0) that relate to the issues highlighted in this report, should be reflected in the Implementation Plan.
33. More career progression opportunities should be developed including expansion of the Advanced Nurse Practitioner Programme.

Good working conditions

Nurses and midwives are on their feet sometimes for a 12 hour shift and the survey respondents advised that they regularly did not get a break. A prescription for nursing: five measures to remedy the ills of the profession | The BMJ contains a key focus on actively encouraging. Maintaining and promoting the health and well-being of nurses and midwives by creating healthy working environments will encourage retention and attract others to the professions. It is anticipated that the soon to be introduced (April 2022) Regional Flexible Working Framework will further support flexibility of working patterns for all nurses and midwives.

Good working conditions
34. All Nurses and Midwives must have a mandatory break on all shifts.
35. All areas must urgently consider access to rest room facilities for all staff.
36. All new buildings should have designated areas for staff to have a break whilst on shift and close to their place of work.

6.0 CONCLUSION

This work has been undertaken at one of the most difficult times within the HSC as it is just starting to emerge from the pressures of Covid 19. The range of data examined during this review has confirmed the ongoing challenges of retention for the nursing and midwifery workforce. The report has examined the literature, HRPTS Data, pension's intelligence and heard from nurses and midwives. The findings were consistent and coherent throughout. In addition, the report's findings were shared with the Steering Committee (Appendix 1) who have influenced the development of the Retention Plan (Section 6) The report of the International Centre on Nurse Migration[20] noted that employers and organisations must take responsibility and provide supportive conditions, and policy interventions should be focused on improved work environments; ensuring adequate staffing levels; and providing attractive working conditions, pay and career opportunities. The data gathered by this review affirms the relevance of this approach to address the sustained and complex challenges facing the nursing and midwifery workforce in Northern Ireland.

There have been many previous initiatives looking at the Nursing and Midwifery workforces which include:

- Nursing and Midwifery Task Group (NMTG) Report and Recommendations | Department of Health (health-ni.gov.uk)
- Health and Social Care Workforce Strategy 2026 | Department of Health (health-ni.gov.uk)
- https://nipec.hscni.net/download/254/older-people/1167/retain-report-final-publication.pdf
- 239521 NIAO Health Workforce Report FINAL WEB PDF.pdf (niauditoffice.gov.uk)

[20] Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-pandemic.pdf (intlnursemigration.org)

- Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-pandemic.pdf (intlnursemigration.org)

This report simply reinforces the messages of these earlier reports and identifies a worsening situation. Without immediate implementation of the earlier reports' recommendations, where related and still relevant, and immediate implementation of this Retention Plan (Section 5), the situation will become unsustainable for the nursing and midwifery professions and will have major implications for the wider HSC in Northern Ireland. Whilst the HSC Collective Leadership Strategy | Department of Health (health-ni.gov.uk) did not look specifically at Nursing and Midwifery its recommendations are in complete alignment with the outputs of this retention initiative:

"We must recognise that if we want to provide users of our service with respect, care and compassion, all our leaders and people must afford all their colleagues the same respect, care and compassion"

7.0 NEXT STEPS

Once the Retention Plan has been approved by the Minister of Health, it will require a robust Implementation Plan, with clearly identified timelines and responsibilities developed, overseen by the Nursing and Midwifery Task Group.

Although the focus of this work has been on the five HSC Trusts, there are clearly messages for all employers of nurses and midwives and this report should be shared widely right across the wider HSC system.

The 294 nurses and midwives who gave their contact details through the survey for follow up work, should now be engaged with, to identify any gaps and to inform the Implementation Plan by identifying what is most important to them and what could be done quickly to improve their situation, whilst recognising that some of these recommendations will take longer and require policy change and Executive approval.

All HSC Trust nurses and midwives should now be engaged at the earliest possible opportunity highlighting the contents of this report, including the next steps.

A final Newsletter should be published giving links to this report and details of engagement opportunities.

GLOSSARY

NMTG	Nursing Midwifery Task Group
DOH	Department of Health
HSCNI	Health and Social Care Northern Ireland
NHS	National Health Service
BHSCT	Belfast Health and Social Care Trust
NHSCT	Northern Health and Social Care Trust
SEHSCT	South Eastern Health and Social Care Trust
SHSCT	Southern Health and Social Care Trust
WHSCT	Western Health and Social Care Trust
RCN	Royal College of Nursing
RCM	Royal College of Midwifery
PHA	Public Health Agency
NMC	Nursing and Midwifery Council
HEE	Health Education England
BMA	British Medical Association
AFC	Agenda for Change
ICU	Intensive Care Unit
CPD	Continuous Personal Development
NIPEC	Northern Ireland Practice and Education Council
CNMAC	Central Nursing and Midwifery Advisory Committee
NIAO	Northern Ireland Audit Office

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APPENDIX 1 - STRATEGIC RETENTION PLAN STEERING GROUP MEMBERSHIP

Name	Organisation
Caroline Lee	Leadership Centre Associate **Co-Chair**
Karen Hargan	HR Director, WHSCT C**o-Chair**
Patricia Cosgrove/Katy Rennick	DoH NMAHP
Linda Kelly	DoH NMAHP
Phil Rodgers	DoH Workforce Policy
Sarah Wylie	SIBNI Analyst
Rita Devlin	RCN
Anne Speed	Unison
Karen Murray	RCM
Yvonne Brannigan	WHSCT HR
Brendan McGrath	WHSCT Nursing
Denise McElhone	Communications WHSCT
Michael Riddell	NHSCT HR
Pamela Craig	NHSCT Nursing
Ms Catherine Shannon	BHSCT HR
Paula Forrest	BHSCT Nursing
Martin O'Toole	SEHSCT HR
Roisin Devlin	SEHSCT Nursing
Iain Gough	SHSCT HR
Dawn Ferguson	SHSCT Nursing
Diane Taylor	Leadership Centre
Paula Smyth	Business Services Organisation (HR)
Siobhan Donald	Public Health Agency (Safe Staffing)
Cathy McCusker	NIPEC

APPENDIX 2 HSC NURSING AND MIDWIFERY WORKFORCE RETENTION SURVEY RESULTS

1. Which of the following HCS Trusts are you currently working in?

Belfast	1059	27%
Northern	486	13%
Southern	835	21%
South Eastern	671	17%
Western	837	22%

2. Which of the following best describes your registration?

Adult Nursing	2625	67.5%
Children's Nursing	176	4.5%
Health Visitor	116	3.0%
Learning Disabilities Nurse	95	2.4%
Mental Health Nurse	347	8.9%
Midwife	370	9.5%
Occupational Health Nurse	6	0.2%
School Nurse	17	0.4%
Specialist Community Nurse	136	3.5%

3. Which of the following would describe your usual place of work?

Hospital Based	2727	70%
Community Based	900	23%
Corporate Role	44	1%
Mix of hospital and community	217	6%

4. **Which specialty best describes where you currently work?**

Critical Care	330	8%	**Theatres**	214	6%
Emergency Department	292	8%	**General/Specialist Surgery**	342	9%
General/Specialist Medicine	695	18%	**Community Care**	400	10%
Primary Care	221	6%	**Mental Health**	317	8%
Learning Disability	82	2%	**Children's**	181	5%
Midwifery	362	9%	**Prison Health**	9	0%
Corporate Role	54	1%	**Other**	389	10%

5. **Which Agenda for Change Band are you employed in?**

Band 5	1622	42%
Band 6	1204	31%
Band 7	827	21%
Band 8A	151	4%
Band 8B or above	84	2%

6. **How long have you been qualified?**

0-1 Years	276	7.1%	2-3 Years	373	9.6%
4-5 Years	259	6.7%	6-10 Years	592	15.2%
11-15 Years	512	13.2%	16-20 Years	431	11.1%
21-25 Years	345	8.9%	26-30 Years	308	7.9%
31-35 Years	376	9.7%	36-40 Years	242	6.2%
Over 40 Years	174	4.5%			

7. **Would you recommend a career in Nursing/Midwifery to your friends and family?**

Yes	1391	36%	**No**	2473	64%

8. **How happy are you in your role from 1 to 10 where 1 is not happy at all and 10 is extremely happy?'**

1 – not happy	262	7%
2	294	8%
3	466	12%
4	489	13%
5	737	19%
6	515	13%
7	511	13%
8	400	10%
9	112	3%
10 - extremely happy	99	3%

9. **How are you employed by the HSC (tick all that apply)?**

Total employment types

HSC Permanent Contract	3531	79%
HSC Temporary Contract	116	3%
HSC Bank	727	16%
Agency	110	2%

Single Employment types

HSC Permanent Contract	3278	91%
HSC Temporary Contract	92	2%
HSC Bank	203	6%
Agency	44	1%

Two Employment Types

Temporary and permanent	11	4.5%
Permanent and bank	182	74.0%
Temporary and bank	9	3.7%
Bank and Agency	8	3.3%
Permanent and Agency	35	14.2%
Temporary and Agency	1	0.4%

Three Employment Types

Permanent Temporary and bank	3	12%
Permanent agency and bank	22	88%

10. Are you employed anywhere other than the HSC e.g. GP Out of Hours, Independent Healthcare provider?

Yes	537	14%	No	3351	86%

11. If yes, how often do you work with an employer outside the HSC?

Intermittently (less than 1 day per month)	184	34%
Occasionally (2 – 3 days per month)	224	61%
Regularly (more than 4 days per month)	134	25%

12. Please rate how much you agree with the following statements about working in the HSC

How much do you agree that…	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
It's a great place to work	493 (13%)	1263 (33%)	1160 (30%)	873 (22%)	94 (2%)
My work is valued	791 (21%)	1250 (32%)	793 (21%)	904 (23%)	129 (3%)
My role makes a difference to patients/service users	59 (1%)	108 (3%)	298 (8%)	2010 (52%)	1410 (36%)
Family Friendly policies and work life balance	808 (21%)	1113 (29%)	938 (24%)	903 (23%)	113 (3%)
There is opportunity for career Progression	574 (15%)	928 (24%)	825 (21%)	1356 (35%)	195 (5%)
Flexibility of working patterns exists	722 (19%)	1170 (30%)	812 (21%)	1047 (27%)	125 (3%)
I am paid at an appropriate level	1908 (49%)	1122 (29%)	327 (8%)	467 (12%)	60 (2%)
There are good terms and condition	554 (14%)	909 (24%)	1255 (32%)	1068 (28%)	89 (2%)

13. Do you always manage to take your allocated breaks whilst on duty?

Yes	639	16%	No	3242	84%

14. If no, how often do you not get your breaks?

Every shift	694	21%
More than once each week	1886	58%
Less than once each week	662	21%

15. Do you always end your shift at the scheduled time?

Yes	506	13%	No	3372	87%

16. If no, how often do you work beyond your scheduled shift?

Every shift	760	23%
More than once each week	1955	58%
Less than once each week	651	19%

17. How far in advance is your duty rota scheduled?

One month	2606	67%
Two weeks	812	21%
One week	309	8%
Three days	48	1%
Less than three days	44	1%

18. Are you regularly required to undertake duties that can be described as non-nursing duties?

Yes	2872	74%	No	1016	26%

19. If yes, what non-nursing duties are you regularly required to undertake?

Cleaning duties	2032	29%
Portering duties	1469	21%
Stock control	1833	26%
Other	1653	24%

20. How much do you agree with the following statement: 'I often think about leaving the HSC'

Not Applicable to me	103	3%
Strongly Disagree	164	4%
Disagree	319	9%
Neither Agree nor Disagree	499	13%
Agree	1389	37%
Strongly Agree	1299	34%

21. If you are considering leaving the HSC please rate how much the following reasons apply. (If you are not considering leaving tick n/a – not applicable)

Factors influencing my decision to leave	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not Applicable
Career Development	107 (3%)	485 (13%)	652 (18%)	923 (26%)	614 (17%)	812 (23%)
Would like more pay	35 (1%)	78 (2%)	185 (5%)	741 (20%)	2200 (51%)	389 (11%)
Family personal reasons	112 (3%)	416 (12%)	631 (17%)	931 (26%)	579 (16%)	935 (26%)
End of contract	98 (3%)	316 (9%)	385 (11%)	97 (3%)	58 (1%)	2611 (73%)
Pressure of work e.g. poor breaks, timely ending of shift	57 (2%)	119 (3%)	321 (9%)	948 (26%)	1700 (47%)	483 (13%)
Change in career	133 (4%)	326 (9%)	615 (17%)	788 (27%)	478 (13%)	1256 (35%)
Not being valued for my work	57 (1%)	170 (5%)	328 (9%)	1003 (28%)	1593 (44%)	471 (13%)
Health Reasons	161 (4%)	355 (10%)	487 (13%)	495 (14%)	202 (6%)	1902 (53%)
Retirement	122 (3%)	201 (6%)	269 (7%)	275 (8%)	236 (7%)	2510 (69%)
Relationship with Manager	525 (15%)	592 (16%)	682 (19%)	413 (12%)	374 (10%)	1024 (28%)
Flexibility of off duty rotas	199 (5%)	422 (12%)	668 (18%)	777 (22%)	678 (19%)	868 (24%)

22. If you are considering leaving the HSC what do you plan to do next?

Another area within the HSC organisation	239	6%
Agency work	963	25%
Another HSC Employer	114	3%
An employer outside the HSC	708	18%
Retirement	0	0%
Don't Know	1329	34%
Not Applicable	535	14%

23. Consider how much you agree that the following outcomes help you to remain in your role

These outcomes would encourage me to stay in my role…	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Improved access to learning and development	123 (3%)	396 (11%)	957 (26%)	1622 (44%)	618 (16%)
Wider professional development opportunities	92 (3%)	367 (10%)	761 (20%)	1688 (45%)	812 (21%)
Greater access to promotion within HSC	119 (3%)	347 (9%)	828 (22%)	1452 (39%)	998 (27%)
Opportunities for a change of position within HSC	100 (3%)	358 (10%)	908 (24%)	1538 (41%)	808 (22%)
Feeling more valued for your work	116 (3%)	166 (5%)	301 (8%)	1207 (32%)	1935 (52%)
Improved relationships with your line manager	232 (6%)	444 (12%)	1256 (34%)	987 (27%)	793 (21%)
More support to deal with workplace pressures	81 (2%)	142 (4%)	314 (8%)	1260 (34%)	1930 (52%)
Greater flexibility of shift patterns	88 (2%)	238 (7%)	859 (23%)	1169 (32%)	1345 (36%)
Improved work-life balance	76 (2%)	155 (4%)	581 (16%)	1198 (32%)	1708 (46%)
Improved Staffing levels	96 (2%)	78 ..(2%)	180 (5%)	660 (18%)	2705 (73%)
Better Pay	110 (3%)	67 (2%)	198 (5%)	666 (18%)	2683 (72%)
Better Terms and Conditions	85 (2%)	122 (3%)	637 (17%)	979 (27%)	1891 (51%)

Nurses and Midwives comments

The Nursing and Midwifery Retention Survey received 3,888 responses. Question 20 provided nurse and midwives with an opportunity to provide a narrative response detailing three practical actions employers could take to make their jobs better. A very wide range of comments were received which were themed into a number of recurring issues:

- **Staffing** – concerned about safe staffing, redeployments, volume of non-nursing tasks
- **Pay** – virtually every respondent cited pay as an issue, alongside access to free car parking
- **Flexibility** – in relation to off duty, family friendly working
- **Induction and Training** – calls for more support for newly qualified nurses and midwives and more opportunities to access training and career progression
- **Abuse and Bullying** – from some patients and some managers
- **Leadership** – succession planning and access to leadership programmes alongside calls for more visibility and support
- **Staff Facilities** – availability of tea rooms, free car parking

Staffing

I feel that issues relating to staff retention are greater than Trust level. These issues are of a governmental concern and needs to be addressed through fair pay, increasing the workforce, increasing training places and reducing the drain of agency wages on our budgets

We are chronically and consistently understaffed, more staff would fix everything

Establish a safe patient: staff ratio for each ward and stick to it

Impossible to work with different staff each day.

I'm begging you to please make changes and come and talk to the people in the floor.

I'm frightened for my own health if I stay in this role much longer.

Theatre nurses have been totally disrespected throughout this pandemic. We are over used by all areas within the hospital and so many of my colleagues are broken. It is very sad to see, we have lost numerous experienced nurses as they are so tired of the constant battle regarding redeployment and sheer disrespect.

Being moved to other areas like ICU is hard, no training and you are expected to look after patients without any knowledge.

I feel that nurses are sick of just being a career that picks up the slack.

Allow nurses to carry out a nursing role not every other role

Pay

I used to work as a band 2 care assistant earning 1600 pound a month. I now am I band 5 nurse and I earn 1600 pound?? What is the point in having all the responsibility on my head when I am no better off? When I can go to agency and earn 34 pound an hour and I can get covid rates at 31.30 an hour but then nurses can't get a pay rise?"

Commit to better pay for staff, it'll encourage people to take up the career and maybe help to keep staff already in post.

Less agency staff getting paid more for the same work and doing less

Nurse need better pay that's why the HSC cannot retain. A band 5 nurses is working alongside agency being paid treble the amount and have all the responsibility on the ward. Very frustrating and why many leave.

Demoralising working alongside agency workers who get paid more and have more flexibility and less responsibility

My colleagues and I are all undervalued and we have lost the fight for our rights to the proper pay grade

Parity of pay with non-nursing colleagues

Make it worthwhile for band 5's to keep their permanent full time jobs! Block booked Agency are able to pick/choose shifts that suit them but yet we can't work our schedules to facilitate childcare/have some sort of routine!

Commit to better pay for staff, it'll encourage people to take up the career and maybe help to keep staff already in post.

Better pay for permanent staff rather than paying agency staff who do not know the ward or patients well and who often are there for the payment rather than caring for patients

ICU nurse have shown through pandemic how specialised and not easily replaced, it's shameful how low paid we are!!! Extremely undervalued. ICU nurses should be on at least a band 6 with progression to 7 for senior nurse roles for responsibility we have.

Waiting almost 5 years for the outcome of job evaluation. Too long.

Flexibility

Allow personal choice of shifts rather than only allowing 3 requests per month.

If you want to make a request for flexible working it's put through a very non user friendly computer system, to be rejected because it's the needs of the service that is most important, and to add to this you're not allowed to make another request within 6months!!!!

Flexible working for especially employees with small children, I feel staff always bend and comply with added pressures with less than appropriate time to even adjust your working diary.

Induction and Training

I have been studying in my own time and out of my own pocket to try and advance in my career and I can't get know where. I feel stuck in XXX, I feel so trapped in my career that the only way I can see for me is to leave."

Nursing is a fantastic career and I love it but I don't feel passionate about my job anymore because I've got nothing to strive for.

People are not mentored or supported when they are newly qualified, and I understand why as the pressure you face day in and day out to have to support new members of staff can be unbearable for most people.

I would encourage anyone to do nursing but the opportunities are frankly rubbish compared to what the mainland can offer.

I feel every door I try to open, shuts in my face. Even having completed half of the specialist modules, saving the trust money in the long run, I still can't open the doors.

Abuse and Bullying

I will leave the nursing profession in the next couple of years as there is no way I will deal with the stress, the bad moral, the physical and verbal abuse I get off patients and family members with no proper support or aftercare at all for nurses?"

So many of my colleagues are broken. It is very sad to see, we have lost numerous experienced nurses as they are so tired of the constant battle regarding redeployment and sheer disrespect.

"XXX nurses have been totally disrespected throughout this pandemic. We are over used by all areas within the hospital"

Nothing will change. This place is toxic and the bullying is immense. Will be going to XX Trust to work. Xxx and xxx are awful. Putting people down.

Stop normalising assaults on Staff.

Leadership

If I could turn back 3 years I would. I love my patients, I love helping people I am a compassionate person but the trust makes you hate going to work every single day.

I love my job and would not want to do anything else and do not mind going out of my job role for the patient but would be nice to feel valued for all the hard work.

The staff on the ground are totally undervalued and unheard

More praise less criticism

Make it easier to report poor management and bullying

Very frustrating to have to deal with numerous managers who don't communicate with each other when decisions have to be made. Often line managers will pass on requests claiming they don't have the power to change or confirm change."

The mid staffs inquiry highlighted chronically poor leadership, this is a common trait of XXXX Trust also. Leadership training and accessibility is basically non-existent this the cycle continues.

Considering reducing my hours so I can work more agency where I feel more valued!

This place is toxic and the bullying is immense. Will be going to XX Trust to work. Managers are awful. Putting people down.

Many layers of lower management maybe helpful for the higher bands, however, it dilutes the accountability and power of the manager that is in most contact with staff on the ground. Very frustrating to have to deal with numerous managers who don't communicate with each other when decisions have to be made. Often line managers will pass on requests claiming they don't have the power to change or confirm change. Flexible working for especially employees with small children, I feel staff always bend and comply with added pressures with less than appropriate time to even adjust your working diary.

The staff are the service, when will management see that nurturing and supporting staff who are human beings with their own families and personal lives is the key to a thriving workforce. There is a huge blame culture within the trust, people are not mentored or supported when they are newly qualified, and I understand why as the pressure you face day in and day out to have to support new members of staff can be unbearable for most people.

Mistakes are made, management look to blame, instead of actually looking to how their management style created the environment for mistakes.

Staff Facilities

The trust gives no morale, no good conditions to stay in the trust. I have encouraged everyone I know to either leave nursing leave the country or not go into nursing at all.

This environment is not normal, I'm not normal after this period of time. I have changed. I can't do it anymore.

Uninterrupted Breaks

Provide a proper tea/rest room for breaks

I am a good nurse. I have had to seek counselling because of my job. This is not normal

Staff should go on break regardless of the workload

Appreciate staff by providing good staff facilities such as a tea room

Pay us for Breaks – we can’t leave the building

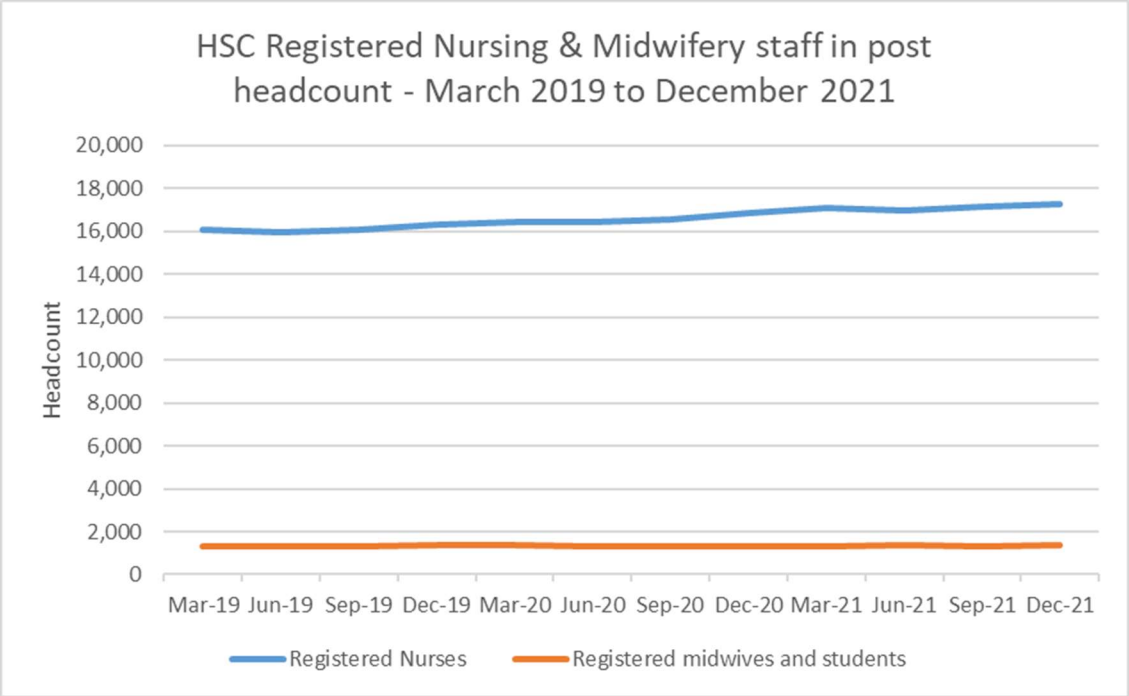
APPENDIX 3 INFORMATION & ANALYSIS DIRECTORATE REPORT DOH

HSC staff in post trend

The headcount of registered nurses at December 2021 has grown by 7.4% compared to March 2019. The headcount of registered midwives and students at December 2021 is similar to the position at March 2019.

At Quarter Ending	Registered Nurses	Registered midwives and students
Mar-19	16,064	1,341
Jun-19	15,938	1,326
Sep-19	16,097	1,319
Dec-19	16,296	1,356
Mar-20	16,422	1,364
Jun-20	16,410	1,336
Sep-20	16,577	1,336
Dec-20	16,859	1,339
Mar-21	17,122	1,327
Jun-21	16,998	1,348
Sep-21	17,172	1,335
Dec-21	17,253	1,354

Source: HRPTS. Data exclude bank workers.

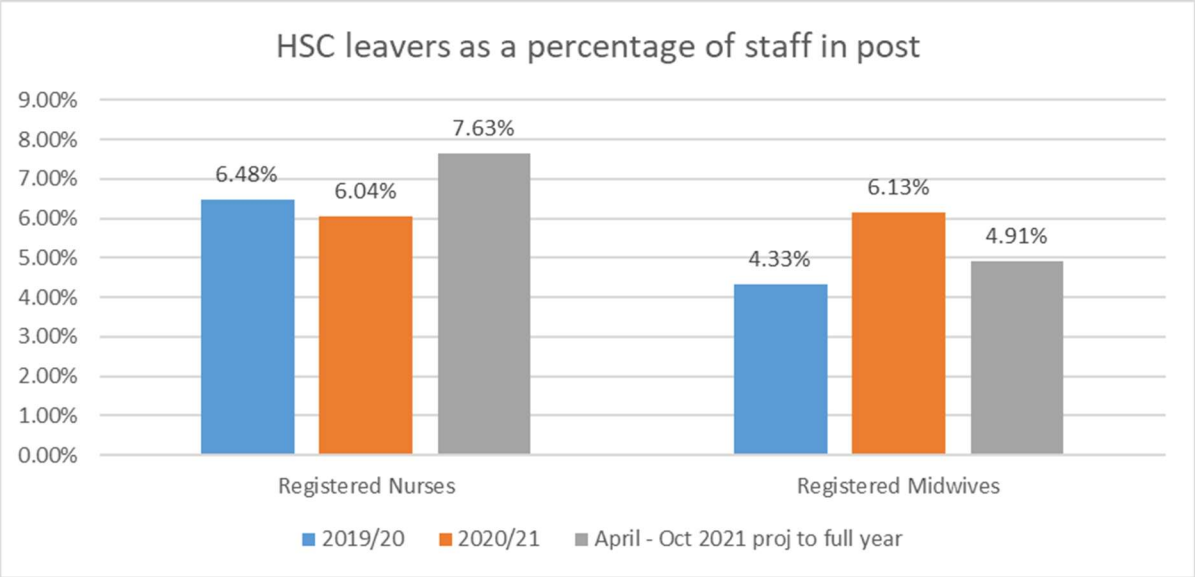


HSC Leavers

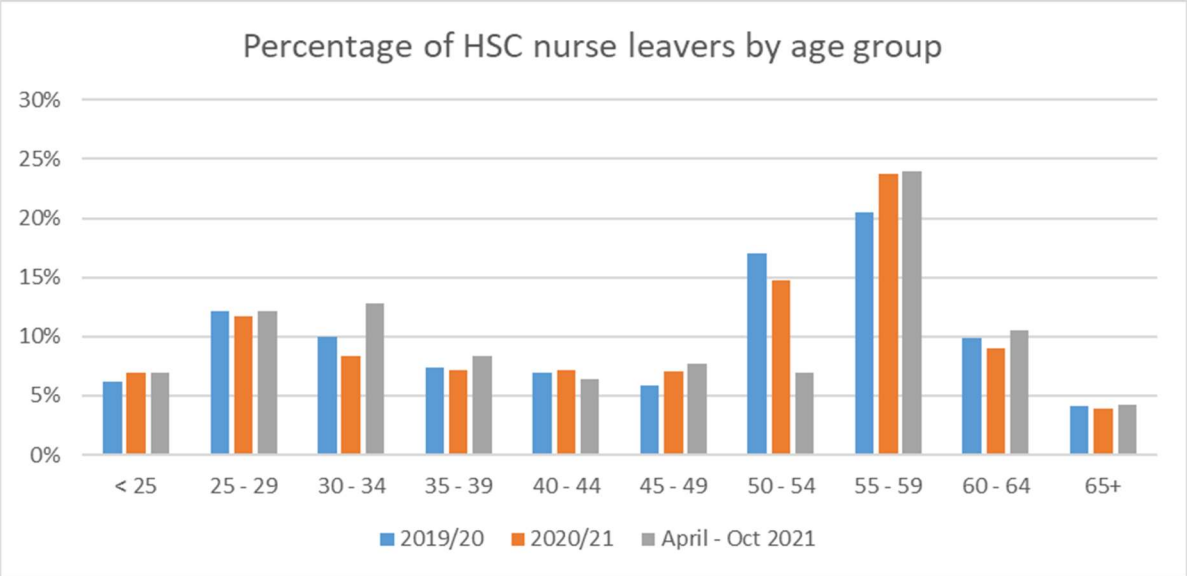
The following information is based on leavers from an HSC organisation who have not joined another HSC organisation in a permanent or temporary post.

	Registered Nurse Leavers	Registered Nurse Leaver rate	Registered Midwife Leavers	Registered Midwife Leaver rate
2019/20	1,043	6.48%	56	4.33%
2020/21	1,001	6.04%	80	6.13%
April - Oct 2021*	764 (1,310 full year projection)	7.63%	37 (63 full year projection)	4.91%

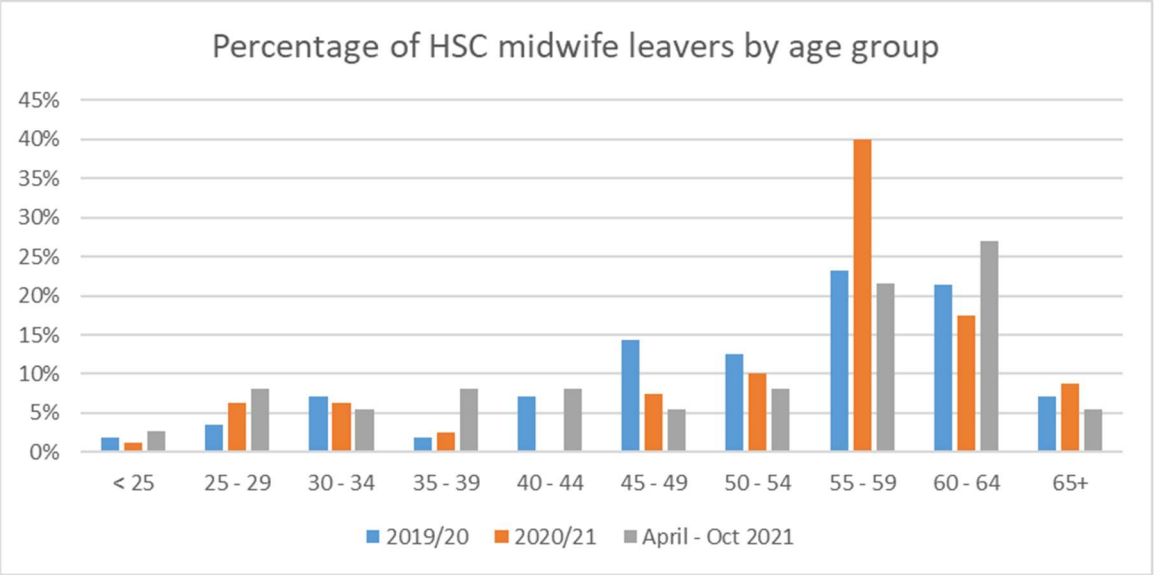
*Provisional and subject to change.



Whilst there is a large proportion of nurse leavers in the 50+ age groups each year, there are younger staff such as the 25-29 age group that account for over 10% of leavers each year.



The majority of midwife leavers are in the 55+ age groups.

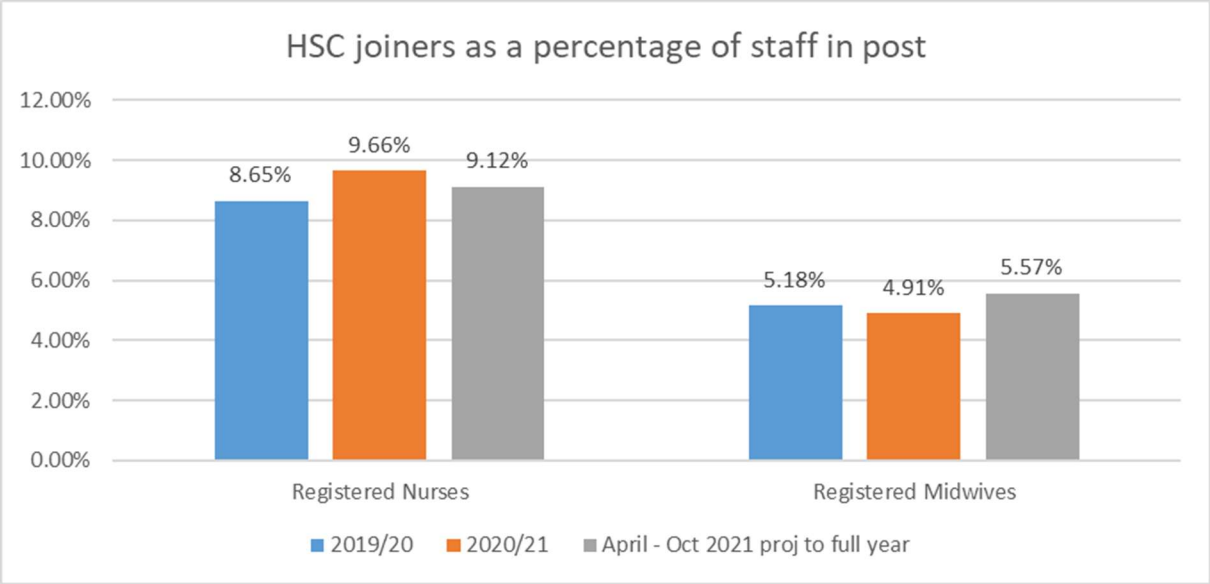


HSC Joiners

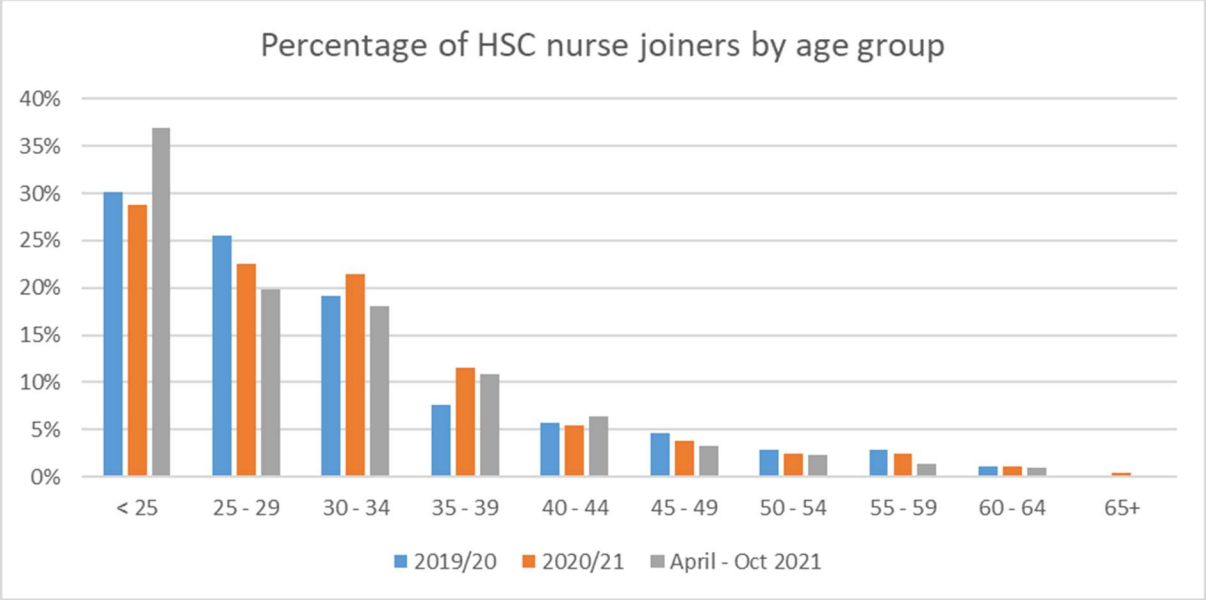
The following information is based on joiners to an HSC organisation who had not had a recent permanent or temporary registered nurse or midwife post.

	Registered Nurse Joiners	Registered Nurses Joiner rate	Midwives (incl students) Joiners	Midwives (incl students) Joiner rate
2019/20	1,393	8.65%	67	5.18%
2020/21	1,601	9.66%	64	4.91%
April - Oct 2021*	914 (1,567 full year projection)	9.12%	42 (72 full year projection)	5.57%

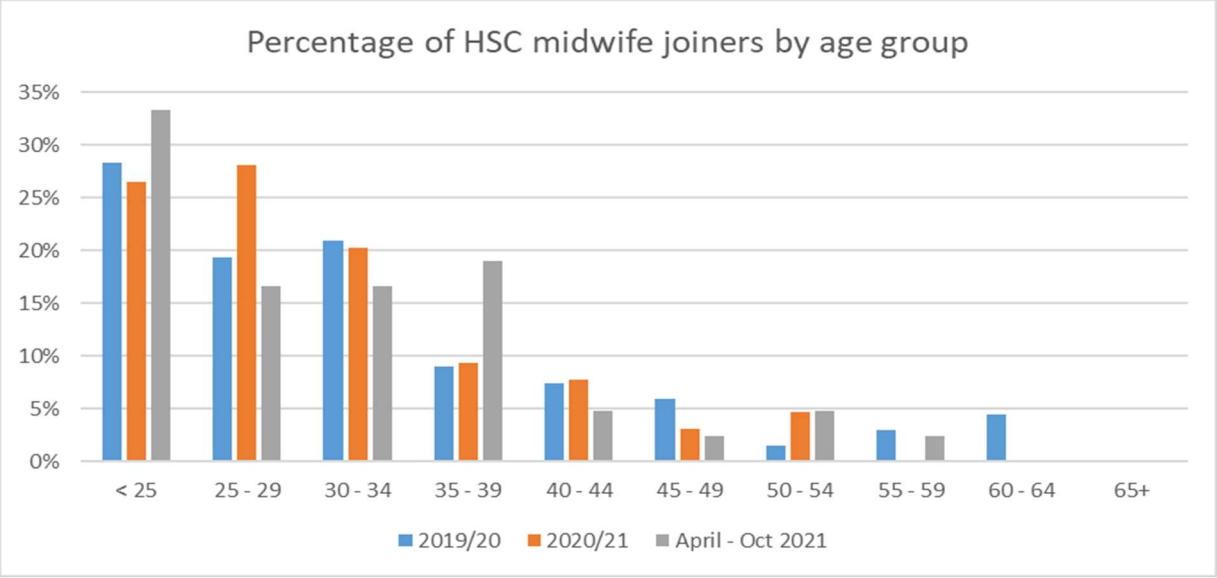
*Provisional and subject to change.



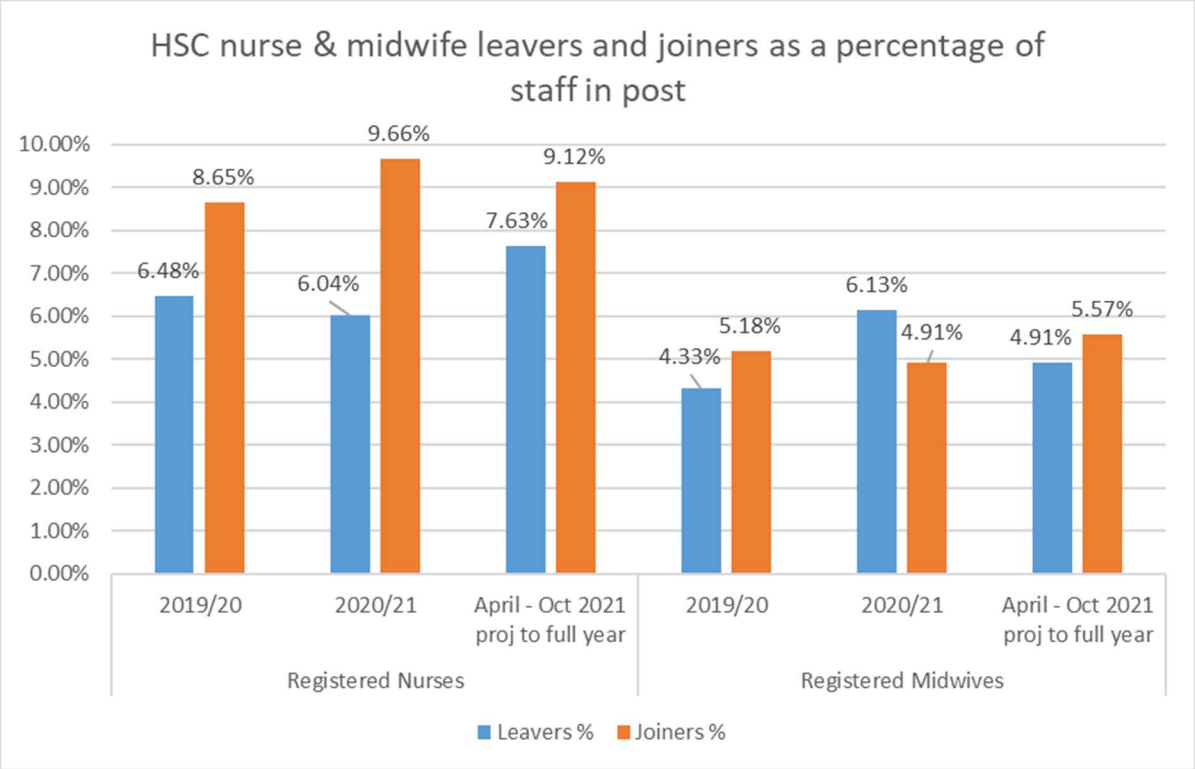
The majority of nurse joiners are in the under 35 age groups.



The majority of midwife joiners are in the under 35 age groups.

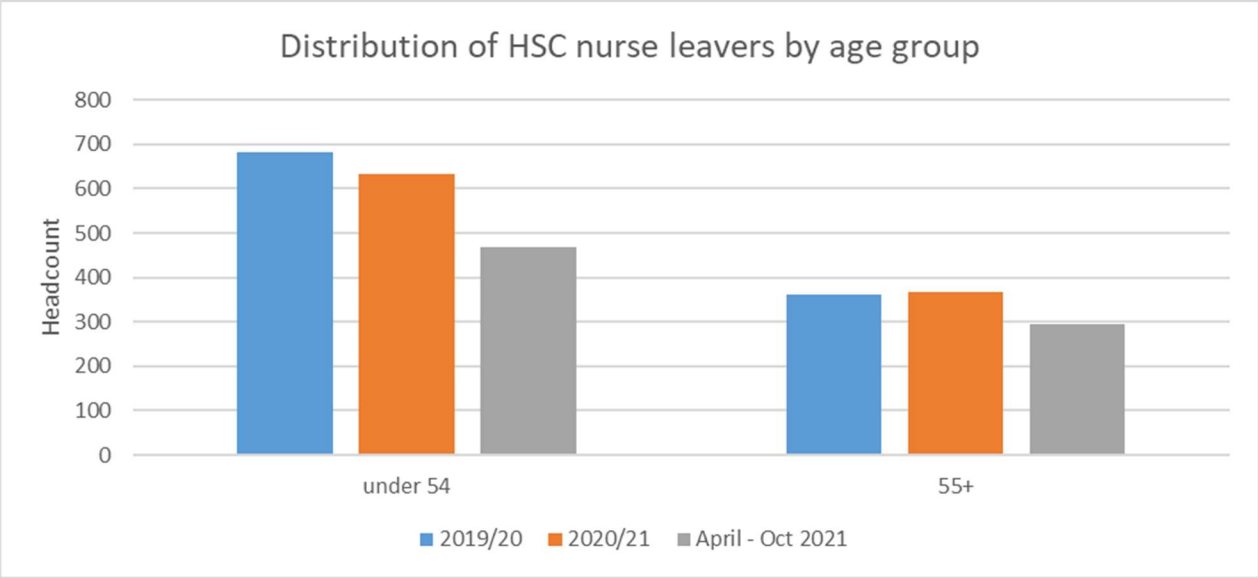


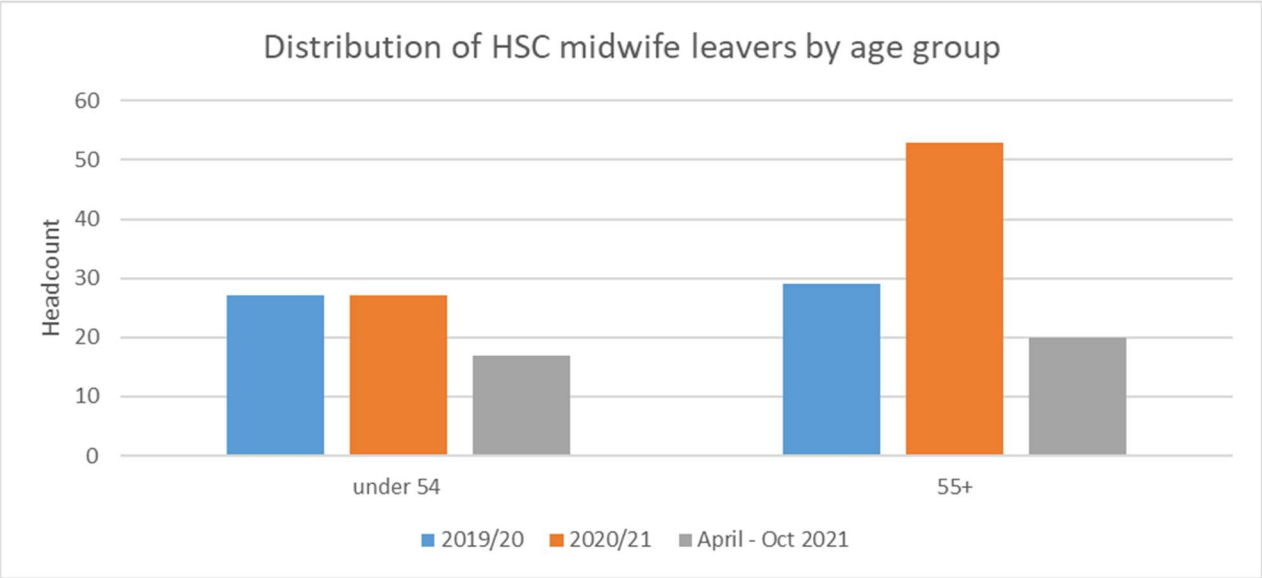
HSC Leavers & Joiners



2019/20 and 2020/21 HSC leavers and joiners and movers in the HSC were calculated by comparing the snapshots of permanent and temporary staff in post at e.g. March 2019 with staff in post at March 2020. Those who appeared on the March 2020 dataset, but not March 2019 were classed as joiners. Those who appeared on the March 2019 dataset but not March

2020 were classed as leavers. April to October 2021 leavers data was based on those with leaver actions from a permanent or temporary contract in HRPTS who were not matched to another HSC permanent or temporary post by January 2021. April to October joiners data was based on those with joiner actions to a permanent or temporary contract in HRPTS who had not had a recent prior HSC permanent or temporary post. Data for April to October is provisional and subject to change.





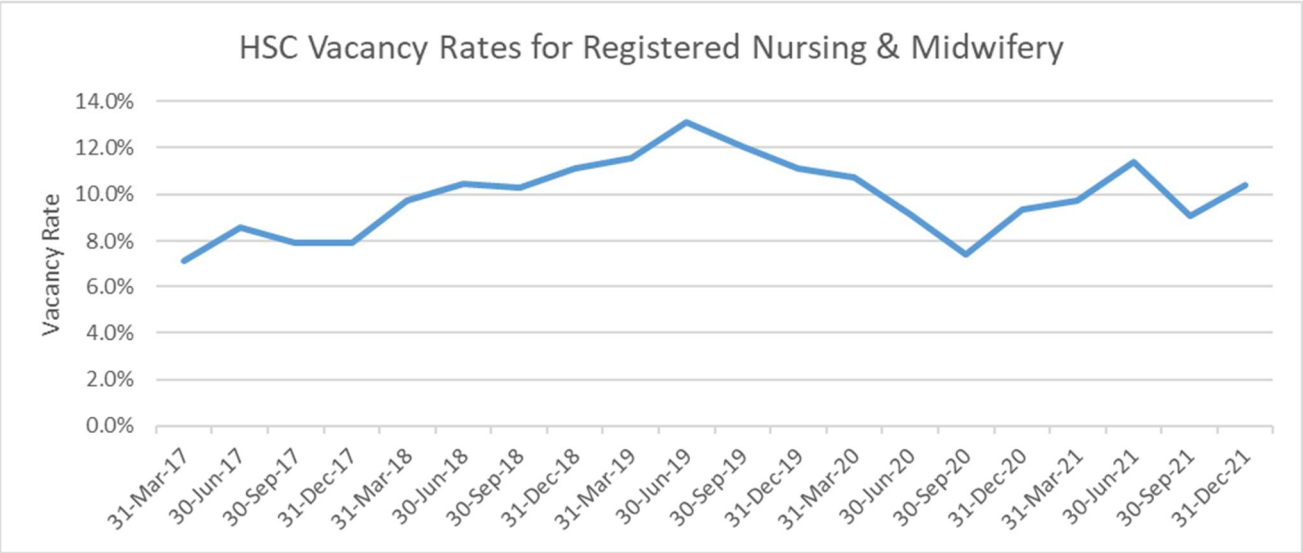
HSC vacancies in active recruitment

Source: Recruitment Shared Services & HSC organisations.

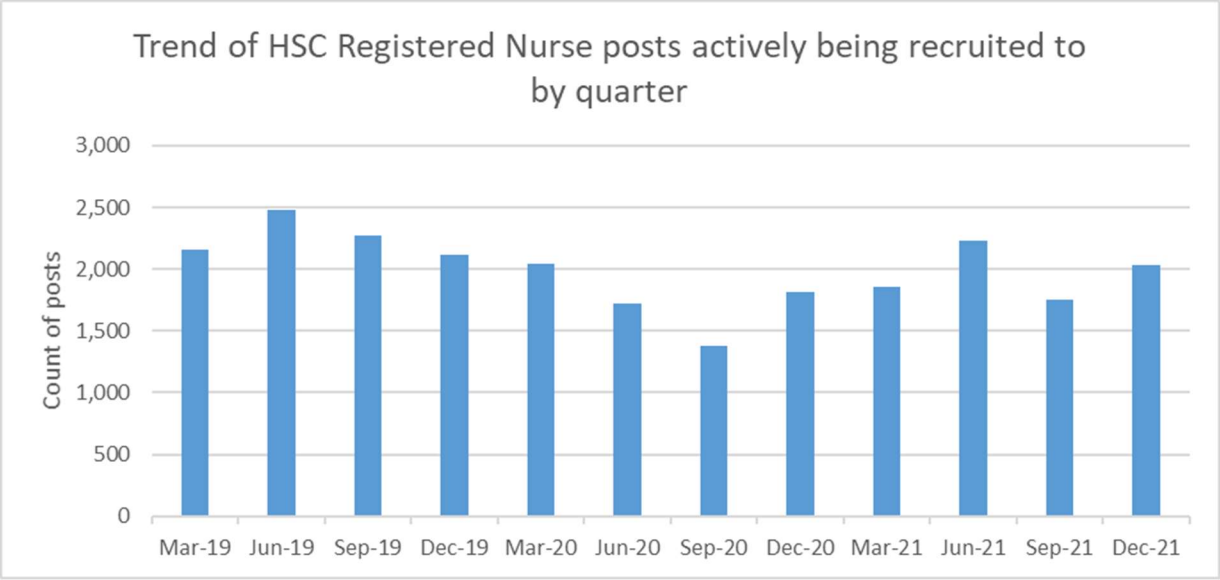
Regional definition used: A vacancy is any position that is currently with the recruitment team and being actively recruited to. This will include those going through pre-employment checks, up to the point of a start date being agreed. Once a start date has been agreed with both parties (i.e., manager and applicant) this will no longer be classed as a vacancy. Vacancies that are on hold by managers are not included. Data represents the count of posts and includes permanent and temporary positions.

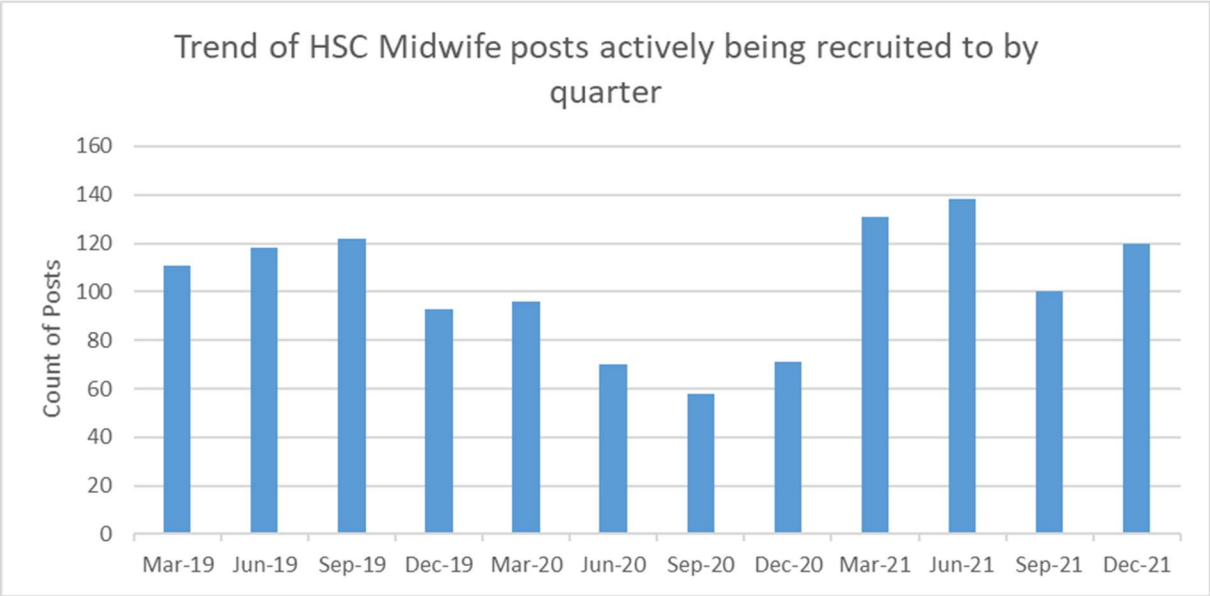
The latest published figures on HSC vacancies, as at 31st December 2021, showed 7,096 HSC vacancies actively being recruited to, an overall vacancy rate of 8.5%.

The largest number of vacancies, at 2,154 relates to registered nurses and midwives, a rate of 10.4%.



Further detail on rates in other staff groups is set out in **Annex A**.


Trend of HSC Registered Nurse posts actively being recruited to by quarter
Count of posts
3,000
2,500
2,000
1,500
1,000
500
0
Mar-19
Jun-19
Sep-19
Dec-19
Mar-20
Jun-20
Sep-20
Dec-20
Mar-21
Jun-21
Sep-21
Dec-21


Trend of HSC Midwife posts actively being recruited to by quarter
Count of Posts
160
140
120
100
80
60
40
20
0
Mar-19
Jun-19
Sep-19
Dec-19
Mar-20
Jun-20
Sep-20
Dec-20
Mar-21
Jun-21
Sep-21
Dec-21

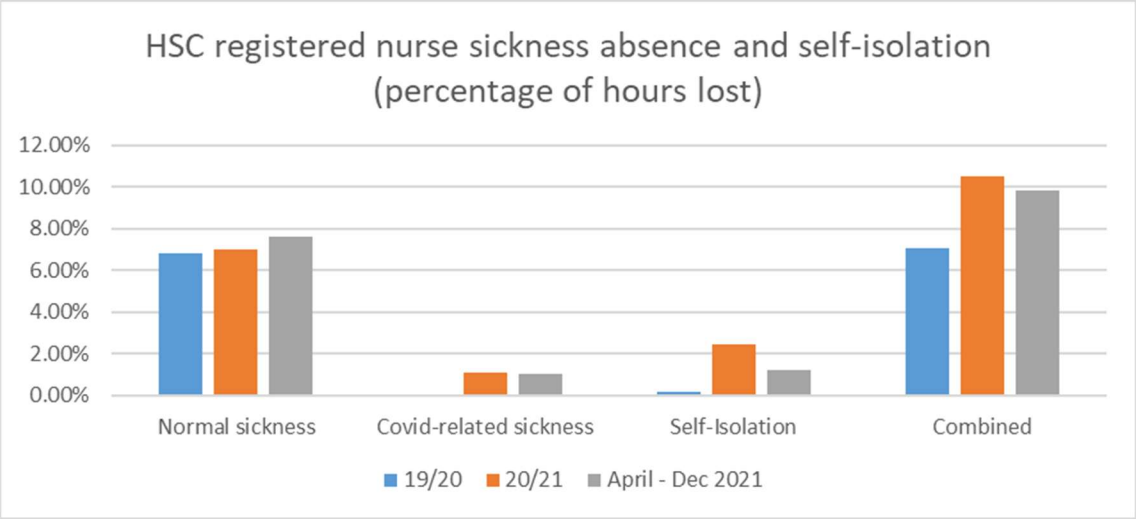
HSC Sickness Absence and Self-Isolation

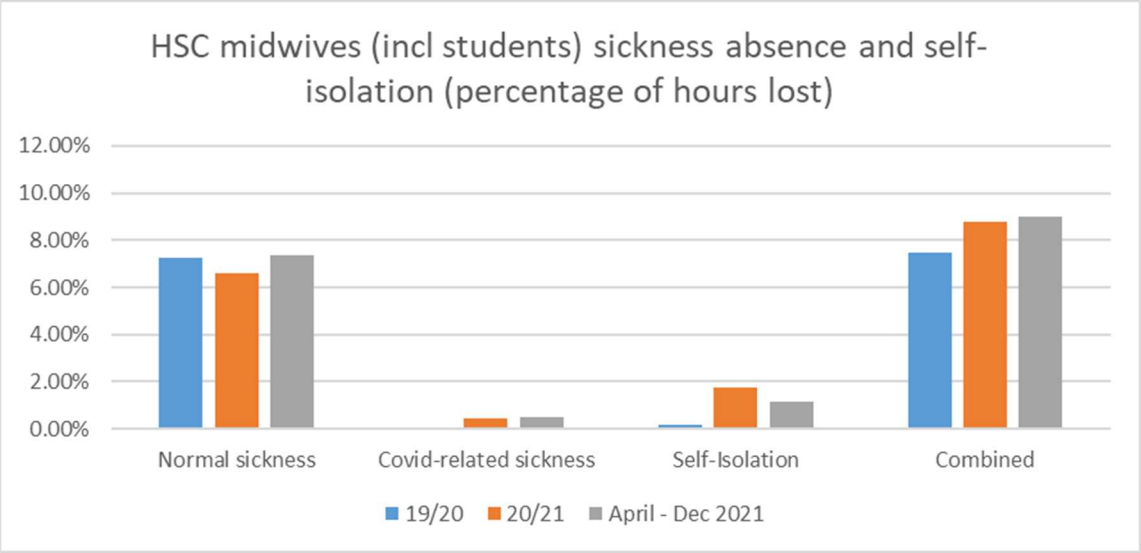
The pandemic has resulted in an elevated level of absence amongst registered nurses and midwives. The percentage of hours lost due to normal sickness, covid-19 related sickness or self-isolation is presented below.

Registered Nurses	19/20	20/21	April - Dec 2021*
Normal sickness	6.84%	7.02%	7.60%
Covid-related sickness	0.07%	1.07%	1.02%
Self-Isolation	0.17%	2.43%	1.20%
Combined	7.07%	10.52%	9.81%

Midwives	19/20	20/21	April - Dec 2021*
Normal sickness	7.24%	6.59%	7.34%
Covid-related sickness	0.05%	0.44%	0.50%
Self-Isolation	0.19%	1.75%	1.16%
Combined	7.48%	8.78%	9.00%

Source: HR portal. *Recent data is provisional and subject to change.





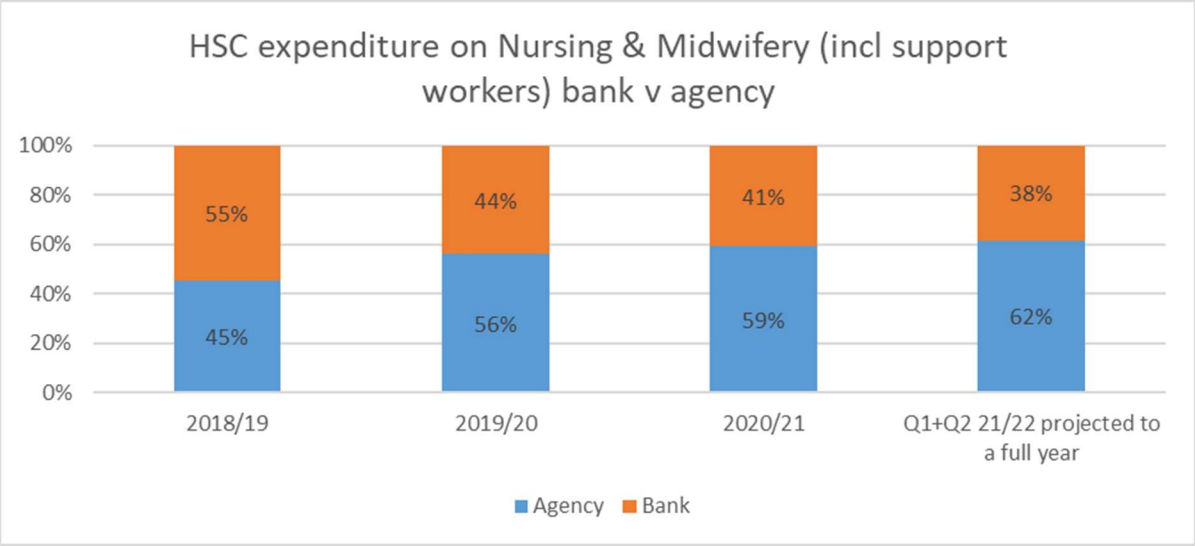
Agency and Bank expenditure

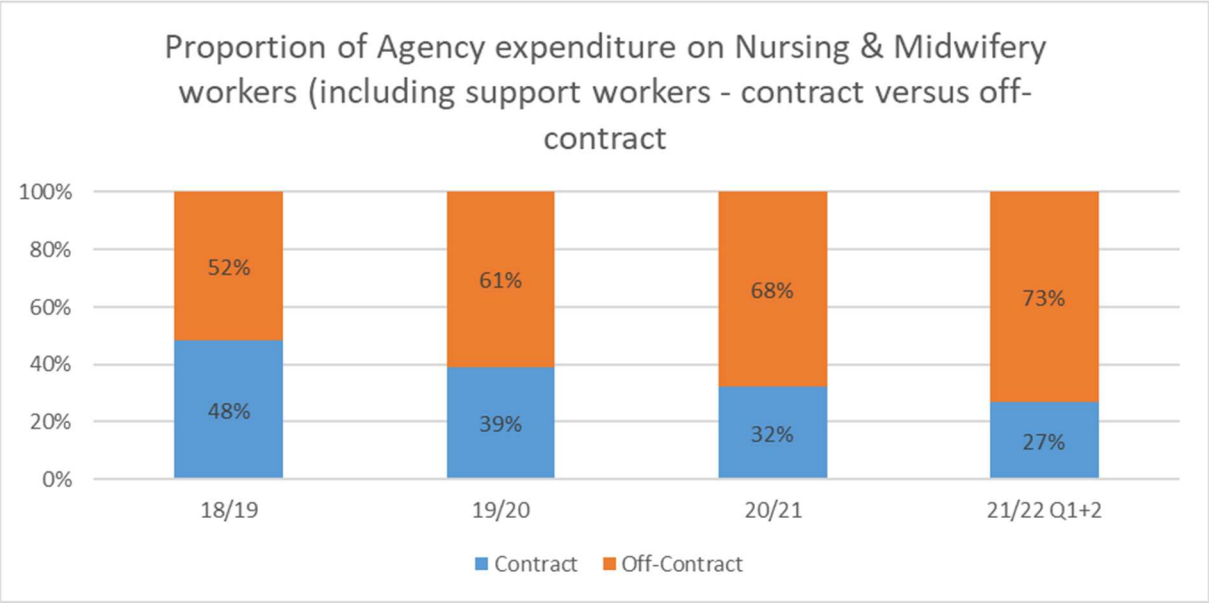
HSC expenditure on agency nursing & midwifery workers (including support workers) has more than doubled between 2018/19 and 2020/21 and is projected to rise further by the end of 2021/22. Bank expenditure also rose by 20% in that period and is expected to rise by a small percentage (4%) by the end of 2021/22.

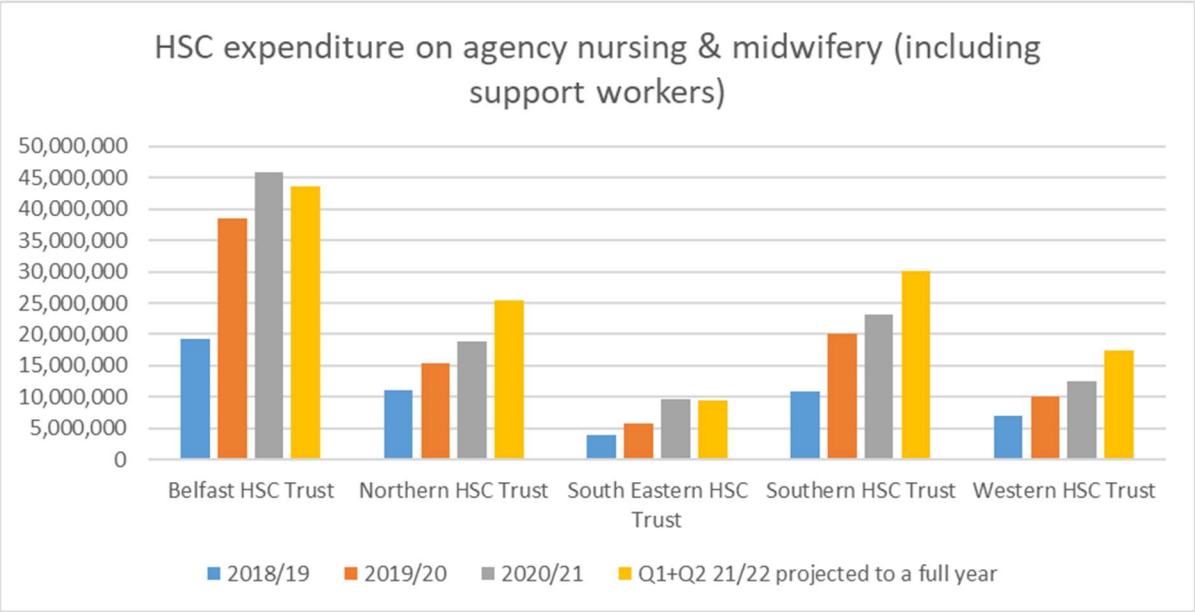
	Agency	Bank
2018/19	52,071,741	62,910,219
2019/20	89,779,974	70,505,725
2020/21	110,040,906	75,466,584
Q1+Q2 21/22 projected to a full year*	125,905,124	78,651,528

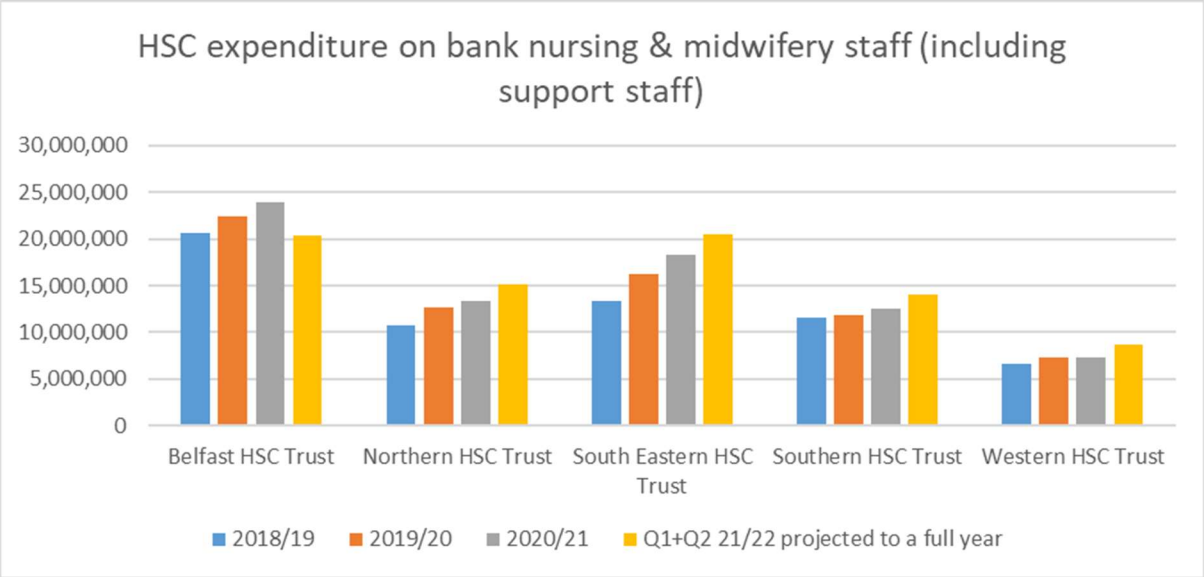
*Provisional and subject to change.

The proportion of expenditure that is agency versus directly employed bank has increased from 45% in 2018/19 to 62% projected for 21/22. In addition, the proportion of agency expenditure that is from off-contract rates has increased from 52% in 2018/19 to 73% in 21/22.


HSC expenditure on Nursing & Midwifery (incl support workers) bank v agency
100%
80%
60%
40%
20%
0%
55%
44%
41%
38%
45%
56%
59%
62%
2018/19
2019/20
2020/21
Q1+Q2 21/22 projected to a full year
Agency
Bank

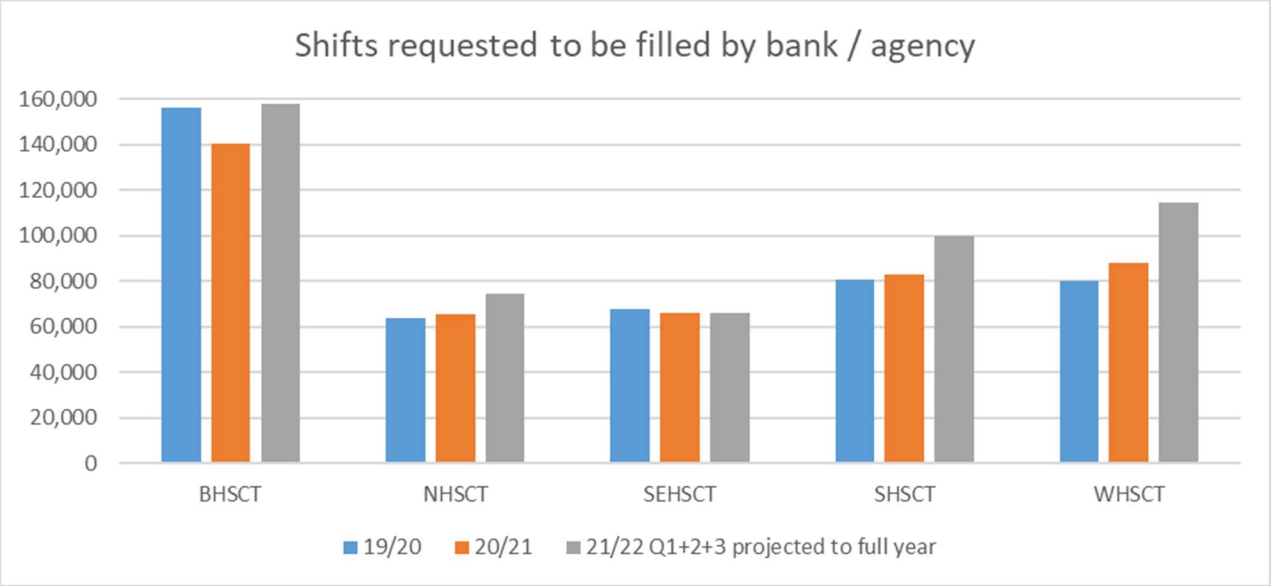

Proportion of Agency expenditure on Nursing & Midwifery workers (including support workers - contract versus off-contract
100%
80%
60%
40%
20%
0%
52%
61%
68%
73%
48%
39%
32%
27%
18/19
19/20
20/21
21/22 Q1+2
Contract
Off-Contract


HSC expenditure on agency nursing & midwifery (including support workers)
50,000,000
45,000,000
40,000,000
35,000,000
30,000,000
25,000,000
20,000,000
15,000,000
10,000,000
5,000,000
0
Belfast HSC Trust
Northern HSC Trust
South Eastern HSC Trust
Southern HSC Trust
Western HSC Trust
2018/19
2019/20
2020/21
Q1+Q2 21/22 projected to a full year

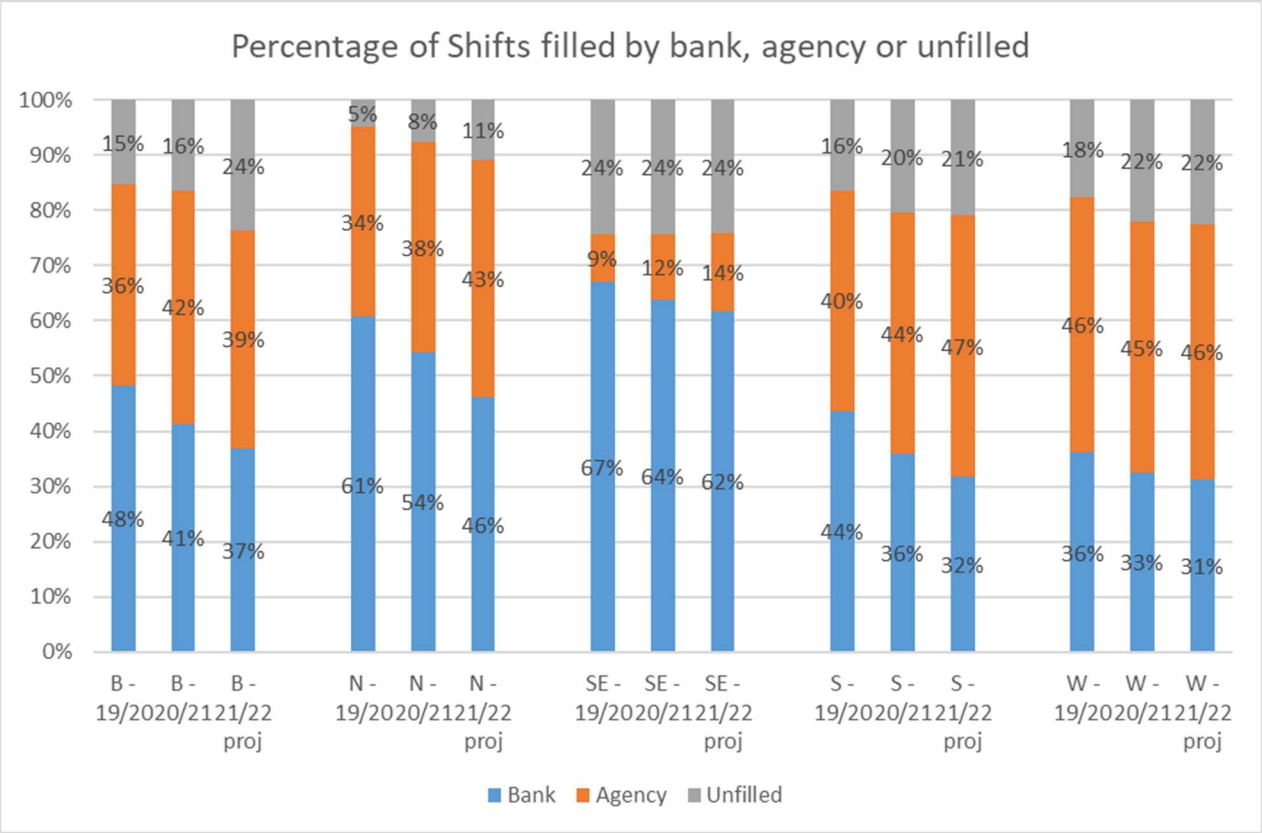


Shifts requested to be filled by Bank or Agency nurses and midwives

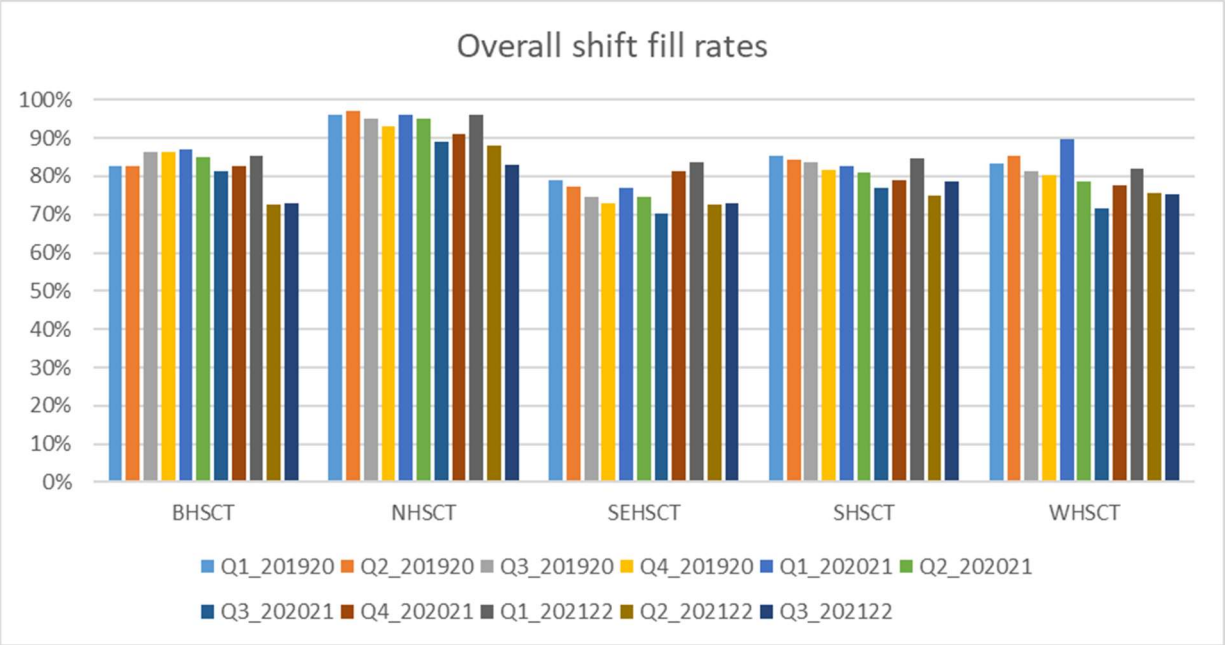
In each Trust, apart from SEHSCT, the number of requests for shifts to be filled by bank or agency has increased from 2019/20.



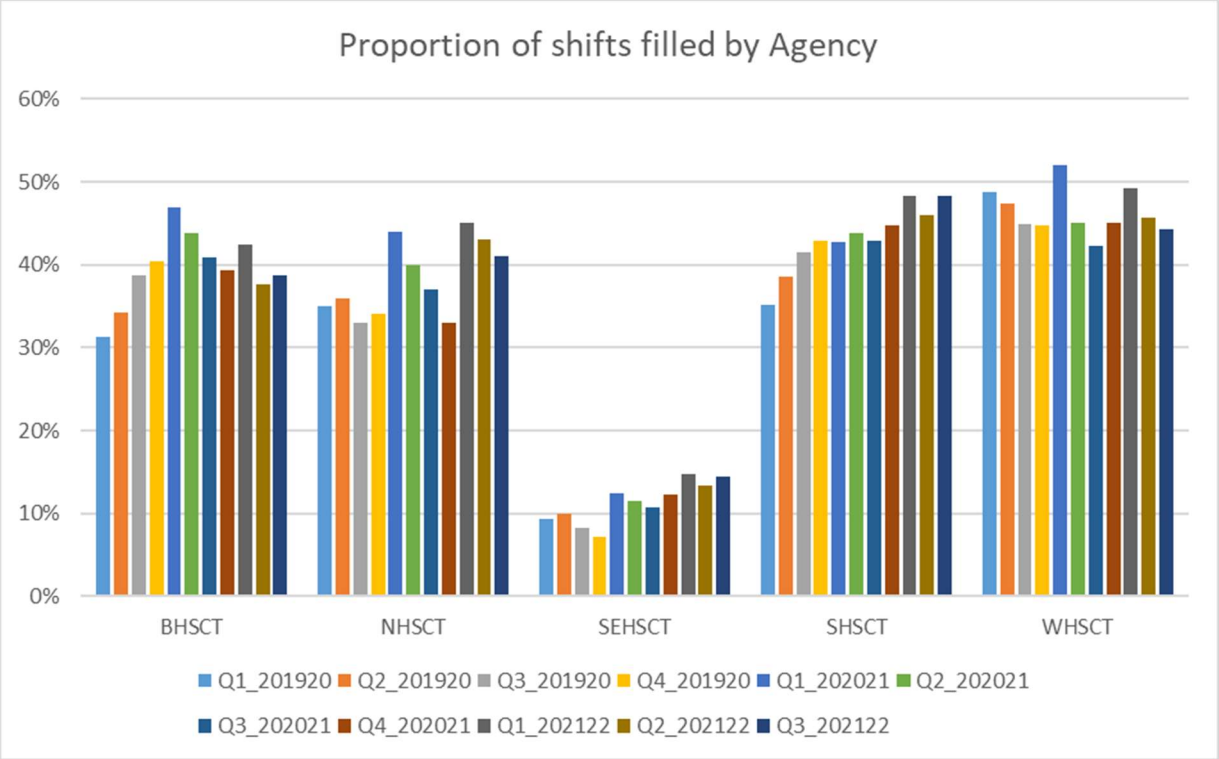
Trusts have varying patterns of shifts filled by agency versus bank, and the percentage that were unfilled.



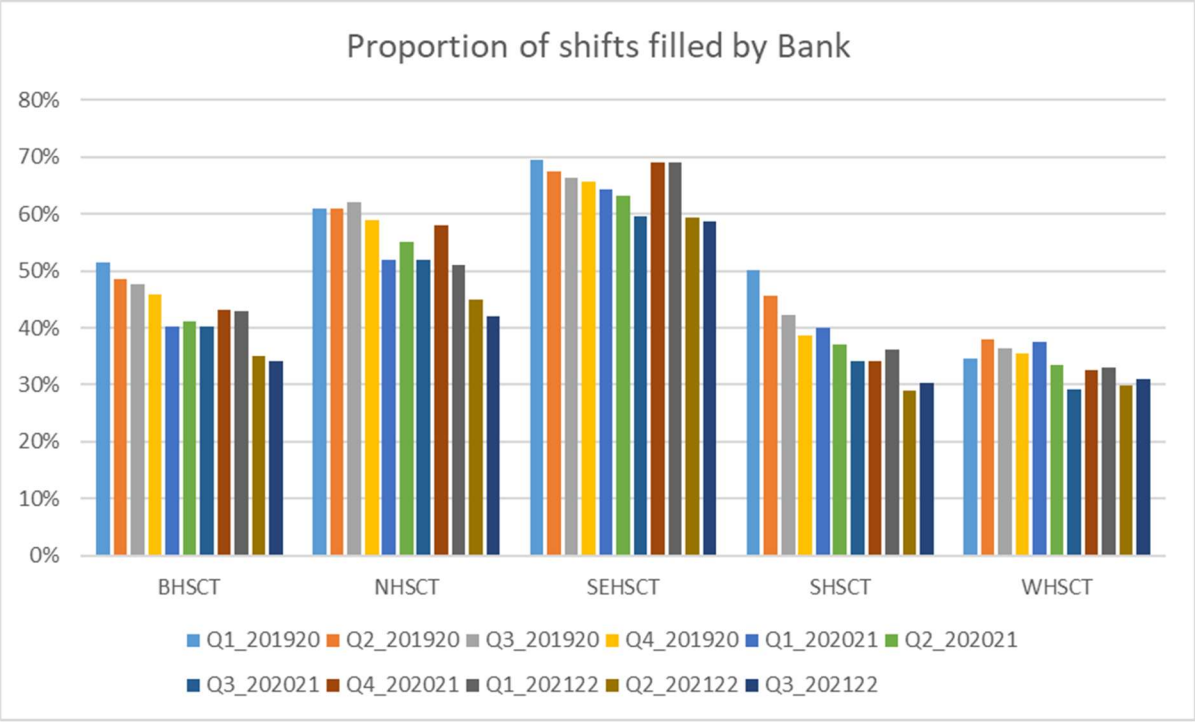
Overall, the ability to fill shifts with bank or agency workers has generally been highest in NHSCT.



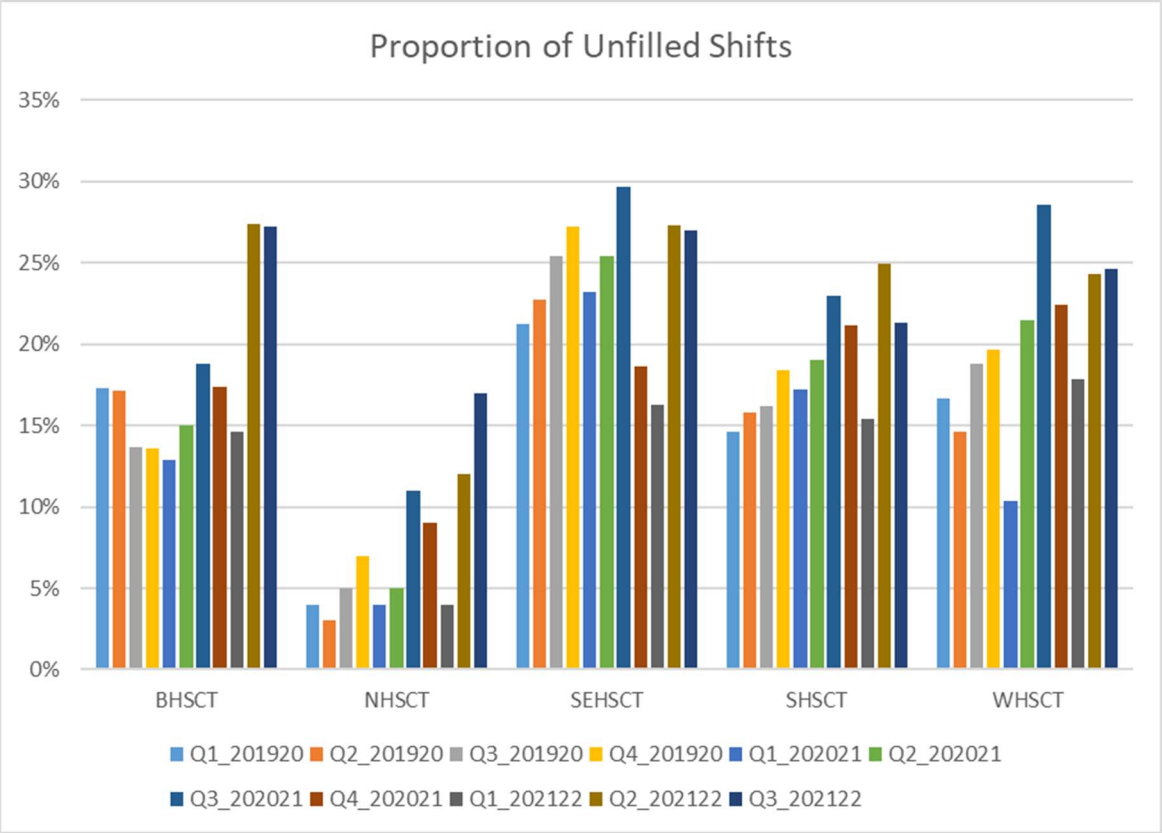
The proportion of shifts filled by agency workers has been lowest in SEHSCT.



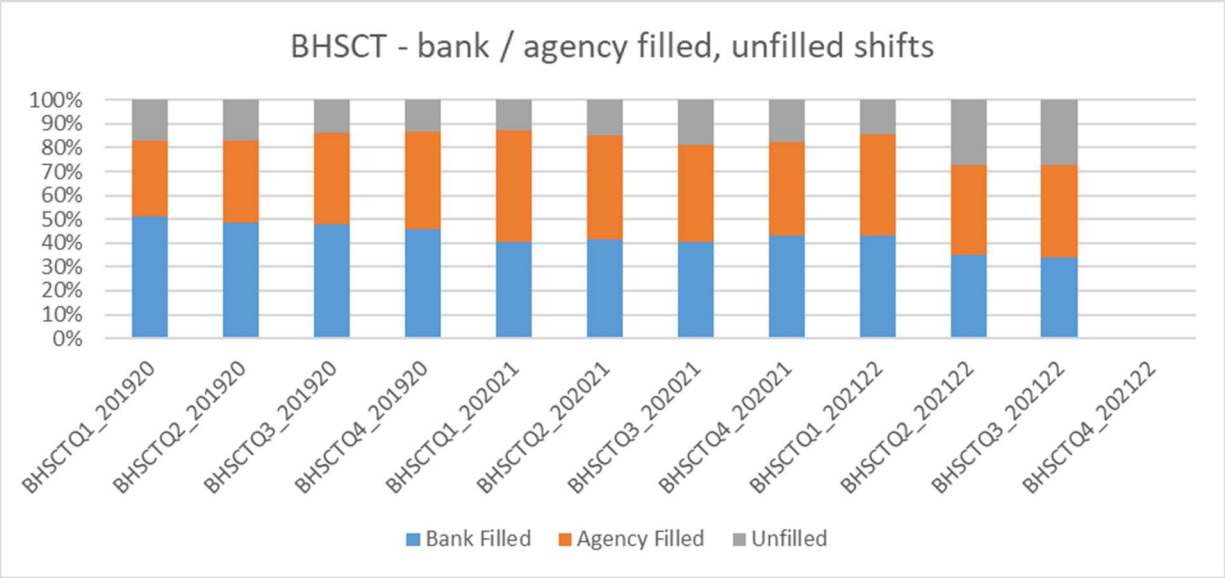
The proportion of shifts filled by bank workers has been highest in SEHSCT.

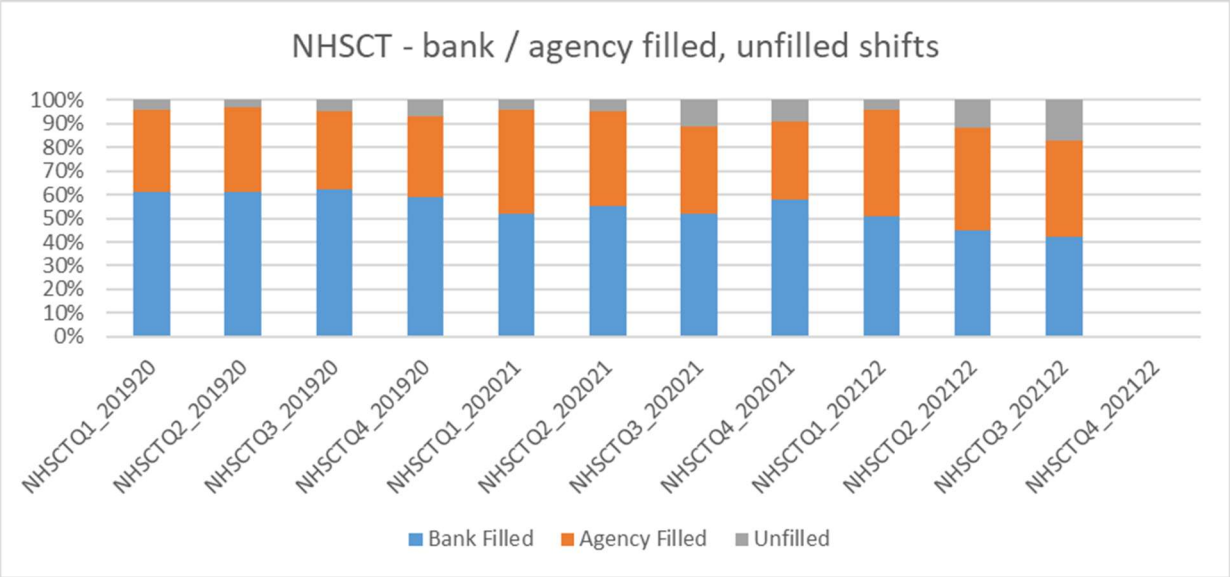


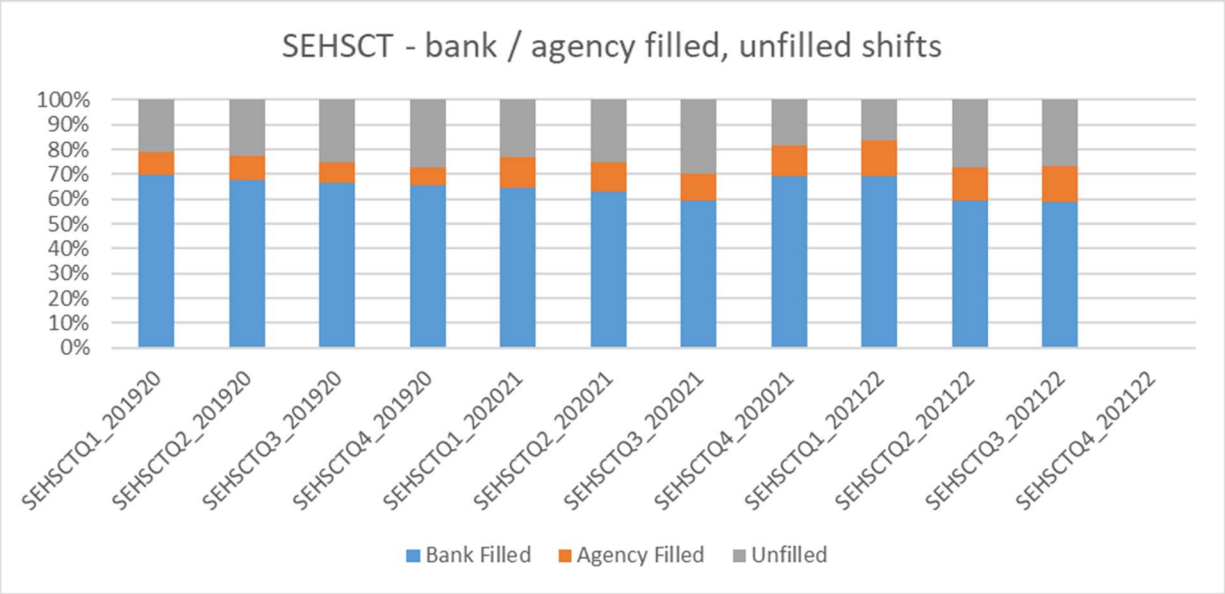
The proportion of unfilled shifts has generally been highest in SEHSCT. Most Trusts have seen a marked increase in unfilled shifts in the second and third quarter of 21/22.

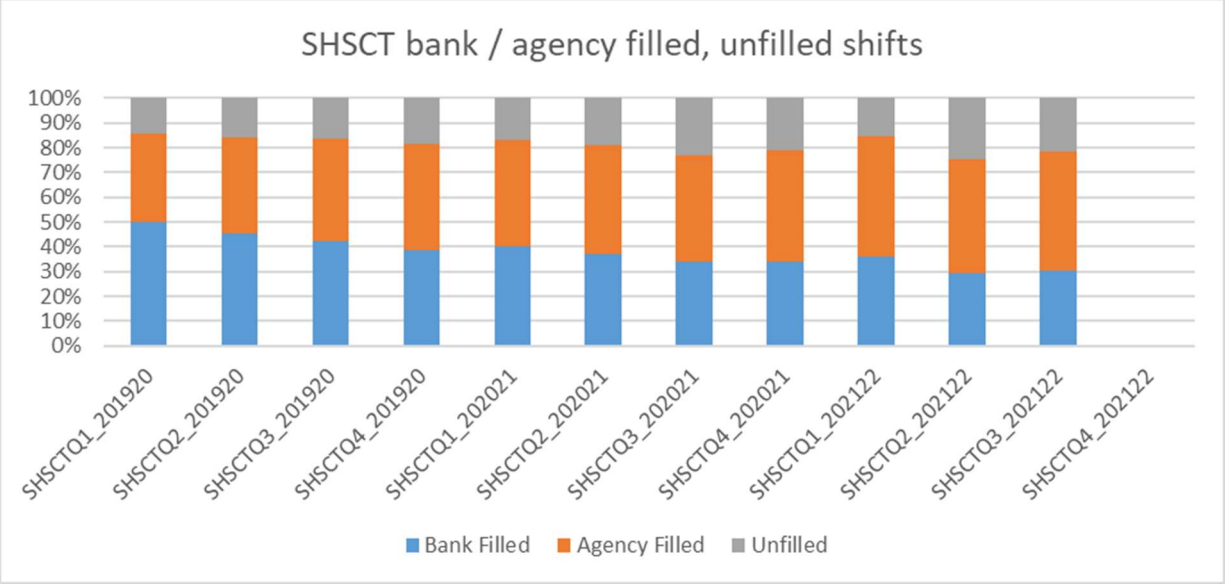


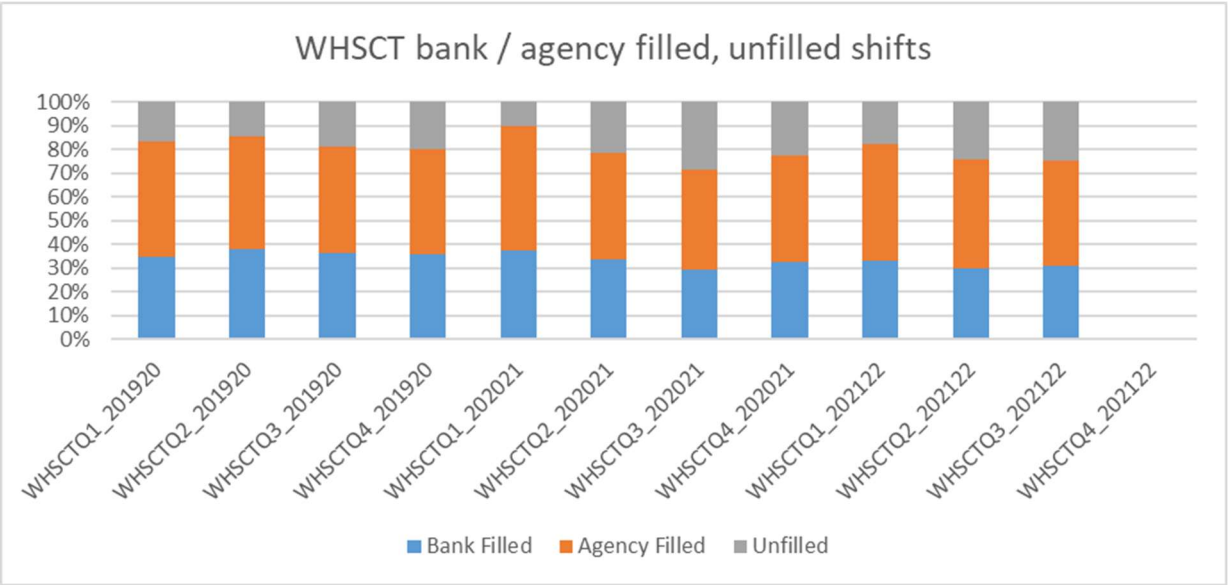
Individual Trust Quarterly trends




NHSCT - bank / agency filled, unfilled shifts
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
NHSCTQ1_201920
NHSCTQ2_201920
NHSCTQ3_201920
NHSCTQ4_201920
NHSCTQ1_202021
NHSCTQ2_202021
NHSCTQ3_202021
NHSCTQ4_202021
NHSCTQ1_202122
NHSCTQ2_202122
NHSCTQ3_202122
NHSCTQ4_202122
Bank Filled
Agency Filled
Unfilled


SEHSCT - bank / agency filled, unfilled shifts
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
SEHSCTQ1_201920
SEHSCTQ2_201920
SEHSCTQ3_201920
SEHSCTQ4_201920
SEHSCTQ1_202021
SEHSCTQ2_202021
SEHSCTQ3_202021
SEHSCTQ4_202021
SEHSCTQ1_202122
SEHSCTQ2_202122
SEHSCTQ3_202122
SEHSCTQ4_202122
Bank Filled
Agency Filled
Unfilled


SHSCT bank / agency filled, unfilled shifts
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
SHSCTQ1_201920
SHSCTQ2_201920
SHSCTQ3_201920
SHSCTQ4_201920
SHSCTQ1_202021
SHSCTQ2_202021
SHSCTQ3_202021
SHSCTQ4_202021
SHSCTQ1_202122
SHSCTQ2_202122
SHSCTQ3_202122
SHSCTQ4_202122
Bank Filled
Agency Filled
Unfilled


WHSCT bank / agency filled, unfilled shifts
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
WHSCTQ1_201920
WHSCTQ2_201920
WHSCTQ3_201920
WHSCTQ4_201920
WHSCTQ1_202021
WHSCTQ2_202021
WHSCTQ3_202021
WHSCTQ4_202021
WHSCTQ1_202122
WHSCTQ2_202122
WHSCTQ3_202122
WHSCTQ4_202122
Bank Filled
Agency Filled
Unfilled

Annex A

Staff Group	Number of vacancies actively being recruited to at											
	31-Mar-19	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20	31-Dec-20	31-Mar-21	30-Jun-21	30-Sep-21	31-Dec-21
Admin & Clerical	6.8%	6.6%	7.0%	6.5%	6.6%	5.5%	5.2%	5.2%	5.4%	7.7%	6.9%	6.7%
Estates Services Staff	7.7%	9.2%	10.1%	8.2%	6.1%	5.0%	3.7%	4.1%	2.9%	6.7%	4.5%	7.6%
Support Services/User Experience	8.7%	7.4%	6.4%	4.8%	8.7%	4.3%	3.0%	3.2%	4.3%	4.5%	3.8%	4.0%
Registered Nursing & Midwifery	11.5%	13.1%	12.1%	11.1%	10.7%	9.1%	7.4%	9.4%	9.7%	11.4%	9.1%	10.4%
Nursing & Midwifery Support	8.0%	8.3%	9.4%	9.8%	6.4%	4.0%	5.2%	7.8%	6.4%	8.4%	8.9%	8.9%
Social Workers	11.0%	9.1%	8.1%	7.9%	8.8%	7.7%	7.0%	7.5%	7.3%	8.5%	8.0%	8.4%
Social Care staff	9.3%	9.1%	10.8%	8.5%	7.8%	5.9%	5.1%	6.7%	7.0%	9.9%	10.4%	12.2%
Professional & Technical Staff	10.2%	10.9%	9.4%	8.4%	8.0%	7.4%	7.7%	8.6%	8.5%	10.4%	9.1%	9.9%
Medical & Dental staff	4.8%	5.9%	4.3%	3.6%	3.9%	4.6%	3.6%	3.3%	4.0%	4.8%	3.7%	3.6%
Ambulance staff	4.8%	8.0%	9.4%	5.9%	9.9%	2.4%	4.0%	1.9%	1.7%	2.2%	3.5%	1.7%
Total	**9.1%**	**9.5%**	**9.1%**	**8.2%**	**8.2%**	**6.5%**	**5.9%**	**6.9%**	**7.0%**	**8.8%**	**7.8%**	**8.5%**

Registered nurse vacancies actively being recruited to at quarter ending	Belfast	Northern	South Eastern	Southern	Western	NIAS/ Regional Organisations	Total
Mar-19	888	325	385	330	211	22	2,161
Jun-19	1,016	401	429	367	219	50	2,482
Sep-19	942	332	442	318	220	15	2,269
Dec-19	906	300	381	317	202	8	2,114
Mar-20	885	248	356	300	253	2	2,044
Jun-20	621	256	298	249	233	59	1,716
Sep-20	477	226	247	215	211	3	1,379
Dec-20	726	237	319	290	233	6	1,811
Mar-21	626	296	301	323	301	6	1,853
Jun-21	719	347	359	452	336	14	2,227
Sep-21	537	288	290	355	263	14	1,747
Dec-21	554	419	294	406	346	15	2,034

Registered midwife vacancies actively being recruited to at quarter ending	Belfast	Northern	South Eastern	Southern	Western	NIAS/ Regional Organisations	Total
Mar-19	52	17	16	19	7	0	111
Jun-19	45	18	23	23	9	0	118
Sep-19	31	15	29	30	10	7	122
Dec-19	28	4	23	30	8	0	93
Mar-20	26	9	15	37	9	0	96
Jun-20	9	8	19	27	7	0	70
Sep-20	7	16	15	12	8	0	58
Dec-20	13	15	19	18	6	0	71
Mar-21	7	36	30	42	15	1	131
Jun-21	7	37	28	47	19	0	138
Sep-21	10	22	30	29	9	0	100
Dec-21	11	25	31	30	21	2	120