



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

**DEPARTMENT OF HEALTH
NORTHERN IRELAND WRITTEN EVIDENCE TO NHS PAY
REVIEW BODY 2023/24**

1. General Economic Context – The Northern Ireland context updated December 2022

1.1 Economic Overview

As a small open economy, Northern Ireland (NI) is particularly vulnerable to national and international conditions outside of its control. The NI economy is in the midst of the worst cost of living crisis seen in decades, alongside recovering and rebuilding from the severity of the Covid-19 pandemic.

The cost-of-living crisis is having a profound impact on households and families, who are facing significantly higher day to day costs on essential items such as food and energy; where CPI inflation stood at 10.7%¹ in November 2022. Although the CPI rate eased from 11.1% in October 2022, the recent rates are the highest observed for over 40 years. The Bank of England expects inflation to remain elevated at over 10% in the near term². At the same time however, average wage growth (which increased by 7.5% over the year to November 2022³) has struggled to keep pace with the sharp rises in inflation, meaning discretionary income is being eroded for many. The ASDA income tracker for example shows discretionary income contracted by 28.7%⁴ in NI over the year to Q3 2022, the largest annual contraction for any region of the UK.

Looking forward, local forecasters are uncertain as to how the cost-of-living crisis is likely to unfold over the coming months, and consumer confidence is falling sharply⁵. Business confidence has also continued to fall, with predictions of further declines in activity over the year ahead⁶. In what is also a very constrained fiscal environment, there are certainly challenging times ahead for the NI economy.

1.2 Labour Market⁷

Although the suite of labour market indicators showed resilience in the aftermath of the COVID-19 pandemic, it is not yet known what the full impact of the cost-of-living crisis will be on the local labour market. Online job listings, as reported by the Department for the Economy, decreased by 28% from October to November 2022 to 12,800⁸; while annual confirmed redundancies of 850 (December 2021 to November 2022) were 72.3% less than in the previous 12 months.

According to the latest Ulster Bank PMI⁹, employment continued to increase in November, the 21st consecutive month of growth. At the same time, businesses continue to report ongoing difficulties sourcing suitable staff within the context of a very tight labour market.

¹ ONS - Consumer price inflation, UK: December 2022 (November data)

² Bank of England – Monetary Policy Report - November 2022

³ NISRA NI Labour Market Report – December 2022 – HMRC PAYE statistics

⁴ ASDA Income Tracker – October 2022 Report

⁵ Danske Bank – Consumer Confidence Index – Q3 2022

⁶ Ulster Bank PMI Report – December 2022 (November data)

⁸ Department for the Economy- Online Job Posting Trends - November 2022

⁹ Ulster Bank PMI Report – December 2022 (November data)

In addition, the number of people on the claimant count in November 2022 was 36,200 people or 3.8% of the workforce – an increase of 1.2% (or 400 claimants) over the month. Whilst for the period August-October 2022, the unemployment rate in NI decreased over the quarter by 0.2 percentage points (pps) and 1.2pps over the year to 2.4%¹⁰.

Looking at the employment rate for NI for the same period, it increased by 1.7pps over the quarter and 2.9pps over the year¹¹ to 71.3% - the second-lowest of the twelve UK regions and 4.3pps lower than the UK average (75.6%).

NI also continues to have the highest level of economic inactivity in the UK at 26.7 % - 5.2pps higher than the UK average (21.5%). Transitioning people from inactivity to actively participate in the labour market has been a long-standing challenge for NI.

1.3 Public Expenditure

The Spending Review outcome for 2022-25 was published and the Executive had issued a draft Budget for consultation however given the COVID-19 position and the significant pressures facing the Resource Budget, a number of Departments indicated significant resource constraints that potentially may put at risk even “business as usual” activities. Following the resignation of the First Minister there was no Executive to take further decisions on the 2022-25 budget and this created additional uncertainty around both the 2022-23 budget and future years’ budgets. The 2022-23 Budget was set via Written Ministerial Statement by the Secretary of State for Northern Ireland on 24 November 2022. The 2022-23 Budget provided a Resource outcome that required a £332 million call on the HMT reserve for 2022-23. This will require to be repaid from the 2023-34 NI spending envelope.

The outcome of these changes means that the amount available for Resource DEL allocations for 2023-24 will be some £529.5 million less than the NI DEL used for the 2022-23 Budget announcement. The Resource DEL budget outcome for 2023-24 will require departmental budgetary reductions even before taking account of inflationary pressures.

The high proportion of Government expenditure accounted for by pay means that trends in public sector pay costs have significant implications for the availability of resources to support staff and deliver public services in Northern Ireland.

1.4 The Public Sector Workforce

The public sector in NI employs 221,590 people¹² or 27.6% of all employee jobs in NI, a significantly higher share compared to 17.6%¹³ for the UK as a whole – however, such comparisons should be treated with caution given the different structure and coverage of the public sector workforces. The NI figures show an increase of 2.5% (or

¹⁰ Unemployment Rate: Quarterly change not statistically significant. Annual change was statistically significant.

¹¹ Employment Rate: Quarterly change was statistically significant. Annual change not statistically significant.

¹² NISRA Northern Ireland Quarterly Employment Survey – Published December 2022 (September 2022 Data)

¹³ ONS Public sector employment, UK, December 2022 (September 2022 Data)

5,380 jobs) over the year (September 2021- September 2022), although this is 2.9% (6,580 jobs) fewer NI public sector jobs than the series peak in September 2009.

1.5 Public Sector Pay

Public sector pay in Northern Ireland accounts for a significant share of the Departmental Expenditure Limit (DEL) budget. Department of Finance (DoF) estimates for the 2021-22 financial year indicate that pay costs accounted for approximately 54.2% of departmental non-ring-fenced Resource DEL.

The NI median gross full-time public sector employee earnings for April 2022¹⁴ was £708 per week and was higher than the UK overall median at £695. Similarly public sector employee earnings were 30% higher than the median gross full-time private sector earnings (£544) – representing the smallest gap in the last 20 years. That said, private sector weekly earnings increased by 7.3% over the year, whilst public sector weekly earnings increased by 3.1% - with earnings falling in real terms (adjusted to take account of inflation) across all FT employees by 4.5% in NI. The data show earnings for public sector workers have not increased in real terms over the last decade. Headline comparisons of median earnings however can, to varying extents, reflect differing workforce structures and activities between the sectors (see below).

Prior to the COVID-19 pandemic, the UUEPC was commissioned (in November 2019) by the Department of Finance (DoF) to analyse recent trends in public and private sector wages in Northern Ireland. The report was published on 24th March 2020 (https://www.ulster.ac.uk/_data/assets/pdf_file/0003/542586/UUEPC-Public-and-private-sector-pay-270220-FINAL.pdf). The findings from this paper indicated that NI public sector wages were on par with other UK regions, apart from London. In contrast, NI private sector wages were the lowest in the UK. The paper also noted analysis undertaken by the Institute for Fiscal Studies (IFS) which found that headline public sector pay then remained significantly higher than private sector pay, but this differential was significantly reduced when controlled for workers characteristics such as working time, occupational structure, qualifications, and demographic factors. When taking these characteristics into account, the premium on NI public sector pay (on an hourly basis) fell from a headline differential of approximately 30% to 10% for 2016-18.

1.6 Northern Ireland Executive Pay Policy for 2022/23

The draft budget for consultation, issued in December 2021, proposed a 3-year Public Sector Pay Policy for 2022/23 onwards.

In the context of a constrained budget position, the proposed Public Sector Pay Policy for 2022-23 to 2024-25 was to be a flexible one. A flexible 3-year policy would have enabled longer-term pay awards to be negotiated, which ideally, could be used to advance reform and efficiency initiatives.

¹⁴ Source: NISRA Annual Survey of Hours and Earnings – October 2022

Unfortunately, the collapse of the Executive meant no agreed Executive budget or pay policy guidance could issue.

On 24th November 2022 the Secretary of State for Northern Ireland issued a Written Ministerial Statement on the Budget. This set the context for pay, ‘this budget recognises the cost-of-living challenges that our frontline workers are facing by increasing public sector pay and ensuring the Living Wage threshold is met. I appreciate that these pay awards will not go as far as many workers would wish. Until there is the right level of income to NI Departments, this position on public sector pay is the most that can be afforded within the budget available and without cutting into important front line services.’

Following this FD 08/22 ([FD \(DoF\) 08/22 - Pay remit approval process and guidance 2022/23 \(finance-ni.gov.uk\)](#)) was issued on 8th December 2022. This noted that the approach for 2022/23 is ‘that awards must be affordable in the context of each Department’s Budget settlement for this year as set out in the Secretary of State for Northern Ireland’s (SoSNI) 24th November 2022 Written Ministerial Statement (WMS) on the Budget, so that public sector employment and essential public services can be sustainably funded going forward. In addition, employers should also be mindful of legal entitlements of individual staff groups; have cognisance of national pay arrangements where appropriate; and the established principles in previous years’ pay guidance in relation to fairness and giving due regard and consideration as to how awards can be targeted to address low pay and the payment of the Living Wage as calculated annually by the Resolution Foundation and overseen by the Living Wage Commission.’

This also notes that, ‘any Pay Remit submitted to DoF for consideration must be accompanied by an assurance and confirmation from the departmental Permanent Secretary that as Accounting Officer for the Department, they are content that the pay award proposed in the remit is affordable within their Department’s budget.’

2. Policy Context

2.1 Update on longer-term direction of travel and aspiration for health services

NI has some of the longest waiting times of all the regions in the UK. In response, the Elective Care Framework (ECF) was originally published in June 2021. The Framework was developed as a strategic tool to tackle the backlog of patients waiting for assessment and treatment across Northern Ireland.

The Framework sets out a detailed plan for addressing hospital waiting lists. It covers 55 actions to reduce our waiting lists and to increase capacity across the elective care system.

The improved outcomes described in the Elective Care Framework will only be achieved with significant sustained investment to address the central issue of demand outstripping the current capacity of our system. Capacity in this context is a byword for expanding and upskilling our workforce and implementing new and flexible ways of working.

The Framework sets two five-year targets, together with an underlying ambition to increase productivity and to improve performance

Subject to a commitment from the NI Executive that the necessary backlog funding will be made available, the Department's clear aim is that, by March 2026, no-one should wait more than 52 weeks for a first outpatient appointment and inpatient/day case treatment; or, 26 weeks for a diagnostics appointment.

Subject to a commitment from the NI Executive that the necessary capacity funding will be made available, the Department's clear aim is that, by March 2026, we will have eradicated the gap between demand and capacity for elective care.

An essential prerequisite for expanding capacity and delivering the Actions of the Framework is the availability of a skilled and well-equipped workforce. Workforce reform addresses not only the numbers of available staff but all targeting skills mix and making the most effective use of available resources.

In consequence, there are 14 separate Actions contained within the ECF directed at workforce improvements. These include measures to: stabilise and expand workforce in particular areas; ensure development of robust workforce plans; continuation of international recruitment plan; development of training facilities; enhancing roles in some specialties; more effective use of staff across different specialities; and enhancement and development of core roles to maximise the benefit of nursing to perioperative care and treatment. Progress on these actions is variable. Progress has been hampered, not only by the continuing pressures on the service, but by current uncertainty around funding.

Without an effective, well equipped, fully trained and fit for purpose workforce it is not possible to deliver the Framework. This is not just about numbers, it is about different ways of working to get the best service for patients from all available resources and having the right staff with the right skills mix, to do that.

Progress continues to be made across a range of services in a short period of time. There have been some very significant developments here, including: the establishment of megaclinics; regional planning of services; expansion of elective care centres; better use of existing resources; cross border reimbursement scheme and greater flexibility in engagement with the independent sector.

Each of these measures has the potential to reduce the number of people on HSC waiting lists and improve how services are delivered through better ways of working. It is only through a continuous and parallel focus on ensuring effective implementation of all these arrangements alongside driving efficiency and productivity that improvement will be made.

It is also clear that the ongoing pressures facing the system currently, including uncertainty around budget allocations, has the potential to further delay progress

across many of these actions. In the absence of an Executive and an agreed budget, we strive to deliver high quality Health and Social Care services for the public with the resources we have available.

2.2 Workforce Strategy

The Department of Health published the comprehensive Health and Social Care Workforce Strategy 2026: Delivering for our People in May 2018, with an aim 'by 2026, we meet our workforce needs and the needs of our workforce'.

The Strategy, which covers the period 2018 to 2026 was developed by the Department's Workforce Policy Directorate through detailed engagement with health and social care colleagues across the HSC and independent, voluntary and community sector healthcare providers and trade unions.

The Strategy's Second action plan was published on 15th June 2022 and identifies an ambitious range of strategic actions for progression over the next three years (2022/23 to 2024/25). Lead organisations have been assigned to each action to facilitate implementation. Workforce Policy Directorate are in the latter stages of engagement with each of these lead organisations to establish the implementation structures for delivery.

2.3 Workforce Planning

Effective workforce planning is essential to ensuring health and social care services in Northern Ireland are sustainable and delivered to an appropriate safe standard. It is recognised as a key theme within the *Health and Social Care Workforce Strategy 2026: Delivering for Our People* and its subsequent *Second Action Plan (2022-23 to 2024-25)*. The aim is to develop and, by 2026, sustainably fund an optimum workforce model for the reconfigured health and social care services. It is envisaged this model will be informed by the rolling programme of regional strategic workforce reviews coordinated by the Department's Workforce Policy Directorate. All workforce planning follows the principles of the *Regional HSC Workforce Planning Framework*.

Operational workforce planning is a responsibility of employers; either HSC organisations or independent, voluntary, community or private sector organisations from whom services are commissioned. This includes service delivery and safe staffing levels, operational vacancy management and recruitment, skill mix/band mix changes, career progression pathways and workforce design to support new models of care within organisations.

Long-term, regional workforce planning is led by the Department of Health. It is strategic, including all of the HSC and the independent, voluntary, community and private sectors. The aim is to secure workforce supply across the entire HSC over a 5-10 year horizon. It is aligned to, and an enabler of, the Transformation agenda. While concentrating on workforce supply, it also considers opportunities for

workforce development. Crucially, they provide a sound evidence base for the commissioning of pre- and post-registration training by the Department.

Historically, the focus has been on those areas where the Department invests in workforce development by commissioning pre-registration education and post-registration training. However uni-professional and single specialty workforce reviews are increasing giving way to those which increasingly take into consideration all the healthcare professional groups contributing to delivering respective programmes of care, e.g. learning disability, mental health, diabetes, and cancer.

While such analysis is key to identifying the composition of the optimum workforce model, actual delivery is dependent upon provision of the finance necessary to develop and supply the workforce. Current levels of funding are wholly inadequate and the one year funding Departmental funding cycle seriously constrains assessment of affordability and frustrates the long term investment in pre- and post-registration education and training required to deliver an optimum workforce. Restoration of the Northern Ireland Executive is also essential, to allow the necessary strategic issues to be considered and decisions taken.

2.4 Workforce Data

For overall vacancy statistics, including shortages and turnover for HSC please see **Annex A**

2.5. Impact of Vacancies in Trusts

2.5.1 Southern Trust

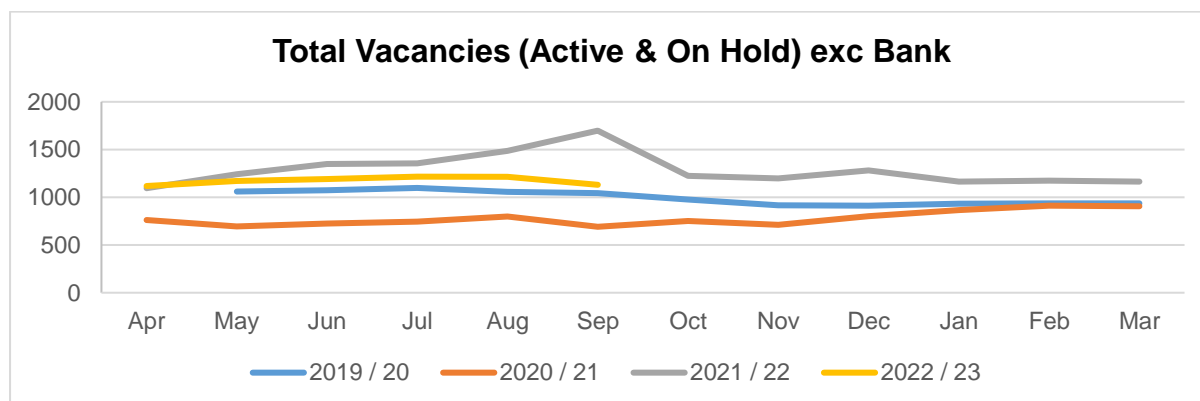
Shortages

The Trust faces significant staff shortages across all professions. The Trust has significant shortages in Domiciliary care, Nursing and Social Work roles. Gaps are filled using fixed term employees, bank and agency workers however this impacts on workforce stabilisation across services. The use of agency workers, particularly off-contract, is much more expensive than substantively employed staff.

Total Vacancies (Active and On Hold) exc Bank

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
2019 / 20		1059	1073	1098	1056	1044	975	915	912	933	937	937	994

2020 / 21	761	695	726	745	800	691	750	712	803	867	912	907	781
2021 / 22	1095	1240	1349	1354	1486	1698	1226	1197	1281	1163	1174	1163	1286
2022 / 23	1118	1171	1190	1216	1213	1130							1173



***** on hold vacancies - primarily due to no supply of candidates in the labour market**

Bank and Agency cover

As a result of recruitment difficulties and ongoing service needs, the demands on the Trust's Nurse Bank to provide flexible cover in the form of Bank or Agency Workers, has continued to month-on-month. Flexible cover is provided via a combination of ad hoc shift requests or by longer term 'block bookings' to cover gaps.

Comparison of data as at September over the last 4 years

	Sep-19	Sep-20	Sep-21	Sep-22
Hours Requested (ad hoc)	89,647	108,956	129,757	149,058
Approx WTE Requested Per Week	550.82	669.47	797.28	915.87
Bank Fill Rate	55.40%	43.42%	35.77%	43.86%
Agency Fill Rate	40.42%	37.21%	39.00%	40.61%
Overall Fill Rate	95.82%	80.63%	74.77%	84.47%
Bank Block Bookings	117.10	79.66	163.27	94.73

Agency Block Bookings	91.39	148.68	173.20	131.01
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Turnover

The Trust's turnover rate has increased yearly for all staff.

		Baseline 2021/22	Apr- 22	May- 22	Jun- 22	Jul- 22	Aug- 22	Sep- 22
Trust Level	Permanent	8.9%	9.1%	9.3%	9.3%	9.4%	9.4%	9.3%
	Temporary	44.2%	43.8%	45.1%	44.6%	45.0%	41.0%	40.8%
	Bank	10.6%	10.4%	10.1%	8.5%	8.2%	7.7%	11.0%
	Overall	11.5%	11.5%	11.6%	11.1%	11.2%	10.8%	11.8%

Increased turnover can have immediate and lasting consequences: loss of valuable knowledge and experience, increase cost in recruitment, decrease in productivity, and loss of morale for those remaining.

2.5.2 Northern Trust

Shortages

The Trust faces significant staff shortages across all professions. As detailed in Table 1 below, the Trust has a permanent vacancy rate of 16 per cent, with severe shortages in Clinical Psychology and Domiciliary/ Homecare. Whilst services are bolstered by fixed term employees, bank and agency workers, this does not provide the same level of stability. Moreover, the use of agency, particularly off-contract, is inevitably more expensive than substantively employed staff.

Profession	Recurrent & unfunded ¹⁵ (WTE)	Perm staff in post (WTE)	Total perm vacancies (WTE)	Perm vacancy rate
Admin & Clerical	1,757.77	1,510.22	247.55	14%
Allied Health Professional	889.01	804.55	84.46	10%
Clinical Psychology	126.19	76.63	49.56	39%
Domiciliary/ Homecare	872.51	560.95	311.56	36%
Estates Services	176.54	144.34	32.20	18%
Nursing & Midwifery	3,647.99	3,221.19	426.80	12%
Professional & Technical	664.28	582.09	82.19	12%

¹⁵ Excluded from unfunded posts are: complex needs, peripatetic posts, risk, supernumerary/ displaced

Social Care	1,899.23	1,604.75	294.48	16%
Support Services	952.33	769.33	183.00	19%
Total	10,985.85	9,274.05	1,711.80	16%

Table 1: Permanent vacancies as at August 2022

Turnover

Over the past three years, the Trust's turnover rate has increased yearly for permanent staff, rising from a median of 6.06 per cent in 2020/21 to 8.69 per cent in 2022/23 (Figure 1). Midwifery turnover in the period 01 April 2022 – 30 September 2022 is below the Trust median, at 5.20 per cent.

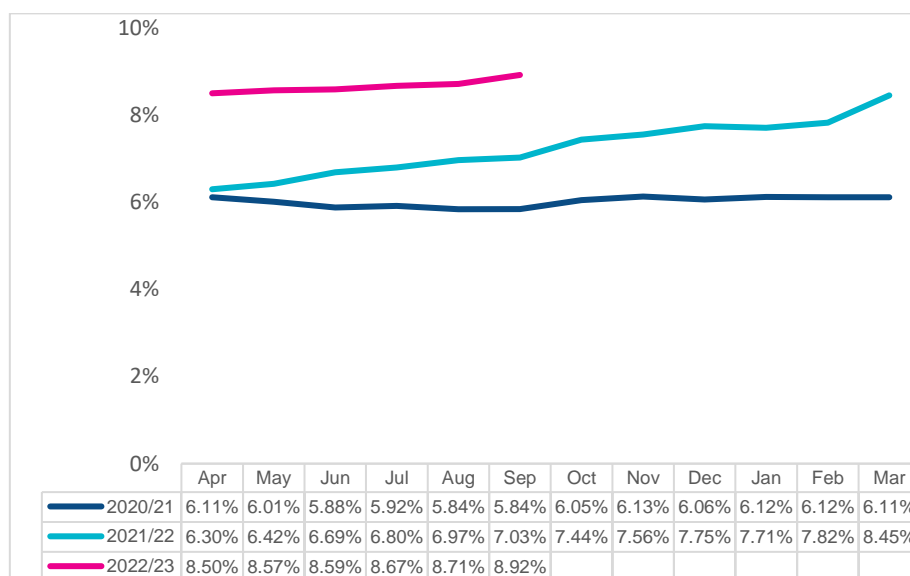


Figure 1: Turnover figures for permanent employees over the last 3 years

Increased turnover can have immediate and lasting consequences: loss of valuable knowledge and experience, increase cost in recruitment, decrease in productivity, and loss of morale for those remaining.

Unfortunately, it is difficult to provide an in-depth analysis on the reasons for staff leaving as the HR, Payroll and Travel & Subsistence System (HRPTS) has a limited list of predefined options and the Trust does not collect leaver survey information. However, the Trust can report on the top five reasons for leaving actions in 2022 are as follows:

Rank	Reason	% total leavers
1	Resignation	42
2	Bank/ locum cleanse; cessation agency system access	30
3	Retirement	17
4	End of fixed term contract	4
5	Transfer to other HSC organisation	2

Table 2: Top five reasons for leaver action in 2022

As illustrated in Figure 2 below, there has been a 26 per cent increase in retirements since 2019, creating both opportunities and challenges for the organisation. Whilst providing potential pathways for development and promotion for those remaining in work, a surge in retirements inevitably results in a loss of skills, experience and institutional knowledge.

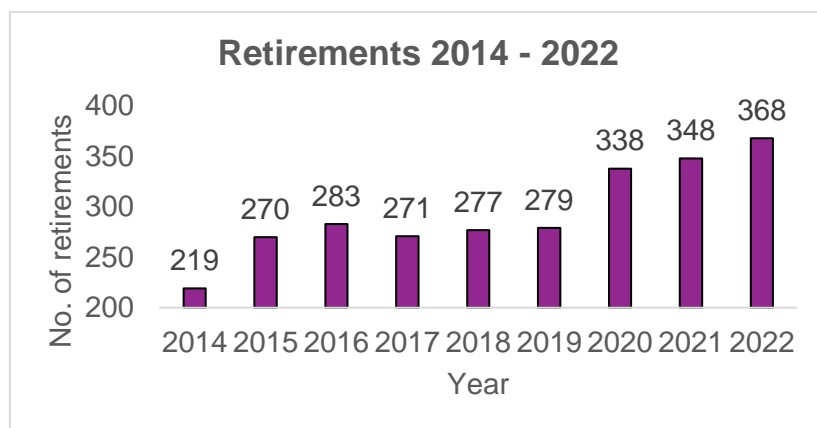


Figure 2: Number of retirements from 2014 - 2022

Effective workforce planning requires timely, up-to-date and reliable data; current HSCNI information systems does not facilitate this.

2.5.3 South Eastern Trust

Impact of vacancies

The Trust continues to operate in a labour market where across a number there is an insufficient supply both locally and nationally of staff across a number of staffing groups. This limits the Trusts ability to deliver to its Service Users and this has situation poses a risk to the Trust that has been noted on the Trust’s Corporate Risk Register.

Number of Vacancies

The table below describes the number of AFC posts being actively recruited to by the Trust as at the end of September 2022.

Staff Group	Number of vacancies actively being recruited to at 30 September 2022			
	Bands 1-4	Bands 5-7	Bands 8 & above	Total Post Count
Generic		6	1	7

Admin & Clerical	167	30	8	205
Estates Services Staff	4	7		11
Support Services/User Experience	134	1		135
Health Visitors		13		13
District Nurses		1	4	5
Paediatric Nurses		6		6
Mental Health Nurses		53		53
Learning Disability Nurses		2	1	3
All Other Registered Nurses		305	4	309
Registered Midwives		23		23
Nurse Support	85			85
Midwifery Support				
Social Workers	11	96	3	110
Social Care Workers	40	18		58
Domiciliary Care Workers	44	1		45
Other Social Services staff	105	40		145
Physiotherapists		34	6	40
Occupational Therapists		22	1	23
Speech & Language Therapists		9	2	11
Podiatrists		2	1	3
Dietitians		3		3
Orthoptists				
Radiographers		17		17
Pharmacists		14	6	20
Clinical Psychologist		3	11	14
Scientist / Scientist Support / Medical Technical Officer / Assistant Technical Officer	2	3		5
Other Professional & Technical staff	22	11	2	35
Total	614	729	50	1377

Turnover and shortages

The table below shows the staff turnover across AFC Staffing groups at 30 September 2022. The Trust turnover rate for the period is 6.15%.

Leavers by Personnel Area - 1 April to 30 September 2022
(Excludes Medical & Dental & Bank)

Personnel Area	No of Leavers who held PERMANENT contract	% of PERMANENT staff leaving	No of leavers who held TEMPORARY contract	% of TEMPORARY staff Leaving	TOTAL Leavers within Personnel Area	TOTAL % staff leaving within Personnel Area
Admin & Clerical	75	4.51%	42	24.63%	117	6.38%
Estates	6	6.32%	2	100.00%	8	8.29%
Support Serv /User Exp.	55	4.83%	25	34.72%	80	6.61%
Nursing & Midwifery	200	5.08%	24	23.30%	224	5.54%
Social Services	117	5.19%	39	27.96%	156	6.52%
Professional & Tech.	82	5.46%	18	30.51%	100	6.41%
TRUST TOTAL	535	5.05%	150	27.50%	685	6.15%

The table above includes 47 out of 150 temporary staff who left the Trust due to 'End of Fixed Term Contract'. Out of the 535 permanent leavers, 2 of these were death in service, 144 were retirements and 33 were ill health retirements or terminations.

2.5.4 Western Trust

Impact of Vacancies

As at 30 September 2022, the Western Trust reported 1,380 vacancies in AfC roles, an increase of 28% from the previous year. 43% were Nursing and Midwifery, with 15% in the Social Care job group, which includes Domiciliary Care, as detailed in the table below. These vacancies are only those which are currently being recruited to.

STAFF GROUP	NUMBER OF VACANCIES ACTIVELY BEING RECRUITED TO AT 30 SEPTEMBER 2022			
	Bands 1-4	Bands 5-7	Bands 8 & above	Total Post Count
Generic		9	1	10
Admin & Clerical	208	39	9	256
Estates Services Staff	8	6	1	15
Support Services/User Experience	56	1		57
Health Visitors		12		12
District Nurses		4		4
Paediatric Nurses		38	2	40
Mental Health Nurses		37	2	39
Learning Disability Nurses		4		4
All Other Registered Nurses		359	6	365
Registered Midwives		6		6
Nurse Support	126			126
Midwifery Support	1			1

Social Workers		90	8	98
Social Care Workers	47	15		62
Domiciliary Care Workers	51			51
Other Social Services staff	68	14		82
Physiotherapists		22		22
Occupational Therapists		13		13
Speech & Language Therapists		3	1	4
Podiatrists		1		1
Dietitians		6		6
Orthoptists				
Radiographers		12		12
Pharmacists		14	5	19
Clinical Psychologist		4	14	18
Scientist / Scientist Support / Medical Technical Officer / Assistant Technical Officer	7	4	1	12
Other Professional & Technical staff	32	12	1	45
TOTAL	604	725	51	1,380

Workforce shortages results in an inability to recruit staff to some specialities and positions. Hard-to-fill posts include areas such as:

- **Nursing**
ED; Acute Medical; Care of the Elderly; Mental Health, Learning Disability; Neonatal, Midwives and Theatres
- **Professional & Technical**
Orthoptics; Podiatry; Plumbers; Electricians; Healthcare Scientists; Laboratory staff.
- **Social Care**
Social workers, social care workers, domiciliary care workers

Turnover and Shortages

Turnover has increased significantly from just over 5% in 2020/2021 to 8.58% in 2021/2022.

We understand anecdotally that a number of staff delayed retirement during the preceding years (2020/2021 and 2021/22) to support the pandemic response and this may be contributing to the higher turnover figures for this year. In nursing, such as ED and Acute Medicine, it is difficult to retain staff, and the impact of the Covid 19 pandemic may have further influenced their decision to retire.

In nursing the ability to earn substantially more and to have greater control and flexibility in the hours worked by doing agency work, means turnover can be much higher.

The lack of availability of Home Care Workers and inability to recruit Social Workers and Community staff, across the Trusts geographical area continues to be a challenge. The attractiveness of these roles is hindered by the change in mileage allowance after 3,500 miles are travelled.

Reasons for Leaving:

ABSENCE REASON	NUMBER OF LEAVERS
Death in Service	12
Dismissal - Disciplinary Act.	11
Dismissal - Oth Subs. Reason	3
End of Fixed Term Cont./Event	223
Ill Health – Retirement	51
Ill Health – Termination	80
Resignation	1189
Retirement	402
Transfer To Other HSC Org.	34
Other	4

2.5.5 Belfast Trust

Impact of Vacancies

The Belfast Trust is continuing to experience significant shortages across all professional groupings including nursing, social work and social care, domiciliary care and others. This creates additional pressures and workloads both within acute and community settings, across wards and departments within the Trust. The Trust's first preference will always be to fill posts on a permanent basis as this brings consistency, continuity and stability to services. Notwithstanding this where permanent recruitment is not possible; posts are filled on a temporary basis with agency cover being provided in critical areas as a last resort. Timely recruitment is paramount in order to secure increased workforce capacity to deliver services to communities. There is ongoing work both internally to the Trust and regionally to enhance the performance of and bring improvements to the recruitment process.

Turnover

Personnel Area	No. of Leavers with Permanent Contract	Average No. of Permanent Staff between Oct 21 & Sep 22	Percentage of Permanent Staff Left	No. of Leavers with Temporary Contract	Average No. of Temporary Staff between Oct 21 & Sep 22	Percentage of temporary Staff Left	Grand Total of Leavers in Personnel Area	Average No. of Staff between Oct 21 & Sep 22	Total Percentage of Staff Leaving within Personnel Area
Admin Clerical &	247	3364.5	7.34	69	251.5	27.44	316	3616	8.74
Estates	16	239.5	6.68	17	18.5	91.89	33	258	12.79
Medical & Dental	54	947	5.70	322	349.5	92.13	376	1296.5	29.00
Nursing & Midwifery	773	7358	10.51	37	138.5	26.71	810	7496.5	10.81
Prof & Tech	351	3599	9.75	45	144.5	31.14	396	3743.5	10.58
Social Services	269	2622	10.26	77	122	63.11	346	2744	12.61
Support Services	121	2077	5.83	19	227	8.37	140	2304	6.08
Grand Total	1831	20207	9.06		1251.5	0.00	1831	21458.5	8.53

Shortages

There are significant staff shortages across all professional groups in the Trust. This is in part due to insufficient numbers of clinical staff being trained to meet increasing demands (all specialties including midwifery, health visitors and mental health nurses), social work and other health professions (e.g. laboratory staff).

In addition to these shortages there are also “hard to fill” posts in areas of the Trust (e.g. children’s community services, theatres, ICU etc.).

Belfast Trust continues to face challenges in recruiting and retaining staff to work at Muckamore Abbey Hospital. This resulted in the Department giving approval for the temporary re-introduction of a 15% enhanced payment in July 2022 until March 2023 which includes enhancements to overtime and bank shifts. This payment has created stabilisation to the service and continues to be monitored and kept under review.

Vacancies September 2021 – August 2022

The table below sets out the average vacancies from September 2020 to August 2021 compared to average vacancies from September 2021 to August 2022 based on recruitment requisitions raised. These are only the vacancies being actively recruited, not all vacancies.

	Average Sep 20 - Aug 21	Average Sep 21 - Aug 22	
Health Visitors	10	7	3▼
District Nurses	7	10	3▲
Paediatric Nurses	28	42	14▲
Mental Health /[&] Learning Disability Nurses	41	39	2▼
Learning Disability Nurses	10	16	7▲
All Other Registered Nurses	558	503	55▼
Registered Midwives	9	13	4▲
Nurse Support	160	128	32▼
Midwifery Support	1	0	1▼
Social Workers	96	105	9▲
Social Care Workers	58	77	18▲
Domiciliary Care Workers	32	42	11▲
Other Social Services staff	50	89	39▲

Vacancy Rates at 31 March 2022

The following table sets out vacancy rates by job group as at March 2022 when comparing funded staff levels to WTE staff in post.

	Admin & Clerical	Ancillary & General	AHPs	Chaplains	Clinical Psychology	Estates Monthly	Estates Weekly	Nursing	Social Services	Pharmacy	Professional & Technical	Sum
Gross Vacs	(537)	(263)	(200)	0	(61)	8	(28)	(1,331)	(357)	(36)	(83)	(3,183)
Vacancy %	(16%)	(14%)	(13%)	0%	(28%)	9%	(15%)	(17%)	(13%)	(8%)	(6%)	(14%)

2.6 Use of Bank and Agency Staff

2.6.1 Agency Costs

The key aim of expenditure on agency and bank staff has been to ensure that safe and effective services are sustained and maintained.

A key factor in tackling the issue of agency expenditure is transformation of HSC and the need for long term investment in our HSC workforce.

The Bengoa report made clear that rising locum and agency costs are due to the current configuration of services and that “changing the model of care” is the only solution.

The Department fully recognises the impact rising agency costs are having on the Health & Social Care budget and this is not sustainable, particularly at a time of serious financial pressures right across the public sector.

The Department is committed to sustained investment in growing the local nursing and midwifery workforce to meet ever increasing demands, for example, this year we have maintained pre-registration nursing and midwifery training places at the record high level, (1,335).

Transformation of health and social care in Northern Ireland is a key priority. The Department has undertaken significant work to try and alleviate the workforce pressures across HSC and it is examining all potential options, and the implications, as to how to address the issues of rising locum expenditure.

A Regional Group has been tasked with the aim of reducing agency spend across HSC and eliminating the use of ‘Off Contract’ agency. The Group is made up of Trust HR Directors, Business Service Organisation Procurement and Logistics Service, Trade Union Side and representatives from the Department of Health, NI.

This is an extremely complex and multi-faceted issue which can only be addressed through the implementation of a wide range of measures. A new procurement framework, setting new rates, is expected to be in place from January 2023.

Agency Cost Key Facts:

- Agency spend continues to rise year on year. For the 21/22 financial year HSC Trusts’ combined expenditure on agency and locum staff was £320.4m, up from £282.2m in 20/21, a rise of 13.5%;
- 5-year trend - Overall expenditure on Agency and Locum in 21/22 was £320.4m a rise of £164.3m or 105% on 17/18 (£156.1m);
- 10-year trend - Agency costs have increased substantially over the last 10 years, from £69.7m in 2013/14 to £320.4m in 2021/22

- In 21/22 Medical and Dental expenditure totalled £102.7m, a rise of £4m or 4% on 2020/21 (costs: £98.7m in 20/21) & represents 32% of the overall agency spend for 21/22;
- In 21/22 Nursing and Midwifery expenditure totalled £139.4m a rise of £29.1m or 26.5 % on 20/21 (£110.0 in 20/21);
- Nursing and midwifery expenditure accounts for 43.5% of the overall agency spend in 21/22;
- Of the total Nursing and Midwifery figure, 72.5% (£101m) was off-contract spend;
- Total Bank spend for 21/22 was £125.7m ; and
- Nursing and Midwifery Bank Spend totalled £83.8 in 21/22

Agency Spend, 2021/22 Q1 -Q4

		Belfast HSC Trust	Northern HSC Trust	Northern Ireland Ambulance Service	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
Medical & Dental	Contract Only spend	17,563,092	8,256,209	0	12,841,218	14,704,098	15,708,560	69,073,177
	Off- Contract	7,507,953	12,519,579	0	2,315,188	4,357,273	6,902,061	33,602,053
	Total	25,071,045	20,775,788	0	15,156,406	19,061,371	22,610,620	102,675,230
Nursing & Midwifery	Contract Only spend	11,557,597	4,835,523	0	7,181,354	5,717,860	9,100,097	38,392,431
	Off- Contract	39,920,964	21,566,162	0	4,007,341	25,022,294	10,475,988	100,992,750
	Total	51,478,561	26,401,685	0	11,188,695	30,740,154	19,576,086	139,385,181
Prof & Tech	Contract Only spend	3,075,017	1,139,278	0	1,579,364	262,711	1,100,848	7,157,218
	Off- Contract	1,117,072	1,313,450	0	429,728	436,052	793,787	4,090,089
	Total	4,192,089	2,452,728	0	2,009,092	698,764	1,894,635	11,247,307
Admin & Clerical	Contract Only spend	9,402,775	5,221,078	1,695,138	5,015,194	1,159,469	1,278,717	23,772,370
	Off- Contract	34,399	319,490	167,929	30,523	0	175,238	727,579
	Total	9,437,174	5,540,568	1,863,066	5,045,717	1,159,469	1,453,954	24,499,949

		Belfast HSC Trust	Northern HSC Trust	Northern Ireland Ambulance Service	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
Support Services	Contract Only spend	3,813,960	4,959,440	2,392,179	1,956,994	5,362,105	2,319,909	20,804,587
	Off-Contract	600,807	133,765	53,727	118,299	116,657	3,149	1,026,404
	Total	4,414,767	5,093,205	2,445,906	2,075,293	5,478,761	2,323,059	21,830,991
Estates & Maintenance	Contract Only spend	0	170,595	36,009	13,578	0	0	220,182
	Off-Contract	0	149,024	0	0	0	0	149,024
	Total	0	319,619	36,009	13,578	0	0	369,206
Social Services	Contract Only spend	4,141,695	3,248,900	0	2,591,110	762,407	2,240,574	12,984,686
	Off-Contract	4,661,739	572,891	0	1,309,531	88,673	444,004	7,076,839
	Total	8,803,434	3,821,791	0	3,900,641	851,081	2,684,578	20,061,525
Ambulance	Contract Only spend	0	0	152,638	0	0	0	152,638
	Off-Contract	0	0	191,030	0	0	0	191,030
	Total	0	0	343,668	0	0	0	343,668
Prison Services	Contract Only spend	0	0	0	0	0	0	0

		Belfast HSC Trust	Northern HSC Trust	Northern Ireland Ambulance Service	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
	Off- Contract	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0
Other	Contract Only spend	0	0	0	0	0	0	0
	Off- Contract	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0
Total		103,397,070	64,405,384	4,688,649	39,389,422	57,989,599	50,542,932	320,413,056

Bank Staff 2021-22 Q1-Q4

	Belfast HSC Trust	Northern HSC Trust	Northern Ireland Ambulance Service	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Total
Medical & Dental	0	0	0	0	43,953	0	43,953
Nursing & Midwifery	21,815,631	16,009,601	0	20,926,580	15,426,485	9,653,646	83,831,943
Prof & Tech	1,614,492	997,560	0	1,384,039	480,441	566,467	5,042,999
Admin & Clerical	386,417	346,437	0	1,881,767	461,790	406,835	3,483,246
Support Services	244,301	1,286,124	0	2,722,412	777,034	3,500,623	8,530,494
Estates & Maintenance	0	12,495	0	0	0	0	12,495
Social Services	5,287,375	6,609,132	0	6,258,533	2,240,718	3,596,331	23,992,089
Ambulance	0	0	768,015	0	0	0	768,015
Prison Services	0	0	0	0	0	0	0
Other	0	0	0	0	0	3,517	3,517
Total	29,348,216	25,261,349	768,015	33,173,331	19,430,421	17,727,420	125,708,752

2.7 Impact of Local and National Recruitment Approaches

2.7.1 Southern Trust

Recruitment

Attracting and recruiting appropriately skilled employees remains a key priority for the Trust. The Trust's Recruitment Strategy 'Inspire, Attract, Recruit' was introduced in 2019, supported by an Action Plan. With the Covid-19 pandemic, the action plan has had delays.

The Trust face a number of recruitment challenges, including:

- Local and national shortages across a number of professions including nurses
- Increased turnover resulting in gaps and additional pressures on remaining staff
- Difficulties with the recruitment system, the service provide by the RSSC model.
- Need to increase flexible working for staff including many staff working part time
- Increased fuel costs for community based staff including domiciliary care workers – staff seeking to move from community to acute roles for the first time.
- Competing with many local private sector business paying similar wages with the flexibility to offer incentives.

Job/ Careers Fairs

Representatives across a range of professional groups have attended local job/ careers fairs during 2022. These events enable the Trust to showcase the various opportunities and career pathways that are on offer within health and social care.

The Trust were represented at the regional Skills NI job fair, encouraging students across NI to consider opportunities in health and social care.

Recently some of the Trusts AHPs, working with practice educators, have held open evenings for local school students to showcase the work of the profession and the opportunities available.

International recruitment

The Trust continues to employ International Nurses via the regional framework which was renewed in August 2021.

Since 2016, 227 International Nurses (of which 194 remain) have been recruited from the framework. Although the programme was temporarily stood down during the Covid-19 pandemic it recommenced in November 2021 and the Trust's aim was to bring in 12 nurses per month. This number was often not achieved due to supply via the pipeline.

In the Spring of 2022 the Trust completed a business case for a Secondary International Nurse recruitment Project as a measure to address the high number of Band 5 Adult nurse vacancies, planning to recruit 144 International Nurses by March 2023. However in September 2022 due to funding available via the regional framework it was agreed that requests for International Nurses continue to be managed through the regional framework. It is anticipated that the Trust will recruit 133 International Nurses by March 2023. Going into 2023 the Trust will continue to monitor Band 5 Adult Nurse vacancies and keep requests for International Nurses under constant review reflecting staffing gaps. In addition, discussions are commencing in November 2022 regarding recruitment of Mental Health Nurses as part of the regional framework.

To date, the Trust have not used the regional international recruitment framework for professions outside medicine or nursing.

Workforce Appeal

In March 2020 a Regional HSC Workforce appeal was launched with further campaigns during 2020 and 2021. In total the Trust had 41, 331 applicants and were able to appoint 2674 additional staff including 94 nurses and 1064 nursing assistant roles. Many staff from these campaigns joined the nurse bank.

	Campaign 1 ran from 25 th March 2020 to 24 th September 2020	Campaign 2 ran from 25 September 2020 to 23 March 2021	Campaign 3 is running since 24 March 2021	Total
Medical	0	11	3	14
Nursing	0	35	62	94
Nursing/Healthcare Support	48	326	697	1064
Allied Health & Healthcare Science	16	14	39	68
Pharmacy	0	10	2	12
Social Work and Social Care	16	26	79	120
Psychology	0	0	0	0
Clinical Contact Case Worker	0	0	0	0
Immunisation - Healthcare Professional	0	0	1	1

Students and Other Clinical	8	0	68	76
Urgent Social Care Responders (DOH)	0	0	3	3
Admin & Clerical	67	145	509	634
Support Services	75	113	297	446
Elective Admin	NA	NA	14	14
Elective Clinical	NA	NA	8	8
Total Appointed by SHSCT	230	684	1782	2674

2.7.2 Northern Trust

Recruitment

Attracting and recruiting appropriately skilled employees remains a key priority for the Trust. The Trust's Recruitment Strategy was introduced in 2021, supported by an Action Plan for 2021 – 2024.

The Trust face a number of recruitment challenges, including:



Local and national shortages across a number of professions including Nurses



Managers' experience of the recruitment and selection process is often poor and there is frustration due to the "clunky" computer system.



Low supply of candidates responding to recruitment advertisements across many staff groups



Candidate's experience of the recruitment and selection process is not always positive.



International recruitment programme has not delivered the anticipated numbers of recruits.



Our workforce wants a more flexible working pattern and if we don't provide this, another employer will.

Recruitment across a number of key professions remains high. As at 30 June 2022, the 1,015 vacancies were being actively recruited, including:

- 286 registered nurses (a 16 per cent increase on the same period the previous year);
- 78 support services roles;

- 111 admin and clerical posts;
- 78 nursing support jobs;
- 20 registered midwives (from 37 the preceding year); and
- 75 social workers roles.

Impact of local and national recruitment approaches

Universities in Northern Ireland continue to be overprescribed on a range of health and social care courses, including nursing, midwifery, social work and physiotherapy programmes. This signifies the sector remains attractive as a profession, however it is the attraction and retention of staff in the current competitive market remains challenging. It is essential that pay parity with mainland UK is retained to ensure that health and social care in Northern Ireland remains attractive to candidates.

International recruitment

International recruitment has been significantly interrupted by the Covid-19 pandemic. In the period September 2021 – September 2022, 23 international recruited nursing staff commenced. It is anticipated that the number of new recruits through this medium will increase three-fold in the 12 months ahead, with a minimum projection of 72 new starts by September 2023.

To date, the Trust have not used the regional international recruitment framework for professions outside medicine or nursing.

Job/ Careers Fairs

Representatives across a range of professional groups will attend eight job/ careers fairs between June - December 2022. These events enable the Trust to showcase the various opportunities and career pathways that are on offer within health and social care. Moreover, the Trust has been working in partnership with local councils and Jobs and Benefits Offices to support those in the community who may be facing unemployment, redundancy or who are unsure about their next steps in their career.

2.7.3 South Eastern Trust

The Trust has introduced a number of measures to alleviate the pressure on its services, a number of which are outlined below:

Nursing

The Trust continues to recruit nurses through its bespoke International Nursing Recruitment programme, although at a reduced level when compared to previous years, with 1 Band 5 Nurse commencing each month, which is anticipated to continue over the months ahead to fill current and anticipated vacancies.

Local interviews take place locally on a fortnightly basis for nursing staff and the Trust continues to invest time in attending local and national recruitment events for nursing staff.

The Trust took part in the second year of the regional student streamlining process for the intake of Band 5 nurses from University and will review the efficacy of this approach with a view to improving it next year's intake.

Allied Health Professionals & Social Work

The Trust continues to participate with other HSC Organisations in seeking improved methods of attracting entry level staff across all professional roles.

Regional Recruitment has continued into its second year for all Band 5 and 6 Social Work roles and this process has attempted to improve the recruitment process across the various HSC organisations.

Due to continuing service pressures it has not been possible to progress the recruitment of Allied Health Professionals internationally but it is hoped this will be picked up again within the next year.

Midwifery

The Trust have reviewed the Ockenden report and noted the impacts that it might have on attracting future midwives into the profession. In an effort to combat this the Trust continues to take a proactive approach to midwifery recruitment with a monthly rolling advert that ensures monthly opportunities for the interviewing of candidates either face to face or virtual. This is further enhanced by regular virtual recruitment events which allows the Trust to showcase the many opportunities for midwifery and allows candidates to ask questions about career development and support. There has been a focus on the student midwives experience including engagement sessions with senior Trust staff to encourage them to consider South Eastern trust an employer of choice.

2.7.4 Western Trust

HSC Workforce Appeal

In addition to normal recruitment activity, the Trust joined the Regional HSC Workforce Appeal from March 2020. The following tables detail how many additional staff were appointed locally by the- Trust Resourcing Team since then:

2022

APPOINTED	
Nursing	22
Nursing Support	180
Allied Health	8
Pharmacy	10

Social Work and Social Care	75
Students	1
Admin and Clerical	76
Support Services	136
Elective-Clinical	1
Elective-Admin/Portering	1
TOTAL	510

CAMPAIGN 1: 25/03/20 TO 24/09/20

APPOINTED	
Medical	16
Nursing	143
Nursing/Healthcare Support	17
Allied Health & Healthcare Science	1
Pharmacy	0
Social Work and Social Care	34
Psychology	0
Clinical Contact Case Worker	0
Immunisation - Healthcare Professional	0
Urgent Social Care Responders (DOH)	0
Admin & Clerical	12
Support Services	87
Students and Other Clinical	0
TOTALS	310

CAMPAIGN 2: 25/09/20 TO 23/03/21

APPOINTED	
Medical	27
Nursing	26
Nursing/Healthcare Support	113
Allied Health	15
Pharmacy	0
Social Work and Social Care	70
Psychology	0
Clinical Contact Case Worker	0
Immunisation - Healthcare Professional	0
Urgent Social Care Responders (DOH)	2

Admin & Clerical	78
Support Services	150
Students and Other Clinical	0
TOTALS	481

CURRENT CAMPAIGN: 24/03/2021 – 31/10/2021

APPOINTED	
Medical	12
Nursing	76
Nursing/Healthcare Support	330
Allied Health	18
Pharmacy	16
Social Work and Social Care	120
Psychology	0
Clinical Contact Case Worker	0
Immunisation - Healthcare Professional	0
Urgent Social Care Responders (DOH)	4
Admin & Clerical	186
Support Services	274
Students	13
TOTALS	1,049

ELECTIVE CAMPAIGN

ELECTIVE APPOINTED WFA3	
Elective Admin	1
Elective Clinical	2
TOTALS	3

GRAND TOTAL	1,843
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THE IMPACT OF LOCAL AND NATIONAL RECRUITMENT APPROACHES

All Trusts participate in both local and regional recruitment, as well as working collaboratively on International Recruitment campaigns for Nurses and Doctors.

Regional recruitment initiatives have been used for the recruitment of nursing graduates for children's nursing for 4-5 years, adult nursing for two years, and mental

health and learning disability nursing was managed using a regional approach for the first time in 2022.

National recruitment approaches have been used for specific recruitment exercises in midwifery and neonatal nursing with some degree of success. The difference in pay in NI has been highlighted as a disincentive for nurses and/or midwives taking up employment in NI from England – even where the candidates are originally from NI.

During COVID, many innovative recruitment initiatives were undertaken, e.g. the HSC Workforce Appeal and the recruitment of Medical Trainees as Band 4 Medical Student Technicians. Many have been retained on Trust banks and have provided additional support during subsequent waves of the pandemic. These initiatives continue.

This year there was a collaborative approach across the region in terms of recruiting and placing the pre-registered nurses. A streamlined approach was also undertaken for both qualified and newly qualified social workers. However delays in offering posts by the Trusts Recruitment Provider has impacted significantly on the Trust's ability to fill nursing vacancies and has impacted in terms of increased agency costs.

Short term vacancies, e.g. for maternity and sickness cover remain challenging, with few applicants available, especially for patient and client facing roles.

The supply of International Nurses and Doctors has slowed somewhat as a result of COVID due to availability of Professional and Linguistic Assessment Boards and other conditions of entry. A delay in the Department of Health confirmation of funding for this regional programme meant this activity has yet to catch up to levels in previous years.

Nursing

The WHSCT has been experiencing higher levels of vacancies in nursing and midwifery, particularly in the last two years. Typically each year when the recruitment of the adult nurse graduates was completed the number of vacancies across hospitals would have been low. For example in 2019 there were 16. That has not been the case in the last two years, in 2020 there were 56 vacancies and 68 in 2021, as at November 2022 there are already 48. This is also during a time when there has been higher numbers of adult nurse graduates from 2019.

The Trust has a higher percentage of temporary vacancies due to long term absence, maternity leave, and secondment which has been mitigated by the implementation of a peripatetic nursing team where permanent contracts are offered to staff when employed to cover a temporary but long term vacancy. A second level of impact has been the growth in reliance on agency nursing to cover vacant shifts.

The impact of the Covid pandemic is being reported in the number of staff who are reporting burnout and exhaustion due to the prolonged pandemic status, the continued intensity of the physical care and psychological impact. The impact of staff having to be deployed to other clinical areas particularly critical care and acute respiratory care. This has influenced the number of nurses who have availed of early retirement and resigned to join agencies.

Within NI there is a view that the impact of the ongoing Muckamore Abbey inquiry has reduced the level of interest in Learning Disability Nursing. Queen's University Belfast was unable to fill all of the commissioned pre-registration Learning Disability Nursing places in Sept 2022.

The Ockenden Report has very specific implications for midwifery practice but the Trust is not aware of any direct impact on recruitment at this stage as they are experiencing workforce shortages anyway. However, the implications from it and the East Midlands report which instruct that all child deaths must be reported to the coroner, means these will result in an increase in midwives attending court in litigation and coroner's cases.

Within midwifery the Trust has a particular challenge in sufficient numbers of local students securing pre-registration midwifery training places. This then impacts on the supply of midwives and children's nurses to meet the service and workforce needs of the Trust.

The Chief Nursing Officer for Northern Ireland has developed the Nursing and Midwifery Task Group Report and more recently established work streams. One of the work streams is entitled Nursing and Midwifery Workforce Stabilisation. The work plan has identified five key objectives all focused on stabilising the nursing and midwifery workforce. A multi-agency working group has been established to lead on the implementation.

Social Work – Statutory Function Staffing

There continues to be significant pressures experienced by Family & Childcare Social Work teams due to growing levels of staff vacancies, sickness absence, maternity leave and acting up arrangements due to secondment. This context is compounded by insufficient numbers of trained social workers qualifying each year coupled with a reluctance of those who do qualify to take up posts within statutory children's social work services. In addition, given the proximity to the border with the Republic of Ireland, newly qualified and qualified staff are being attracted by higher pay band scales offered by TUSLA.

Resourcing core services, many of which are high demand service areas, with bank, locum, agency and temporary staff, increases pressure in an already challenged system.

Safety is more difficult to manage without a reliable, fully populated workforce model and resilience of Trust staff is tested if they are trying to support other less experienced or new team members.

Allied Health Professions

The Trust's proximity to the border with the Republic of Ireland, the pay gap with HSE and the recent HSE investment in chronic disease management teams has had a definite impact on their AHP Workforce. Within AHPs; Dietetics and Podiatry in particular have lost in excess of 10 experienced staff over the past 12 to 15 months, and while their substantive posts can be replaced it takes time to 'grow' expert staff.

The impact of “assumed recurrent” funding for Transformation projects and the inability to offer permanent contracts in some roles has impacted on retention and destabilised the workforce in some AHP services – experienced staff have moved to neighbouring trusts for permanent roles.

Lucrative agency contracts are attractive to young graduates, though it is hoped that the Minister’s and DoH direction in terms of agency usage will help move away from this. Furthermore lucrative full time posts within private practice supplemented with offers of funded MSc and other opportunities have also had an impact on recruitment and retention.

In terms of retention of staff on graduation from undergraduate degrees, the Trust understands that organisations in the rest of the UK caveat acceptance of a commissioned university place with a 2 year commitment to the funder. This has been raised with the Chief AHP at DOH to consider.

There has been a marked increase in the number of applications to UU from ROI for commissioned places on AHP courses with the move to Magee – which will also impact after graduation.

Elements of above have been included in the recommendations within the workforce plans completed in conjunction with DOH.

International Nurse Recruitment 2022

Recruitment of International Nurses through the Regional Recruitment Process and the Trust’s contract with Xander Hendrix Healthcare has continued throughout 2022.

From January 2022 to November 2022 the Trust have recruited the following International Nurses:

- 36 from the regional recruitment (5 more to arrive in December 22), total 41
- 22 from Xander Hendrix Healthcare (4 more to arrive on 1st December 22), total 26

Estates Trade staff

There has been a marked decline in the number of applications for posts within Estates services (Medical Technical Officers, Electrical trade staff and fire officers) owing to the increasing rates of pay within private sector industry and in some instances led to no applications for particular recruitment exercises. This has led to an increasing number of vacancies across the Estates team within the Trust and an associated increase in the level of risk in terms of ability to continue to deliver safe services.

The pay gap between HSC trades staff and private sector has been further highlighted by number of job evaluations undertaken by a range of core Estates staff including fire officers, electrical trades staff, plumbers and joiners. This has led to a financial pressure that must be absorbed by the organisation and an impact on service delivery.

Support Services

Representing 9% of the overall WHSCT workforce, there are ongoing difficulties with the recruitment and retention of support service staff with a current turnover rate of 8.43%. This is in part due to the inability to attract candidates who wish to remain in long-term employment with a large proportion of applicants from students or seeking part-time employment.

Issues have been identified in terms of potential applicants who do not have the required skills, knowledge or confidence to move through the recruitment process. Facilities Management colleagues are working with HR and local councils as part of the development of skills academies to try and address these issues and improve recruitment and retention.

2.7.5 Belfast Trust

Impact of local and national recruitment approaches

Whilst the Trust has seen some improvement in vacancy rates in certain areas as result of all the local, national and international recruitment solutions, band 5 nurse vacancy rate is approximately 13% for Belfast HSC Trust. Every effort is made to try and maintain a consistent level of staffing but this becomes increasingly challenging with service expansion year on year, no increase in supply, demands on health and social care staff which, as a result impacts on the ability to attract and retain staff and compete with other sectors.

Belfast Trust has continued to recruit nurses internationally in a bespoke project with a target of 1000 additional nurses by March 2023. Over the course of 2022 the Trust has recruited approximately 500 International Nurses with a further 90 planned by the end of the financial year. Whilst this has been successful in stabilising the current vacancy rates and preventing the situation from worsening, the vacancy rates remains high despite the level of investment and significant cost to the organisation. This is due to a high turnover rate which includes a spike in retirements experienced in March 2022.

In addition, not all areas can benefit immediately from the general international nurse recruitment with some areas requiring specific experience in specialist clinical areas. For these areas, the Trust has engaged in bespoke exercises including within the Emergency Department and Perioperative Care. There has been no improvement outside of the 'adult' training category as a result of these challenges.

The overall vacancy rate for all bands of Nurses was 16% at the end of the November 22, compared to 17% in March 22

In Social Care the Trust has carried out a sustained period of recruitment over the last year with rolling advertisements for both Band 2 and Band 3 Homecare positions attracting a significant number of applications. However the Trust still has ongoing vacancies in the service.

Social Work Recruitment

The Trust continues to participate in the regional streamlining recruitment for Band 5/6 social work posts, a full evaluation of the project is due in early 2023. The Trust has also issued a number of external and internal workforce appeals for temporary and bank staff for Social Work. Despite this and other targeted attraction campaigns (for children's community services and residential facilities among others) vacancy rates remain over 23% across Band 6 posts and 15% at Band 7 level. Recruitment and retention of staff in Family Support and Looked After Children's services continue to prove most difficult

The Trust has established a Social Work Workforce Strategy 2022 – 2024, with 4 Task and Finish Groups, chaired by the Divisional Social Workers. The groups are:

- Creating an interest in Social Work as a profession
- Creating the environment
- Supporting our Workforce
- Ensuring Sufficient Capacity

The groups meet monthly and have developed action plans with short term and long term goals. The groups are accountable to the Social Work Workforce Steering Group, chaired by the Executive Director of Social Work.

Regional Recruitment of Allied Health Professionals

There continues to be regional recruitment for all AHPS across the region.

Regional Recruitment of Physician Associates (NGY)

This was completed in Autumn 2022 to support Drs in their day to day tasks in light of gaps in the service. With no additional funding, the Trust is required to fund additional Physician Associates within current budgetary constraints which proves challenging in the current financial climate.

Jobs Fairs

The Belfast Trust participates in job fairs to attract candidates to all professions in the Trust, this year The Trust have conducted their own events for Critical Care and Emergency Department Nurses and also attended events in London and Dublin. Bespoke events for hard to fill areas including Perioperative and Emergency Department have also been organised.

The Belfast Trust participates in career's fairs to attract school leavers to work in the HSC. The opportunity to do this has been limited in 2021 and 2022 due to COVID-19 but the Trust will be activity re-engaging with schools as these events return.

2.8 Recruitment and Retention Premia

2.8.1 South-Eastern Trust

Due to difficulties in attracting and retaining staff to work within the Trusts Healthcare in Prison Service the Trust introduced a Recruitment & Retention Premium in April 2020. This was backdated to staff to 2016. This premium is funded from savings made by reducing the services reliance on Agency staffing.

An allowance paid is £1,300. This amount reflects not only what is paid in England and Scotland, but also the amount paid to staff who have an allowance already paid under TUPE arrangements from when they transferred from DoJ to HSC employment, as set out in the Business Case. The Trust intends to carry out a 3-year review of the impact and effectiveness of the RRP in 2023.

2.9 Impact of Local and National Staff Wellbeing Approaches

2.9.1 Northern Trust

The health, wellbeing and inclusion of the Trust staff has been brought into sharp focus since the start of the Covid-19 pandemic. To ensure a focus on this key area, the Trust has introduced a *Health, Wellbeing and Inclusion Strategy for 2021 – 2023*. The overarching aim of the strategy is to support the Trust to embrace a culture where staff health, wellbeing and inclusion is promoted, supported and responds to the changing needs of staff.

The Trust recognises that ‘wellbeing’ encompasses many factors. For this reason, there will be a focus on a number of key areas:

- i. *Equality, diversity & inclusion (EDI)*
 - Launching updated EDI policies and procedures.
 - Promoting training and awareness sessions and establishing EDI reporting and accountability structures.
 - Focus on BAME staff, staff living with a disability, equality and reasonable adjustments and staff who are carers.

- ii. *Promoting healthy living*
 - Supporting Staff Health and Wellbeing Champions.
 - Promoting and facilitating staff health and wellbeing.
 - Information and awareness initiatives.
 - Supporting nutritional needs via the Work Ready Initiative.
 - Promoting financial wellbeing as an integral part of staff health and wellbeing.

- iii. *Promoting healthy working lives*
 - Day to day health protection at work.
 - Musculoskeletal wellbeing.
 - Longer-term fitness for work and working well for longer.
 - Covid-19 response, including helpline for staff and managers, contact tracing, referrals for testing and support for Long Covid.

- iv. *Psychological wellbeing*
 - Promoting and developing a trauma-informed organisational culture.
 - Recognising and responding to stress in the workplace; implementing the Stress Survey action plan.
 - Supporting the bereavement needs of staff.
 - Supporting our managers and leaders.
 - Supporting and responding to mental health in the workplace.

Through the implementation of this strategy, the Trust hope to see:

- Improved awareness among staff of available health, wellbeing and inclusion supports and initiatives;
- Improved engagement with staff health, wellbeing and inclusion initiatives;
- An enhanced sense that staff feel cared for and nurtured by the organisation;
- Contribution to an improvement of employee wellbeing by promoting healthy lifestyles and providing prevention, early intervention and rehabilitation services to employees;
- Reduction in levels of work related ill health; and
- Enhanced employee engagement, involvement and participation with initiatives.

2.9.2 Southern Trust

People Framework 2022-2025

In October 2022, the Trust launched their People Framework which sets out what staff can expect from their formal leaders and from each other. It has been influenced by national, regional and local priorities and by listening to their staff through their staff surveys, big coffee conversations and COVID-19 lessons learned listening events. It is informed by what their staff have told them- what is important to them, what works well and how they can get better. Their ambition, put simply, is to **create a great place to work**, a workplace where staff are engaged, feel valued and work well together.

The People Framework is about enabling staff to thrive and be their best to support the delivery of safe, high quality, compassionate care and support. It outlines what the Trust will focus on to achieve the desired cultural change, supporting the **transformation of the workplace** to enable the **transformation of care**.

The People framework outlines the Trusts three people priorities – **WELLBEING, BELONGING** and **GROWING**, including what the Trust will focus on over the next three years in order to continue to care for, engage, retain and recruit colleagues. It focuses on how staff must all continue to look after each other and foster a culture of inclusion and belonging, as well as actions to grow the workforce, train people, and work together differently to deliver care to patients and service users. It recognises the need to deal decisively, consistently and quickly with behaviours inconsistent with HSC values and, just as importantly, it highlights that the Trust workforce's health and wellbeing needs to be at the heart of all we do.

The trust see wellbeing as essential to '**creating a great place to work**' for staff and therefore is one of the three people priorities. Therefore the Trusts **H&WB Framework 2022-2025** highlights the need to change the way the Trust works as an organisation, to ensure staff wellbeing is integral to everything the Trust does. As well as benefiting staff, an integrated approach to health and wellbeing should nurture heightened levels of engagement, and foster a culture where staff are committed and enabled to deliver safe, high quality, compassionate care and support.

The Trust have focused the H&WB Framework on three priority pillars of integrated wellbeing:

- **Healthy Workplaces (Supporting You)**
- **Healthy Relationships (Staying Connected)**
- **Healthy Body & Mind (Being You)**

Examples of some of the work being progressed includes:

- addressing safe staffing levels and supporting staff and managers that are overstretched and under pressure.
- implementation of a Southern Secondary International Adult Nurse Recruitment drive. Seek additional resources to support this.
- Development of a Trust wide Nursing and Midwifery workforce dashboard to provide an overview of the workforce. Pilot in September for Acute wards with roll out when reviewed.
- Trust wide Nursing and Midwifery Recruitment event in Autumn 2022 (maximising media platforms to promote in a more engaging way).
- Pilot of a Balanced Workload Measurement tool for social work within CYPS and scope potential to roll out across all social work services.
- Engagement in regional work streams to address key workforce issues including recruitment and retention.
- Develop enhanced support services for Assessed Year in Employment Social Work Staff to support their development and improve retention.
- Development of bespoke recruitment campaign for Physiotherapy.
- Review of the AHP Peripatetic Pool workforce model which provides a flexible agile AHP workforce that can backfill temporary funded gaps in teams and hence contribute to stabilisation of service delivery.
- Implementation of a pilot Manager Support Service (confidential one to one support service for managers).

- Clear pathways for psychological support for individuals within Occupational Health and Wellbeing service including signposting to wider range of supports available to staff.
- Scope existing group psychological support and develop and implement group based interventions.

Mental Health Support

The Trust have:

- Piloted and rolled out Mental Health Awareness Training for managers and staff.
- Trained a cohort of 14 staff in Mental Health First Aid with appropriate mechanisms in place to enable them to support and sign post colleagues and staff to supports for mental health and wellbeing.
- Promoted a 'Time to Talk' campaign to encourage staff to have conversations about mental health in the workplace and help to destigmatise mental health issues and uptake of support services.
- Provided staff access to online deep relaxation workshops and guided meditations to support wellbeing.
- Piloted mindfulness sessions for staff teams that can be arranged as a stand-alone event or as part of a team-based event (i.e. a planned team meeting, away day, health and wellbeing day).
- Rolled out and promote the new wellbeing collection of books available to borrow from the healthcare Library in CAH with direct delivery to staff in their Trust facilities (via internal mail).

Musculoskeletal health

The Trust have provided support including:

- Provision of an Occupational Health Physiotherapy Service Online Resource - giving explanation of referral process to the Occupational Health Physiotherapy Service via Self-referral / Occupational Health Management referral.
- Development of Physiotherapy work conditioning classes in venues across the Trust to help staff to be physically fit to carry out their duties after a musculoskeletal injury.

Support with chronic health conditions

Long COVID vocational rehabilitation team, comprising of occupational therapist, physiotherapist and clinical psychologist, established to be used as a model for other long term/chronic health conditions.

2.9.3 South Eastern Trust

The Trusts vision is to ensure that not only is it a great place to receive care but also is an excellent place for employees to work. The Trusts commitment to improving the Health & Wellbeing of staff is evidenced through their People Plan alongside their Quality4All strategy.

Following the challenges presented by the Covid 19 pandemic the Trust recognise the importance of providing H&WB initiatives for staff. Their Health & Wellbeing Steering Group continues to engage with staff and develop responses and actions regarding what staff have told them.

During the past year the Trust has supported staff health & wellbeing through the following approaches:

1. Encouraging managers and teams to take time to say thank you for the excellent work they continued to provide throughout the pandemic and also to reconnect following redeployments and other changes in working patterns.
2. Continuing to provide staff with opportunities to have Wellbeing conversations where they will feel safe and supported e.g. Coaching for Wellbeing or Psychological Support through the Wellbeing Helpline or team support.
3. Embedding supportive management practises through the Trusts Practical Manager training, specifically highlighting opportunities for managers and supervisors to incorporate wellbeing conversations
4. Promoting the range of confidential support and services available for all staff.
5. Continuing to develop and deliver awareness and training sessions to embed the Trusts inclusive People policies.
6. Physical activities remain a priority for staff wellbeing and this is supported through Corporate Gym Membership opportunities, Cycle to work scheme and activity classes.

Like other HSC organisations, the Trust runs a concentrated flu campaign every autumn/winter to ensure they have received their flu vaccination. In addition to this staff have had the opportunity to receive their Covid booster vaccination alongside their flu vaccination in one of the hospital sites.

2.9.4 Belfast Trust

BHSCT has an established workforce B Well Health and Wellbeing Strategy for their workforce which is aligned with the Trust's People & Culture priorities and reflects regional working being undertaken in partnership with other HSC Trusts and the PHA. A key focus of the Strategy is engaging staff and supporting and enabling them to make informed choices about their health and wellbeing and signposting them to practical resources within the Trust that promote wellness.

The Trusts innovative [B Well](#) website and App is unique within the HSC in that it provides free advice and support to staff and their families.

The Trusts Action Plan, which is updated and reviewed quarterly, is focused on addressing Mental & Emotional Health & Wellbeing, Recovery from COVID-19, Supporting the Ageing Workforce and Managing Chronic Health Conditions. The Trust

deliver these initiatives using the PHA Healthier Workplaces model and through their regional work streams.

BHSCT are represented within the NHS Employers National Health, Safety & Wellbeing Partnership Group and have used this forum to share their innovative work on a number of wellbeing initiatives on a national level i.e. Menopause, Domestic Violence, Long COVID.

B Well steering group members from each of the Trust's Directorates have developed a range of on-line and virtual resources to support staff with a range of initiatives including Recovery from COVID-19 Toolkit, Psychological Wellbeing, Childcare, Supporting Working Parents, Working Safely During Covid-19. The steering group members continue to promote their wellbeing and fitness initiative with NHS Employers and, FIT FOR THE FIGHT, free online fitness platform for BHSCT staff.

Representatives from Occupational Health, Psychology, Health Improvement and HR continue to attend and participate within the Regional Health & Wellbeing Group to review Health and Wellbeing support for HSC staff – primarily focusing on psychological wellbeing and sharing the good practice and resources developed throughout BHSCT and the wider region to support staff during COVID-19.

In partnership with regional HR colleagues, PHE, PHA & Dept of Health, the Trust continues to develop and review the suite of Frequently Asked Questions based on popular employment related topics as they relate to how staff are affected during COVID-19. These are regularly updated based on new and emerging best practice and UK Government & PHA guidance.

Staff Support

Members of the B Well Steering Group from HR & Occupational Health are currently participating in a regional review of the management of Long COVID including developing in partnership with regional TU colleagues, an Options Paper for Department of Health consideration. BHSCT Occupational Health Team have demonstrated their continued commitment to providing holistic, wellbeing support for staff with the development of their innovative, person focused Long COVID Rehabilitation Clinic aimed at supporting staff to return to work and remain in work, avoiding relapse.

A number of helplines have been established, including a confidential psychological support helpline, which has been communicated widely with staff. Staff have also been provided with guidance on looking after their mental health by the Trust's Head of Psychology and Occupational Health team.

An extensive range of employee support and resources are available to staff including, working safely, social distancing, working from home, pregnancy advice, talking to children, physical wellbeing, financial wellbeing and a direct line to ASKHR for advice and support.

The HR Team continues to collate a daily report on staff absence regarding COVID and Long COVID and uses this to arrange for appropriate testing and support to help staff return to work as quickly as possible.

The Trust continues to facilitate staff to work remotely where they are able to do so. Hybrid working models have been successfully deployed across a range of directorates. This is limited to some extent by digital capacity and or job role. Where staff are required to work on hospital or community premises, social distancing guidelines are strictly followed.

Here 4 U offers an extensive range of free activities and events to staff, to address physical, emotional and mental health and wellbeing. Due to Covid-19 awareness and an increased preference among staff for virtual activities, an on-line programme is in place with a reduced number of socially distant events and initiatives in accordance with PHA Guidance. For the period September to December 2022 the Here4U programme has 290 staff registered to participate in 24 activities.

Throughout the week 17-21 October 2022, HR, Occupational Health and Health Improvement colleagues hosted a range of events to mark world menopause day including 4 Nations cross NHS Event which was attended by over 300 staff. The Trusts Menopause resources have been commended by Equality Commission NI as an example of best practice. Based on recent feedback, the Trust plan to hold one menopause event per month on a range of related issues including diet, mental health, finances as these are the most popular events in terms of demand and attendance.

The B Well Steering Group continue to work with regional HSC colleagues and Money & Pensions Service, Housing Rights, Christians Against Poverty, Gamblers Anonymous and the Trust have an enhanced suite of financial wellbeing resources for the workforce. This is in addition to the Trusts existing Bank of Ireland support for staff, incorporated within the B Well App and Website. The Trusts syndicated membership of the Money & Pensions Service and Money Helper ensures staff have ongoing access to free, up to date, impartial advice and support on all matters related to money and personal finance. The Trusts current staff financial wellbeing survey (live on the Trust's intranet, the Loop) closes Friday 18 November 2022 and staff who complete this anonymous survey will be signposted to sources of financial support. The Trust continue to co-deliver financial wellbeing lunch time events for staff and these can be tailored to meet demand i.e. debt, pension planning, savings, budgeting.

The Trust recently achieved triple star accreditation from Employers for Disability. This recognises the Trust's status as an employer who supports, enables and creates safe working environments for staff with disability. The Trust continue to promote their disability toolkit and are excited to launch their Disability Passport initiative in January 2023.

Caring for someone whilst balancing employment and other family commitments can be challenging and stressful. The Trust continue to co-deliver virtual lunch time carer's events for staff each month.

The Trust have implemented the updated Flexible Working Policy and have delivered a series of virtual training sessions for staff and managers. This has further supported the needs of the workforce and the Trust continue to seek innovative and meaningful ways that enable staff balance their home and work commitments.

From 1 April 2022 – 30 November 2022, 1346 applications for flexible working were received with an 80% approval rate

The Trust operated their annual successful summer scheme across four sites from 1 July to 12 August 2022. The scheme was attended by 481 children from 286 families.

Maternity Information Sessions are open to all members of staff within the Trust who are pregnant or who would be interested in finding out more information on maternity related issues and regulations. An on-line session is being held on 15 November 2022.

Staff Experience Survey

In 2021 The Belfast Trust, in conjunction with Northumbria Foundation Trust, committed to a new initiative to better understand the experience of staff. A Trust wide survey that gathers data on how it feels to work in the Trust running two times per year. The survey provides data down to a team level and can be grouped by professional family. Through this process the Trust seeks to learn from areas of good practice as well as better support areas in need of development. Each Division has had the opportunity to participate in a People and Culture planning workshop to distil feedback from their staff into high-level actions.

The baseline survey that was launched in June 2021 showed that the areas in need of development include: psychological safety, recognition and staff engagement. There were 2095 responses to the survey – representing 9.5% of the staff population.

A further two surveys have been completed. The February 2022 had a wellbeing theme and attracted 4131 responses and the most recent survey which closed on Friday 11th November 2022 was a re-run of the June 2021 survey and attracted 4612 responses (representing 21% of the Trust population).

Findings have continued to inform a range of workshops and engagement sessions across the Trust to support staff and managers understand the survey results and put in place actions to address issues as well as celebrating success to improve staff experience. This has included a number of specific sessions with the medical staff.

One of the Trust's key People and Culture metrics, staff engagement, plateaued with a score of 3.62 (on a 5 point likert scale) for the June '21 and February '22 surveys but has risen slightly to 3.64 in the November survey. It is possible to analyse the demographic data to highlight particular areas of strengths or areas in need of development, within professional groupings, service areas or within individual teams. This work will enable development of more targeted support and development efforts.

2.9.5 Western Trust

The Trust has developed a comprehensive range of programmes and services to support staff. Staff are regularly encouraged to avail of the range of supports available and these are promoted through a variety of channels including Trust Communications, Trust Monthly Brief, posters, regular reminders at Senior Leaders

Forum, Directorate Governance and Senior Management Team meetings, newsletters, Twist West Wellbeing Hub and social media campaigns.

A psychological support service was set up in response to the COVID pandemic in March 2020.

The initiatives which were set up, helped provide support to staff on an individual, team and organisation-wide basis. These included a Psychological Support Helpline; Team Staff Support Sessions; A Space For You – individual support sessions; Psychological Safety and Staff Wellbeing Webinars for Managers; Psychological PPE wellbeing sessions for FY1 doctors; development of a paper “Managing Anxiety in Uncertain Times”.

Impact: Responses from those who attended the ‘Space for You Sessions’ included:

- 100% indicate that they had a positive experience
- Over 90% would recommend the service to others
- Over 80% likely to use again
- Over 90% say that SFY helped them to remain in or return to work (to some degree) 30% said “a great deal”
- 100% said they found the service helpful, and before and after ratings indicated that there was a positive shift in health & wellbeing

A psychological support service was developed and established within Occupational Health in June 2022. This service is delivered by a Consultant Clinical Psychologist. Support is available on both an individual and group basis. Requests either come through an internal OH referral pathway or direct contact between managers and psychology staff. The following initiatives have been developed as part of this programme:

- **Individual 60-minute face-to-face individual therapy sessions** with a Clinical Psychologist/CBT therapist, which staff can access on either the Altnagelvin or SWAH site. Telephone and virtual contact is also an option. A number of staff have been provided with ongoing input. Impact: Those who have completed intervention have indicated satisfaction with the service and reductions in post-intervention measures of distress.
- **Team Support Sessions:** These are 1-to-2-hour sessions. Content varies according to team needs. They may be a reflective space for staff to discuss challenges they have experienced, or it may be more focused on psychoeducation with staff looking at psychological safety and self-care. Requests can be made by emailing the Consultant Clinical Psychologist directly. Impact: Post session evaluation surveys have rated the sessions highly, with around 90% of participants rating these sessions as very helpful and of having met their expectations
- Training webinar supporting managers with the implementation of the HSE Stress Toolkit is under development.
- The regional Thrive service has been operational within the Trust since July 22, increasing Psychological Therapy capacity for staff within ICU.

- **REACT** training is a programme run by NHS England which helps staff have conversations with their colleagues about their emotional wellbeing. A number of Trust Staff have taken part in Train-the-Trainer training. This training is being delivered to managers enrolled on the Manager's Framework Programmes.
- **Critical Incident Stress Management Sessions** are available on request for teams following critical and traumatic events. Requests are made to the lead Psychologist directly via email.

In addition to the comprehensive psychological supports developed by the Clinical Psychology team, the following supports are also available:

- **Wellbeing Framework** – The Trust Wellbeing Framework has been developed to facilitate a holistic approach to staff wellbeing. A sub group of the Endowments and Gifts Committee has been established to support implementation of the Wellbeing Framework and to administer the £3 million Staff Support Fund donated from Minister Swann. Plans to date are well-progressed for implementation of:
 - Team development resources including line manager support and staff coaching and mentoring provision.
 - Occupational Health modernisation.
 - Psychological support service within Occupational Health.
 - Long Covid service within Occupational Health.
- **Communication** – A communication strategy was developed which utilised a variety of channels to share information and increase senior leader visibility through:
 - Monthly Team Brief outlining the active business continuity arrangements, workforce appeals and support for staff.
 - Trust wide communication emails & staff app updates to all staff providing regular updates and sharing changes to policies / guidance.
 - Director video messages shared on all digital platforms.
 - Safety campaigns run regularly focusing on messages to support staff safety.
- **Occupational Health advice and support** - includes guidance for managers on how to support staff experiencing symptoms of Long Covid, support with risk assessment, advice/support and onward signposting to relevant services to aid recovery, extension to the duration of phased returns to work, exploration of modified shifts, flexible working, reduced or amended duties and consideration of redeployment. A number of measures to expedite reviews of staff on long term sick has been successful in securing staff to return safely to work.
- **Inspire Workplaces** - staff are encouraged to avail of confidential support from Inspire Workplaces, which is available to all staff on a 24 hours a day, 7 days a week. In addition, Inspire Workplaces is providing specialist psychological support for staff with more complex needs.

- **TWIST West Hub** - the Trust promotes a range of information and supports for staff through the TWIST West Health and Wellbeing Hub. This is available to all staff via a link on the Trust intranet, as well as via phones and other mobile devices.
- The **#WeAreWithYOU** Programme of work is promoted through TWIST West Hub and includes resources and information for staff and managers to support them and their staff manage their emotional health and wellbeing.
- **Chaplaincy information** – A chaplaincy tile has been created on Twist West to collate all prayers and contact details of chaplains.
- **Long Covid Treatment Service** - a multi-disciplinary team of Occupational Therapy, Nursing, Physiotherapy, Dietitian, Speech and Language Therapy, Psychology, Medical and Clinical Physiology to support patients and staff diagnosed with Long Covid.
- **Ethnically Diverse Staff Network** has been established to provide a platform for ethnic minority staff to raise and discuss issues and concerns and get support and advice.
- **Long Service Benefit** – staff who work in the Trust who have 25 years HSC/NHS service will receive a one-off award of 5 annual leave days subject to eligibility criteria.
- A range of **Wellbeing Training and Programmes** to support physical and mental health have been offered to staff via zoom:
 - Innovation Recovery College courses shared on a monthly basis.
 - PHA Stress Control programme
 - Nutrition Regional ZOOM webinars on a range of topics ongoing monthly
 - Weight management 12-week messaging programme delivered
 - Reflect and Recharge Group Sessions
 - Aromatherapy - Using essential oils for self-care and to manage emotions
 - Pilates sessions
 - Sleep and mental wellbeing training
- A range of **Wellbeing Resources** have been developed:
 - Page Tiger staff wellbeing resource focusing on four key areas including: Wellbeing Matters, COVID and Flu advice, Mental and Emotional Wellbeing, Support for Families and Others.
 - Managing Covid-19 Anxiety Guidance
 - Taking Care of You Support and Advice
 - Going Home poster for managers has been developed to link in with their team and provide support through checking in before they leave work to return home after their shift.
 - An Infection Control Uniform Poster based on the evidence has been developed for staff.
 - Resilience 12 Tips poster designed and printed/ laminated distributed via wards

- Sleep Well resource
 - Young Person's Guide to Mental health - for young people and their parent or carer.
 - Looking After Yourself at Home - for people spending more time at home during the pandemic, including working from home.
 - Poster to promote INSPIRE Workplaces.
- **Promotional Campaigns** widely with all staff through various channels:
 - Staff Seasonal Flu campaign.
 - COVID -19 vaccination programme
 - A number of **Wellbeing Surveys** have been undertaken and results shared widely to help understand the needs of staff.
 - COVID-19 Wellbeing Survey
 - Culture Assessment Survey
 - UU Research study into Coping and Wellbeing
 - Long COVID Survey

2.10 Appraisal

2.10.1 Northern Trust

In response to Trust objectives and feedback from staff the Trust continued with the approach to AfC wellbeing appraisal to maintain focus on wellbeing, values and the Team North objectives. The wellbeing appraisal is a commitment from the Trust to encourage managers and staff to have time out and a safe confidential space to discuss wellbeing.

As at 30 September 2022, 59 per cent of employees have completed an appraisal. Training, support and guidance continues to be provided to line managers, including support to record appraisals on behalf of managers. Appraisal completion rates continued to be monitored via monthly corporate reporting and relevant governance mechanisms. Completion rates showed a variance during 2021/22 however the use of wellbeing appraisals positively impacted completion rates.

2.10.2 Southern Trust

Appraisal rates have been negatively affected by the pandemic, workforce shortages, vacancy rates and staff absences. As at 30th June 2022 the overall Trust appraisal rate was 33%.

However, in January 2022 the Trust piloted a new approach to appraisal within a small number of teams in various services. This was in response to feedback from employees and managers across the organisation. New documentation and guidance

was drafted which aimed to improve the quality of the conversation, helping ensure staff felt cared for, supported and recognised in their role. This pilot ran until March 2022 and feedback has informed the Trust's new approach to appraisal which is being implemented in the autumn of 2022.

2.10.3 South Eastern Trust

Within the Trust, an “*Appraisal Conversations*” approach is used. Appraisal uptake is reported on a monthly rolling basis covering the previous 12-month period. Covid 19 continues to have a significant impact on the number of staff who have been formally appraised but work continues to promote such appraisals as a priority for the Trust as in attempting to move to business as usual activities.

Appraising managers are offered the opportunity of a 3-hour training session in Appraisal Conversations. This is currently delivered virtually over Zoom. The Organisation & Workforce Development Team and HR Business Partners provide ongoing support for the process on request. 78 participants attended sessions since April 2022.

In addition, appraisal is an important component assessed as part of the Trust's approach to Investors in People (IiP). IiP reports are produced at sub-Directorate and Directorate level.

The Trust is currently exploring improved reporting mechanisms and the potential to use Qlikview which may provide managers with live dashboard information to support and enhance the management of the appraisal process.

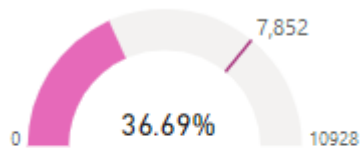
In addition, it is hoped that areas for improvement identified through IIP assessments will be incorporated into Directorate People Plans.

2.10.5 Western Trust

The Corporate Management Team has applied a performance management approach to completion of appraisals.

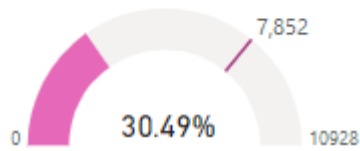
The Regional Nursing and Midwifery Retention Survey highlighted that staff require better access to learning and development opportunities. This is complicated by the current staffing challenges.

Staff Appraised in the last 12 Months



As at end of September 2022

Staff Appraised since 1st April



From 1st April 2022 to end of September 2022

2.11 HSC Staff Survey

Due to ongoing pressures in relation to rebuilding services work towards design and implementation of the next HSC staff survey has been delayed however a regional working group has been formed and has begun meetings in order to take this work forward.

2.12 Training

2.12.1 Commissioned Nursing and Midwifery pre-registration programmes

COMMISSIONED PLACES AND APPLICATIONS FOR 2022-23

NURSING & MIDWIFERY

	ADULT	CHILDRENS	MENTAL HEALTH	L & D	MIDWIFERY
APPLICATIONS	4157	1352	1039	289	811
PLACES	850	115	195	60	115
RATIOS	5:1	12:1	5:1	5:1	7:1

ALLIED HEALTH PROFESSIONALS

	PARAMEDIC	DIETETICS	OCC THERAPY	PHYSIO	SPEECH & LANG	RADIOTHERAPY
APPLICATIONS	614	206	829	895	487	436
PLACES	50	24	60	90	33	94
RATIOS	12:1	9:1	14:1	10:1	15:1	5:1

In terms of progression through the programmes, we can advise as follows:

- QUB – 97% of Nursing students remain in NI on graduation. Of this 97%, 91% take up a post in the HSC
- UU – 92% of Nursing graduates remain in NI on graduation

In relation to the 2023/24 year, commissioned places for Nursing and AHP programmes have not been confirmed yet. University timescales are as follows:

QUB and UU – Nursing, Midwifery and AHPs

UCAS closing date - all programmes - 25 January 2023

Interviews – joint QUB and UU process - February and March 2023

Offers made – April/ May 2023

OU - Nursing

Closing date for applications - end February/ start of March 2023

Interviews - June/July 2023

Successful applicants notified - August 2023

2.13 Use of overtime and bank rates to incentivise staff

South-Eastern Trust

The Trust has in place a Critical Shift Scheme open to nursing registrants. The scheme has been in place since November 2019. The purpose of this Scheme was to eliminate the use of high cost of framework agencies.

This Scheme has recently been reviewed in light of service pressures and now operates within designated areas across the Trusts Hospital and Adult Services

Directorates when there is substantial evidence of a significant negative impact on patient flow and safety, resulting in Registered Nurses, Nursing Assistants (Band 3) and Clinical Staff (Band 8A only including ANP and PIPS staff) undertaking shifts which have been categorised as critical clinical shifts. Such shifts are offered to these staff to cover but these are paid an enhanced rate as outlined in the table below.

Staff type	Critical Shift Hourly rate
Band 3 Nursing Assistant	£14.00
Band 5 Staff Nurse	£22.36
Band 8A Clinical Staff	£37.04

Belfast Trust

Enhanced overtime and bank rates

Covid Rapid Response

Belfast Trust, following Departmental approval, implemented the Covid Rapid Response (CRR) rates in January 2021. These rates were highly effective in incentivising staff to continue to work over and above their normal contractual hours throughout the first and second surge of the Covid Pandemic. The ability of part time and bank staff to avail of enhanced rates was particularly welcome given the limited capacity and burn out of full time staff to work continual additional hours. Since January 2021 to June 2022, approx. 29320 shift were worked under the CRR scheme.

Whilst other Trusts have implemented local critical shift rates following the standing down of CRR, Belfast Trust have not taken this forward to date. This does present considerable challenges to services in filling vacant shifts with Belfast Trust being reliant on Trust off contract agency usage. The recent announcement regarding the reduction in agency spend will present a further challenge in this regard.

Elective Care Recovery Initiative

The Elective Care Recovery (ECRI) Scheme payments continue within Belfast for clinical areas as approved by Trust Board via a business case process. Again these rates incentivise experienced staff within the clinical area to deliver additional clinics over and above their normal contractual hours with the aim of address significant waiting lists compounded as a result of the Covid 19 pandemic. To date 5403 ECRI shifts have been worked by AFC staff to support this work.

2.14 Cross Border Issues

Western Trust

A significant proportion of the Western Trust lies on the border with the Republic of Ireland. There are a number of issues that arise from this border proximity that are notable from a workforce perspective.

EU Exit

The need for Dual Registration for Social Work continues to pose difficulties for those who provide a cross border service for Children and Young Adults.

Competition for Workforce

Due to the geographical proximity to the border, the border Trusts regularly compete with not only other Trusts, but also ROI when recruiting for staff. Often the terms and conditions for health service staff are significantly more attractive in ROI which increases the risk of either staff leaving to work in ROI or students choosing to take up posts in ROI following completion of their training.

2.16 Equality – Breakdown of Equality Areas across HSC Organisations

Figures as of March 2022;

Section 75 Group		SHSCT	BHSCT	WHSCT	SEHSCT	NHSCT	NIAS	BSO/ALB's	SLE	Total
Total Staff		15503	25747	13860	15544	14312	1546	3849	1890	92251
Gender	Female	13050	19632	11097	12365	12198	562	2491	1054	78.53%
	Male	2253	6115	2763	3179	2114	984	1285	836	21.17%
Religion	Protestant	5334	8469	3060	5698	7092	679	893	505	34.40%
	Roman Catholic	8756	11590	7761	3448	5445	598	1146	529	42.57%
	Neither	1213	5688	3039	6398	1775	269	1737	856	22.74%
Political Opinion	Broadly Unionist	1399	1649	870	1018	1566	169	105	260	7.63%
	Broadly Nationalist	1515	1778	1851	371	801	464	123	357	7.87%
	Other	1191	2045	1461	685	1182	461	142		7.77%
	Do Not Wish To Answer/Not Known	11198	20275	9678	13470	10763	452	3350	1273	76.38%
Age	16-24	1331	1576	860	1293	674	36	175	120	6.57%
	25-34	3725	6043	2942	3825	2988	304	576	1472	23.71%
	35-44	3865	6349	3571	3584	3500	371	958	281	24.37%

	45-54	3214	5959	3460	3430	3735	555	1080	16	23.25%
	55-64	2681	4924	2512	2744	2917	260	838	1	18.29%
	65+	487	896	515	668	645	20	149		3.66%
Marital Status	Single	5080	7112	4888	4073	4044	557	421	1024	29.48%
	Married	8710	11694	7553	7633	9131	704	1319	698	51.43%
	Divorced/Separated				613		29	91	12	0.81%
	Widow/er				78		1	16		0.10%
	Not Known/Other	1513	6941	1419	3147	1137	255	1929	156	17.88%
Dependant Status	Yes	2614	4613	0	2486	3672	445	397	330	15.78%
	None	4753	15016	0	1272	2718	1101	226	1131	28.42%
	Not Known	7936	6118	0	12134	7922		3153	429	40.86%
Disability	Yes	364	525	3037	237	312	59	57	81	5.06%
	No	11679	16687	3409		9227	1235	1494	1363	48.88%
	Not Known	3260	8535	7414	15307	4773	252	2225	446	45.76%
Ethnicity	Bangladeshi	2		1	1		1		11	0.02%
	Black African	29		14	8				46	0.11%
	Black Caribbean	3		2	1		1	1	2	0.01%

	Black Other	3		1			1		1	0.01%
	Chinese	13		7	10			2	39	0.08%
	Filipino	63		34	39		4	1	1	0.15%
	Indian	105		111	49		1	1	43	0.34%
	Irish Traveller	3		3	2				3	0.01%
	Mixed Ethnic	23		11	8		5	3	36	0.09%
	Pakistani	19		21	3				48	0.10%
	Other Ethnicity		931	70	31	266	2	3	59	1.48%
	White	11861	17468	10170	3775	9369	1289	907	1170	60.71%
	Not Known	3179	7348	3415	11617	4677	242	2858	431	36.60%
Sexual Orientation	Opposite Sex	8746	11095	7268	3217	6408	1069	508	1170	42.80%
	Same Sex	157	370	153	71	166	56	34	62	1.16%
	Same and Opposite Sex	29	78	31		21	5	4	16	0.20%
	Do Not Wish To Answer/Not Known	6371	14204	6408	12256	7717	416	3230	642	55.55%

2.17 Total Reward Package

The current financial constraints faced by the Department have been exacerbated by the lack of a working executive to agree a budget, which has caused delays in implementing the 2022/23 award. With the agreement of a budget by Secretary of State for Northern Ireland in November 2022 and the passage of the Executive Formation Act and publication of a Public Sector Pay Policy in December 2022 the department has progressed approvals for the award recommended by NHSPRB. These approvals have now been finalised with implementation of the pay award due before the end of the financial year. The future position in relation to formation of an executive is still uncertain which presents a challenge to the department in relation to making any decisions on any kind of total reward package going forward.

2.18 Departmental Approach to Pay Award 2023/4

Financial Position – Funds Available for 2023/24 Pay Award

As there is no NI Executive in place no Budget has been agreed for 2023/24. The Secretary of State for Northern Ireland announced a 2022/23 budget for Health of some **£7.3 billion** on 24th November 2022. While the budget did provide additional funding above our baseline this is primarily and necessarily being spent on recurrent commitments to cover historic pay awards, price inflation and to maintain Rebuild and Transformation requirements at current spending levels.

The Department had been forecasting an overspend in 2022/23, including the expected cost of the 2022/23 pay recommendations and while the budget will provide us with a fighting chance of breaking even in year, this is only because we have already taken action to bear down on costs as far as possible without impacting front line services already on the ground. It is likely that the funding provided in year will be at the expense of next year's budget. The future funding position was already under intense pressure and it is anticipated that next year's financial position will now be even more challenging, with less money available to the NI Block than is now being spent in 2022/23.

There will be no capacity to afford a pay uplift in 2023/24 in this context without implementing corresponding cuts to expenditure on services or additional funding being made available in-year, the latter then perpetuates the funding issue into the future. The Department will need to manage our ongoing response to Covid against this financial backdrop and will continue to focus on efficiency and savings measures but are likely to be faced with some difficult decisions to determine what can be funded from the allocation available. The high proportion of Health expenditure accounted for by pay (around 50%) means that trends in pay costs continue to have significant implications for spending on service delivery.