



Northern Ireland Audit Office

Workforce planning for nurses and midwives



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
31 July 2020



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K J Donnelly CB
Comptroller and Auditor General

Northern Ireland Audit Office
31 July 2020

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Abbreviations

CNO	Chief Nursing Officer
DoH	Department of Health
HSC	Health and Social Care
PHA	Public Health Agency
QUB	Queen's University Belfast
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RQIA	Regulation and Quality Improvement Authority
TYC	Transforming Your Care
UK	United Kingdom
UU	Ulster University
WTE	Whole Time Equivalent

Key Facts

2,754

The number of staffing vacancies in the HSC nursing and midwifery workforce group at December 2019 – including 2,114 registered nursing vacancies.

£115 million

The amount spent on temporary nursing and midwifery staff in 2018-19 – including £52 million spent on agency staff.

13.2%

The proportion of overall nursing and midwifery staff costs spent on temporary staff in 2018-19.

£1,700

The highest amount paid by three HSC Trusts in 2018-19 for single shifts worked by agency nurses on bank holidays

732

The reduction in nursing training places between 2011-12 and 2016-17 compared to previous levels.

11.5%

The proportion of HSC registered nursing posts vacant at December 2019.

1,210

The all-time high number of nursing training places commissioned in 2020-21.

Executive Summary

Background

1. At March 2019, 66,800 people were employed in the Health and Social Care (HSC) sector. More than a third, almost 22,500, belonged to the nursing and midwifery workforce group. In 2018-19, the 16,000 registered nurses, 1,340 registered midwives, and 5,100 nursing support staff accounted for £870 million (almost a third) of the HSC sector's £2.7 billion staffing costs. As many as 3,500 nurses may also be employed in the independent care sector.

The demand for nurses and midwives is increasing

2. For some time, the demand placed on the local healthcare system has been increasing due to a growing population which is living longer and developing more long term conditions. Although the HSC registered nursing workforce has increased by 8.8 per cent between 2012 and 2019, this has been insufficient to meet the rising demand. Assuming similar delivery structures, workforce levels should have grown by over 23 per cent to match this increased level of demand.
3. The scale of increase in HSC nursing and midwifery staff vacancies illustrates the extent of current staffing pressures. Total vacancies have risen from 770 in 2013 to over 2,700 in December 2019, and now include 2,100 registered nursing vacancies. Between 2014 and 2019, the registered nursing vacancy rate increased from 3.2 per cent to 11.5 per cent.
4. In addition to the current 2,100 HSC nursing vacancies, 1,600 further nurses are required to ensure safe staffing levels. The shortage of nurses and a recurrent funding gap of almost £40 million have hampered efforts to recruit these staff.

The number of nursing training places was reduced in the face of wider financial pressures

5. Within the recently published HSC Workforce Strategy (*the 2026 Strategy*), the Department recognises the need to enhance its staffing information to support more effective workforce planning. Consequently, it has commenced work in this area. Improvements are necessary given shortcomings with current workforce data, for both HSC and independent sector vacancies.
 6. Aside from the need for more robust data, some key previous workforce planning decisions have also contributed to the current staffing pressures. A Departmental nursing and midwifery workforce review covering 2009 to 2013 recommended making no changes to the number of pre-registration nursing training places then being commissioned. However, as this review did not formally consider the impact of the rising demand for care, it likely underestimated training requirements.
-

7. Following this review, the Department reduced the pre-registration training budget from an annual average of £30.1 million between 2008-09 and 2010-11, to £28.8 million between 2011-12 and 2016-17. As a result, 732 fewer nursing training places were commissioned during this period compared to 2009-10 levels. The annual number of midwifery places also never reached the recommended level of 70. The cuts were applied at a time when demand for care was continuing to rise. The Department told us that this decision was taken in the face of wider financial and affordability pressures. However, the significant and prolonged reduction in training places has had longer term consequences, including contributing to the rising vacancy levels and increased reliance on more expensive temporary staff. To try and address the considerable workforce gaps which have arisen, the Department has increased considerably the number of nursing and midwifery training places commissioned between 2017-18 and 2020-21.
8. Post-registration training helps nurses acquire new skills for specialist roles, and is particularly important in supporting initiatives aimed at transforming healthcare services. However, the post-registration budget allocation was also reduced from almost £9.5 million in 2008-09 and 2009-10, to an annual average of £8 million between 2010-11 and 2018-19. Although the Department acknowledges that the number of commissioned training programmes and places also reduced, a lack of detailed data means that the extent of the reduction cannot be quantified.

Actions are being taken to increase the supply of nurses and midwives

9. Whilst an updated workforce plan published in May 2016 confirmed that nursing and midwifery supply had not kept pace with demand, delays in implementing its recommendations meant that 129 fewer training places were commissioned in 2015-16 and 2016-17 compared with the numbers recommended. More positively, the Department has recently tried to address the clear staffing shortfalls through commissioning a significant number of additional nursing and midwifery training places between 2017-18 and 2020-21, compared to recommended levels.
 10. To try and further strengthen the local nursing workforce, the Department and Trusts launched an international recruitment campaign in May 2016, ultimately aimed at appointing 622 additional HSC nurses. At March 2020, the programme had secured 504 overseas staff, 458 of which currently remain in post. However, stringent requirements for achieving UK nursing registration, and visa criteria mean that substantial delays are common before nurses can commence HSC employment. Web-based interviews have recently been introduced to try and speed up the recruitment process, and the Department considers that the programme should still achieve the target of 622 staff, albeit by later than the initial March 2020 target date.
 11. To date, it is unclear whether the actions taken will effectively align staffing supply with the rising demand. The Department will need to continually monitor the situation to consider what further longer term action might be necessary.
-

Agency costs for nurses have more than tripled since 2006-07

12. Against a background of inadequate workforce planning, rising demand for care, high vacancy levels, the need to provide safe staffing levels, and cover sickness and maternity absence, the Trusts' reliance on temporary nursing staff has been increasing dramatically. These staff (who are drawn from internal staff banks and agencies) incur higher costs than permanent staff, and are less likely to deliver satisfactory patient outcomes. Trust expenditure on temporary staff has risen from £14.6 million in 2006-07 to £115 million by 2018-19, and the increase in agency costs in this period, from £8.6 million to £52 million, has provided particularly poor value for money.
13. The workforce issues facing the Department and Trusts could be further heightened by the age profile of HSC nurses and midwives. The age profile has increased between 2009 and 2019, and currently 14 per cent of HSC nurses and 22 per cent of midwives are aged 55 and over.

Addressing the workforce challenges – the Department's 2026 strategy

14. Recognising the need to transform HSC services to cope with the growing demand for services, the Department launched *Transforming Your Care (TYC)* in December 2011, with the objective of moving more care into community settings. Whilst *TYC* required effective workforce planning to develop a suitably skilled staffing pool, the initiative had not made the degree of progress anticipated by 2014, nor did it outline any plans to develop a formal HSC workforce strategy.
 15. The Department's revised ten year vision for care provided by the HSC sector (*Delivering Together*), which was launched in October 2016, committed to publishing an HSC-wide workforce strategy by May 2017. Issued in May 2018, this document (*the 2026 Strategy*) acknowledged the need to "resolve fundamental problems with supply, recruitment and retention of the health and social care workforce", and to address:
 - high sickness absence;
 - increasing spend on temporary staff;
 - high vacancy rates;
 - continuing lack of clarity over how the HSC would be configured sector by 2026; and
 - the potential impact of Brexit on workforce supply.
 16. The *2026 Strategy* ultimately aims to ensure that the reconfigured health system has the optimum number of people, skills and expertise to deliver treatment and care by 2026. However, as implementation of some of its 24 actions is already behind schedule, it will be important that key interim milestones are achieved by the December 2020 target date, including:
-

- establishing a regional HSC careers service;
- designing non-salary incentive programmes;
- establishing a rolling, prioritised workforce planning programme;
- progressing existing workforce planning recommendations; and
- introducing an optimum workforce model framework.

17. Achieving *the 2026 Strategy's* objectives will prove very challenging. If issues around training, recruitment and retention and vacancy levels are not effectively addressed, the HSC sector will likely face intolerable pressure. *The 2026 Strategy* acknowledges that the consequences of not achieving its objectives are "grave", and will result in:

- high agency expenditure increasing further;
- hospital waiting lists continuing to rise; and
- HSC services becoming unsustainable, and transformation of services becoming more difficult.

18. This report was completed before the outbreak of COVID-19. To ensure that audit work did not disrupt the efforts of severely stretched public bodies dealing with extremely challenging circumstances, the NIAO decided not to publish during the pandemic even though the report had been finalised. We also recognise that the demands associated with COVID-19 are likely to have future implications for workforce planning across the HSC sector.

Overall VFM conclusion

19. The Department and HSC Trusts face a range of significant challenges in ensuring that an appropriately resourced nursing and midwifery workforce is in place, including rising demand for care, increasing vacancy levels and international competition for staff set against a limited financial budget.
20. The decision to reduce training places to meet short-term financial pressures has had a significant long-term cost. The increasing reliance on agency nurses does not provide value for money.
21. The Department have taken important steps to respond to these challenges. The number of nursing and midwifery training places have been increased and an HSC-wide workforce strategy has been published. However, the scale of the staffing challenges which have developed mean that it faces an uphill task in developing a more sustainable workforce, and substantial efforts are still required if this crucial objective is to be achieved.
-

NIAO Recommendations

- 1. The Department should ensure that enhanced data is gathered for HSC vacancies. In particular, it should: introduce more robust methodologies for gathering vacancy data; and routinely gather data on vacancies by nursing specialism, at Trust level, and on long-term vacancies. The Department should also explore if it is feasible to gather data which would facilitate more comprehensive benchmarking with the rest of the UK.**
 - 2. The Department should identify means to improve its intelligence on the independent sector's nursing workforce, to enable it to better understand the sector's staffing shortfalls and current and future needs, and factor these into workforce planning assumptions and projections.**
 - 3. Within both its annual commissioning of training places and longer-term workforce planning, the Department should clearly demonstrate how it has taken account of rising workloads, outflow of newly qualified staff, and implementing Delivering Care.**
 - 4. From 2020 onwards, the Department should monitor whether the increased number of nursing training places is strengthening the permanent HSC workforce and reducing vacancies and reliance on temporary staff. If notable progress is not being achieved, it should reassess if further increases in the number of training places are required.**
 - 5. The Department should routinely monitor data to identify the specific causal factors driving the increased reliance and expenditure on temporary staff, and consider how these can be addressed within longer-term workforce planning. This should include identifying the nursing specialisms and service areas most reliant on temporary staff, and expenditure being incurred on covering long-term vacancies.**
 - 6. Allied to the rising demand for care and high vacancy levels, the Department should consider whether workforce planning has taken sufficient account of the age profile of the nursing and midwifery workforce, and re-assess whether current projections will suitably address existing and longer-term staffing gaps.**
 - 7. Given the unremitting workload pressures facing the HSC sector, it is appropriate that the Department intends applying an increased focus on staff health and wellbeing. In implementing its proposed actions, it should seek to identify the main causal factors of sickness absence within the different HSC workforce groups, and consider what steps can be taken to address these to try and minimise absence levels.**
-

- 8. The Department needs to robustly monitor developments to ensure that substantive progress is being achieved in implementing the actions, targets and milestones of both Delivering Together and the 2026 Strategy, and that effective liaison arrangements exist between those responsible for implementing transformation and for progressing workforce planning.**
 - 9. Regular monitoring should be undertaken to ensure that implementation of the strategy actions are progressing as envisaged, and that any concerns over progress are escalated upwards quickly. We recommend that the reference group provides formal and regular assurance reporting to the programme board.**
 - 10. The outcomes and benefits which the actions are expected to achieve should be clearly identified and quantified, and actual results regularly monitored against these. This will help inform interim strategy reviews which are planned for 2021 and 2024.**
 - 11. At this stage, the 24 actions generically address the HSC-wide workforce. The Department needs to assess how these can be translated into measures which will best address the differing needs and challenges of the various HSC professions. One key example of this will be designing appropriate non-salary incentive programmes.**
 - 12. Within performance management, the Department should seek to establish baselines for success in recruiting and retaining staff within the HSC sector, and measure subsequent performance against these.**
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Part One: Introduction and Background

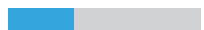


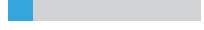
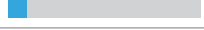



An overview of the Health and Social Care (HSC) workforce

- 1.1 Some 66,500 people are employed in the Health and Social Care (HSC) sector across eight different workforce groups¹. Whilst these staff work in 16 different organisations, 93 per cent of them are employed in five HSC Trusts (Belfast, Northern, South Eastern, Southern and Western).

Nurses and midwives are the largest part of the HSC workforce

- 1.2 Nursing and midwifery is the largest group in the HSC workforce, with almost 22,500 staff (34 per cent), followed by administrative and clerical, which has just over 12,900 staff (19 per cent) (**Figure 1**). The Department of Health (DoH or the Department) told us that a significant number of the administrative and clerical staff carry out work in direct support of clinical activity.

Figure 1: Nurses and midwives comprise one third of the HSC workforce

WORKFORCE GROUP	STAFF IN POST AT 31 MARCH 2019	% OF TOTAL STAFF	
Nursing and midwifery ¹	22,493	34	
Admin and Clerical	12,909	19	
Professional and Technical	9,716	14	
Social Services ²	8,402	13	
Support Services	6,549	10	
Medical and Dental	4,480	7	
Ambulance	1,219	2	
Estate Services	727	1	
TOTAL	66,495		

NOTES

¹ Figure includes nursing and midwifery support staff.

² Figure excludes domiciliary support staff

Source: Department of Health









- 1.3 Nurses and midwives (including support staff) also account for the largest proportion of HSC staffing costs². Of the total staffing costs of £2.69 billion in 2018-19, almost a third relates to nurses and midwives (£870 million)³. In comparison, the medical and dental workforce accounted for almost 20 per cent (**Figure 2**).

1 Excluding domiciliary care workers and bank staff.

2 Including costs for bank, agency and locum staff.

3 These costs relate to the HSC Trusts only and are sourced from Trust finance returns.

Figure 2: Almost one third of staffing costs in the HSC sector relate to nurses and midwives

WORKFORCE GROUP	£ MILLION	
	STAFF COSTS 2018-19	
Nursing and midwifery	870	
Medical and Dental	536	
Social Services	394	
Professional and Technical	353	
Admin and Clerical	333	
Support Services	123	
Ambulance	53	
Estate Services	30	
TOTAL	2,692	

Source: Department of Health and HSC Trusts

1.4 All HSC staff contribute to the HSC sector's efforts to try and achieve its aims and objectives. However, in addition to being the most significant staffing group in terms of both numbers and costs, nurses and midwives have the greatest contact time with patients and service users, and provide the widest range of services. At March 2019, this group comprised:

- just over 16,000 registered nurses (across four main fields of nursing practice⁴);
- 1,340 registered midwives (including students); and
- almost 5,100 nursing support staff.

1.5 The Department has overall responsibility for workforce planning in the HSC sector. For some time now, patient demand for care has been rising. To assess if the nursing and midwifery workforce is adequately resourced and skilled to deal with this, and whether further steps are necessary to ensure this is the case, the Department has published two key documents since 2016:

- *A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015-25) (the 2015-25 Plan)* was published in May 2016. It set out both the proposed number of nursing and midwifery training places required until 2025, as well as considering wider workforce challenges. A similar review was previously completed for the Department which covered the period between 2009 and 2013 (*the 2009 Review*).

4 The four main areas of nursing practice are Adult, Children's, Mental Health and Learning Disability.

Part One: Introduction and Background

- *The Health and Social Care Workforce Strategy (the 2026 Strategy)* was published in May 2018. It aims to address key staffing issues across the HSC workforce, including training, recruitment and retention which, if left unchecked, could lead to an already pressurised system becoming unsustainable. It sets out 3 objectives, 10 underlying themes and 24 proposed actions to be progressively implemented by 2026.

Scope of study

- 1.6 This study focuses on the management of the local nursing and midwifery workforce. We reviewed whether it is currently capable of dealing with increasing demand for care effectively and efficiently, whether sufficient steps are being taken to address key workforce challenges, and if workforce planning has been sufficiently robust. As previous estimates have indicated that the local independent care sector also employs up to 3,500 nurses⁵, mainly across care homes and hospices, and there is a continued reliance on this sector by the HSC sector, we also assessed whether adequate consideration has been given to addressing its staffing needs.
- 1.7 We examined:
- key workforce trends, including staffing vacancy levels and reliance on temporary and agency staff;
 - significant challenges facing the nursing and midwifery workforce, including: the growing demand for care; the age profile of the workforce; difficulties in recruiting and retaining staff; and the need to ensure safe nursing staffing levels across the different clinical settings; and
 - how the Department and Trusts have responded to the workforce challenges, and whether workforce planning has ensured that an appropriately resourced and skilled workforce is in place which is capable of delivering care efficiently and effectively and coping with current and future demands.

Appendix 1 outlines our study methodology.

- 1.8 As effective workforce planning is also of significant importance across the wider HSC workforce, we will consider the merits of carrying out further reviews in the area within our forward work programme.

5 Estimate contained in 'A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015-2025)'.

Part Two:

The increasing demand for nurses and midwives and key pressures on the HSC sector

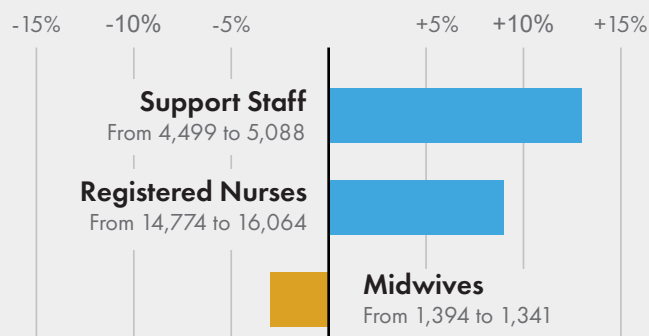
Since 2012, the number of HSC registered nurses and support staff has increased, but the midwifery workforce has reduced

- 2.1 At March 2019, the HSC nursing and midwifery workforce group comprised 22,493 staff in post or 19,737 Whole Time Equivalent (WTE) staff, across three streams:
- registered nurses – 16,064 staff in post/14,222 WTEs;
 - registered midwives – 1,341 staff in post/1,082 WTEs; and
 - nursing and midwifery support staff – 5,088 staff in post/4,433 WTEs.
- 2.2 At this date, just over 71 per cent of staff in post were registered nurses, 23 per cent were nursing and midwifery support staff and 6 per cent were registered midwives. The variance between staff in post and WTEs illustrates that significant numbers of staff (37 per cent of HSC nurses and 63 per cent of midwives at March 2019) work part time to varying degrees. This is one of a range of factors which needs to be considered within workforce planning.
- 2.3 Between 2012 and 2019, the number of WTE HSC registered nurses has increased by 11.7 per cent. Whilst WTE nursing and midwifery support staff also increased by over 15 per cent over this period, the numbers of registered midwives reduced by 1.1 per cent. In terms of staff in post, the numbers of nurses and nursing and midwifery support staff increased by almost 9 per cent and 13 per cent respectively, but the number of midwives reduced by nearly 4 per cent (**Figure 3**).

Figure 3: Staff in Post 2012-19

Between 2012 and 2019, the number of registered nurses and support staff in post increased, but the number of midwives in post decreased by almost 4%

CHANGE IN NUMBER OF STAFF IN POST BETWEEN 2012 AND 2019:



Source: Department of Health and HSC Trusts

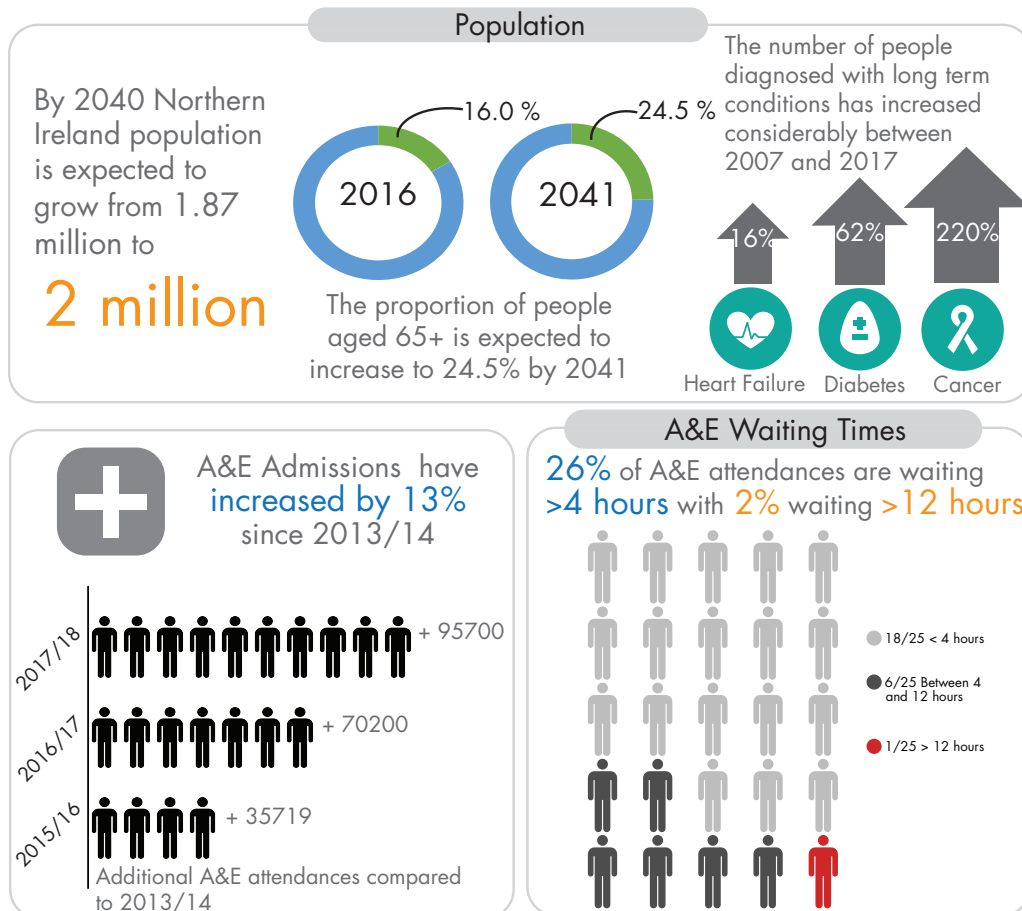
2.4 Staffing costs currently held by the Department only relate to the overall workforce group, and are not disaggregated between the three staffing streams. Total staffing costs (including bank and agency staff) increased by almost 28 per cent from £680 million in 2011-12 to £870 million in 2018-19. In 2018-19, the Trusts spent £115 million on temporary nurses and midwives (13.2 per cent of total staffing costs).

The nursing and midwifery workforce has not grown sufficiently to keep pace with the rising demand for care

2.5 The number of HSC registered nursing staff in post has increased by 8.8 per cent between 2012 and 2019. However, this has been insufficient to keep pace with identified need. All available projections indicate that the demands on the HSC sector will continue to increase as the population continues to live longer and present with more complex needs. **Figure 4** sets out some of the pressures contributing to this increased demand, and also shows how these are placing the HSC workforce under growing pressure.

Figure 4: A range of factors are placing the HSC sector under considerable pressure

NHS Workforce Pressures



Part Two:

The increasing demand for nurses and midwives and key pressures on the HSC sector

- 2.6 These factors will continue to present considerable challenges across the HSC sector, but as the workforce group which has greatest contact with patients, the pressures will impact most significantly on nurses.

In the face of rising demand for care, vacancy levels have been increasing

- 2.7 Since 2012, we estimate that the number of registered nurses⁶ required to deliver care in the HSC sector would have needed to rise by over 23 per cent⁷, compared to the actual 8.8 per cent increase⁸ to fill vacancies which were being actively recruited to at March 2019. As demand for care is increasing at a faster rate than available staffing levels, the Department has been unable to grow the workforce sufficiently to meet this, and the number of workforce vacancies has been sharply rising (**Figure 5**).
- 2.8 When the *2009 Workforce Review (the 2009 Review)* was published, there were 397 vacancies across the nursing and midwifery workforce group. This subsequently rose to 725 in 2012, before reducing to 620 in 2014. Whilst some degree of staffing turnover and attrition will always be inevitable, there has subsequently been a steep upward trend in vacancies, and at December 2019, these had risen to just over 2,750. Some 2,114 of these are registered nursing vacancies (**Figure 5**). Whilst registered nurses comprise 71 per cent of the workforce group, they account for 77 per cent of vacancies.
- 2.9 Trends for the percentage of vacancies confirm that, whilst significant workforce gaps have developed across the three staffing streams, these are most acute amongst registered nurses. Between 2014 and 2019, registered nursing vacancies increased from 3.2 per cent to over 11.5 per cent. In this period, midwife vacancies also rose sharply from 1 per cent to 6.4 per cent. Nursing support staff vacancies increased from 2.5 per cent to 9.8 per cent (**Figure 5**).

Vacancies have increased across all Trusts and all fields of nursing practice

- 2.10 Vacancy numbers have increased very significantly in all Trusts since 2012, and the increase in vacancies has also impacted on all fields of nursing practice. Analysis by the Department in December 2019 suggested that the largest registered nursing staff group had a vacancy rate of 13 per cent and that almost 10 per cent of mental health and learning disability nursing posts were vacant (**Figure 5**).

6 Based on staff in post analysis.

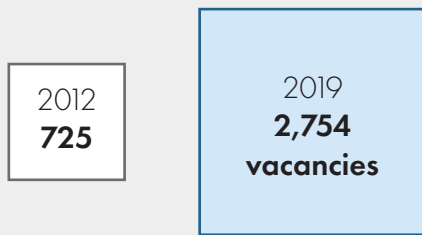
7 Our analysis of available data for staff in post and vacancies indicates that the staffing complement increased from 15,219 to 18,225 between 2012 and March 2019.

8 This is based on an assumption that all active vacancies would be filled.

Figure 5: Nursing and midwifery vacancies

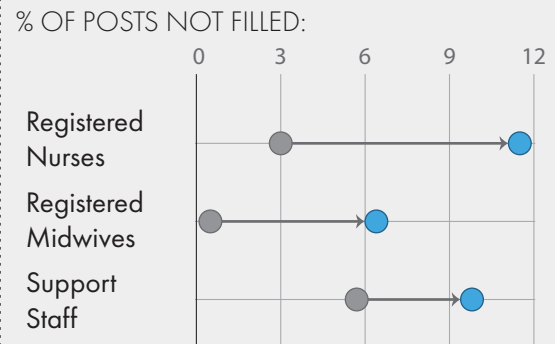
Whilst demand for care is expected to increase, staff vacancy rates have been rising. These increases have affected all Trusts and all fields of nursing practice.

The number of vacant nursing and midwife (including support staff) posts has increased significantly

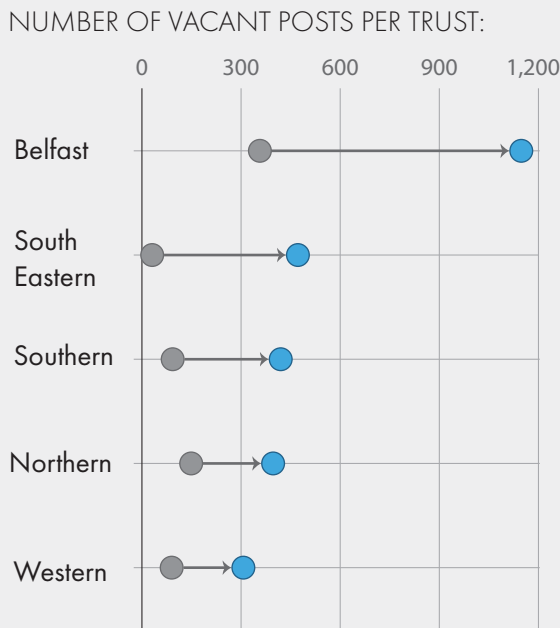


Significantly, the number of registered nursing vacancies increased from 445 to 2,114

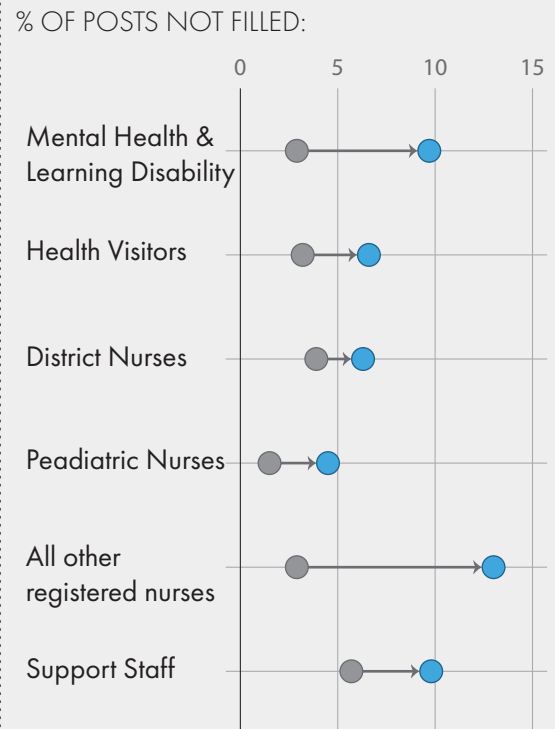
The percentage of vacant posts has also increased significantly between 2014 and 2019



The number of nursing and midwifery vacancies has increased across all Trusts between 2012 and 2019



The proportion of vacant posts has increased across all fields of nursing practice between 2012 and 2019



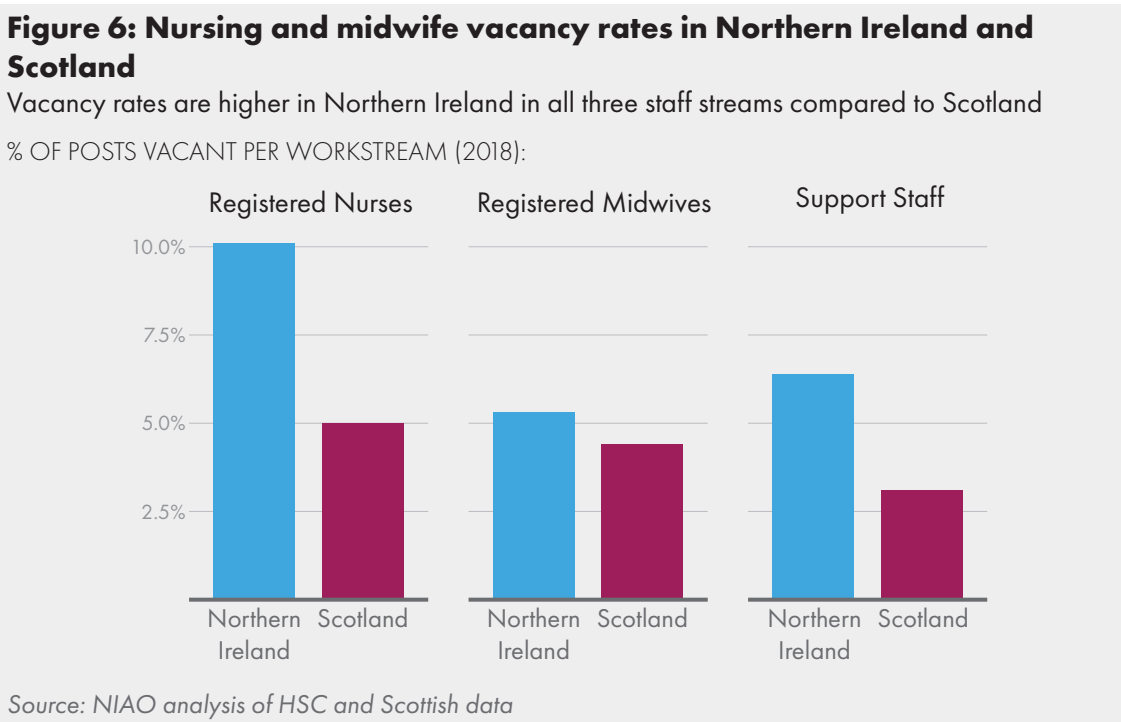
Source: Department of Health

Part Two:

The increasing demand for nurses and midwives and key pressures on the HSC sector

HSC vacancy levels are significantly higher than in Scotland but closer to levels in England

- 2.11 At 2018, local vacancy levels were higher than in Scotland for all three staffing streams, and twice as high for nurses and nursing support staff (**Figure 6**). The Department considers that whilst the data for Scotland appears similar to NI, some variation in definitions means that it is not definitively comparable. However, in our view, the available information illustrates that significant challenges are clearly apparent within the local HSC nursing and midwifery workforce.



- 2.12 Data produced by NHS Digital and NHS Improvement also indicates that, at December 2019, the vacancy rate for registered nurses in England stood at 10.7 per cent. This was marginally below the HSC vacancy rate of 11.5 per cent (paragraph 2.9).

The information available to the Department to monitor staffing vacancies is limited

- 2.13 Despite the potential impact of vacancies on the cost, quality and safety of services provided, we found shortcomings in the availability of monitoring data. Until March 2015, the Department conducted a formal twice yearly vacancy survey across the HSC Trusts, but it did not collect

data in 2016, as a new electronic recruitment system was being introduced. Whilst it recommenced ad-hoc monitoring in 2017, we consider that limitations exist with this data:

- it may understate the true level of vacancies, as it only provides a 'snapshot' of posts which the Trusts are actively recruiting to at a particular point in time. The Department told us that in circumstances where it is actively seeking to grow the overall workforce, some increase in vacancies will be inevitable.
- Trusts may not be categorising vacancies consistently; and
- vacancies may have been recorded differently under the previous manual arrangements and the recently introduced electronic system.

2.14 The Department has also not routinely monitored trends for long-term⁹ vacancies since 2015. These bring particular challenges, including increased reliance and costs incurred on temporary staff. In 2015, 309 (30 per cent) of the 1,032 workforce group vacancies were long-term, 236 (76 per cent) of which were registered nursing vacancies.

2.15 The current *2026 Workforce Strategy (the 2026 Strategy)* has committed to examining where gaps exist in the data currently available, and aims to ensure that workforce trends and issues are more effectively monitored. This is important in the context of assisting workforce planning and managing wider workforce challenges which Parts Three and Four of this report consider.

NIAO Recommendation 1

The Department should ensure that enhanced data is gathered for HSC vacancies. In particular, it should: introduce more robust methodologies for gathering vacancy data; and routinely gather data on vacancies by fields of nursing practice, at Trust level, and on long-term vacancies. The Department should also explore if it is feasible to gather data which would facilitate more comprehensive benchmarking with the rest of the UK.

Whilst there is limited workforce data for the independent care sector, available evidence suggests that there are significant nursing shortages

2.16 It is widely acknowledged that the local independent care sector has assumed greater responsibility in recent years for delivering more complex aspects of care (including helping to implement *Delivering Together*¹⁰). However, longstanding difficulties have existed with obtaining accurate and reliable nursing workforce data for this sector. Employers are currently not required to disclose data, and the Department told us that some are reluctant to do so. On the basis of a UK-wide employment survey in 2013¹¹, *the 2015-25 Workforce Plan (the 2015-25 Plan)* estimated that the local independent sector employed between 2,731 and 3,475 nurses.

⁹ Posts which have been vacant for six months or longer.

¹⁰ *Delivering Together* was launched in October 2016. It is the Department's current ten year vision for transforming care services to better meet the needs of the increasing and ageing population.

¹¹ Survey findings referred to by *A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015-25)*.

Part Two:

The increasing demand for nurses and midwives and key pressures on the HSC sector

- 2.17 Similar to the HSC sector, the local independent sector's need for registered nurses has been increasing, but it has also been experiencing difficulties in recruiting and retaining sufficient staff to meet demand. In 2015, a survey by the Royal College of Nursing (RCN)¹² indicated that the sector had an average nursing vacancy rate of just over 15 per cent.
- 2.18 The ongoing implementation of the Departmental policy *Delivering Care*¹³ also has the potential to create significant challenges for the independent sector. Launched in March 2014, *Delivering Care* is the agreed local policy direction for formulating the development of safe staffing ranges for nursing and midwifery. This policy and implementation framework requires gathering the best evidence available and using a range of recognised workforce planning tools, as well as co-operating with a wide range of stakeholders.
- 2.19 As it is widely acknowledged that the HSC Trusts offer nurses more favourable terms and conditions, we consider that the need to fill the HSC posts identified through *Delivering Care* could further destabilise the independent sector's nursing workforce. In recent years, the RCN told us that the independent sector's workforce has already been depleted due to nurses leaving to work in the HSC sector. This is likely to have contributed to the high vacancy rate in the independent sector indicated by the RCN survey. In turn, this could result in the independent sector becoming increasingly reliant on agency nurses, which is likely to increase the cost to Trusts of care packages procured from the sector.
- 2.20 The workforce challenges facing the independent sector highlight the need for ongoing monitoring of its staffing requirements and shortfalls. However, to date, the absence of reliable workforce data has hampered the Department's ability to accurately quantify the sector's needs, and to factor these into workforce planning projections and the number of nursing training places which need to be commissioned. The Department told us that it required access to the independent sector's workforce data to address this issue, and that the sector has only recently agreed to start sharing this.
- 2.21 To bridge the information gaps, *the 2009 Review* and *the 2015-25 Plan* both recommended that a comprehensive baseline study of the independent sector nursing workforce be completed. However, the Department has not commissioned such a study. Instead, the Department's recent work to try and better understand the independent sector's workforce requirements has taken account of the RCN's analysis, and it has also recently commenced a phase of work within *Delivering Care* to identify the staffing levels required to deliver safe patient care in the sector. In our view, the historical absence of workforce data means that this could prove challenging.
- 2.22 The RCN told us that, over a number of years, it has been on public record in expressing concern that workforce planning for nurses in Northern Ireland has not appropriately embraced the independent care sector. The RCN considers that a more systematic approach to data collection and analysis is required in this area.

12 Care in Crisis: independent sector workforce survey in Northern Ireland.

13 Delivering Care: Nurse Staffing in Northern Ireland

NIAO Recommendation 2

The Department should identify means to improve its intelligence on the independent sector's nursing workforce, to enable it to better understand the sector's staffing shortfalls and current and future needs, and factor these into workforce planning assumptions and projections.

Implementation of Delivering Care is further increasing the demand for nurses

- 2.23 As paragraph 2.18 noted, the Department launched the *Delivering Care* Framework in March 2014 in order to identify the sufficient nursing staffing levels required across a range of nursing specialties to provide safe patient care, and to ensure that these staffing levels are put in place.
- 2.24 To date, work has been undertaken on eight phases of *Delivering Care*, each addressing different clinical settings¹⁴. The Chief Nursing Officer (CNO) commissions each phase of work, and implementation is being overseen by a central steering group, supported by a working group and expert reference group for each individual phase, led by the Public Health Agency (PHA):
- Each phase follows an agreed methodology and best available evidence to determine an appropriate staffing model.
 - On completion of planning, each phase requires approval and sign off from the CNO.
 - Funding is then required to implement the agreed staffing models of each phase, and the additional nurses then need to be recruited.
- 2.25 As it is ultimately aiming to enhance patient safety standards, it is important that good progress is achieved in implementing *Delivering Care*. However, for several reasons, progress has been slow:
- **Identifying staffing needs is complex** – a number of phases have taken longer than anticipated to progress due to complexities with developing staffing models and the innovative nature of the work.
 - **The initiative has only been allocated limited funding** - to date, phase one (covering acute medical and surgical wards) has been allocated recurrent funding totalling £12.7 million. Whilst phases two, three and four have collectively received £3.2 million incremental funding, phases two to five currently have a total estimated recurrent funding gap of £38.9 million. Further progress is dependent on access to this funding, as well as an increase in the number of available trained nurses.

¹⁴ To date, *Delivering Care* has commenced work to consider nursing staffing requirements for Acute Medical & Surgical Wards, Type 1 Emergency Departments, District Nursing, Health Visiting, Mental Health, Neonatal Nursing, Primary Care and the Independent Care Sector.

Part Two:

The increasing demand for nurses and midwives and key pressures on the HSC sector

- **Limited progress has been achieved in recruiting the additional nurses required** – to date, 158 new nurses have been recruited across the first two phases. However, a total staffing shortfall of almost 1,600 currently remains across all phases which have commenced.

- 2.26 Together with the current 2,114 registered nursing vacancies (paragraph 2.8), the need for almost 1,600 additional staff to ensure safe staffing levels highlights that there is currently a very substantial nursing staffing deficit in the HSC sector. This could continue to increase given that further phases of *Delivering Care* are planned. Even if the funding required to fully implement the initiative is secured, the Trusts will likely continue to face challenges in recruiting the required staff, given the current local and global nursing shortage. A recent progress review of phase one confirmed that “*recruitment of staff continues to present regional challenges.*” The Department pointed out that this estimate of staffing shortfalls does not take account of changes which may arise from the ongoing implementation of the transformation agenda, and which may impact on nursing roles and how and where nurses work.
- 2.27 In the current environment, the Trusts remain heavily reliant on temporary staff to sustain both existing HSC operations and to take forward *Delivering Care*, despite the fact that the Francis Report¹⁵ concluded that temporary cover is less likely to deliver satisfactory patient outcomes. For example, within the Adult acute medicine and Mental Health fields of nursing practice, almost 25 per cent of nurses at March 2018 were bank and agency staff¹⁶.

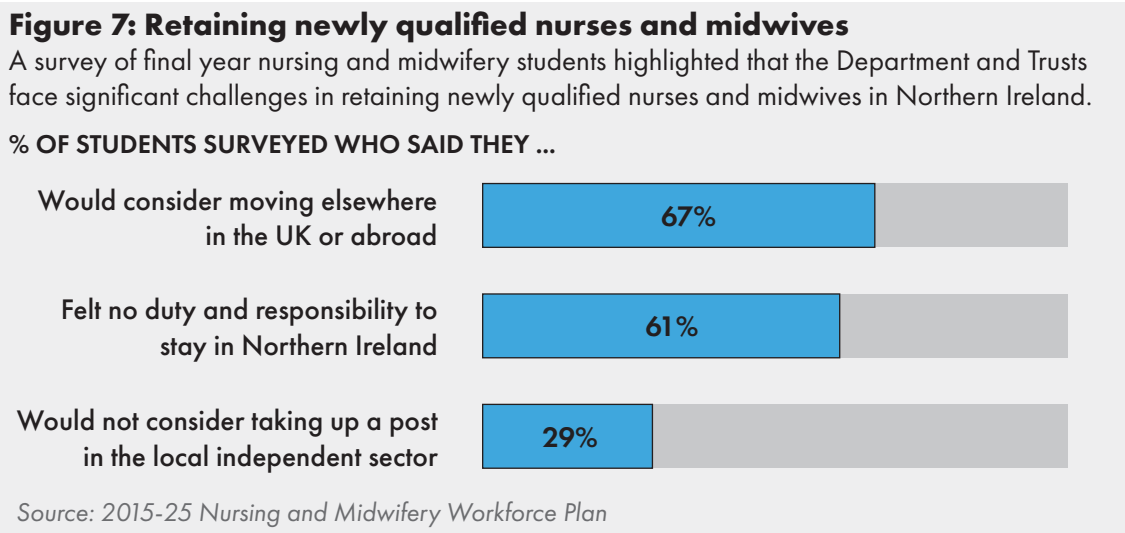
The Department and Trusts face challenges in retaining newly qualified nurses and midwives but staff retention has recently improved

- 2.28 The problems experienced in Northern Ireland with recruiting sufficient numbers of nurses and midwives are symptomatic of wider international challenges. For some time, a global shortage of nurses and midwives has existed in developed countries. In 2016, the World Health Organisation estimated that this global shortage stood at approximately nine million staff.
- 2.29 Unsurprisingly, intense international competition for staff has developed. In 2014 and 2015, evidence suggested that a sizeable proportion of nurses and midwives were leaving Northern Ireland to work elsewhere shortly after completing training:
- In providing evidence to the Assembly Health Committee in April 2015, the RCN indicated that 20 to 30 per cent of locally trained nurses leave to work abroad for several years, before returning.
 - A survey by Queen’s University Belfast (QUB) in 2014 suggested that 21 per cent of its newly qualified nurses and midwives were employed outside Northern Ireland.

15 The Francis Report was published in February 2013 and examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust between 2005 and 2009.

16 These are temporary nursing staff drawn from internal staff banks and external agencies.

- 2.30 *The 2015-25 Plan* acknowledged that the global shortage of nurses and midwives had resulted in countries including the US, Canada and Australia, offering generous salary and relocation packages and fast-tracked residency to try and recruit overseas staff. It also highlighted that NHS providers in England were aggressively targeting Northern Ireland to recruit staff, offering resettlement packages of up to £3,000.
- 2.31 A survey of final year nursing and midwifery students undertaken for the 2015-25 Plan also highlighted potential challenges with retaining staff. Whilst it is difficult to measure firm student intentions, 67 per cent of respondents stated that they would consider leaving to work elsewhere, and 61 per cent felt no duty to stay (**Figure 7**).



- 2.32 More recently, evidence has emerged that the Department and Trusts have made some progress in retaining newly qualified staff. A key positive development is that, from 2016-17, the Department has recommended that all newly qualified nurses and midwives should be offered a permanent contract with HSC Trusts. Previously, financial restraints within HSC bodies had meant that this was not always the case. The Department also highlighted analysis which indicates that the proportion of newly qualified staff accepting employment outside of Northern Ireland had reduced from 13 per cent in 2014-15 to 4 per cent in 2016-17.
- 2.33 Nonetheless, any significant levels of staff outflow will present the Department with further difficulties in reducing both vacancy levels and reliance on temporary staff. Part Four of this report outlines the Department's intention to develop more effective staff recruitment and retention strategies. The *2015-25 Plan* has also sought to factor staff outflow into projections of the future number of nursing and midwifery pre-registration training places required. However, the significant reduction in nursing training places commissioned between 2010-11 and 2016-17 (paragraph 3.6), has also contributed to the current staffing shortfalls.

Part Three:

Ensuring the supply of nurses and midwives through workforce planning

An adequate supply of student nurses and midwives is a crucial element of workforce planning

- 3.1 Effective long-term workforce planning is critical in identifying the numbers of nurses and midwives required to cope with current and future demand for care. Within this, it is important that an adequate supply of students is in place to address these factors, as well as retirements and cover for sickness and maternity absence. As **Figure 8** shows, the Department commissions both pre-registration and post-registration nursing and midwifery training and education for students in Northern Ireland from a range of providers.

Figure 8: The Department commissions training and education for nurses and midwives from a range of providers

Type of training/education	Background
Pre-registration (nursing and midwifery)	Training is commissioned from QUB, Ulster University (UU) and the Open University. From 2011, NI moved to three year degree level only programmes, incorporating the Nursing and Midwifery Council's 2010 requirements. Successful completion of this degree results in participants becoming registered nurses and midwives.
Post-registration (nursing and midwifery)	Post-registration education is commissioned from a range of education providers including QUB, UU, and the Open University. It enables nurses and midwives to acquire new skills for specialist and advanced roles including District Nursing, Health Visiting, Infection Prevention, Neonatal Care, Respiratory Disease and Diabetes. This training is crucial in improving population health outcomes and supporting the delivery of transformation initiatives.

Source: NIAO based on information provided by the Department of Health

A review of the nursing and midwifery workforce in 2009 underestimated the number of training places required

- 3.2 In the 2000s, the Department commissioned several nursing and midwifery workforce reviews, culminating in one which was completed in November 2009 (*the 2009 Review*). This covered the period up to 2013, but as it takes three years to obtain a nursing degree, it had implications for workforce planning up to 2016.

- 3.3 *The 2009 Review* projected¹⁷ that the local nursing workforce would increase very marginally between 2008 and 2013, by 76 staff (0.5 per cent), from 14,860 to 14,936. On this basis, it concluded that no changes were required to the 814 pre-registration training places scheduled to be commissioned in 2011. As the Review forecast that the midwifery workforce would reduce by 90 staff (7 per cent) during this period from 1,278 to 1,188, it recommended increasing the number of annual midwifery training places from 50 to 70. This would have delivered an additional 100 midwives by 2016.
- 3.4 Workforce planning is a complex discipline, and in projecting future staffing needs we recognise that no scientific means exist for producing wholly correct estimates. However, in our view, there were limitations with *the 2009 Review's* projections. In particular, its recommendations were based exclusively on estimating the future size of the workforce. Whilst *the 2009 Review* acknowledged that other relevant issues existed, including rising demand for care, it did not factor these into its projections, as it concluded there was insufficient evidence to measure their likely impact. Given this, we consider that *the 2009 Review* under-estimated the number of nursing training places required. The Department told us that it was unable to provide an informed view on the robustness of the review's projections.

Despite evidence of staffing shortfalls, the number of nursing training places commissioned between 2010-11 and 2016-17 was significantly reduced, when the Department was faced with funding pressures

- 3.5 Fewer nursing and midwifery pre-registration training places were subsequently commissioned than *the 2009 Review* had recommended, mainly because the Department reduced the amount of funding allocated to the training budget. Between 2008-09 and 2010-11, the Department spent an annual average of £30.1 million on pre-registration training, but this fell to £28.8 million in the six years between 2011-12 and 2016-17. This represented a reduction of over 4 per cent. The Department told us that it had taken the difficult decision to reduce training levels in the face of wider financial pressures which had impacted on affordability.
- 3.6 **Figure 9** illustrates how the number of pre-registration nursing training places was considerably lower over the seven years between 2010-11 and 2016-17, compared to the 788 places commissioned in 2009-10. Significantly, the failure to maintain the 2009-10 training levels meant that 732 fewer nursing training places were commissioned over these seven years. Although the number of places increased from 646 to 746 between 2015-16 and 2016-17, this was still 42 fewer than in 2009-10.

¹⁷ Projections were based on both the numbers of qualified and student nurses and midwives.

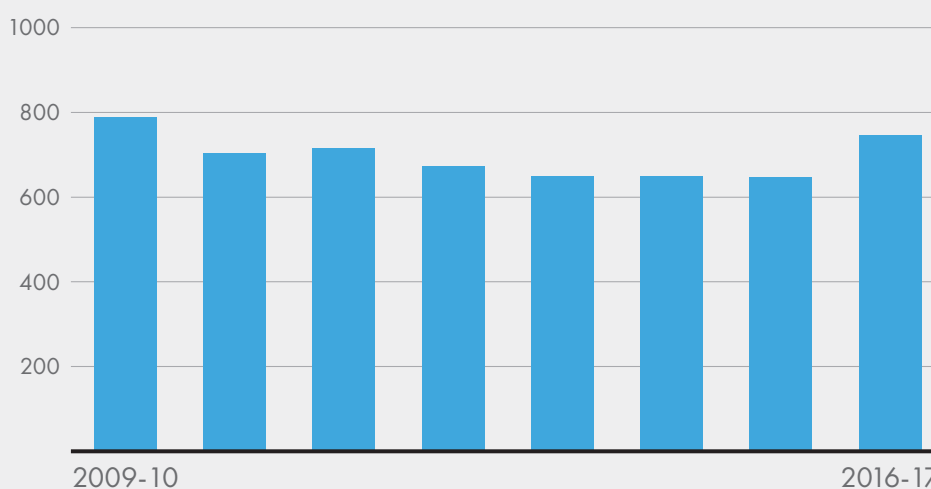
Part Three:

Ensuring the supply of nurses and midwives through workforce planning

Figure 9: Nurse Training

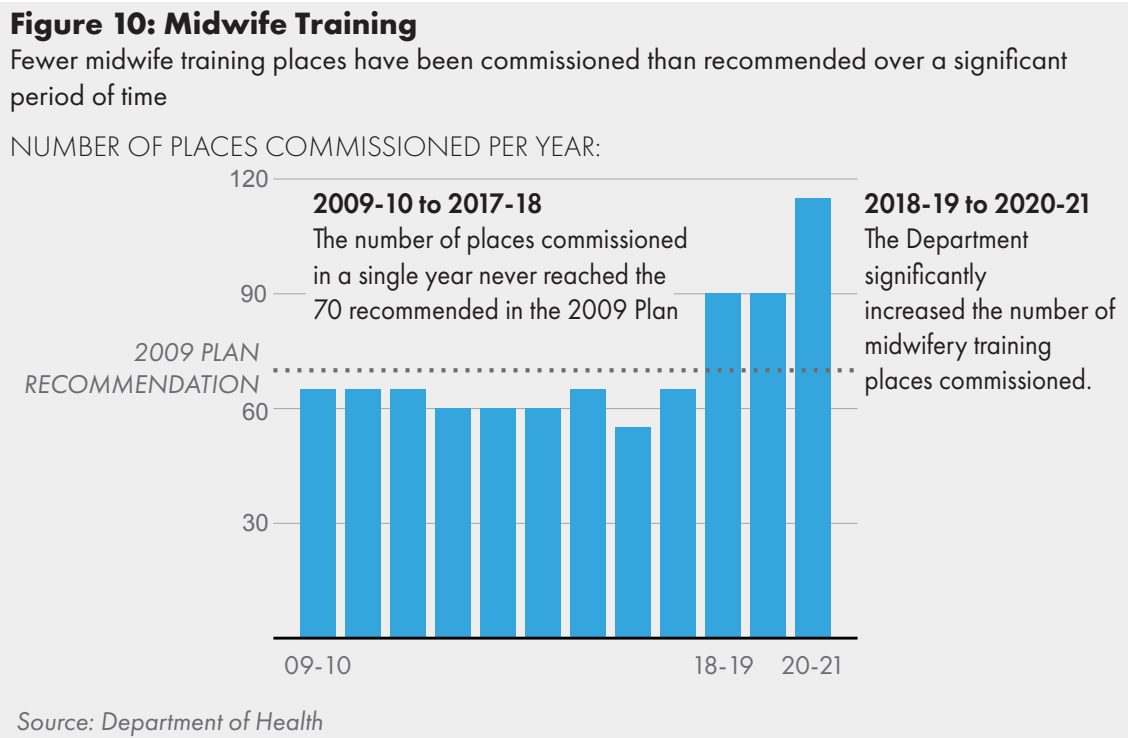
Compared to the 788 places commissioned in 2009-10, the reduction in places over the following six years resulted in 732 fewer places than if the 2009-10 rate had been maintained. Despite the increase in 2016-17 this still remained lower than 2009-10.

NUMBER OF PLACES COMMISSIONED PER FINANCIAL YEAR:



Source: Department of Health

- 3.7 During this period, demand for care was continuing to increase. Furthermore, the significant reduction in nursing training places was sustained over a prolonged period. We consider that this illustrates how the need to implement short term savings can have longer term consequences, as it must have contributed significantly to the increases in both nursing and midwifery vacancies (paragraph 2.8), and spend on bank and agency staff (paragraph 3.29) which have been apparent in recent years. The Department told us that a review commissioned by it which was completed in late 2015 had confirmed an acute shortage of Band 5 nurses, and that action was initiated shortly after this to address this.
- 3.8 The number of annual midwifery training places commissioned also never reached the 70 recommended by the 2009 Review (paragraph 3.3) between 2009-10 and 2017-18. **(Figure 10).**



A revised workforce plan for 2015-2025 recommended increasing the number of nursing training places

- 3.9 The Department commissioned an updated workforce plan for nurses and midwives in December 2013. This work culminated in the publication of *the 2015-25 Plan* in May 2016¹⁸. Its primary focus was to forecast the number of pre and post registration training places required between 2015-16 and 2024-25, and develop an understanding of issues impacting on staff recruitment, retention and career progression.
- 3.10 *The 2015-25 Plan* acknowledged that the eight per cent increase in the nursing workforce since 2008 had been insufficient to keep pace with demand, and that a significant shortfall existed in the number of nurses available to fill vacant HSC and independent sector posts, with the same picture emerging for midwifery. It also highlighted the impact of the cuts applied to the pre-registration training budget.

18 An initial draft of the plan had been published in January 2016.

Part Three:

Ensuring the supply of nurses and midwives through workforce planning

- 3.11 To address staffing pressures, *the 2015-25 Plan* recommended commissioning almost 7,800 pre-registration nursing training places between 2015-16 and 2024-25. This represented an annual increase of 100 places compared to the average numbers commissioned between 2010-11 and 2014-15.
- 3.12 If the *2015-25 Plan's* recommendations are fully implemented, we acknowledge that a significant number of new nurses could enter the local workforce pool by 2028. However, the various factors which impact on workforce planning, such as staff turnover and attrition, make it difficult to quantify this. The proposals must also be viewed in the context that 732 fewer training places were commissioned between 2010-11 and 2016-17, compared to previous levels (paragraph 3.6).

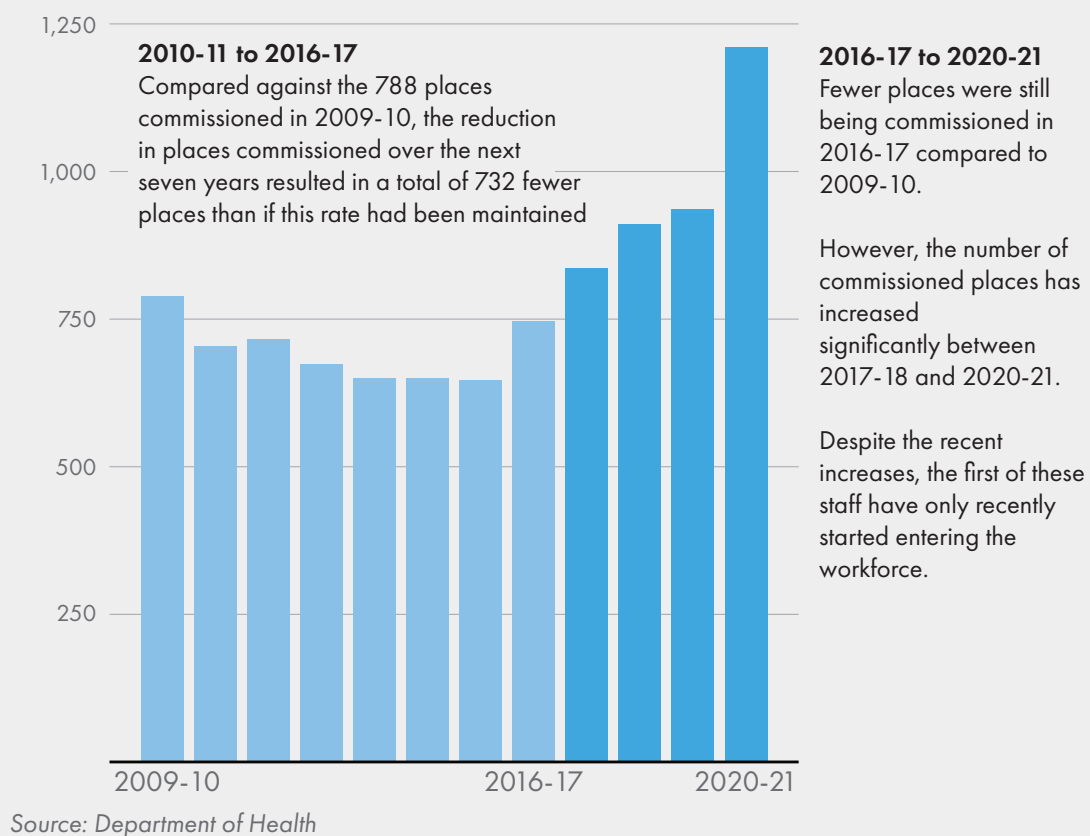
Whilst there were delays in implementing the plan's recommendations, the number of training places commissioned has recently significantly increased

- 3.13 In practice, there were some delays in implementing *the 2015-25 Plan's* recommendations. Whilst it was intended to cover the period between 2015-16 and 2024-25, it was not formally published until May 2016, and was therefore unavailable to inform commissioning for 2015-16 and 2016-17. In those two years, 1,392 pre-registration nursing training places were commissioned, which was 129 fewer than the 1,521 recommended for this period. In both years, the number of places remained below 2009-10 levels, although the 746 places in 2016-17 represented the highest number since 2009-10.
- 3.14 Since then, the Department has significantly increased nursing training levels, with a total of 3,895 places commissioned between 2017-18 and 2020-21 (an annual average of 974 places). In 2020-21 an all-time high level of 1,210 places were commissioned (**Figure 11**). This indicates that the Department has started expanding pre-registration training to try and address the significant staffing shortfalls. However, as it takes three years for a registered nurse to complete training, the first of the increased number of trainees have only recently begun qualifying.
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Figure 11: Nurse Training

Following a number of years where the number of nursing training places was significantly reduced, the Department has begun to increase the number of places commissioned.

NUMBER OF PLACES COMMISSIONED PER FINANCIAL YEAR:



- 3.15 Consequently, it will be some time before the Department and Trusts can assess the degree to which the increased training levels are addressing both the workforce gaps and the rising demand for care. At an earlier stage of our fieldwork, the RCN told us that it was extremely difficult to be confident in the capacity of the *2015-25 Plan* to deliver its objective of ensuring that “sufficient numbers of suitably qualified nurses and midwives are available and best placed to meet the health and care needs of the population in Northern Ireland over the next ten years”. However, the Department has highlighted that proposals within the New Deal, New Decade document have already resulted in substantial additional training places being commissioned in 2020-21 (paragraph 3.14), and that this has also proposed an additional 600 pre-registration places in 2021-22 and 2022-23, to help further strengthen the workforce in future years.

Part Three:

Ensuring the supply of nurses and midwives through workforce planning

- 3.16 The Department told us that *the 2015-25 Plan's* projections¹⁹ had sought to take account of various factors, including rising and changing workloads, vacancy trends, maternity and adoption leave, sickness absence, and the implementation of *Delivering Care*. However, since the plan was developed, the available data indicates that vacancy rates have increased very significantly. Furthermore, it is apparent that a considerable number of additional staff are currently required to fill HSC nursing vacancies and implement the requirements identified by *Delivering Care* to achieve normative nursing levels (paragraph 2.25). Consequently, the substantial increase in training places commissioned may have to be sustained for a considerable period to better align workforce supply with demand.

NIAO Recommendation 3

Within both its annual commissioning of training places and longer-term workforce planning, the Department should clearly demonstrate how it has taken account of rising workloads, outflow of newly qualified staff, and implementing *Delivering Care*.

NIAO Recommendation 4

From 2020 onwards, the Department should monitor whether the increased number of nursing training places is strengthening the permanent HSC workforce and reducing vacancies and reliance on temporary staff. If notable progress is not being achieved, it should reassess if further increases in the number of training places are required.

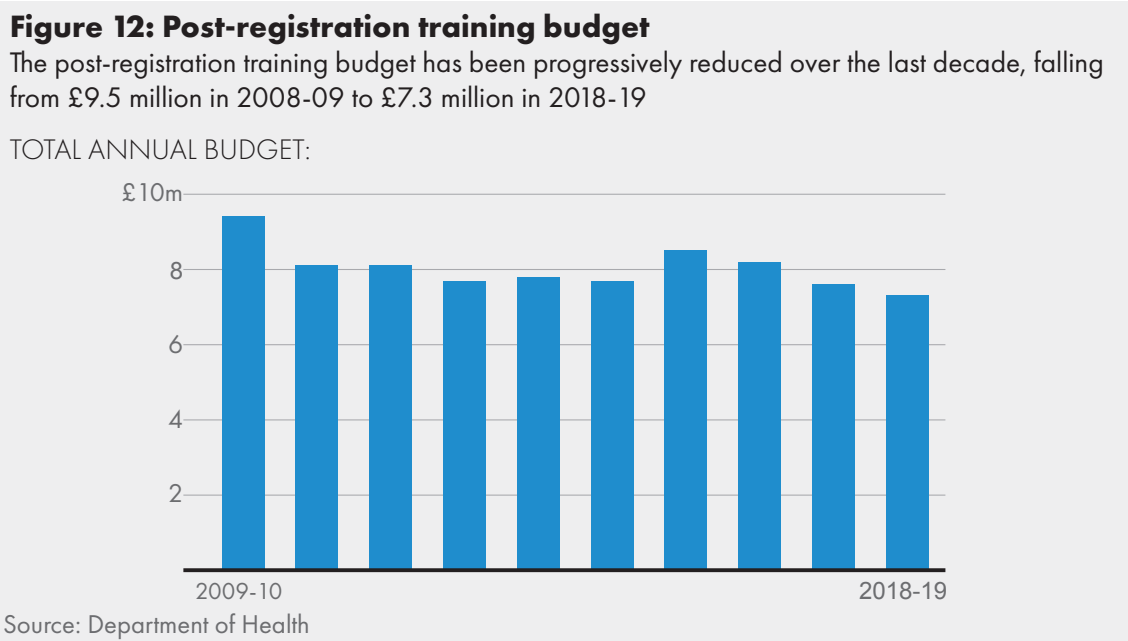
- 3.17 As part of its efforts to address the considerable staffing challenges, the Department has made progress in recent years in ensuring that greater opportunities exist for current HSC staff (including nursing support staff) to progress into a registered nursing career, through increasingly funding pre-registration training by the Open University. Compared to 2015-16, when 25 places were commissioned, this has consistently increased each year, and in 2019-20, 120 places were commissioned. Whilst this initiative will not by itself fully address the current workforce deficits, it will assist the Department to some degree in trying to secure the required staffing levels.
- 3.18 *The 2015-25 Plan* also recommended that 530 midwifery pre-registration training places be commissioned between 2015-16 and 2024-25. The Department told us that these projections had been based on evidence then available including a birth rate in Northern Ireland which has been decreasing since 2012 and an apparent over-supply of midwives.
- 3.19 Currently, 22 per cent of midwives are currently aged over 55 and over 570 retirements are forecast to occur over the period of the *2015-25 Plan*. More recently, the Department has commissioned 275 midwifery training places between 2015-16 and 2018-19, and a further 205 places in 2019-20 and 2020-21 (**Figure 10**). This is substantially higher than the training levels recommended by the *2015-25 Plan*. Similar to the registered nursing workforce, this means that the Department has recently taken action which aims to address the significant

¹⁹ The plans projections were based on The Skills for Health Six Steps Methodology for Integrated Workforce Planning.

staffing gaps which have been developing. However, again, it will need to regularly review whether the workforce is sufficiently resourced to cope with patient demand.

The post-registration nursing training budget was significantly reduced but is progressively being restored to previous levels

- 3.20 The post-registration nursing training budget has also been progressively reduced. In 2008-09 and 2009-10, the Department allocated £9.5 million and £9.4 million respectively to the budget, but between 2010-11 and 2018-19, this has fluctuated between £7.3 million and £8.5 million, with an average of £7.9 million allocated. In 2018-19, the allocated budget fell to £7.3 million (**Figure 12**).



- 3.21 The Department acknowledges that the reduced post-registration training budget has resulted in the number of commissioned programmes and places falling, but as data is only available from 2014-15, it is not possible to fully quantify the extent of this reduction. As **Figure 8** noted, post-registration training is particularly important in the context of equipping nurses to acquire new skills for specialist and advanced roles, and in helping deliver initiatives aimed at transforming healthcare services. The RCN told us that the cuts to the post-registration budget have had “a devastating effect upon the specialist community workforce in Northern Ireland”. It also told us that key nursing groups covered by post-registration training, including District Nursing, Health Visiting, School Nursing and Mental Health Nursing, were precisely the workforce groups which should have been expanding to help deliver transformation, instead of dis-investing in these.

Part Three:

Ensuring the supply of nurses and midwives through workforce planning

- 3.22 The Department highlighted that requirements for its various priorities are considered in the context of available funding, and that the local health and social care system is continuing to experience mounting pressures, with costs associated with maintaining existing service models continuing to increase at a pace which cannot be sustained. It pointed out that decisions on which programmes are commissioned are taken by its Education Commissioning Group who strive to establish how key strategic priorities can be met within the available budget. It highlighted that the availability of transformation funding in 2018-19 had permitted significant increases in training places across some of the strands of post-registration training, with specialist practice places increasing by 20 per cent from 98 to 118, and Advanced Nurse Practitioner places doubling from 16 to 32 since 2017-18. More recently, the Department has increased the post-registration training budget to £10 million in 2020-21, and intends further increasing it to £11.3 million in 2021-22, thereby restoring it to its previous highest level, subject to inflation.
- 3.23 In respect of District Nursing, *the 2015-25 Plan* recommended commissioning 340 training places between 2015-16 and 2024-25. Although this represented twice the numbers commissioned between 2008 and 2015, it is still notably lower than the 406 potential retirements over this period. The Department also told us that, in practice, the recommended annual 40 training places between 2015-16 and 2018-19 had not been filled, as Trusts had increasingly been unable to release nurses into the full-time training programme due to community nursing staff shortages. In our view, the level of projected retirements, combined with the inability to fill training places will likely lead to increasing staffing gaps in the local District Nursing workforce.

The Department is taking interim steps to strengthen the local nursing workforce

- 3.24 As well as commissioning the longer term 2015-25 Plan, the Department established a working group in May 2015 to assess the challenges which existed with recruiting and retaining nurses, particularly at Band 5 level²⁰.
- 3.25 When the group reported its findings in December 2015, it confirmed that there were insufficient Band 5 nurses to fill existing vacancies, largely because demand was outstripping supply. In our view, the reduction in pre-registration training must have contributed significantly to this situation. The group also identified concerns over newly qualified nurses leaving Northern Ireland to work elsewhere, highlighting that, in recent years, Trusts had been unable to offer all these nurses permanent contracts, due to funding constraints, and uncertainties arising from Trusts having to break even and operate in a one year budgeting cycle. The group recommended that steps be taken to address this situation. The department again highlighted that more recently, all students who had completed departmentally-commissioned courses had been offered permanent Band 5 posts within the HSC sector.

²⁰ Band 5 is the level which newly qualified registered nurses enter the workforce.

- 3.26 To address another of the group's recommendations, the Department and Trusts launched an international nursing recruitment campaign in January 2016, with the overall objective of addressing nursing vacancies through appointing 622 additional staff by March 2020. At March 2020, the programme had secured 504 overseas staff, 458 of whom currently remain in post.
- 3.27 However, the initiative will take four years to fully deliver, which is a year longer than it takes a university nursing student to qualify. The RCN has attributed the lengthy time taken to appoint overseas nurses to the requirements for achieving UK nursing registration, including an English language test with a high failure rate, and a clinical skills test, as well as stringent visa criteria. The Department told us that the introduction of web-based Interviews had helped speed up recruitment and that the project is expected to achieve the target of 622 nurses, albeit by late 2020, although a variety of market and regulatory factors may impact on final numbers. Whilst the initiative has potential to help ease local staffing pressures, the 622 additional nurses envisaged will only partly address the staffing numbers required to fill current HSC vacancies and provide normative levels of nursing care (paragraph 2.25).

In response to increased demands, the Department's reliance and expenditure on temporary nursing staff has significantly increased

- 3.28 When workforce gaps arise, the Trusts use temporary staff to supplement their nursing and midwifery workforce. The temporary staff are drawn from both internal staff banks and external agencies. In addition to being more expensive than permanent staff, evidence suggests that using temporary staff to provide cover is less likely to deliver satisfactory patient outcomes²¹.
- 3.29 Although using temporary staff to maintain service provision is sometimes unavoidable, reliance on this option has been escalating sharply for a sustained period:
- In 2006-07, the Trusts spent £14.6 million on temporary nurses and midwives. By 2011-12, this had increased to £45.2 million, and it has subsequently continued to rise, reaching £115 million in 2018-19.
 - Between 2011-12 and 2018-19, the percentage of staff costs spent on bank and agency nurses and midwives increased from 6.6 per cent to 13.2 per cent. Furthermore, temporary staff costs rose by 154 per cent compared to just under 28 per cent for total staff costs **(Figure 13)**.
- 3.30 The vast majority of these costs relate to nursing rather than midwifery staff. Whilst more than £87 million was spent on temporary staff in 2017-18, the RCM told us that data obtained from the Department showed that only £1.5 million was spent on temporary midwives in 2017.

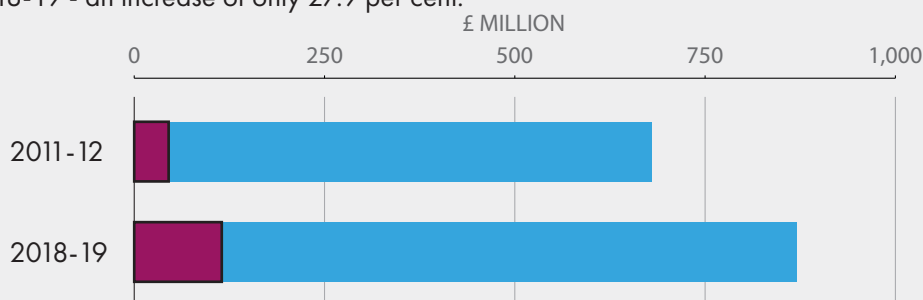
21 Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry, February 2013.

Part Three:

Ensuring the supply of nurses and midwives through workforce planning

Figure 13: Between 2011-12 and 2018-19, costs of temporary nursing staff have increased by over 150 per cent

In contrast, total staff costs have increased from £680 million in 2011-12 to £870 million in 2018-19 - an increase of only 27.9 per cent.



Total expenditure incurred on **bank and agency staff** increased from £45 million in 2011-12 to £115 million in 2018-19: an increase of just over 150 per cent.

This increased expenditure accounted for a larger proportion of total spend over the period from 6.6 per cent in 2011-12 to 13.2 per cent in 2018-19.

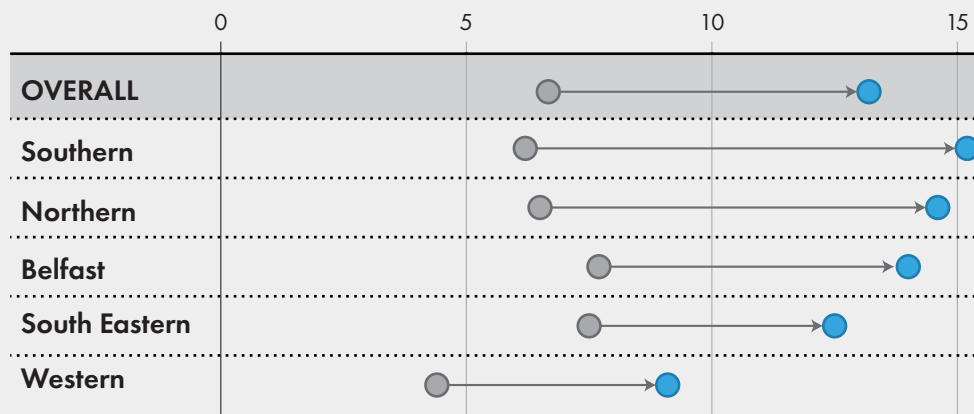
Source: Department of Health and HSC Trusts

- 3.31 Data on staffing costs was only available for Scotland. In 2018-19, temporary nursing and midwifery staff accounted for 13.2 per cent of staffing costs in Northern Ireland, compared to 8.8 per cent in Scotland in 2018²². Agency staff alone accounted for 6 per cent of local staffing costs, compared to only 1.2 per cent in Scotland.
- 3.32 The increasing reliance on temporary staff has impacted on all Trusts, accounting for a significantly increasing percentage of total staffing costs since 2011-12 (**Figure 14**).

Figure 14: Temporary Staff Costs

Between 2011-12 and 2018-19 the overall proportion of staff costs relating to temporary staff has increased across the system.

% OF STAFF COSTS USED ON TEMPORARY STAFF:



Source: Department of Health

- 3.33 Although the Department has overall responsibility for HSC workforce planning, it is not fully sighted on how the different factors are contributing to the rising reliance on temporary staff, as:
- the expenditure data it holds is not disaggregated across the three staffing streams;
 - Trusts are not required to report why they have to engage temporary staff; and
 - whilst Trusts gather data on temporary staff usage by nursing fields of practice, the Department does not routinely monitor this.
- 3.34 The Department told us that an existing protocol sets out when Trusts are permitted to engage short-term temporary nursing staff, and that each Trust has also developed guidance for employing agency staff. The Department also stated that the Trusts are committed to ensuring that temporary staff are only used as a means of providing cover for essential services and that approval to use such staff is required from a Trust Director. However, the escalation in costs clearly shows the need for more effective and strategic long-term workforce planning, for which the Department has lead responsibility.

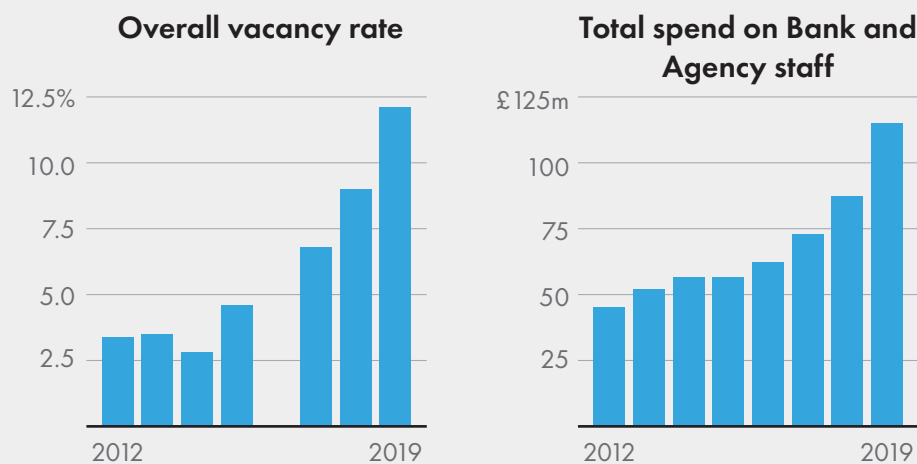
Part Three:

Ensuring the supply of nurses and midwives through workforce planning

- 3.35 **Figure 15** shows that when HSC nursing and midwifery vacancies increased from 3.4 per cent to 9 per cent between 2012 and 2018, temporary staff costs rose from £45.2 million to £87.3 million in a broadly similar period. However, there has not always been a straightforward link. Whilst vacancies increased from 2.8 per cent to 4.6 per cent between 2014 and 2015, temporary staffing costs remained virtually unchanged.
- 3.36 The Department told us that the increasing demand for care had been the main factor behind the rise in temporary staffing costs. However, underlying this, the difficulties in ensuring that staffing levels have kept pace with demand will, in our view, also have contributed to the rising vacancy levels and temporary staff costs. Other relevant influencing factors include sickness and maternity absence, the implementation of *Delivering Care*, work-life balance issues and even generational attitudes towards working choice and patterns.

Figure 15: Vacancy levels and temporary staff expenditure

Available evidence indicates that as nursing vacancies have been increasing spend on temporary staff has also been rising



Note: HSC vacancy rate data was not collected for 2016

Source: Department of Health and HSC Trusts

NIAO Recommendation 5

The Department should routinely monitor data to identify the specific causal factors driving the increased reliance and expenditure on temporary staff, and consider how these can be addressed within longer-term workforce planning. This should include identifying the nursing fields of practice and service areas most reliant on temporary staff, and expenditure being incurred on covering long-term vacancies.

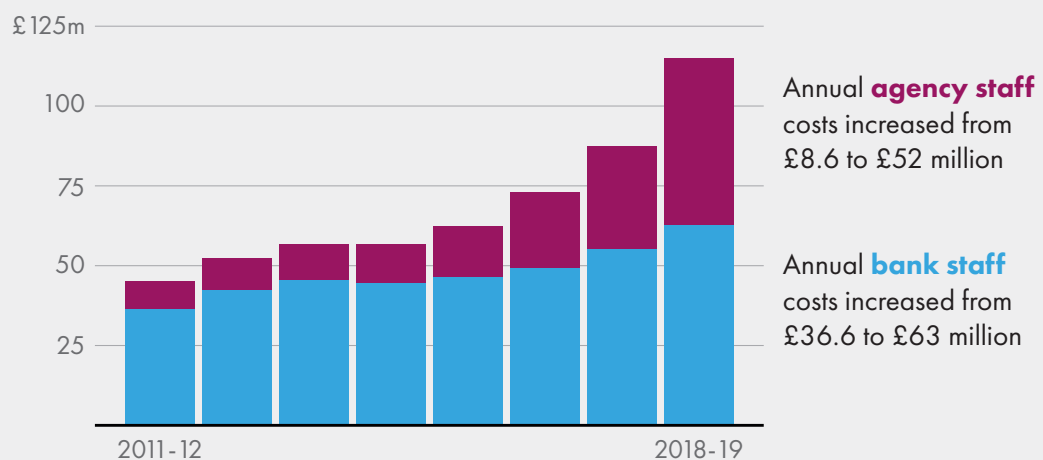
Reliance on the most expensive and least favoured option of agency staff has risen very significantly

- 3.37 When Trusts need to engage temporary cover, using agency staff is more expensive than bank staff, and is also less likely to result in staff being deployed in less familiar clinical settings. However, the Trusts have become increasingly reliant on agency provision. In 2011-12, agency staff accounted for 19 per cent of temporary staffing costs, but by 2018-19, this had risen to 45 per cent. In this period, annual spend on agency staff rose by 502 per cent, from £8.6 million to £52 million (**Figure 16**).

Figure 16: Agency and Bank staff costs

Overall expenditure on temporary staff has increased significantly between 2011-12 and 2018-19. Expenditure on Agency staff, which is a more expensive option than using bank staff and less likely to deliver strong patient outcomes, has increased by 500 per cent.

TOTAL ANNUAL EXPENDITURE:



Source: Department of Health

- 3.38 The increasing expenditure on agency staff mirrors the findings of our recent follow-up review on locum doctors²³ and clearly does not provide good value for money. This is illustrated by the fact that three of the five Trusts²⁴ told us that, in 2018-19, they had paid hourly rates as high as £131 for non-contracted agency nurses and incurred costs of between £1,400 and £1,700 for single nursing shifts on bank holidays. As with the increased overall use of temporary staff, the growing reliance on the agency sector is likely attributable to several factors (paragraph 3.36).
- 3.39 In addition, the decision taken to reduce the number of training places (paragraphs 3.5 to 3.16) means that the growth of a strong internal HSC staff bank has been limited. In this respect, the RCN told us that measures introduced to save costs were now generating challenges which were becoming more expensive to address.

23 Follow-up reviews in the Health and Social Care Sector: Locum Doctors and Patient Safety, April 2019.

24 Belfast, South Eastern and Western HSC Trusts.

Part Three:

Ensuring the supply of nurses and midwives through workforce planning

- 3.40 Our recent report on locum doctors also highlighted how the strong financial and lifestyle incentives associated with agency employment can deter doctors from committing to a substantive post. These include having autonomy over where and when they work, and the potential to earn more than permanent staff. In our view, the increasing reliance on agency nurses suggests that a similar situation is emerging for nursing, and is presenting the HSC sector with increasing challenges in recruiting permanent staff.
- 3.41 The Department told us that the action it has taken in recent years to increase significantly the number of pre-registration nursing and midwifery training places demonstrates its sustained commitment to growing the HSC workforce. It also highlighted that the publication of *the 2026 Strategy* in May 2018 aims to support the overall long-term agenda to transform the delivery of health and social care in Northern Ireland.

The Department has not achieved a target to reduce reliance on temporary staff

- 3.42 In 2014, the Department attempted to reduce reliance on temporary staff through setting a target for that year to reduce the use of bank and agency nurses and midwives by 75 per cent. At this stage, it was envisaged that the target could be achieved through implementing *Delivering Care* and reducing vacancies and absenteeism. However, the Department told us that it had not proved possible to achieve this target against the background of rising HSC nursing vacancy levels, and recruitment challenges created by the global nursing shortage. In our view, the level of sickness absence amongst HSC nurses and midwives (paragraph 4.7) must also have contributed to this. The Department told us that any future targets in this area would need to be carefully researched and developed.
- 3.43 It also highlighted that there was clear evidence that rising agency costs were closely linked to the current configuration of services, meaning that transformation of these is a key priority. The Department is currently working with HSC employers on detailed proposals to reduce agency and locum spend, with an initial objective of reducing use of non-contracted agencies.

Stakeholders have expressed concerns over significant nursing staff shortages

- 3.44 Given the considerable difficulties with recruiting and retaining nurses, and the slow progress in implementing *Delivering Care*, stakeholders have unsurprisingly expressed concerns in recent years over local staffing levels. **Figure 17** summarises issues raised by the RCN to the Health Committee in April 2015, and by the Regulation and Quality Improvement Authority (RQIA)²⁵ to the Department in November 2017 (the first time RQIA had taken such action), following a series of inspections of local hospitals and nursing homes.

25 RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvement in the quality of those services.

Figure 17: RCN and RQIA have raised significant concerns about nursing staffing levels in Northern Ireland

Concerns raised by RCN	Concerns raised by RQIA
<ul style="list-style-type: none"> • staff shortages, with <i>“evidence of real concerns that patient safety is at risk”</i>. • significant nursing vacancies in the independent sector, with evidence of Trusts, who can offer better terms and conditions, poaching staff from the sector 	<ul style="list-style-type: none"> • staffing levels were a problem in almost every area inspected. • reliance on agency and bank nursing staff due to a shortage of permanent staff, was impacting on the continuity of delivery of local nursing care. • nursing shortages were reducing staff morale, leading to higher sickness absence, and impacting on staff training, appraisal and supervision, which in some cases was leading to less effective patient care. • nursing shortages were a factor behind the closure of two local care homes, with the lack of beds in homes in that area potentially having a knock-on effect on hospital discharges.

Source: RCN and RQIA

- 3.45 The impact of nursing shortages has also been recorded in recent years on the corporate risk registers of all of the HSC Trusts excluding Belfast, with the Northern, South Eastern and Western Trusts having allocated this an ‘extreme’ risk rating. This further highlights the scale of challenge facing the Department and Trusts in addressing the significant staffing gaps and shortfalls.

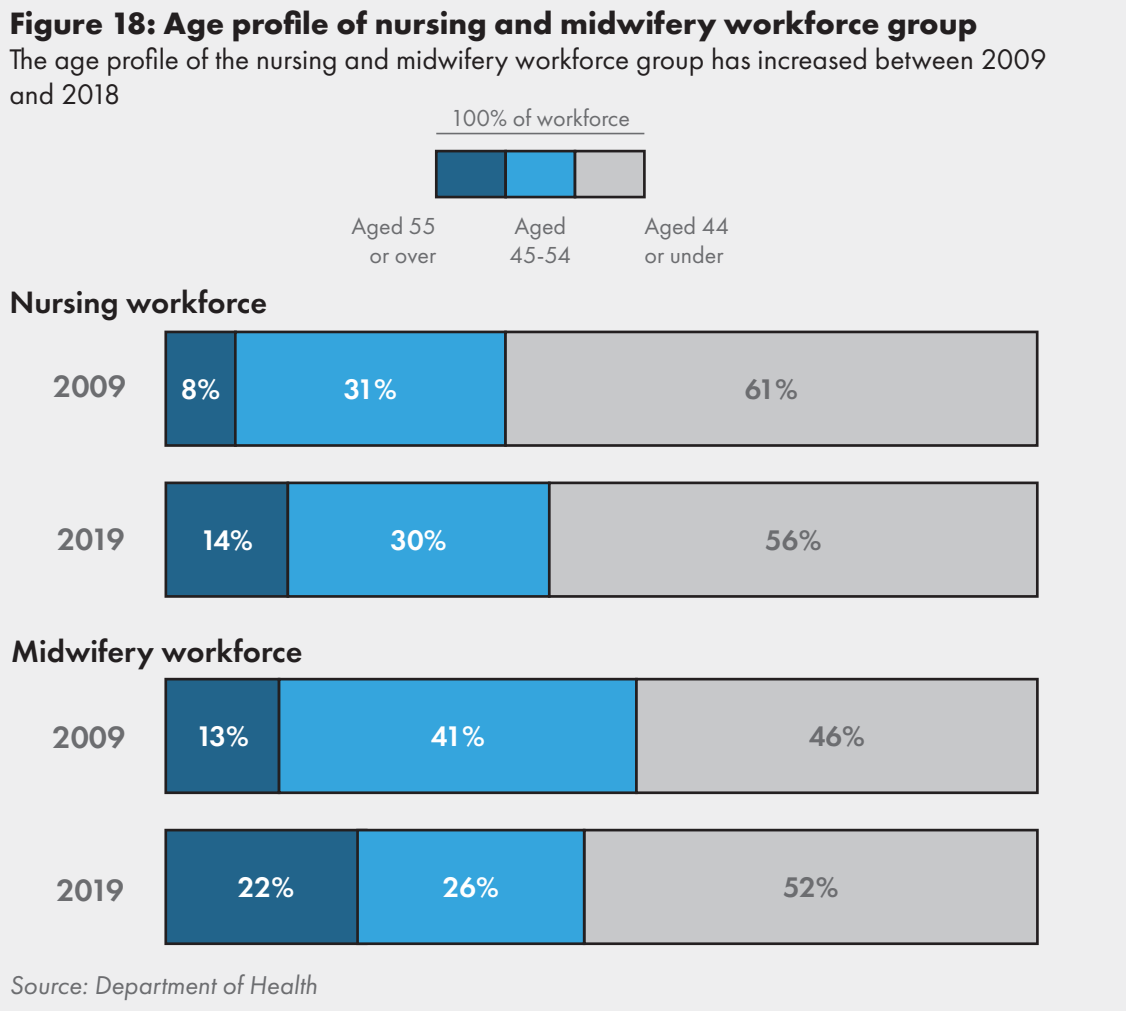
Part Four: Addressing Key Workforce Challenges

- 4.1 Successful workforce planning requires consideration of wider issues than projecting the level of training places required. These include:
- addressing the age profile of the workforce;
 - managing sickness absence;
 - supporting transformation of healthcare services to cope with the rising demand for care, by ensuring the availability of sufficient numbers of staff with the right skills and expertise, and appropriate service reconfiguration; and
 - assisting staff recruitment and retention through making the HSC an attractive employee destination.

This part of the report considers these issues.

Substantial numbers of nurses and midwives could retire over the next ten years

- 4.2 Monitoring the workforce age profile helps identify likely retirement patterns and assist succession planning. In assessing this area, *the 2009 Review* highlighted potential future challenges in some front-line service areas where a disproportionately high percentage of the nursing and midwifery workforce was drawn from older age groups and where future retirements and attrition could prove problematic.
- 4.3 Despite this evidence, the Department, faced with financial pressures, subsequently reduced the number of pre-registration nursing training places commissioned between 2010-11 and 2016-17, and the age profile of local HSC nurses and midwives has continued to rise notably since then. Currently, 14 per cent of nurses and 22 per cent of midwives are aged 55 and over **(Figure 18)**.
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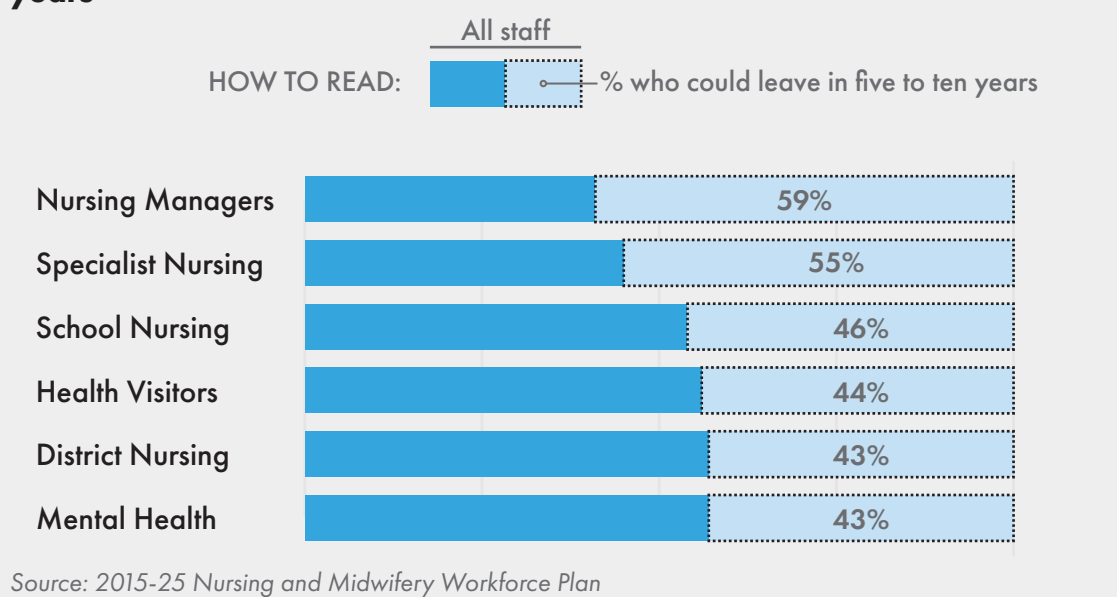
- 4.4 Within such an age profile, significant numbers of impending retirements could potentially place an already stretched workforce under even greater pressure. However, forecasting retirement patterns is problematic for several reasons. For example, eligibility for retirement differs for specific grades and pension schemes, with midwives and some nursing staff being able to retire at 55. Employers are also now unable to specify a compulsory retirement age, and changes introduced following the Hutton Review of Public Sector Pensions²⁶ could result in staff working beyond their planned retirement age.

26 A review into the future of public sector pensions by an Independent Public Service Pensions Commission which was headed by Lord Hutton and which published its findings in October 2010.

Part Four: Addressing Key Workforce Challenges

- 4.5 Despite these difficulties, *the 2015-25 Plan* forecast that over 40 per cent of staff in some key nursing fields of practice could retire or leave the service for other reasons over the next five to ten years (**Figure 19**):

Figure 19: A significant proportion of staff in key fields of nursing practice and managerial positions could leave the HSC sector in the next five to ten years



One Health Trust also told us that, within some of its nursing specialisms, there is evidence that a significant number of retirements is anticipated. The Department told us that the groups above contain relatively small numbers of staff which tend to have an older age group due to the level of experience required. It also highlighted that the current age profile of the groups does not provide significant cause for concern.

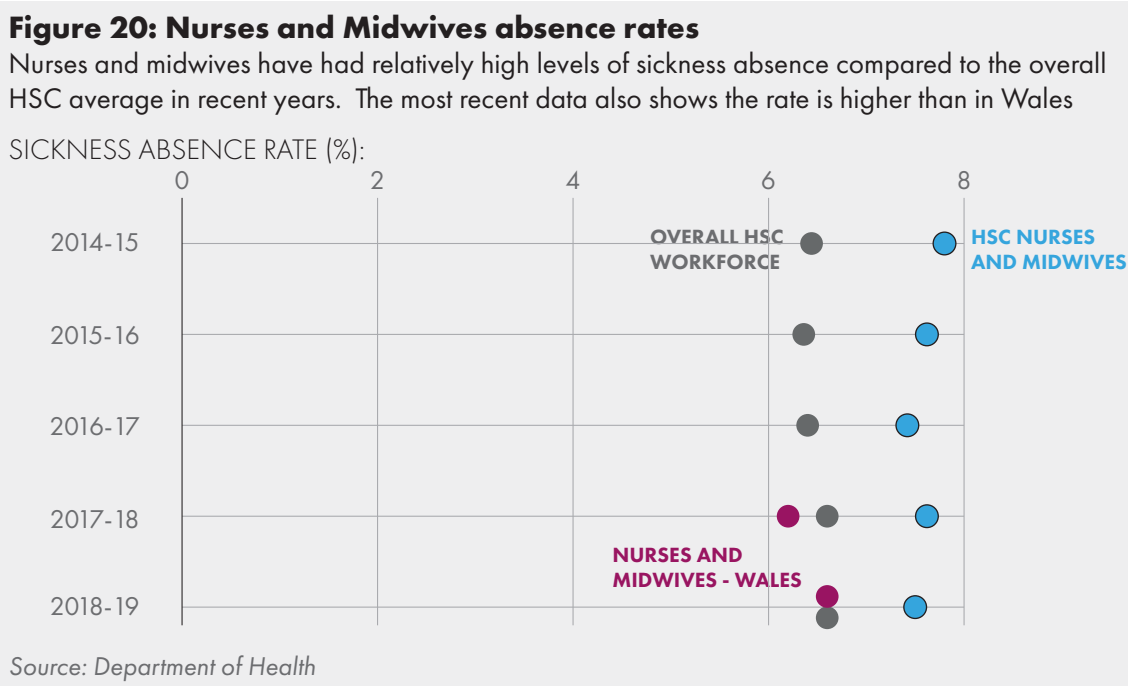
- 4.6 In addition to nursing, 23 per cent of midwives are now aged over 55 and are therefore eligible to retire. The number of HSC midwives in post has also reduced between 2012 and 2018, and vacancy rates have risen notably in recent years (paragraphs 2.7 to 2.9).

NIAO Recommendation 6

Allied to the rising demand for care and high vacancy levels, the Department should consider whether workforce planning has taken sufficient account of the age profile of the nursing and midwifery workforce, and re-assess whether current projections will suitably address existing and longer-term staffing gaps.

Nurses and midwives have relatively high sickness absence rates

- 4.7 In comparison to nurses and midwives in Wales²⁷ and the overall HSC workforce, HSC nurses and midwives have relatively high sickness absence levels. In 2012-13, this workforce group lost 6.6 per cent of working days due to sickness absence. Although a target to reduce this to 5 per cent was set in 2014, the sickness absence rate has instead increased to 7.5 per cent in 2018-19. This compares to 6.6 per cent for both the overall HSC workforce, and for nurses and midwives in Wales (**Figure 20**). Sickness absence is therefore a further issue which needs to be considered within workforce planning.



- 4.8 The 2015 HSC staff survey results provided insights into possible contributory factors to the absence levels. Some 71 per cent of nurses stated that they regularly worked beyond their contracted hours, with 59 per cent claiming to have worked up to five additional unpaid hours each week. In addition, only 31 per cent believed that their employer was committed to facilitating a work-life balance. In respect of sickness absence among midwives, the RCM told us that its research identified high levels of emotional distress as a contributory factor. Together with its core sickness absence data, the results of the HSC staff survey provide the Department with important information which could help it identify the substantive issues which need to be addressed if sickness absence among nurses and midwives is to be reduced.
- 4.9 The combined effect of increasing vacancy levels and high sickness absence across a workforce of over 22,000 will have contributed to the current reliance on bank and agency

²⁷ Wales was the only other part of the UK for which comparable data was available.

Part Four: Addressing Key Workforce Challenges

staff. In the coming years, the Department is likely to face challenges in trying to minimise sickness absence among HSC nurses and midwives given the ageing workforce, more staff possibly having to work longer than anticipated, and the rising demand for care. Indeed, most of these factors apply across the wider HSC workforce.

- 4.10 Reducing the level of sickness absence among HSC nurses and midwives would clearly help improve workforce efficiency. To try and address this area, the recently published *2026 HSC Workforce Strategy (the 2026 Strategy)* proposes two actions to be implemented by 2021:
- developing an HSC staff health and wellbeing framework, with the aim of assisting staff to remain resilient, and physically and mentally well at work; and
 - establishing sustainable occupational health services.

NIAO Recommendation 7

Given the unremitting workload pressures facing the HSC sector, it is appropriate that the Department intends applying an increased focus on staff health and wellbeing. In implementing its proposed actions, it should seek to identify the main causal factors of sickness absence within the different HSC workforce groups, and consider what steps can be taken to address these to try and minimise absence levels.

An HSC workforce strategy aligned to the transformation agenda was not published until 2018

- 4.11 For some time, it has been recognised that the HSC sector requires fundamental reorganisation to enable it to better cope with the growing numbers of people living longer, but with long-term conditions. To successfully facilitate such transformation, which involves relocating elements of care provision from hospitals to primary care and community settings, strong workforce planning is required to ensure the availability of appropriate numbers of staff with the right skills and expertise.
- 4.12 However, transforming care models and the associated workforce planning have both proved challenging and progress on both fronts has been fairly limited. Whilst the Department launched *Transforming Your Care (TYC)*²⁸ in December 2011, a review of HSC governance arrangements in 2014²⁹ found that the initiative had not made the degree of progress anticipated. In addition, despite progress in some areas of workforce planning, there had been no commitment within TYC to develop a formal HSC workforce strategy. In January 2016, the Department appointed an international expert panel³⁰ to advise on how transformation could be taken forward.

28 Transforming Your Care proposed a new model of care for the HSC sector in Northern Ireland.

29 The Right Time, the Right Place (December 2014).

30 The panel was chaired by Professor Rafael Bengoa.

4.13 Having considered the panel's findings³¹, the Department launched 'Delivering Together' in October 2016 as its revised ten year vision for future care delivery. Recognising the need for progress on workforce issues, *Delivering Together* committed to publishing an HSC wide workforce strategy by May 2017. In the event, *the Health and Social Care Workforce Strategy 2026 (the 2026 Strategy)* was not published until May 2018. The Department told us that progress had been hampered by a number of events, including the suspension of the Assembly.

The 2026 Strategy aims to address key workforce challenges and pressures, and there is a need to achieve progress in implementing its measures

4.14 *The 2026 Strategy* acknowledges the need to "resolve fundamental problems with supply, recruitment and retention of the health and social care workforce", as well as highlighting key challenges:

- high sickness absence;
- increasing spend on temporary staff;
- high HSC vacancy rates, particularly within nursing and midwifery;
- continuing lack of clarity over how the HSC sector would be configured by 2026; and
- the potential impact of Brexit on workforce supply.

4.15 By 2026, *the 2026 Strategy* aims to achieve three objectives:

- By **2019**, the Department and HSC providers will be able to monitor workforce trends and issues effectively, and take proactive action to address these before problems become more acute.
- By **2021**, health and social care in NI will be a fulfilling and rewarding place to work and train, and staff will feel valued and supported.
- By **2026**, the reconfigured health system will have the optimum number of people in place to deliver treatment and care and wellbeing to everyone in Northern Ireland, with the best possible combination of skills and expertise.

Underlying these objectives are ten themes and 24 proposed actions.

4.16 As it is striving to assist the HSC sector successfully transform services, a number of *the 2026 Strategy's* measures are specifically aimed at equipping the workforce to deliver the care models envisaged by *Delivering Together*. This is important, given the limited progress previously achieved in realigning the workforce to help deliver *TYC*.

Part Four: Addressing Key Workforce Challenges

NIAO Recommendation 8

The Department needs to robustly monitor developments to ensure that substantive progress is being achieved in implementing the actions, targets and milestones of both *Delivering Together* and the *2026 Strategy*, and that effective liaison arrangements exist between those responsible for implementing transformation and for progressing workforce planning.

The Strategy aims to achieve 40 milestones by December 2020, but progress will require strong oversight and access to funding

- 4.17 When the *2026 Strategy* was published, the Department committed to establishing a number of groups to assist oversight and governance arrangements for its implementation phase (**Figure 21**):

Figure 21: Proposed implementation arrangements for 2026 Strategy

Implementation Group	Responsibilities
Programme Board	Plan and formally monitor and manage implementation, with progress being “ <i>informally reviewed periodically</i> ”.
Reference Group	Provide the programme board with advice and assurance on progress, and resolve any issues which arise.
Working Groups	Oversee delivery of ten individual strategy themes.
Performance Working Group	Develop relevant performance indicators, potentially including reductions in vacancy rates and temporary staff usage, and re-design the HSC staff survey to measure progress against intended outcomes.

- 4.18 At this stage, both the Programme Board and the Reference Group have been established and work is ongoing to finalise the working groups to take forward the strategy actions. Scoping work is also ongoing to determine the progress to date against each action, both at a local and regional level. The HSC staff survey has also been re-designed to help track progress in achieving the actions and the Programme Board has commenced work with the HSC to develop a suite of performance indicators which will provide the basis for measuring progress against all strategy themes, in line with outcome based accountability principles. Going forward, the Reference Group will have an important role in closely monitoring progress

on delivering the individual actions, and escalating any concerns upwards promptly to the Programme Board.

- 4.19 Whilst the Department has undertaken initial work to progress some strategy actions, we consider it important that implementation should now gather pace. An initial action plan has outlined 40 milestones which the Department aims to achieve by December 2020 for the *2026 Strategy's* 24 actions. In our view, achieving the following will be particularly important:
- improving workforce business intelligence by identifying gaps in workforce data;
 - exploring workforce data systems to inform more evidence-based decision making;
 - establishing a regional HSC careers service;
 - designing non-salary incentive programmes;
 - establishing a rolling, prioritised programme of workforce plans;
 - progressing recommendations from existing workforce reviews; and
 - introducing an optimum workforce model framework.
- 4.20 At this stage, the degree of funding required to implement *the 2026 Strategy* is unclear. Whilst the Department has acknowledged the need for *“more investment in people, and effective workforce engagement and planning”*, it has also stated that it does not *“automatically assume that a certain amount of new money would be needed for it to succeed”*.
- 4.21 Where new needs are identified, the Department has committed to making the best possible funding case. In this respect, it told us that the individual actions will be costed as they are taken forward. In our view, some of the actions might require substantial funding to be fully implemented, and if this is the case, there is no certainty that this will be made available in the context of competing financial priorities.
- 4.22 Consequently, the Department needs to assess which actions could potentially deliver the most significant longer-term savings and benefits, and provide the best returns on investment. For example, enhanced workforce planning and staff recruitment and retention initiatives may help reduce HSC vacancy levels and spend on temporary staff, whilst improved occupational health services could assist the Trusts in reducing sickness absence rates.
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Part Four: Addressing Key Workforce Challenges

There is a need to address staff recruitment and retention issues

- 4.23 Whilst *the 2009 Review* had initially flagged up the need for incentives to try and improve recruitment and retention for HSC nurses and midwives, *the 2026 Strategy* acknowledged that further work is still required in this area. It proposes introducing non-salary incentive programmes for the different HSC professions by the end of 2020, to try and make the HSC sector an attractive choice of employee destination.
- 4.24 The RCM told us that its members viewed better development opportunities, more flexible working, and better support for staff as key factors for improving recruitment and retention for midwives. The survey of final year nursing and midwifery students undertaken for *the 2015-25 Plan* (paragraph 2.31) also highlighted factors which would encourage or discourage newly qualified staff from taking up employment in Northern Ireland (**Figure 22**). In designing its incentive programmes we consider that the Department should take account of this available evidence.

Figure 22: Factors which would encourage or discourage local final year nursing students from working in Northern Ireland

Factors encouraging students to take up a post in NI	Factors discouraging students from taking up a post in NI
<ul style="list-style-type: none"> • being close to home • good promotion opportunities • a supportive employer • good preceptorship programme • job security • choice to work in area of interest • familiar with the system • permanent post • early advertisement of posts • a rotational placement scheme across the statutory and independent sectors if they could not obtain a post after completing training 	<ul style="list-style-type: none"> • temporary contract • lack of staff on wards • unsupportive working environment • poor preceptorship programme • waiting lists for jobs • placed in unsuitable area • lack of opportunities to progress • working conditions putting registration at risk

Source: *Nursing and Midwifery 2015-25 Workforce Plan*

Achieving the Strategy's objectives will prove challenging

- 4.25 The RCN and RCM have both welcomed the publication of *the 2026 Strategy*. The RCN regards it as an honest assessment of the challenges facing the local nursing workforce. It considers that its proposed measures, if appropriately resourced, implemented and evaluated, will significantly improve workforce planning and benefit the nursing workforce. The RCM told us that it was pleased that specific workforce challenges including recruitment, retention and age profile have been highlighted as fundamental issues that need to be tackled.
- 4.26 However, the RCN considers that sustainable funding and effective workforce management will be required to achieve the strategy's vision, particularly in respect of supply, recruitment and retention of staff.
- 4.27 In our view, the *2026 Strategy* outlines a comprehensive range of measures which offer potential to address the serious workforce challenges which have developed. However, the scale of these challenges, and those which lie ahead, mean that the Department faces a very challenging task in fully achieving its objectives. If issues around training, recruitment and retention and high vacancy levels are not effectively tackled, an already strained system could potentially come under intolerable pressure trying to deal with the continually increasing demand for care. *The 2026 Strategy* itself acknowledges that the consequences of failing to achieve its objectives are "grave", as this will result in:
- high agency expenditure continuing to increase;
 - hospital waiting lists continuing to rise; and
 - HSC services becoming unsustainable, and the transformation of services becoming more difficult.
- 4.28 To enhance the prospect of *the 2026 Strategy* meeting its aims and objectives, we have made a number of recommendations.

NIAO Recommendation 9

Regular monitoring should be undertaken to ensure that implementation of the strategy actions are progressing as envisaged, and that any concerns over progress are escalated upwards quickly. We recommend that the reference group provides formal and regular assurance reporting to the programme board.

NIAO Recommendation 10

The outcomes and benefits which the actions are expected to achieve should be clearly identified and quantified, and actual results regularly monitored against these. This will help inform interim strategy reviews which are planned for 2021 and 2024.

Part Four: Addressing Key Workforce Challenges

NIAO Recommendation 11

At this stage, the 24 actions generically address the HSC-wide workforce. The Department needs to assess how these can be translated into measures which will best address the differing needs and challenges of the various HSC professions. One key example of this will be designing appropriate non-salary incentive programmes.

NIAO Recommendation 12

Within performance management, the Department should seek to establish baselines for success in recruiting and retaining staff within the HSC sector, and measure subsequent performance against these.

Appendix 1: Study Methodology

(Paragraph 1.7)

In gathering evidence for this study we:

- reviewed key data, statistics and financial information related to workforce planning for nurses and midwives;
 - analysed data and information relating to nursing and midwifery training;
 - reviewed a range of strategy and policy documents which had been compiled by the Department, the Health and Social Care Board and the Public Health Agency (PHA);
 - interviewed key staff from the Department, HSC Trusts and PHA; and
 - engaged with the Royal College of Nursing and Royal College of Midwives (we also attempted to engage with the Independent Health and Care Providers but they were unable to facilitate this due to resourcing issues at the time).
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NIAO Reports 2019 and 2020

Title	Date Published
2019	
Welfare Reforms in Northern Ireland	17 January 2019
Structural Maintenance of the Road Network	26 March 2019
Follow-up reviews in the Health and Social Care Sector: Locum Doctors and Patient Safety	9 April 2019
Making partnerships work: A good practice guide for public bodies	30 April 2019
Mental Health in the Criminal Justice System	14 May 2019
Management of the NI Direct Strategic Partner Project – helping to deliver Digital Transformation	14 June 2019
Local Government Auditor’s Report 2019	19 June 2019
Financial Auditing and Reporting: General Report by the Comptroller and Auditor General for Northern Ireland – 2018	26 July 2019
Major Capital Projects	8 December 2019
2020	
Injury on duty schemes for officers in the Police Service of Northern Ireland and the Northern Ireland Prison Service (Website only)	10 March 2020
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Addiction Services in Northern Ireland	30 June 2020



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