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1.0 Introduction

1.1 The Chief Nursing Officer at the Department of Health, Social Services and Public Safety (DHSSPS) asked NIPEC to project manage a regional initiative to develop a Workforce Plan for nurses and midwives to ensure that these key professionals are best placed to support the delivery of safe and effective care at a time of great change within Health and Social Care in Northern Ireland.

1.2 The Workforce Plan will build on significant work streams already commissioned, some of which are complete and some of which are at a much earlier stage. All of these work streams will be taken account of and will supplement the Workforce Plan which will be the umbrella document addressing the many issues currently facing the workforce.

1.3 This paper presents the proposed project plan, including the aim and objectives, methodology, resources and evaluation, to support a regional approach to the development of a Workforce Plan for Nursing and Midwifery.

1.4 This will assist the DHSSPS primarily in developing strategies that will ensure that sufficient numbers of suitably qualified nurses and midwives are available and in place and are working effectively to offer the maximum benefit to patients and clients and meet the needs of the service overall.
2.0 Background

2.1 Health and Social Care (HSC) in Northern Ireland is focused on achieving the DHSSPS’s modernisation and reform agenda, as laid out in the *Transforming Your Care* agenda (DHSSPS, 2011). The success of the strategy, particularly in respect of the delivery of new service models, is significantly dependent on the development of an appropriately trained and competent workforce.

2.2 In addition, changes in health and social care needs, advances in technology and the changing pattern of practice and the organisation of care delivery within the HSC creates workforce challenges and opportunities. Similarly, rising public expectations of health care provision are also changing. Patients and carers expect high-quality services to be delivered close to their homes. Many are using the internet and other media to develop their knowledge of the health issues that affect them and their families and are benefiting from the empowering effects of initiatives designed to involve them more closely in their own care.

2.3 Nurses and midwives comprise the largest part of the HSC workforce, are a crucial part of the healthcare team and are vital to the delivery of safe and effective care to the people of Northern Ireland. Nurses and midwives are ‘front-line’ practitioners, delivering services 24 hours a day, 365 days a year, designed to meet peoples’ health and healthcare needs across the age spectrum and in every health sector (statutory, independent and voluntary) and setting including primary, secondary and tertiary care, and in schools and workplaces.
2.4 It is essential that Northern Ireland accelerates the development of nurses and midwives to meet the challenging demands of health care and respond to the requirements of the professions. This is particularly relevant with the Transforming Your Care agenda (DHSSPS 2011), driving the transition of service delivery from predominantly acute-based to community settings and other key policy directives including A Healthier Future (DHSSPS, 2004), A Partnership for Care (DHSSPS, 2010), the Quality 2020 Strategy (DHSSPS 2011), the Bamford Action Plan (DHSSPS, 2012) and A Strategy for Maternity Care (DHSSPS, 2012).

2.5 More nurses in particular will be needed with skills in complex case management, advanced specialist practice knowledge, and the confidence to work independently in community rather than acute hospital settings.

2.6 The last major review of the nursing and midwifery workforce in Northern Ireland was published in 2009 (DHSSPS, 2009). The review made workforce projections up to and including 2013. It is now very timely to carry out another review.

2.7 At its simplest, effective workforce planning ensures a workforce of the right size, with the right skills, organised in the right way, within the correct budget, delivering services to provide the best possible patient care. Workforce planning is complex and comprises of many elements.
2.8 For the purpose of this project it is intended that the Workforce Plan will have:

- A clear vision for the future direction of clinical services
- An integration with service and financial strategies
- A base of realistic and affordable assumptions
- Taken account of short and medium term changes to service
- Engaged with clinical staff/wider stakeholders
- A link to commissioning plans
- An evidence base

2.9 The Workforce Plan will reflect current government policy on recruitment, retention and workforce planning and will support the needs of the nursing and midwifery workforce in an increasing demanding working environment. To support this, this project will look in considerable detail at how the nursing and midwifery workforce is currently planned and deployed in most areas of Northern Ireland. It will highlight good practice, but also reveal areas that would benefit from greater co-ordination and the adoption of a systematic approach.

2.10 Recommendations for action will set out how the nursing and midwifery workload and workforce planning should be taken forward in the future. The recommendations will also aim to lay the foundation for the development of a more systematic and standardised approach to the nursing and midwifery workload and workforce planning to succeed the current *ad hoc* situation. They
will define clear accountability for delivery and offer scope for key staff, such as Ward Sisters, Charge Nurses and Community Nursing and Midwifery Team Leaders, to develop their knowledge and understanding to help them use workforce and workload planning tools effectively. This should also enable them, over time, to compare with peers in similar specialties in different areas of Northern Ireland.

2.11 It is therefore important that the Workforce Plan is developed in a systematic way to the mutual benefit of all stakeholders, recognising the wider context within which it sits. It also needs to be developed in partnership at all levels reflecting the wide networks of interest in delivering meaningful change across Northern Ireland. By taking this approach, a significant difference to the working lives of nurses and midwives can be achieved that ultimately ensures the delivery of better services to patients.

3.0 Project Aim and Objectives

3.1 Aim

The aim of this DHSSPS project is to develop a Workforce Plan for Nursing and Midwifery, for the primary purpose of predicting the number of NMC approved pre-registration nursing and midwifery and post-registration specialist nursing places to be commissioned on an annual basis over the period 2015 – 2025. This will enable employers to employ nurses who will deliver person centred practice
and in partnership with the wider care delivery team improve outcomes for patients and clients in their care.

3.2 Project Objectives

The objectives, which will support the overall DHSSPS aim, are as follows:

i. Conduct an audit to identify the staffing profile and characteristics of the current workforce, primarily gathered from existing information held at the DHSSPS and HSC Trust level on the HRPTS and the independent and voluntary sector supplemented by data from respective professional bodies

ii. Conduct research involving a literature review, policy document review, and a review of HSC Trust and Commissioner strategies to identify proposed capital and service developments or changes over the next 10 years

iii. Conduct an analysis of current and future nursing and midwifery recruitment and retention issues

iv. Consult widely with relevant stakeholders across all areas of the workforce

v. Utilise a recognised workforce model (e.g. Skills for Health, 2008), analyse data gathered, including information from relevant work streams already commissioned (Appendix One), to predict trends and requirements in the supply and demand of the nursing and midwifery workforce over the next 10 years

vi. Submit a project report to the DHSSPS Chief Nursing Officer with an action plan to take forward the recommendations outlined within the report.

See Draft Work Programme on page 14 (Appendix Two)
4.0 Scope of Project

4.1 Considering the wide range of health and healthcare services provided in Northern Ireland, this project is by necessity, broad in its scope, acknowledging that nurses and midwives deliver care 24 hours a day, 365 days a year, across the age spectrum.

4.2 The project will set out to include nursing and midwifery staff employed within the public sector and where possible, those employed within the independent sectors, such as, private and voluntary sector employees; taking account of primary, secondary and tertiary care settings and, as outlined in the DHSSPS Project Initiation Document for this project, the major areas of practice to include: both the nursing and midwifery professions, the three parts of the NMC register and associated fields of practice and AfC bands/levels e.g. ranging from health care and maternity support workers support to Executive Nurse.

5.0 Methodology Overview

5.1 The Project will be completed between January 2014 and September 2014. Project management will be provided by Dr Carole McKenna, NIPEC Senior Professional Officer (SPO).

5.2 NIPEC will co-ordinate a Project Steering Committee to oversee the project, chaired by the DHSSPS Chief Nursing Officer and will include representation from the DHSSPS (Deputy Secretary, Director of Human Resources, Nursing Officer) HSC Trusts (Human Resources Lead and Directors of Nursing), NIPEC
(Chief Executive and Senior Professional Officer/Project Lead), Public Health Agency (Director of Nursing), Independent Sector (CEs) and the Professional and Trade Union organisations. Members of the Project Steering Committee are presented in Appendix Three.

5.3 NIPEC will co-ordinate a range of workshops, focus groups and interviews with relevant stakeholders will also be conducted as required to progress the development of the Workforce Plan within the agreed timescale.

5.5 Once accepted by the DHSSPS, the final project report will be available on NIPEC’s website.

5.6 Evaluation of the project management processes employed will be completed by NIPEC at the end of the Project.

6.0 Resources

6.1 The DHSSPS will discuss and agree Project management and administration support/costs and stakeholder engagement and statistical analysis costs with the Chief Executive of NIPEC in advance of commencing the project.

6.2 Any additional support required will be considered by NIPEC’s Business Team where appropriate.
6.3 Any necessary external expertise will be provided as required by DHSSPS.

7.0 Dissemination and Implementation

7.1 Communication and consultation processes will be ongoing throughout the project using various mechanisms including the NIPEC website, NIPEC News and CNO News bulletins, along with utilisation of key stakeholders’ communication mechanisms. This will reflect the progress of the project and encourage individuals’ to contribute to and participate in the project at various stages.

7.2 On completion, the project will be summarised in a Final Project Report which will be available on NIPEC’s website. An official launch of the Workforce Plan developed as part of the project will be considered with the DHSSPS Chief Nursing Officer.

8.0 Project Screening Assessment

8.1 In line with meeting its legal obligations in relation to Equality, Personal and Public Involvement and Governance, the DHSSPS will be responsible for Equality Screening the Workforce Review and Plan.

8.2 However, to ensure NIPEC and its stakeholders are meeting its legal obligations in relation to Equality, Personal and Public Involvement and Governance, the project plan, its aims, objectives and proposed outcomes will also be screened for any issues relating to the following areas as appropriate:
• Risk Management
• Equality and Human Rights
• Privacy Impact Assessment
• Personal Public Involvement

8.3 A summary of these considerations and any action required will be documented in an Appendix in the final PID (Template at Appendix Four).

9.0 Evaluation

9.1 Ongoing evaluation of the management of the project will be conducted by NIPEC, and will ultimately feed into the progress and outcomes of the project. This evaluation will address the achievement of the objectives outlined in the project plan and the project management process. The final project report will include a record of the project management and evaluation processes.
References


Appendix One

Relevant DHSSPS Commissioned Workstreams

- Delivering Care: A Framework for Nursing and Midwifery Workforce Planning to support Person Centred Care in Northern Ireland
- A Framework for Advanced Practice
- A Specialist Nursing Scoping exercise
- A Framework for HCSW’s
- A Career Pathway for Nursing and Midwifery
- A Scoping of new roles required as a consequence to TyC
- An Overview of the Nursing and Midwifery Workforce

Source: DHSSPS Project Initiation Document – Health and Social Care Workforce Planning for Nursing and Midwifery (Version 3)
## Appendix Two

### DRAFT WORK PROGRAMME

<table>
<thead>
<tr>
<th>PRE-PHASE – September to November 2013 - Conducted by DHSSPS</th>
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<tbody>
<tr>
<td><strong>PHASE 1 – December 2013 to Apr 2014</strong></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
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<tr>
<td>Agree PID with DHSSPS Chief Nursing Officer</td>
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<tr>
<td>Set up Project Steering Committee</td>
</tr>
<tr>
<td>First meeting of Project Steering Committee to agree Terms of Reference and Work Programme, secure required contacts in each stakeholder organisation and establish any required sub-groups.</td>
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<tr>
<td>Set up systems and processes to obtain information.</td>
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<tr>
<td>Conduct audit to identify the staffing profile and characteristics of the current workforce</td>
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<tr>
<td>Conduct literature review, policy document review, and a review of HSC Trust and Commissioner strategies</td>
</tr>
<tr>
<td>Conduct an analysis of current and future nursing and midwifery recruitment and retention issues</td>
</tr>
<tr>
<td>Consult widely with relevant stakeholders across all areas of the workforce</td>
</tr>
<tr>
<td>Conduct workshops with frontline nurses and midwives and Lead nurses from all service areas, Nursing Workforce and HR Leads and commissioning nurses</td>
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<tr>
<td>Second meeting of Project Steering Committee</td>
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<tr>
<td>Write up first phase progress report for Project Steering Committee and Communication Bulletins etc circulated</td>
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<tr>
<th><strong>PHASE 2 – May to Sept 2014</strong></th>
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<tbody>
<tr>
<td>Consult widely with key stakeholders across all areas of the workforce using a range of relevant methods e.g. focus groups and interviews.</td>
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<tr>
<td>Analyse data gathered, including information from relevant work streams already commissioned</td>
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<tr>
<td>Utilise a workforce model, based on explicit assumptions, to predict trends and requirements in the supply and demand of the nursing and midwifery workforce over the next 5 years</td>
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<tr>
<td>Event</td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<tr>
<td>Third meeting of Project Steering Committee</td>
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<tr>
<td>Write up and send draft final report to Steering Committee</td>
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<tr>
<td>Fourth and final meeting of Steering Committee</td>
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<tr>
<td>Submit a project report to the DHSSPS Chief Nursing Officer with an action plan to take forward the recommendations outlined within the report.</td>
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<td>Consider dissemination of project report with Chief Nursing Officer</td>
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## NIPEC - Outcome of Equality Screening Assessment

<table>
<thead>
<tr>
<th>Screening Assessment</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Risk Management questions</strong></td>
<td></td>
</tr>
<tr>
<td>• Have any risks been identified?</td>
<td>No</td>
</tr>
<tr>
<td>If no - no further action is required. If yes then,</td>
<td></td>
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<tr>
<td>• What is the potential impact of these?</td>
<td></td>
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<tr>
<td>• How can these be mitigated or have alternatives options been identified which would have a lower risk outcome?</td>
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<tr>
<td>• Where negative impacts are unavoidable, has clarity been given to the business need that justifies them?</td>
<td></td>
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<tr>
<td><strong>Equality and Human Rights questions</strong></td>
<td></td>
</tr>
<tr>
<td>• Has any negative impact to Equality and Human Rights been identified?</td>
<td>No</td>
</tr>
<tr>
<td>If no - no further action is required. If yes then,</td>
<td></td>
</tr>
<tr>
<td>• What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)?</td>
<td></td>
</tr>
<tr>
<td>• Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?</td>
<td></td>
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<tr>
<td>• To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)?</td>
<td></td>
</tr>
<tr>
<td>• Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?</td>
<td></td>
</tr>
<tr>
<td><strong>NB – please refer to NIPEC’s Equality Screening Policy and Screening Templates to assist in considering equality and human rights</strong></td>
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### Privacy Impact Assessment questions

- Will the project/initiative use personal information and/or pose genuine risks to the privacy of the individual? **No**
- Will the project/initiative result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way?

### Personal and Public Involvement questions

- Will the project/initiative require input from patients/clients? **No**
  - If no - no further action is required.
  - If yes - please apply NIPEC’s Personal and Public Involvement (PPI) Policy.
For further Information, please contact

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE
Tel: 028 9023 8152
Fax: 028 9033 3298

This document can be downloaded from the NIPEC website
www.nipec.hscni.net

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