

Care in crisis

**Independent sector workforce survey in
Northern Ireland**

December 2015

Contents

Foreword	3
Executive summary	5
Background	8
Policy context	12
Analysis of the survey	14
Conclusions and recommendations	33

Foreword

The Royal College of Nursing [RCN] represents nurses and nursing, promotes excellence in nursing practice and shapes health policy.

The RCN is aware of many challenges facing nurses and nursing within the independent sector, the majority of which are a direct result of difficulties in recruiting and retaining registered nurses, a situation that is becoming more critical as each day passes.

There is significant concern in the independent sector that recruitment and retention difficulties are compromising the sector's ability to deliver a sustainable service to the people of Northern Ireland. The health and social care system is highly dependent on the sector for the delivery of care to some of the most vulnerable in our society. Indeed, the strategic direction mapped out within *Transforming your Care*¹ is highly reliant on the commissioning of services from within the independent sector.

The Department of Health, Social Services and Public Safety Northern Ireland [DHSSPS] is responsible for ensuring that sufficient suitably skilled and qualified staff are available to meet the needs of the health and social care system. The independent sector is a key player in this system, with the majority of care provided within this sector being commissioned by the Health and Social Care Board [HSCB]. The DHSSPS has consistently failed to take account of the nursing workforce requirements of the sector in any meaningful way.

Following consultation with a wide range of independent sector providers in Northern Ireland, it was agreed that the RCN would conduct a survey of the independent sector registered nurse workforce to inform the DHSSPS of current workforce requirements. This report details the survey outcomes and provides evidence of the recruitment and retention challenges currently facing the independent sector. Indeed, since completing this survey, the RCN has been contacted by a number of concerned providers reporting growing numbers of registered nurse vacancies.

The sector is facing an unprecedented recruitment and retention crisis as a result of inadequate workforce planning. If we are to sustain a sector that is providing care to thousands of people and safeguard the quality and safety of care provided to them, urgent action is required. When we consider the issues raised and the emphasis placed on the need to deliver safe, quality care in recent national reports such as the Francis Report²,

1. Department of Health, Social Services and Public Safety Northern Ireland (2011) *Transforming your care: A Review of Health and Social Care in Northern Ireland*, Belfast: DHSSPSNI.
2. Department of Health (2010) *Robert Francis Inquiry Report into Mid-Staffordshire NHS Foundation Trust*, London: DH.

the Winterbourne Report³ and the Cavendish Report⁴, the need for workforce planning that takes account of the needs of the independent sector becomes more readily apparent.

Closer to home, an investigation into nursing homes by the Northern Ireland Human Rights Commission in 2012⁵ found that poor staffing levels were underlying most of the concerns raised.

The RCN would not have been able to produce this report without the overwhelming support of the independent sector organisations that willingly participated. I thank each of those organisations for engaging with this work and for sharing their views on the challenges facing the sector.

Gratitude is extended in particular to Roberta Brownlee, chair of the steering committee that oversaw this work, and to the steering committee members for their assistance and support.

I would also wish to acknowledge the significant contribution of RCN colleagues Dolores McCormick and Fionnuala Newton for their support to the steering group and for compiling this report.

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3. Department of Health (2012) *Transforming care: A National response to Winterbourne View hospital Review: Final Report*, London: DH
4. Cavendish C (2013) *The Cavendish Review: an independent review into health care assistants and support workers in the NHS and social care settings*, London: DH.
5. Northern Ireland Human Rights Commission. (2012) *In Defence of Dignity – The Human Rights of Older People in Nursing Homes*, Belfast: NIHRC.

Executive summary

- 1 The independent nursing home sector in Northern Ireland is currently facing a significant registered nurse recruitment and retention crisis which shows little sign of recovery and is a direct result of poor or non-existent workforce planning by the DHSSPS. This situation is impacting negatively on both the registered nurses employed within the sector and the patients being cared for.
- 2 Following consultation with a number of independent sector providers in Northern Ireland, agreement was reached that the RCN should conduct a survey of the independent sector registered nurse workforce. The purpose of this survey was to explore the issues around recruitment and retention and inform the DHSSPS of the current independent sector nursing workforce requirements.
- 3 The survey was issued to each registered nursing home in Northern Ireland, four hospices and the three main independent hospitals. Responses to the survey were collected between May 2015 and July 2015 and attracted an overall 85.6% response rate.
- 4 At the time of conducting this survey, the independent sector in Northern Ireland had 12,008 nursing home beds, 121 independent hospital beds and 65 hospice beds. Analysis shows that, within the facilities which responded to the survey, there are currently 1,726 registered nurses employed full time and 1,016 registered nurses employed part time, with 35% of respondents indicating that some of the registered nurses they employ are also employed by a health and social care trust.
- 5 One of the aims of this survey was to establish the extent of the nursing recruitment and retention challenge. The findings are that 72.1% of facilities reported vacancies which equated to 374 full time registered nurse positions.
- 6 The majority of reported vacancies are within nursing homes and equate to 15.1% of the reported nursing home workforce. Independent hospitals and hospices did not report significant recruitment and retention difficulties.
- 7 The survey asked about the length of time positions were vacant and found that 41% of positions had been vacant for longer than six months. This provides clear evidence of the extent of the current recruitment challenge. Furthermore, the vacancies that have existed from under three months to six months depict a steady flow of registered nurses leaving the sector. Indeed, since completing this survey the RCN has been contacted by a number of providers whose vacancies rates are becoming an issue. A number of these providers had no vacancies when they completed the survey.

- 8 The majority of respondents state that their biggest recruitment and retention challenge comes from the HSC trusts. Survey responses show that the majority of staff who have moved employer in the past 12 months have taken a position within a trust. The inability to compete with the terms and conditions and opportunities for career progression and development were largely viewed as the primary reasons for this continual exodus of staff to the trusts. In some situations, nursing recruitment by trusts has severely depleted registered nurse staffing to unsafe levels.
- 9 Other reasons given for the recruitment difficulties is the overall shortage of nurses, evidenced by the number of respondents describing poor or no response to recruitment advertisements.
- 10 There was a view shared by some respondents that nurses are not keen to work within nursing homes and this was associated with the negative perceptions some hold of nursing homes. Others associated it with the high dependency, high workload and overwhelming responsibility of the sector.
- 11 Due to the issues identified above, the independent sector is becoming increasingly reliant on overseas recruitment. The recent UK government decision to temporarily place nursing on the shortage occupation list is testament to the reality of this crisis.
- 12 The majority of respondents agreed that the increasing complexity of patients is impacting on the learning and development needs of registered nurses. Meeting these needs was viewed as crucial, but a number of challenges to doing this were also identified.
- 13 Respondents agreed that they have an important role to play in reducing hospital admissions and gave examples of good collaborative practice which is helping to achieve this. They also described some of the barriers to reducing hospital admissions, which included poor support from GPs, increased patient dependency coupled with an inadequate number of registered nurses, and loss of specialist clinical skills by registered nurses.
- 14 Some respondents commented that the biggest barrier to reducing hospital admissions was lack of investment by the HSCB. If the independent sector is to care for more patients with higher levels of acuity and avoid their re-admission to hospital, then the systems and processes to allow this to happen need to be implemented. Some of the suggestions made include more specialist support from in-reach services such as the rapid response teams⁶, greater accessibility to training opportunities for registered nurses in nursing homes, and a review of

the current fee structure which is wholly inadequate to deliver the appropriate level of care to acutely ill patients.

- 15 The current situation is entirely unacceptable in any modern health care system and cannot be allowed to continue. This report makes a number of recommendations which unfortunately will not solve the immediate crisis. However one thing is certain, maintaining the status quo is not an option and all parties need to offer innovative solutions or suggestions as to how the challenges currently facing the independent sector in Northern Ireland can be overcome.

6. http://www.northernireland.gov.uk/news-dhssps-080715-rapid-response-nursing?WT.mc_id=rss-news

Background

- 16 The independent health care sector makes a significant contribution to the overall delivery of health and social care to some of the most vulnerable people in our society. The majority of care for older people is now provided by the sector and recent years have seen a growth in the number of independent sector health care providers.
- 17 This growth has seen the sector become increasingly diverse and it now provides care to people with a complex range of physical and mental health issues, learning disabilities, palliative and end of life care. This care is delivered in a variety of settings, which primarily include nursing homes, hospices and independent hospitals. At the time of conducting this survey, there were 265 registered nursing homes with the capacity to provide care for 12,008 patients, three independent hospitals with the capacity to provide care for 121 patients and four hospices with the capacity to provide care for 65 patients, with extensive additional nursing care being provided in peoples own homes.
- 18 The independent sector is regulated by the Regulation and Quality Improvement Authority [RQIA]. The RQIA was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003⁷ and is the body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland. To inform the inspection process, the RQIA measures performance against care standards⁸ specific to each service. These care standards are developed by the DHSSPS and were recently reviewed in April 2015. During this review, the staffing standard statement was changed from:
The number and ratio of staff to patients is calculated using a criteria determined by and agreed with the RQIA, to:
The number and ratio of staff on duty at all times meet the care needs of residents.
- 19 Subsequently, the RQIA has removed from its website the additional staffing guidance that had previously been used as a baseline to assess minimum staffing levels. This decision makes it fairly evident that the responsibility to determine safe and adequate staffing rests with the providers. The decision is questionable when we consider that neither the DHSSPS or the RQIA has given the providers any alternative guidance as to how they can determine what staffing is adequate, or how the RQIA as the regulator will judge if

7. The Health and Personal Social Services (Quality Improvement and Regulation) Northern Ireland Order 2003
<http://www.legislation.gov.uk/nisi/2003/431/contents/>

8. Department of Health, Social Services and Public Safety Northern Ireland (2015) *Care Standards for Nursing Homes*, Belfast: DHSSPSNI.

staffing levels are adequate. When we consider the importance of appropriate staffing to the delivery of care, it is difficult to reconcile this with the vacuum that has been created.

- 20 Whilst there are a multitude of workforce planning tools available, there is currently no agreed tool to support workforce planning in the independent sector. The majority of care provided by the independent sector in Northern Ireland is funded by the health and social care trusts. Each of these trusts has a statutory duty for the quality of the services they fund placed on them by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- 21 The HSCB arranges or commissions health care services and works with the trusts that directly provide these services to ensure the needs of the population are being met. The regional tariff for the commissioning of services from the nursing home sector is set by the HSCB⁹. Trusts contracting care with an independent sector provider do so from within the regionally agreed tariff. The current tariff for nursing home care is £593 per week. Care providers describe it as inadequate and have raised concerns that it is becoming increasingly difficult to deliver safe, quality care to patients from within the current tariff.
- 22 When we consider that we pay a minimum five times more for a child in care than the regional tariff awarded for an older person requiring nursing care and more than twice this amount for a prisoner in custody, we need to question what value we place on the delivery of care to older people. The cost of delivering care to a resident within a statutory residential home can in some cases be almost twice that awarded for both independent sector nursing and residential care. These variances across services illustrate an inequity in how we treat older people and also demonstrate the reality of the shortfall in the tariff for nursing home care.
- 23 The inadequacy of the tariff for nursing home care is described as a major contributory factor to some of the challenges currently facing the sector. One of these challenges is the recruitment and retention of registered nurses and the inability of the sector to compete with the more attractive terms and conditions offered by the trusts. The hourly rate for a band five nurse employed by a health and social care trust ranges from £11.00 - £14.50¹⁰.

9. Health and Social Care Board <http://www.hscboard.hscni.net/>

10. RCN Nurse Pay Rates http://www.rcn.org.uk/support/pay_and_conditions/pay-rates-2015-16

- 24 Whilst many independent sector providers do try to compete with this, with the average hourly rate for a registered nurse in the independent sector at £12.50, they are unable to match the enhanced terms and conditions provided by trusts. These include unsocial hours payments, annual leave entitlement, sick leave and maternity leave.
- 25 This recruitment and retention crisis has intensified significantly due to the current nurse shortage in Northern Ireland. Despite these workforce issues having been raised with the DHSSPS over a number of years, by both independent sector providers and the RCN, the needs of the independent sector workforce have not been taken into account in any meaningful way as part of workforce review or workforce planning. The DHSSPS is responsible for ensuring that sufficient suitably skilled and qualified staff are available to meet the needs of the health and social care system.
- 26 The independent sector is a key player in this system, with the majority of the care provided within this sector, being commissioned by the HSCB. It is therefore difficult to understand how the DHSSPS can continuously fail to consider the needs of this sector in workforce review and workforce planning. A review of the nursing and midwifery workforce published by the DHSSPS in 2009¹¹ estimated that 2,000 nurses are currently employed within the independent sector. This review did not conduct an analysis of the sector, other than the gender and age profile of the registered nurses employed by one large provider. The reason given for this failure to extend the workforce review to the independent sector was that it had proven difficult to obtain accurate and up-to-date workforce figures for nurses working within the sector for the following reasons:
- There is no mechanism that requires independent sector employers to present their workforce data;
 - Employers are concerned about commercial sensitivity and are therefore not keen to release workforce data;
 - The RQIA had not routinely collected workforce data from independent sector providers.
- 27 This failure to project and plan for the appropriate registered nursing workforce required for the delivery of health care within Northern Ireland has led to the current crisis facing the sector. This crisis is threatening the sector's ability to continue to deliver safe care to patients as they struggle to secure the appropriate numbers of registered nurses.

11. Department of Health, Social Services and Public Safety Northern Ireland (2009) *Review of the Nursing and Midwifery Workforce 2008-09*, Belfast: DHSSPSNI

- 28 There is a significant body of evidence to show the inter-relationship between safe care and registered nurse staffing levels. A recent study¹² has found that deaths are significantly lower in hospitals with fewer patients per nurse and more nurses educated to degree level.
- 29 It also showed that every one patient added to a nurse's work load is associated with a 7% increase in deaths after common surgery and every 10% increase in nurses educated to degree level is associated with 7% lower mortality. If all hospitals in the study had at least 60% of nurses educated to degree level and nurse workloads of no more than six patients each, more than 3,500 deaths a year might be prevented. There is also emerging evidence that higher nursing skill mix equates to better outcomes for patients. Replacing a registered nurse with a health care assistant results in higher mortality, higher ratings of poor patient satisfaction and poor safety. It also results in poor nurse outcomes with burnout, reduced job satisfaction, and high turnover. It can therefore be concluded that any money saved by reducing skill mix will be offset by poor patient outcomes and staff turnover costs.
- 30 In light of the current recruitment and retention issues, which show no sign of recovery, and following consultation with a number of independent sector providers, agreement was reached that the RCN would conduct a survey of the independent sector registered nurse workforce, to explore the extent and underlying causes of the current crisis.

12. Aiken LH (2014) Nurse staffing and education and hospital mortality in nine European countries, *Lancet* May 24, 383(9931) pp.1824-30

Policy context

31 Care for older people is largely provided by the independent sector. This can be evidenced by the growth of the independent nursing home sector and the ongoing reduction in the provision of residential care by the statutory sector. In recent years, in line with the Bamford review,¹³ we have also seen an increase in the number of services for people with a learning disability being provided by the independent sector. Whilst the RCN has no particular issue with the policy direction, it firmly believes that implementation of the policy cannot disregard the workforce requirements of the sector.

Figure 1

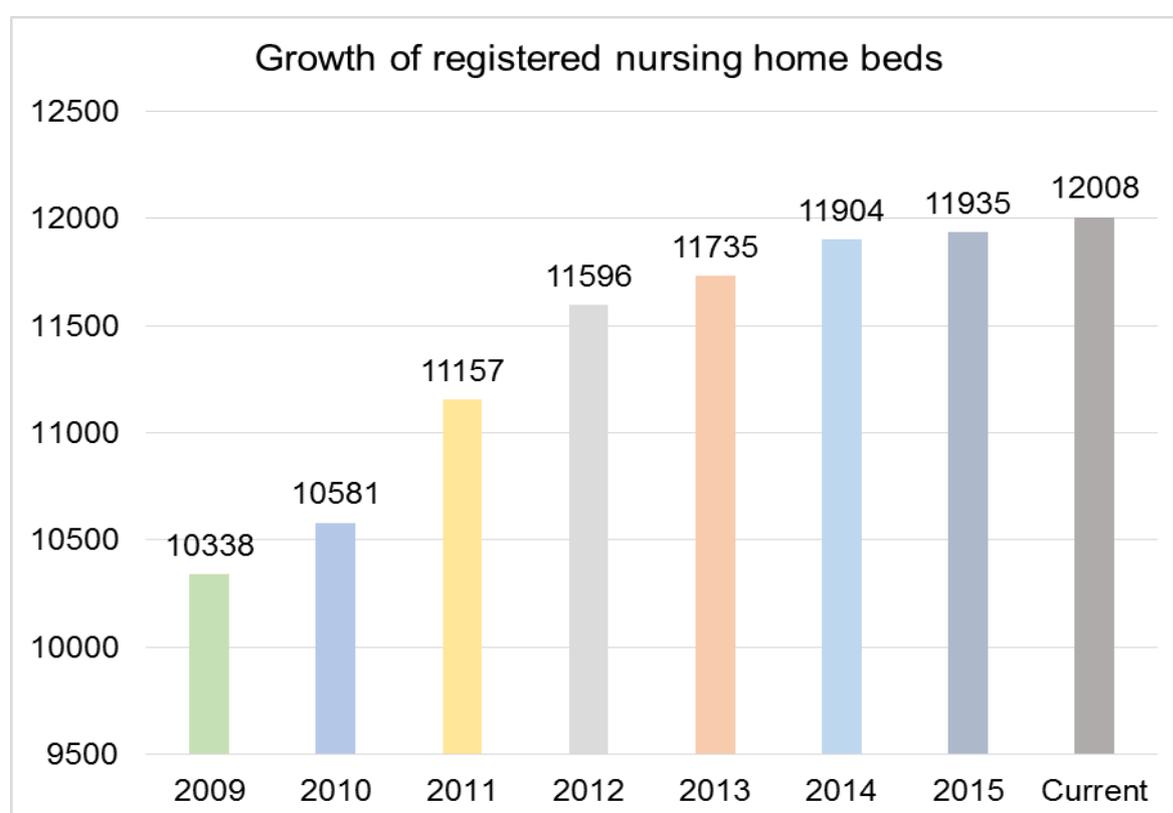


Figure 1 illustrates the steady growth in nursing home beds from March 2009.

13. Department of Health, Social Services and Public Safety Northern Ireland (2005) *Review of mental health and learning disability (Northern Ireland) a strategic framework for adult mental health services*, Belfast: DHSSPSNI

- 32 The strategic direction mapped out within *Transforming your Care* concludes that there is an unassailable case for change with how we currently deliver health and social care to the population of Northern Ireland. The review highlights the existence of an ageing and growing population and provides statistical figures suggesting that by 2020 the number of people over 75 years will have increased by 40% and the population of over 85 year olds will have increased by 58%.
- 33 The strategic review also details the role of nursing homes in the care of older people and contains the following proposals for future care delivery. These will have a direct impact on the commissioning and delivery of care within the nursing home sector:
- home as the hub of care for older people, with more services being provided at home and in the community
 - a major reduction in residential accommodation for older people
 - introduction of re-ablement, to encourage independence and help avoid unnecessary admissions of older persons into hospital
 - a greater role for nursing home care in avoiding hospital admissions
 - more community based step up/step down care provided largely by the independent sector
 - a focus on promoting healthy ageing, individual resilience and independence
 - a diverse choice of provision to meet the needs of older people, with appropriate regulation and safeguards to ensure quality and protect the vulnerable
 - enhanced support to the nursing home sector for end of life care
- 34 This would suggest that successful implementation of the strategic direction mapped out within *Transforming your Care* is highly reliant on the commissioning of services from within the independent sector. It would therefore seem reasonable that the workforce requirements of a sector primarily concerned with the delivery of care to some of the most vulnerable people in our society should be included in regional workforce reviews conducted by the DHSSPS.

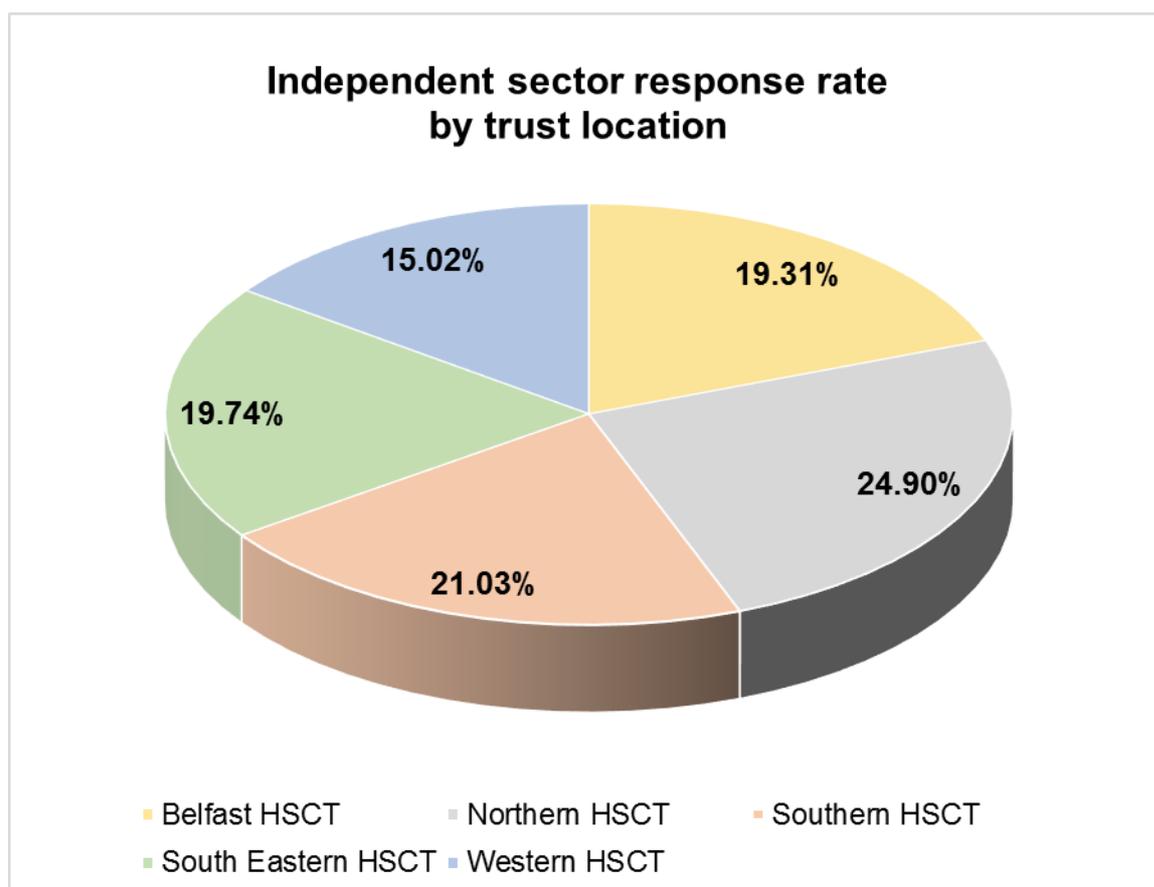
Analysis of the survey

35 The survey was issued to each registered nursing home in Northern Ireland, four hospices and three independent hospitals. Responses to the survey were collected between May 2015 and July 2015 and attracted an 85.6% overall response rate.

Figure 2

Surveys issued	Responses received	% response
265 nursing homes	227 nursing homes	85.5%
4 hospices	4 hospices	100%
3 independent hospitals	2 independent hospitals	66%

Figure 3



36 Respondents were asked to indicate within which health and social care trust area their facility is located. Figure 3 shows that responses were received from

providers located across each of the five trusts, with the highest number of responses being received from providers located in the Northern Trust area.

Number of registered beds

37 Analysis of the RQIA register at the time of this survey showed the following number of registered beds.

Figure 4

Type of facility	Number of beds
Nursing homes	12,008 plus day care
Independent hospitals	121
Hospices	65 plus significant day care and community outreach

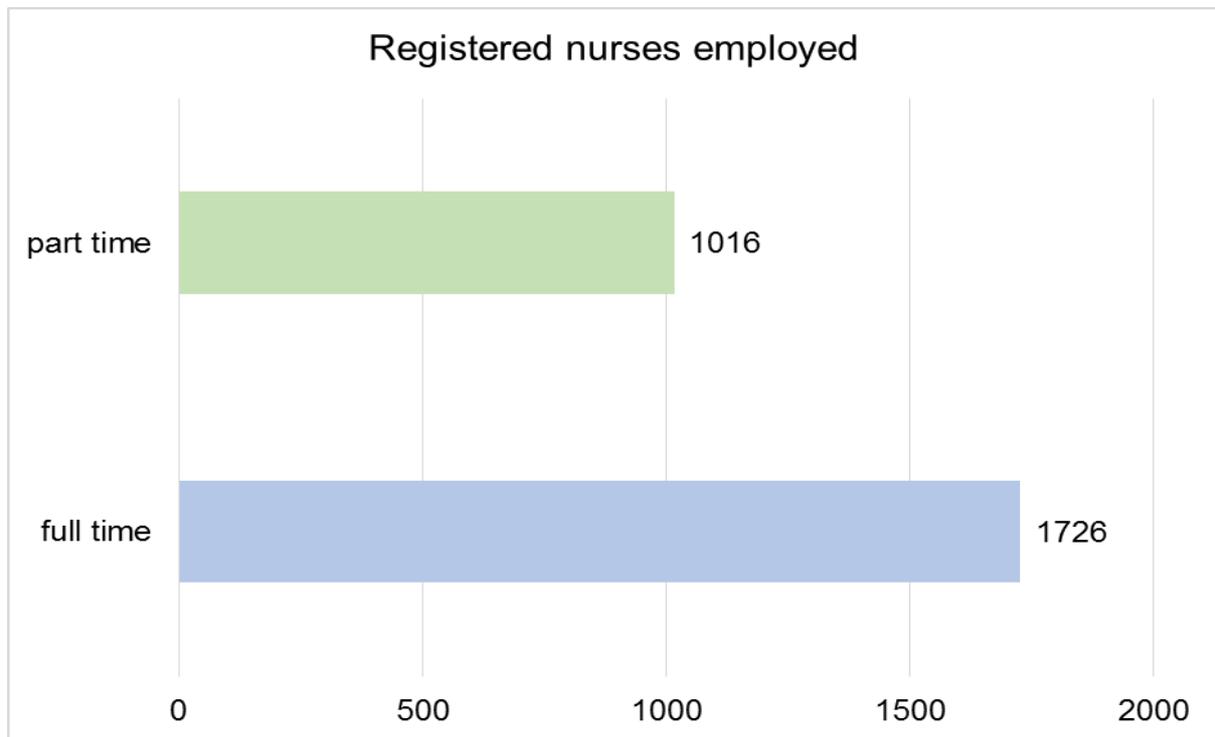
38 The providers who responded to this survey operated facilities that ranged in size from 12 to 100 beds, with the largest percentage operating facilities between 31-50 beds.

Do you provide day care in your facility?

39 In addition to providing 24 hour nursing care to patients, over 16% of respondents indicated that they are registered and have availability to provide day care. The number of day care places reported to be available was 297 places. In addition to the provision of day care, the four hospices reported providing a community outreach service.

How many registered nurses do you currently employ?

Figure 5



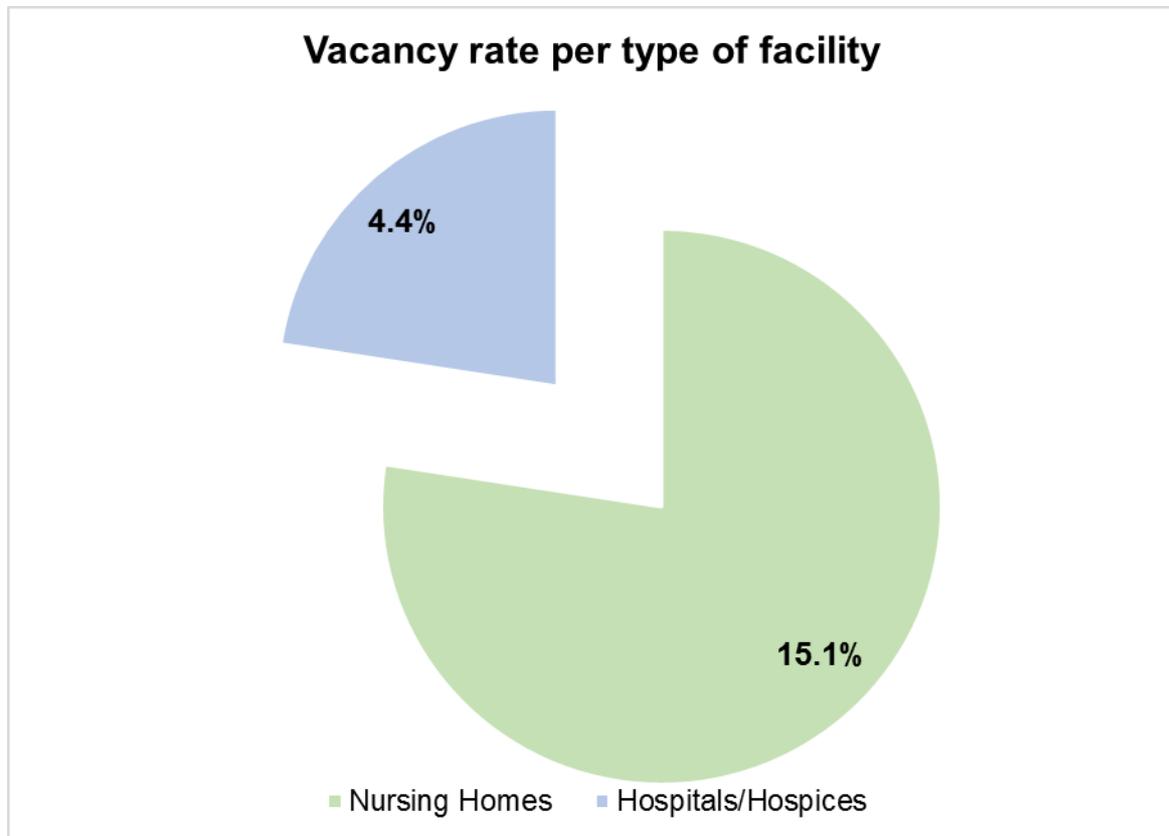
40 Analysis of the responses show, as indicated in figure 5, that 1,016 registered nurses are employed part time and 1,726 are employed full time. The number of registered nurses reported does not include the manager of each of the facilities who is required by legislation to be a registered nurse.

How many of the registered nurses are also employed by a trust?

41 Analysis of the response to this question show that 35% of respondents indicated that some of the registered nurses employed by them are also employed by a trust. The numbers reported in this survey equate to 192 registered nurses currently working for two employers. Whilst this survey does not capture how many hours these nurses work, there could potentially be a risk to the delivery of safe care and an underestimate of the extent of the nursing shortage. It must also be noted that this only captures the nurses known by managers to hold two jobs, and does not provide any detail on the number of nurses working across all health care sectors for a nursing agency.

Have you any registered nurse positions vacant in your establishment at this present time?

Figure 6

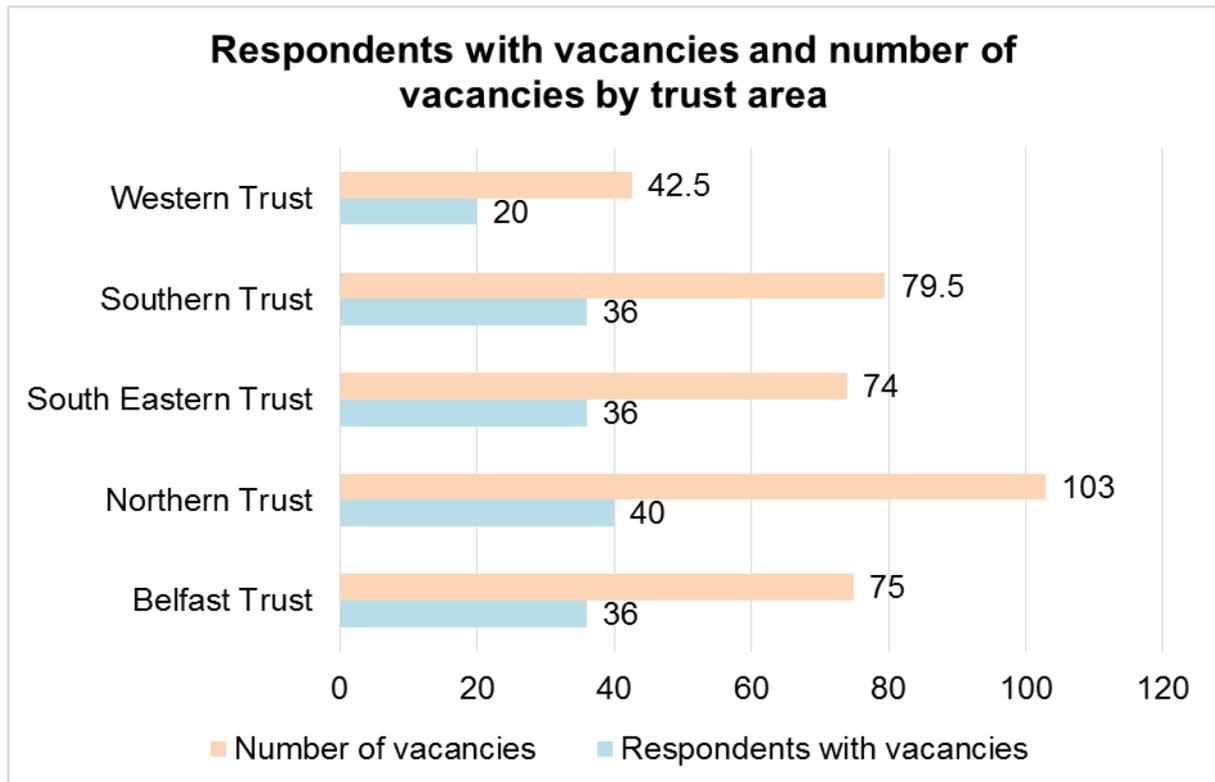


42 In response to this question, 72.1% of facilities reported vacancies totalling 374 full-time registered nurse positions. As demonstrated in figure 6, the majority of vacancies are within nursing homes. Independent hospitals and hospices do not report the same level of recruitment and retention difficulties currently being experienced by registered nursing homes. The vacancies reported represent 15.1% of the nursing home registered nurse workforce and 4.4% of the combined independent hospital and hospice registered nurse workforce. Nursing homes provide care to patients with increasingly complex needs, within an already dilute skill mix. It is therefore important that the impact from these vacancies is considered within this context.

43 Recruitment and retention of registered nurses continues to be problematic. This can be evidenced by the number of registered providers who have contacted the RCN since completing this survey to report an increasing number of vacancies. The RCN has been made aware of a further 20 facilities reporting additional staff vacancies since the survey was completed. One of these providers reports that seven nurses have recently been recruited by the local trust. These nurses had received considerable induction and specialised

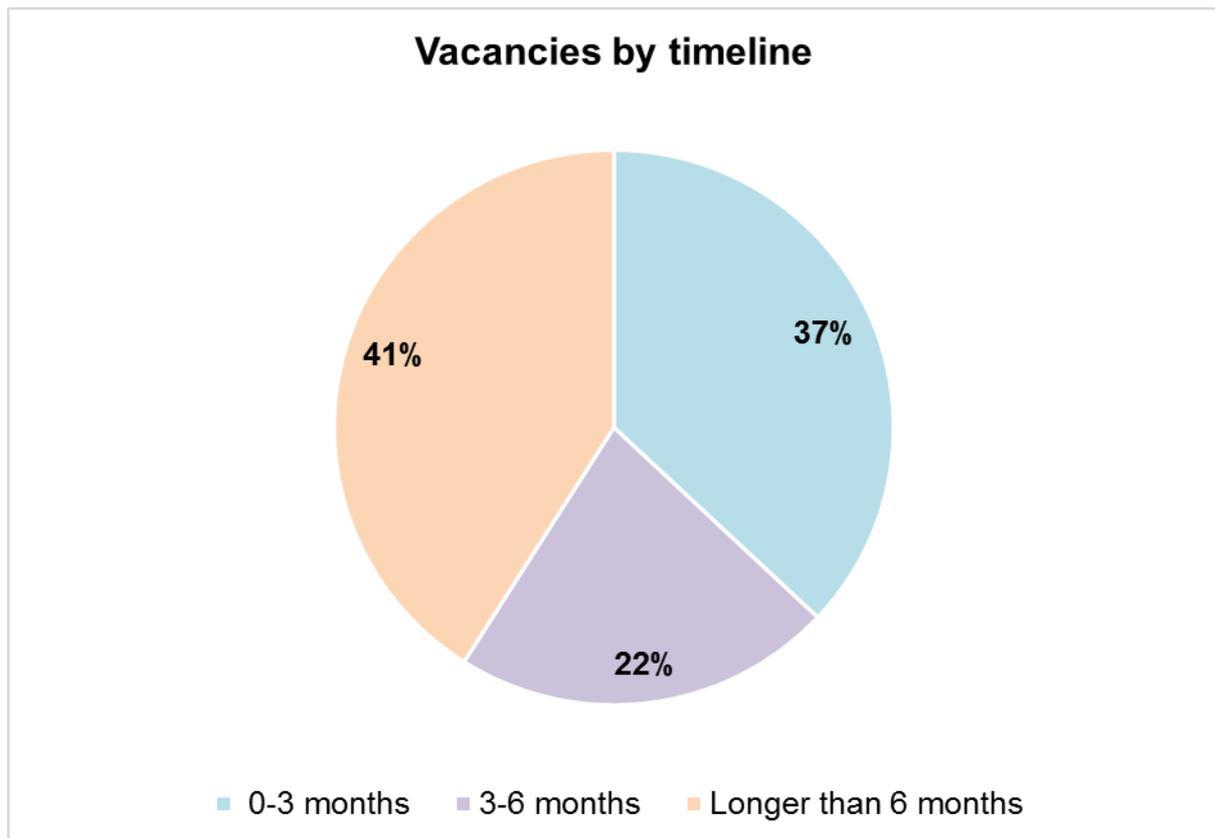
training to provide care for patients with complex learning disabilities. Stability and continuity is fundamental to the delivery of care for any patient, but is crucial when the patient has a complex learning disability. This depletion of the experienced registered nurse workforce is described as having a detrimental effect on the care being provided to these patients. The RCN has also been made aware that one HSC trust recently recruited 56 registered nurses, 50% of whom came from the independent sector.

Figure 7



44 Analysis of the vacancies, as indicated in figure 7, shows that the highest number of reported vacancies are in facilities located in the Northern Health and Social Care Trust area, whilst the lowest number of vacancies are within facilities located in the Western Health and Social Care Trust area. A higher number of vacancies may indicate a particular recruitment and retention challenge being experienced within a geographical location. However, before any conclusions can be drawn from this information, consideration needs to be given to the survey response rate per trust area, as detailed in figure 3. This shows that the highest number of respondents were located in the Northern Trust area and the lowest number of respondents located in the Western Trust area. This is fairly reflective of the number of vacancies per trust area and the conclusion could be drawn that it is reasonable to expect that the trust area with the highest response rate will report the highest number of vacancies. Analysis does show, however, that there is a slightly higher rate of multiple vacancies in facilities in the Northern Trust area.

Figure 8



45 Figure 8 illustrates that 41% of registered nurse positions have been vacant for longer than six months. This clearly demonstrates the severity of the recruitment challenge confronting the sector. It also clearly demonstrates the retention challenge, with 37% of registered nurse positions having become vacant within the previous 0-3 months and 22% within the previous 3-6 months. This represents a steady flow of registered nurses leaving employment within the independent sector, and as mentioned above, this is further evidenced by the fact that a number of providers have contacted the RCN since the completion of the survey to report additional registered nurse vacancies.

If you have no vacancies at present, have you had a stable nursing workforce over the previous 12 months?

46 The responses to this question indicated that 27.9% of participants have no registered nurse vacancies at present and that 45% of these respondents indicated that, whilst they currently have no vacancies, they have not had a stable nursing workforce over the previous 12 months. This is significant as it illustrates that only 16% of respondents have had a stable nursing workforce over the past 12 months.

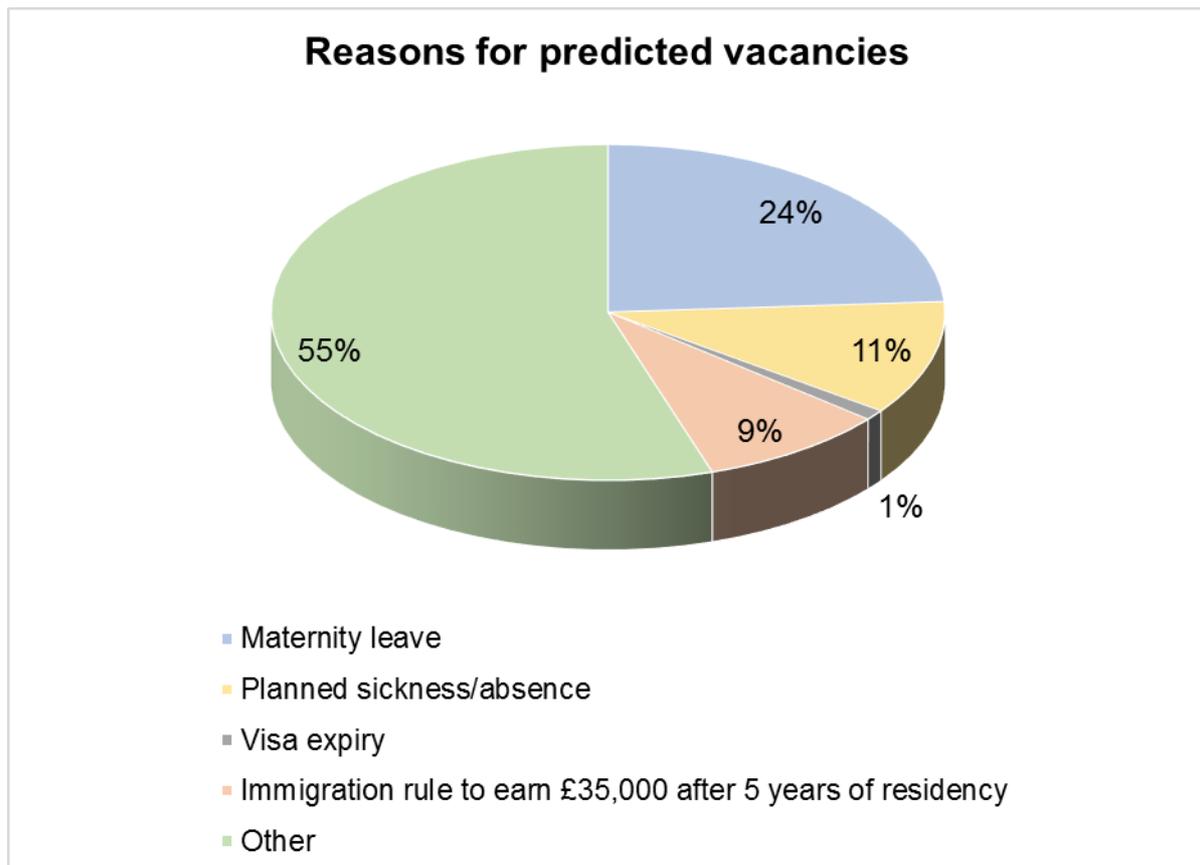
If you have not had a stable nursing workforce over the past 12 months, can you explain why?

- 47 Analysis of the explanations provided indicated that these providers had vacant positions within the previous 12 months and had recruited to fill these vacant positions. However this was described by a number of respondents as a lengthy, challenging process. A number of respondents had recruited registered nurses from outside Northern Ireland, primarily from elsewhere within the European Union. One respondent described recruiting seven nurses from elsewhere within the European Union. Providers who had recruited newly-qualified nurses commented that they did not view these as long-term commitments on the part of the newly qualified nurses. Analysis of the main reasons given for the vacancies were nurses taking up employment with an HSC trust, visa expiry (this relates to migrant nurses) gaining a higher hourly rate with another employer, and seeking work outside of Northern Ireland.

Do you anticipate any vacancies in the next 12 months?

- 48 There was a significant response to this question, with 65% of respondents stating that they anticipated vacancies within the next 12 months. This is clearly an indicator that providers do not have any immediate solutions to the current difficulties and fully anticipate the current challenges to continue. Analysis of the responses show that 142 facilities predict the equivalent of 225 full time positions to become vacant over the next 12 months.

Figure 9



49 The survey suggested four possible reasons why a position may become vacant, with an opportunity to also identify other factors. Whilst it could be argued that maternity leave and planned sickness absence do not constitute a vacant position, they do create a similar workforce dilemma, particularly within the nursing home sector, where there is generally no in-built reserve within the budgeted staffing allocation to provide staff cover when these circumstances arise. Other reasons given by respondents were staff gaining employment or already being on an HSC trust waiting list, retirement, on-going recruitment difficulties, and staff leaving Northern Ireland.

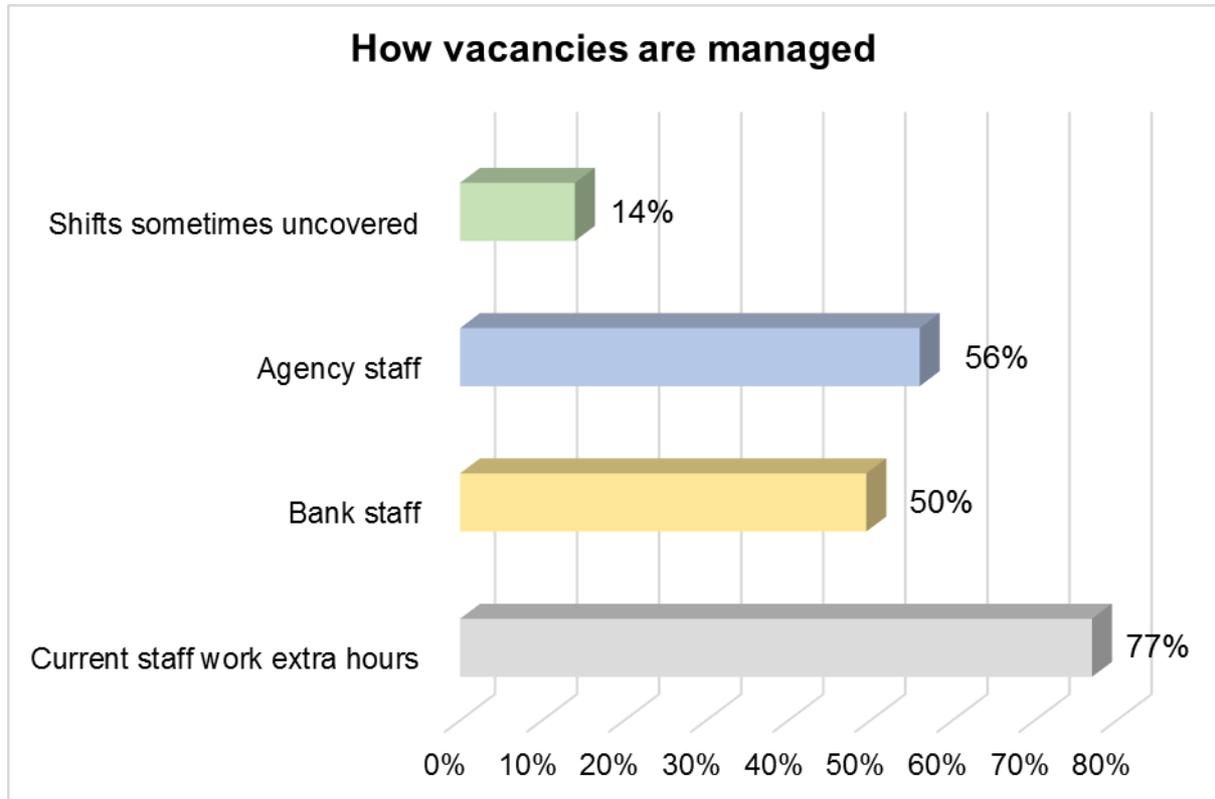
50 At the time of issuing this survey, the following was the UK position with respect to immigration policy¹⁴. A five tier points-based system for migration to the UK was introduced by the UK government in 2008. Tier two is for skilled workers with a job offer in the UK and all registered nurses who come to work from outside the European Economic Area [EEA] do so under a tier two visa. The following are the two routes under a tier 2 visa that are applicable to registered nurse recruitment.

14. <https://www.gov.uk/government/organisations/migration-advisory-committee>

- Tier 2 (general), which is made up of the resident labour market test [RLMT] route, which enables employers to bring in a worker from outside the EEA once they have shown that there is no suitably qualified worker from within the UK or the EEA available to fill a specific vacancy.
 - The shortage occupation route, which enables employers to apply to bring in workers from the outside the EEA if the occupation is on the tier 2 shortage occupation list. The shortage occupation list details the occupations and job titles considered to be experiencing a labour shortage.
- 51 Since April 2011, tier 2 (general) has been subject to an annual limit of 20,700 places and employers were generally able to use this route provided they met the requirements of the tier two visa application. However, since June 2015, due to an unprecedented increase in applications for tier two visas, the monthly limit has been reached and it has been very difficult for employers to use this route to recruit registered nurses. This is because the salary thresholds used to allocate certificates when the limit has been reached are beyond what most employers offer to migrant nurses. The salary thresholds for places within the previous five months ranged from £46,000 to £22,000 respectively.
- 52 In 2011, the government also set in place a minimum pay threshold of £35,000 in order to qualify for settlement in the UK. This threshold was due to come into effect on 6 April 2016 and would apply to those admitted from April 2011 who are seeking to settle in the UK after five years' residence as a tier 2 worker. If implemented, this would have resulted in experienced nurses leaving the UK as they would not meet the pay threshold.
- 53 Following extensive lobbying by the RCN and others, the UK government has recently taken the decision to place nursing temporarily on the shortage occupation list, which means that employers will not need to use the RLMT route. It also means that registered nurses holding tier 2 (general) visas are eligible to remain in the UK indefinitely and do not have to meet the income threshold. This will continue to apply to those recruited whilst the role is on the shortage occupation list. This decision by the UK government is a clear recognition of the current registered nurse shortage.

If you currently have vacancies how do you cover these shifts?

Figure 10



- 54 Respondents were given four options as detailed in figure 10 and asked to indicate how they managed their vacancies. It is notable that 77% of respondents report that current staff work additional hours. (For the purposes of this survey, additional hours is defined as the hours worked above contracted hours). The requirement to work additional hours has become normalised in many facilities and, whilst it denotes a loyalty and commitment to the care of the patients, it is also a fact that there is often no other option. This on-going requirement to work additional hours can impact negatively on staff and has to be considered a factor in the high staff turnover rates.
- 55 The requirement to use agency staff by 56% of respondents demonstrates the reality of the current crisis. The use of agency staff within acute care has been described as driving hospital overspends; the same can be said for the independent sector which operates within very tight financial constraints. The impact of this dependency on agency staff should not be under-estimated, not least because of the loss of continuity of patient care, but also because, in order for the establishment to remain financially viable, this additional expenditure on staffing costs will need to be recouped in another area of service delivery.

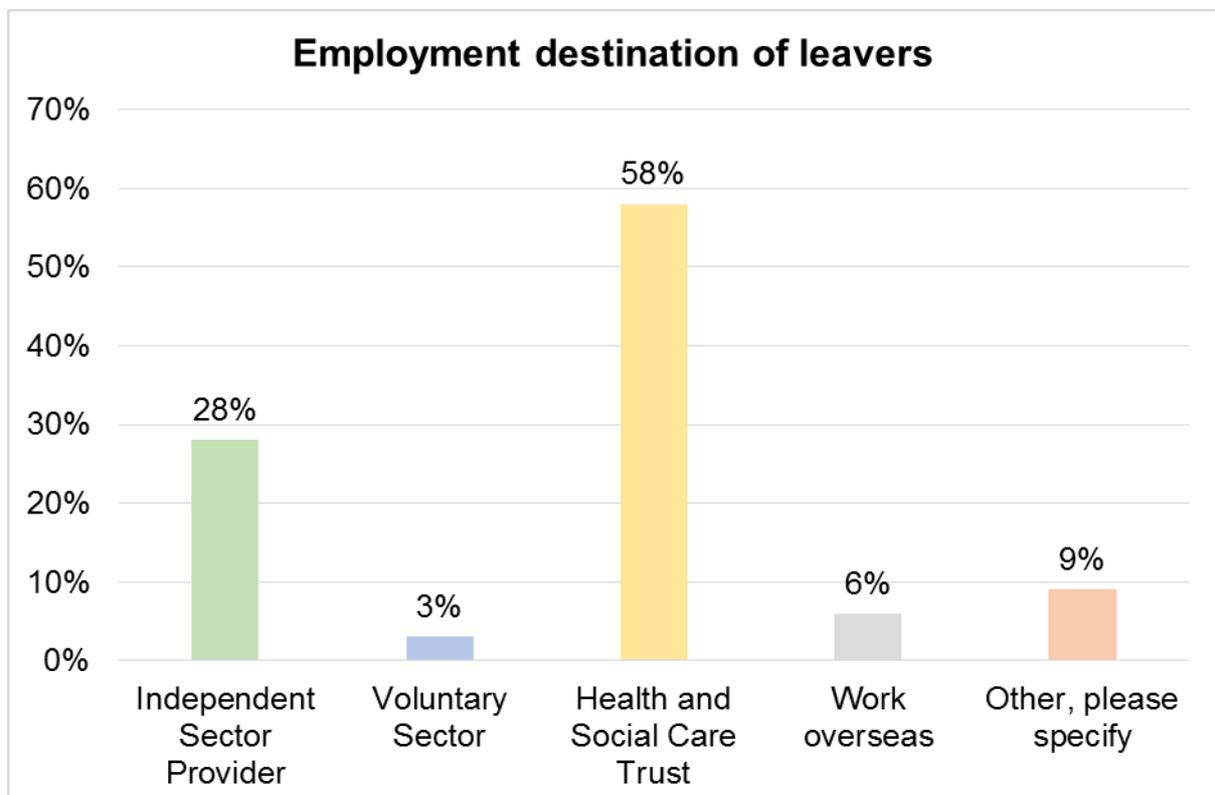
If any registered nurses left your employment in the past 12 months what was their reasons for leaving?

56 The overwhelming majority response given was the terms and conditions available in the HSC trusts and the additional clinical experience and wider career opportunities which prompted newly-qualified nurses to leave after completion of their preceptorship¹⁵. Preceptorship is about providing support and guidance, enabling newly registered nurses to make the transition from student to accountable practitioner. There were a variety of other reasons given by respondents and some of those most frequently cited included:

- gaining employment in another nursing home for either better terms and conditions or promotion.
- leaving Northern Ireland
- retirement
- returning to native country.

57 Respondents were given five options and asked to indicate the employment destinations of registered nurses who left employment in the past 12 months. Figure 11 illustrates the responses to this question.

Figure 11



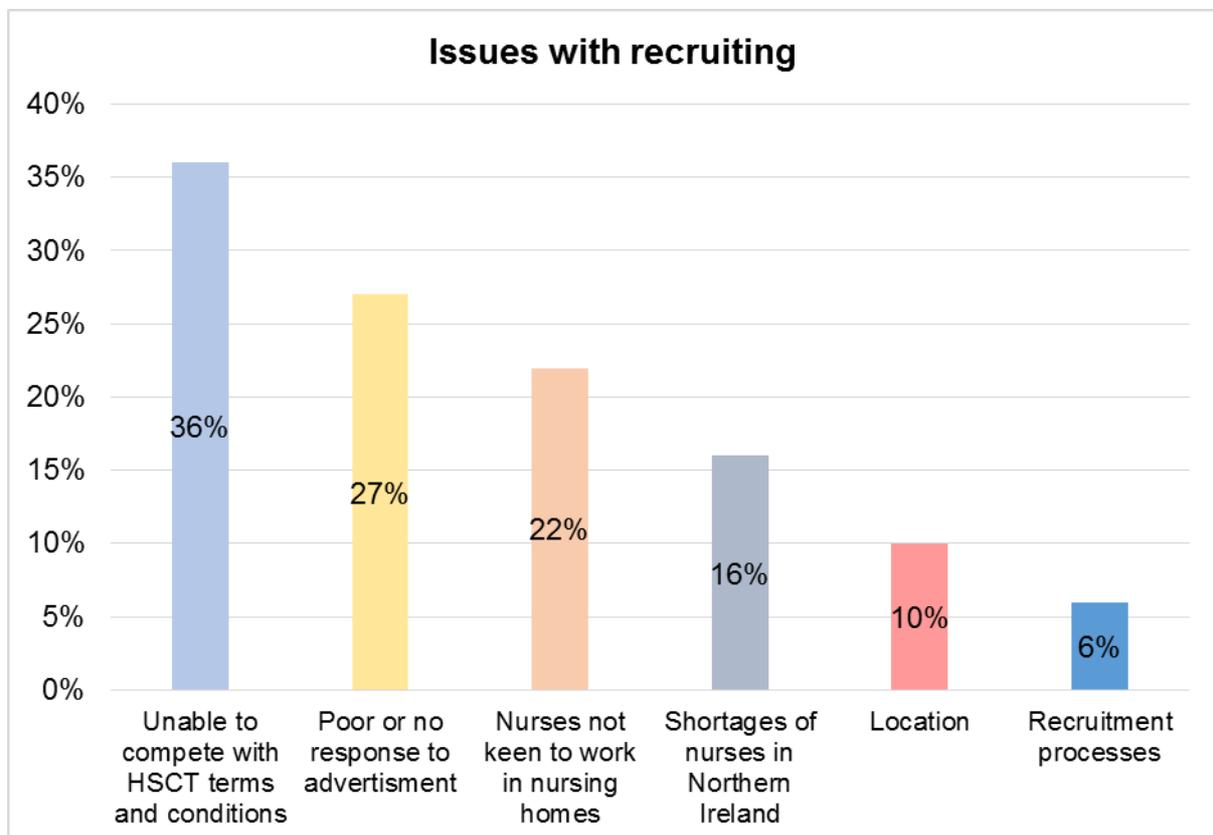
15. Preceptorship <http://www.nipec.hscni.net/preceptorship/>

58 Analysis of the responses indicates that 58% secure positions within an HSC trust. This presents the most significant recruitment and retention challenge to the independent sector. It is also interesting to note that 28% of staff leave to go and work with another independent sector provider. Respondents describe a competitive internal market as they compete for the same staff from within a very small recruitment pool. This is driving staff costs up to a level that providers contest is difficult to sustain within the current fee structure.

Do you have difficulty recruiting registered nurses?

59 An overwhelming 81% of respondents stated that they had difficulty recruiting registered nurses. Figure 12 shows the main reasons given by respondents for these difficulties, with many respondents giving more than one reason.

Figure 12



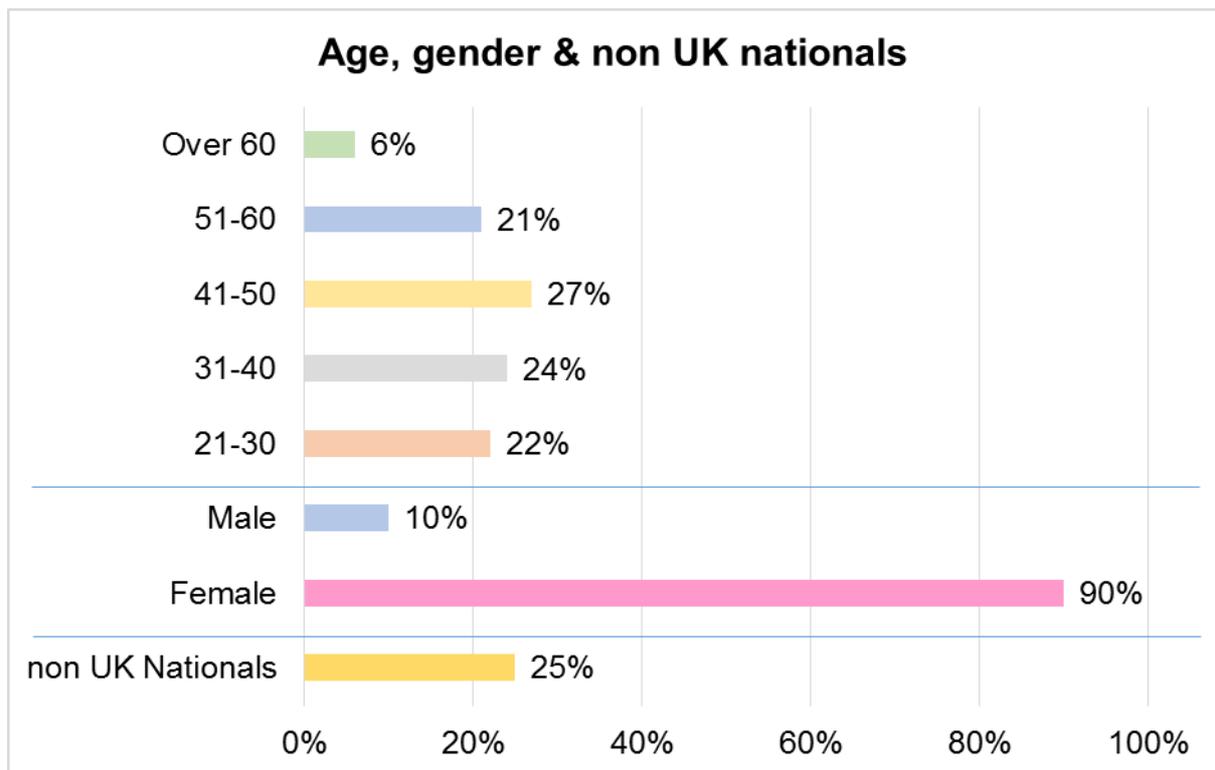
60 When describing recruitment difficulties, the most common reason given was the inability to compete with the terms and conditions offered by the health and social care trusts. An overall shortage of nurses was given as a reason by 16% of respondents and the 27% of respondents who described a poor or no response to recruitment advertisements would seem to support this view. Whilst this does not constitute a reason, it exemplifies the vacuum that currently exists around the availability of registered nurses. One provider described the situation by saying: *“I don’t know why we advertise for nurses as*

there are none out there, advertisement after advertisement with not one response.”

- 61 There was a view shared by 22% of respondents that nurses are not keen to work within nursing homes. Some respondents associated this with the negative perceptions some people have of nursing homes, or of care of the elderly nursing. Others related this reluctance to seek a position in a nursing home with the high dependency, high workload and overwhelming responsibility.
- 62 A number of respondents expressed a desire to showcase the benefits and rich experiences that can be gained from providing care in a nursing home and offered a number of innovative suggestions, such as introducing a mandatory preceptorship programme that rotated registrants on clinical placement across all sectors or secondment opportunities across the sectors so that knowledge and experience is widened and there is greater mutual appreciation of the contribution of each sector to the delivery of care.
- 63 The location of the establishment was described as a barrier to recruitment by 10% of respondents. This generally related to geographical location but, in some instances, was related to the close proximity to health and social care facilities which offered better terms and conditions. The 6% who cited recruitment processes generally referred to delays with overseas visas, changes to immigration rules, particularly the restriction that was placed on tier 2 visas, which has now been temporarily lifted, and the processes for migrant nurses to gain registration with the Nursing and Midwifery Council (NMC)¹⁶.

16. NMC <http://www.nmc.org.uk/registration/nmc-online/>

Figure 13



- 64 Figure 13 illustrates the profile of the registered nurse workforce, which is predominantly female. The age ranges are fairly evenly distributed, however it is noted that 27% are over 50 years. The smallest representation is between 21-30 years, which is reflective of the comments made by respondents with respect to newly-qualified nurses leaving after completion of their preceptorship. Non-UK nationals accounted for 25% of the registered nurse workforce. At the time of completing this survey, a number of providers indicated that they are currently recruiting registered nurses from elsewhere within the European Union and internationally. Given the current shortage of nurses and the information provided during and after this survey, the indications are that the number of registered nurses who are non-UK nationals will increase.
- 65 The respondents who do not accommodate student nurses were asked what prevents them from doing so. The unavailability of trained mentors or sufficient numbers of trained mentors was the most common reason given. Some cited the unavailability of mentorship training, difficulties releasing staff for mentorship training and the cost to the home in releasing staff for mentorship training.

Do you currently facilitate student nurses for practice placements?

- 66 Analysis of the responses indicated that 41% of respondents facilitated student nurse placements and 47% of those that did confirmed that they had returned to work in their organisation, albeit in some cases for a short time until they secured employment with a trust. The second most common reason given by respondents for not accommodating student nurses was the current work load and/or inability of the nursing workforce to adequately support students. Many respondents described a willingness to support students when they achieved a stable nursing team, others indicated that they were actively pursuing validation with a university.

Registered managers have reported an increase in the complexity and dependency of patients. Has this changed the learning and development needs of your registered nurses?

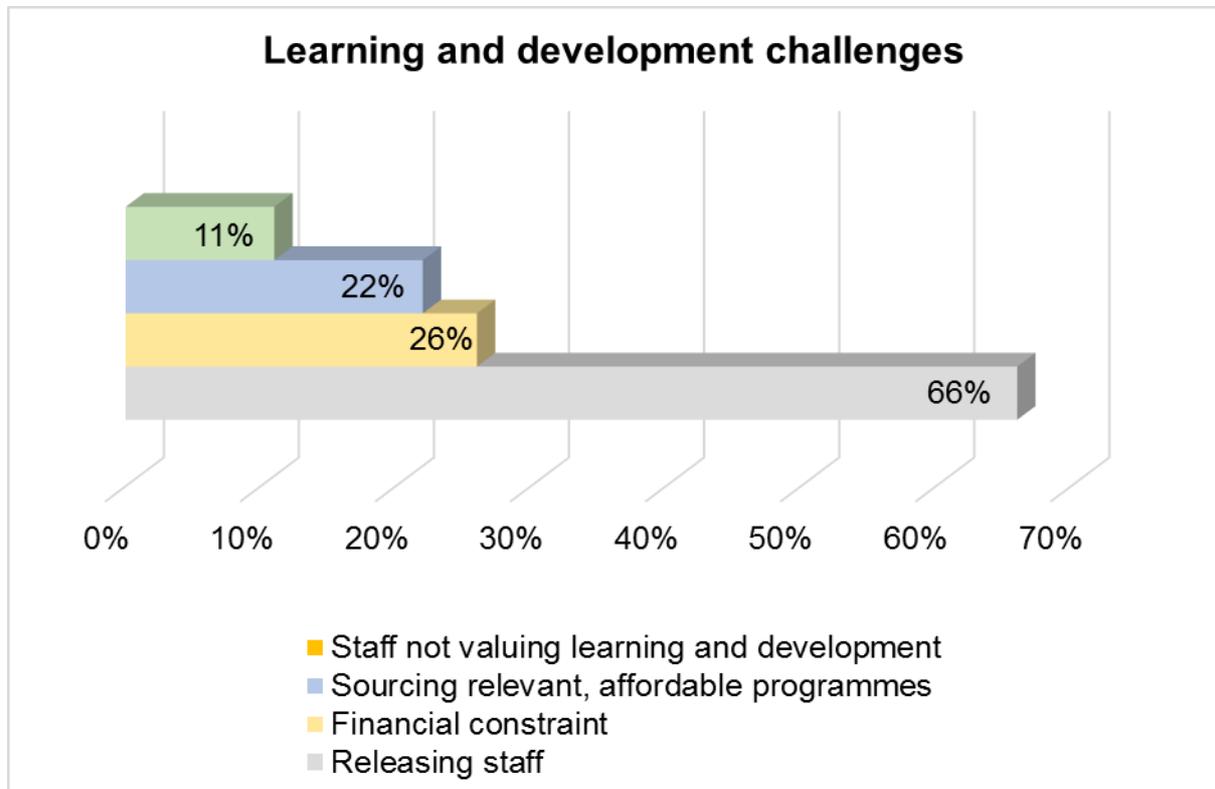
- 67 The majority of respondents (84%) indicated that they believed the learning and development needs of registered nurses had changed.

Please list the top three learning and development needs of your registered nurses.

- 68 Respondents to this question identified three or more learning and development needs and, when analysed, specialised clinical skills, palliative and end of life care and care of the patient with dementia were the most commonly identified. Included in the specialised clinical skills were PEG feeding, catheterisation, wound care, sub-cutaneous and intravenous fluids and intravenous medication.

What do you consider to be the challenges in meeting these learning and development needs?

Figure 14

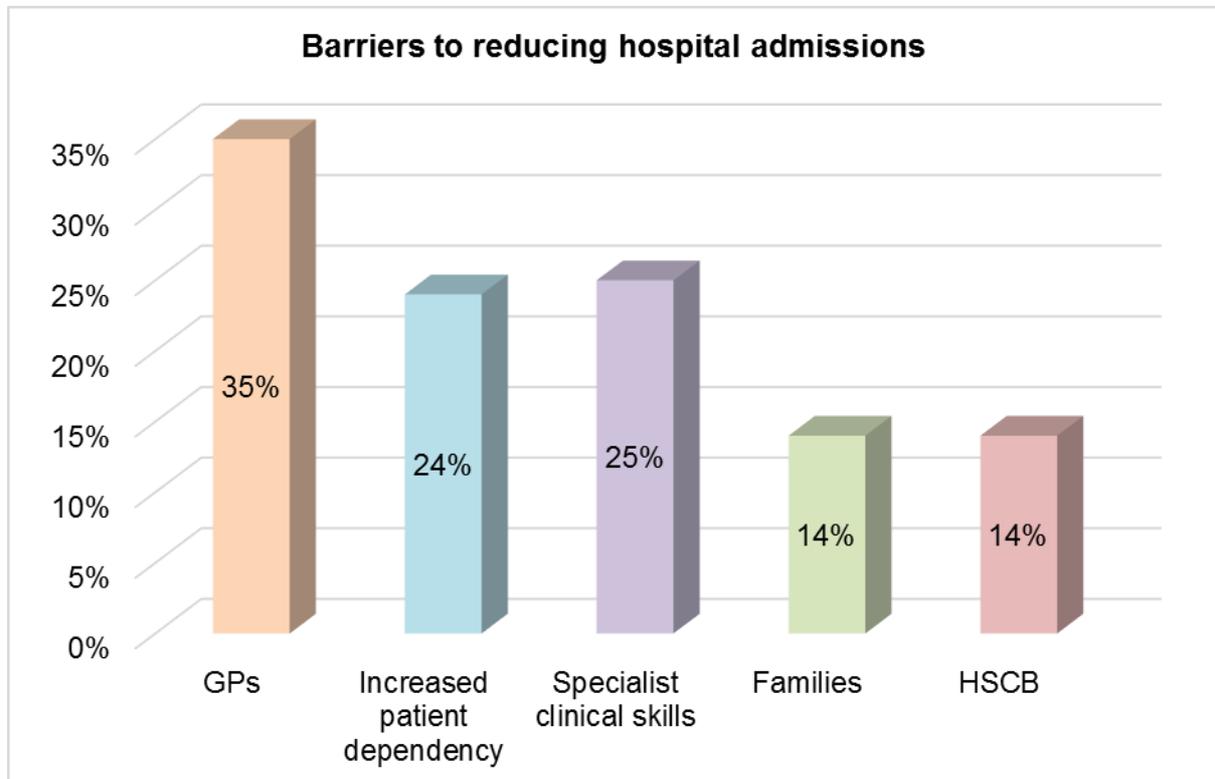


- 69 It was evident from the responses that meeting the learning and development needs of the registered nurses was viewed as hugely important if the sector is to be able to meet the needs of patients both now and into the future. There was also a sense of frustration as respondents described some of the challenges they faced when trying to meet these needs. As demonstrated in figure 14, the biggest obstacle to meeting learning and development needs is releasing staff from an already depleted workforce, with some respondents describing staff having to attend training outside their contracted hours.
- 70 A number of respondents commented that attending specialist clinical skills training had minimal impact if staff did not have the opportunity to use their new skills and therefore retain their competence. This is linked to the view expressed below about the skills of the registered nurse in the nursing home being under-used. A number of respondents expressed a view that, on some occasions, staff would benefit from follow-up support to bridge the knowledge to practice gap. Others commented that they had excellent support from the rapid response team which presented as a mechanism to help bridge this gap until staff confidence increased. Another frustration frequently cited was the high staff turnover, which very often saw staff leave for another position on completion of their training, particularly on completion of preceptorship.

- 71 Financial constraints were described as a challenge. This included the cost of purchasing programmes, but also the cost for backfilling shifts from within these tight constraints. Sourcing relevant, affordable programmes was also described as a challenge. A number of respondents described the inequity that exists between the availability of learning and development programmes for registered nurses employed in the trusts and those in the independent sector.
- 72 Whilst this inequity was raised, there was also recognition by a number of respondents of the initiative by the HSCB and the Public Health Agency [PHA] to fund a sequence of programmes for the sector, which commenced in August 2012 with a leadership programme for nursing home managers that was positively evaluated and acknowledged as making an impact by the RQIA. Also provided was a suite of programmes for registered nurses which included assessment of the deteriorating patient and palliative and end of life care, and a suite of fundamentals of care programmes for health care assistants.

The strategic document *Transforming your Care* describes an increased role for nursing homes in reducing unnecessary hospital admissions. What do you see as the main difficulties to this happening?

Figure 15



- 73 Respondents were keen to reduce hospital admissions and there was a general message that, as far as possible patients, should remain in the nursing home. Whilst respondents clearly described some of the barriers to this happening, as detailed in figure 15, there were also examples given of good practice where nursing homes worked collaboratively with the GPs and the multi-disciplinary teams so that patients could remain in the nursing home. A number of respondents also acknowledged the support provided by the rapid response teams.
- 74 Figure 15 illustrates the key issues respondents identified as barriers to reducing hospital admissions. GPs were described by 35% of respondents as a barrier to reducing hospital admissions, offering poor support, being reluctant to get involved in end of life care planning so that hospital admissions could be avoided, and often ordering an ambulance, rather than coming out to assess the patient. Some respondents attributed these experiences to the GP workload and also to the out-of-hours GP service. The loss of specialist clinical skills and lack of specialist knowledge by registered nurses was cited by 25% as a barrier to reducing unnecessary hospital admissions. There was a general theme running through the responses that the excellent skills of the registered

nurses employed within nursing homes were not always valued or utilised to their full potential and the respondents were keen to explore with trusts innovative approaches to addressing this. Respondents also indicated that the increasing complexity of the nurse's role, caring for patients with a variety of complex conditions, requires specialist knowledge, ongoing training for staff and more importantly true partnership working and support from the multi-disciplinary teams.

- 75 The increased patient dependency was described by 24% of respondents as a barrier to reducing hospital admissions. The rationale for this view point was that there is an increasing number of patients with complex conditions and an inadequate number of registered nurses to provide the appropriate level of safe care and clinical intervention. Family members requesting to have a patient transferred to hospital when it is not necessarily in the patient's best interest was described by 14% of respondents as a barrier to reducing inappropriate transfers to hospitals. There was a recognition by respondents that good communication and good end of life care planning are essential to avoiding this type of situation.
- 76 Lack of investment by the HSCB was described by 14% of respondents as an impediment to the strategy being implemented. If nursing homes are to be expected to care for more and more patients with complex long-term conditions, higher levels of acuity and avoid their re-admission to hospital, they will not be able to do this on their own and the implementation of the strategy needs to include resources and mechanisms to allow this to happen. Respondents suggested more specialist support from in-reach services such as the rapid response teams, greater accessibility to training opportunities for registered nurses in nursing homes, and a review of the current fee structure which was described as inadequate to deliver the appropriate level of care to acutely ill patients requiring specialist clinical intervention.

Conclusions and recommendations

- 77 The independent sector is a significant health and social care provider, providing independent hospital care, hospice care, residential and nursing home care and domiciliary care. The sector operates 265 nursing homes with the capacity to accommodate 12,008 patients and provides care to some of the most vulnerable in our society - older people, those with mental ill health and learning disabilities.
- 78 The independent nursing home sector is in crisis. There are serious concerns that the viability of nursing homes within the sector is under significant threat from under-funding and an inability to recruit and retain an adequate number of registered nurses and emerging evidence of home closures. As a result, those accommodated in the homes, many of them older people and many of them vulnerable people, will lose their home. Regrettably, if resources were made available tomorrow this would not address the recruitment and retention crisis that exists.
- 79 The vast majority of people cared for in independent nursing homes are funded by health and social care trusts through a regional fee determined by the HSCB. The regional fee of £593 per week is inadequate to meet the needs of the people who are accommodated in the homes. As a result of this inadequate fee structure, independent sector providers struggle to compete with the terms and conditions offered to nurses employed by HSC trusts.
- 80 Only 16% of respondents report that they have a stable workforce, with 81% reporting that they had difficulty recruiting registered nurses. Furthermore, 65% of respondents anticipate that they will have additional vacancies that will equate to 225 whole time equivalent posts within the next 12 months.
- 81 The survey indicated that 58% of registered nurses leaving the independent sector employment did so to take up posts with HSC trusts. Responses to the survey indicate that 77% of facilities require their staff to work additional hours and 56% use agency staff to cover nurse shortages.
- 82 The DHSSPS is responsible for facilitating workforce plans that will meet the needs of service delivery and taking forward workforce issues to support *Transforming your Care*. The Department is also responsible for facilitating the education and training of pre- and post-registration health workers.
- 83 Workforce planning in Northern Ireland has been inadequate, resulting in a growing number of nursing vacancies in HSC trusts. In these circumstances, health and social care trusts and nursing homes are competing for the same staff. This, coupled with the inadequate fee income and an inability to compete

with the terms and conditions offered to nurses by HSC trusts, is seriously compromising staffing levels within nursing homes. In order to attempt to address this, nursing home providers have been recruiting nurses from overseas. However nursing homes are experiencing severe difficulty retaining these nurses as they are being recruited and employed by trusts who are also experiencing nurse shortages.

- 84 The RCN is committed to equality of opportunity for all nurses in terms of their employment. However, we believe that there is a moral and ethical dilemma when trusts are recruiting an increasing number of nurses from nursing homes and the end result is destabilisation of the nursing workforce in a nursing home from which they are purchasing care.
- 85 Given that the nursing shortage in Northern Ireland is widely acknowledged and recognised, the number of nurses currently being trained should be reviewed by the DHSSPS as a matter of urgency. This review should also consider funding part time pre-registration nursing programme places, via an employed route for health care assistants employed in the independent sector who have the appropriate entry qualifications and an expressed interest in undertaking a pre-registration nursing programme. The DHSSPS currently funds places for health care assistants working within the HSC trusts.
- 86 Consideration should be given by the DHSSPS to the introduction of a 12 month mandatory preceptorship programme which will rotate all newly-qualified nurses on clinical placement across all sectors. Secondment opportunities should be commonplace across the sectors so knowledge and experience is widened and there is greater appreciation of the contribution of the other to the delivery of care.
- 87 In partnership with HSC trusts, a learning and development pathway should be developed for registered nurses in the independent sector to promote their on-going development and support the maintenance of their clinical skills and competence. A career pathway should be defined for registered nurses working within the independent sector, this should include nurse specialist roles.
- 88 There should be an accredited or formalised learning and development pathway for health care assistants working within the independent sector, so that they are appropriately skilled and valued for the important role they play in the delivery of care to patients.
- 89 The independent sector delivers care within an operating framework that is very different to that of the HSC trusts. Whilst there are numerous workforce planning tools available, there is no recognised tool for the independent sector. Work should be undertaken to devise a tool that can in the future be used to

determine workforce requirements, particularly within this ever-changing health care environment.

- 90 The main source of income for the majority of providers is from HSC commissioned places funded through a regional fee determined by the HSCB which is, in most circumstances, wholly inadequate. The ever-increasing running costs, staff costs and increasing patient dependency are making it more difficult to deliver a service to patients that is safe and effective within the current fee structure and it is recommended that this is urgently and robustly reviewed by an independent scrutiny body.
- 91 There should be greater cohesion between the statutory and independent sectors and true partnership working which provides more in reach of specialist services and greater accessibility to shared learning and development programmes.