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Dr Janice Thompson and Dione Todd

Transforming Your Care (TYC) Workforce Planning 2 – Trends in HSC Staff Numbers

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Summary and Key Points

The TYC Strategic Implementation Plan identified the main impact on health and social care (HSC) staff as stemming from the shift of activity from an acute to a community and enhanced primary care setting.

The Committee for Health, Social Services and Public Safety has previously received a RaISe briefing summarising how HSC workforce planning has been dealt with in the series of official TYC publications to date.

This second RaISe briefing paper regarding workforce planning provides a baseline and an introductory review of HSC staff numbers and trends in a selection of staff groups likely to be impacted by TYC.

The aim of the briefing is to stimulate discussion around potential areas for further investigation by the Committee in terms of the numbers, work places and patterns of various staff groupings in line with the implementation of TYC.

Section 3 provides a series of trend graphs and analysis of selected HSC staff groups, using figures taken from the *Northern Ireland Health and Social Care Workforce Census*.¹

The workforce census does not include independent contractors such as General Practitioners and General Dental Practitioners and information on these staff groups is covered in Section 4 of this paper:

Section 3 of the paper, shows that, overall, from 2000 onwards to the present the following HSC occupational 'families' show a general upward trend in numbers across Northern Ireland (NI):

- Qualified Nursing and Midwifery staff;
- Medical and Dental staff;
- Professional and Technical staff;
- Social Services Staff; and
- Ambulance Staff.

Administrative and Clerical Staff showed an overall general increase from 2000 to 2007/08 but numbers have since levelled off.

A closer look (over the period 2008 to 2014) at selected staff groups within these occupational 'families' shows variations within the general overall NI upward trends between staff groups and between Trusts.

¹ DHSSPS, Health and Social Care Workforce Census , www.dhsspsni.gov.uk/index/statistics/workforce/staff-numbers.htm

According to figures from the *Northern Ireland Health and Social Care Workforce Census*, some of the main variations noted across the time period 2008 to 2014 are:

- **Qualified Nursing and Midwifery staff:**
 - District Nurses and Treatment Room Nurses show a general decrease across NI;
 - Acute Nurses show a mixed picture of increases and decreases across Trusts;
 - Health Visitors have decreased in the Belfast Trust; and
 - Mental Health Nurses have remained stable in numbers across NI but there are varying increases and decreases across Trusts.
- **Medical and Dental staff;**
 - Consultants – increases across all Trusts;
 - Specialty/Specialist Registrar/GP Trainee – general decreases across NI, small increase in the Northern Trust;
 - Foundation/Senior House Officer – increases across the Trusts but overall totals show main increase from 2008-2009; and
 - General/Hospital Practitioner – relatively small numbers of this staff group but general decreases across the Trusts.
- **Professional and Technical staff;**
 - General increases across Trusts (variations between Trusts) in all staff groups looked at – Dieticians, Occupational Therapists, Physiotherapists, Radiographers, Speech and Language Therapists and Pharmacists.
- **Social Services Staff;**
 - General increases across Trusts (variations between Trusts with some decreases) in all staff groups looked at – Social Workers for Child and Family Care, Hospital, Elderly, Learning Disability, Mental Health and Social Care Staff
- **Administrative and Clerical Staff**
 - Overall numbers of this occupational ‘family’ show an increase from 2000 to 2007, followed by a steady decrease;
 - There has been steady decline in total numbers in grades 1-4 across all Trusts from 2008; and
 - There has been an increase in total numbers in bands 5-6 since 2011 in all Trusts.

It should be noted that RaISe requested explanations from the DHSSP for some of the more notable or unusual trends for some staff groups. For some of the trends within Qualified Nursing and Midwifery, the DHSSPS statisticians advised that it was difficult to respond because Trusts re-coded some staff when new Agenda for Change grade codes became available and this occurred at different times. Another explanation provided, with regard to a staff group within Medical and Dental Staff was that the

number of these staff will vary in each Trust according to the Trust's own service configuration and specialties delivered. Therefore, it may follow that these types of explanations also apply to some other trends that RaISe did not specifically pursue at this early stage of the HSSPS Committee's workforce planning review.

Looking at Section 4 of the paper it is evident that gathering recent/current information regarding staff numbers not covered by the HSC Workforce Census is difficult, for example, with regard to GP Practices.

The total number of GPs and GP surgeries is known but beneath that level to gather information about the number of nurses or administrators that these independent contractors employ does not appear possible without contacting individual GP practices.

However, Section 4 highlights that prior to the establishment of the Business Services Organisation, it appears that the Family Practitioner Services Directorate did publish more detailed information about General Medical Services, General Dental Services, General Ophthalmic Services and Pharmaceutical Services, with its last statistical report published in 2007/08.²

Reviewing trends in HSC Staff numbers across NI as a whole and across Trusts in primary and secondary care settings is, of course, only part of the story. The key to the success of implementing TYC will be in the changing roles and locations of certain staff groups with increasing HSC treatment occurring in primary care and community settings.

Pertinent questions may be:

- Do the increases and decreases in different staff groups support the policy direction and implementation of TYC?
- Is the current information collated by the DHSSPS on the workforce sufficient to monitor the implementation of TYC?

In order to provide the Committee with the most up to date position regarding HSC workforce planning in connection with TYC, RaISe requested an update on the work of the **Regional Workforce Planning Group** and the response is included at Section 5.

1 Introduction

In May 2014, the Committee for Health, Social Services and Public Safety (the Committee) received a RaISe briefing note (NIAR 277-14)³ in connection with 'Transforming Your Care' (TYC)⁴ – Workforce Planning. This summarised how HSC workforce planning had been dealt with in the series of official TYC publications,

² http://www.hscbusiness.hscni.net/pdf/NI_FAMILY_PRACTITIONER_SERVICES_STATISTICAL_REPORT_2007-08.pdf

³ NIAR 277-14 (unpublished)

⁴ Transforming Your Care, A Review of Health and Social Care in Northern Ireland, DHSSPS, HSCB, December 2011

including the Belfast, Northern, Western, Southern and South Eastern Local Commissioning Group Locality Population Plans.⁵

That first briefing also highlighted challenges to medical workforce planning as identified by the BMA and introduced the NHS Scotland *Everyone Matters: 2020 Workforce Vision* as a possible good practice example of workforce planning.

The new model of service to be delivered by TYC requires a substantial move towards prevention, self-care, increased primary care and care that is provided at home or closer to home. This direction will have a substantial impact on the HSC workforce with a 'shift left' of activity to the community and primary care setting and a more integrated care focus, meaning a change in role/location for some staff. The development of acute hospital networks will also mean a change in working patterns for some staff.

The previous briefing noted the new methodology of workforce planning described in the Population Plans of the Local Commissioning Groups (LCGs) but the workforce plans (staff reductions⁶) of the five HSC Trusts did not appear to be well developed at that time and were indicative in nature.

The TYC Strategic Implementation Plan identified the impact on HSC staff as stemming from⁷:

- A shift of activity from an acute to a community and enhanced primary care setting;
- Delivery of care in a more integrated manner across primary, secondary and community care;
- Enhanced role for some of the independent healthcare providers. (May require enhanced training and regulatory frameworks); and
- Development of acute networks across an area. (May mean a change in working patterns or organisational structures.)

In addition, workforce development is described as 'critical' to the establishment of the new network models of care through the creation of five to seven hospital networks:

- More people will receive care in their own home, or close to home - with hospital clinicians working closely with GPs and other community staff⁸;
- Multi professional, community health and social care integrated teams will support patients in their own homes⁹; and
- Staff will be required to develop different skills and capacities in new and extended roles, for example, GPs with special interests in emergency medicine or paediatrics, specialist long-term condition nurses and emergency care practitioners. It is

⁵ <http://www.transformingyourcare.hscni.net/consultation/>

⁶ The consultation used the working assumption that moving to the new model of care would see a reduction in the overall workforce of around 3% (around 1,620 whole time equivalents)

⁷ Extracted from Transforming Your Care, Strategic Implementation Plan, October 2013, HSCB, Final Version, page 99

⁸ Transforming Your Care, DHSSPS, HSCB, December 2011, page 122

⁹ As above, page 122

proposed that there will be an increase in outpatient follow-up appointments being carried out by GPs and nurses¹⁰.

The TYC Review document and subsequent consultation document did identify certain specific issues around the impact on the HSC workforce:

- **GP Leadership**¹¹ – the TYC Review recognised that GPs would assume leadership roles in the new Integrated Care Partnerships.
- **Workforce availability**¹² – Workforce availability over the three years following the TYC Review was unlikely to be sufficient to sustain the current HSC model (for example, shortages of doctors within emergency care services);
- **Reduction in HSC workforce** – The TYC consultation used the working assumption that moving to the new model of care would see a reduction in the overall workforce of around 3% (around 1,620 whole time equivalents). To enable this shift, the HSC “*will provide support for voluntary early retirement/voluntary redundancy and/or retraining support*”¹³;
- **Training:**
 - The TYC Review concluded that the current model is unsustainable in terms of the training experience required for junior doctors¹⁴;
 - In the new care model some staff (currently hospital-based) will fulfil unchanged/very similar roles in the community or primary care setting, whereas others will be asked to adapt to a change in role and will be given “*appropriate training and support*”¹⁵;
- **Workforce sustainability**¹⁶ – future services models must be sustainable - “*while locum and agency staff may be used to support a services where necessary and appropriate, they should not be inextricably linked to a service’s ability to remain*”;

The responsibility for workforce planning rests with the DHSSPS and TYC transformation will involve the *Regional Workforce Planning Group* supporting the development of detailed workforce plans, including continuing engagement with staff, professional bodies and staff side organisations.¹⁷

In response to a Member’s Question in 2014¹⁸, the then Health Minister, Edwin Poots, responded that:

¹⁰ Transforming Your Care, DHSSPS, HSCB, December 2011, page 122

¹¹ As above, page 123

¹² As above, page 123

¹³ Transforming Your Care, Vision to Action, A consultation document, 9 October 2012 – 15 January 2013, DHSSPS, HSCB, page 59

¹⁴ Transforming Your Care, DHSSPS, HSCB, December 2011, page 123

¹⁵ Transforming Your Care, Vision to Action, A consultation document, 9 October 2012 – 15 January 2013, DHSSPS, HSCB, page 59

¹⁶ Transforming Your Care, DHSSPS, HSCB, December 2011, page 41

¹⁷ Transforming Your Care, Strategic Implementation Plan, October 2013, HSCB, Final Version, page 32

¹⁸ NI Assembly Oral Question, AQO 6669/11-15, asked on 11/09/14,

<http://aims.niassembly.gov.uk/questions/oralsearchresults.aspx?&qf=0&qfv=1&ref=AQO%206669/11-15>

The regional workforce planning group was established to take forward the specific proposals in 'Transforming Your Care' relating to workforce planning. The group is completing the development of a framework for workforce planning that will strengthen HSC workforce planning across the region and inform the basis for taking forward a programme of workforce reviews. Whilst the framework is being finalised, my Department continues to lead on regional workforce planning, and a number of workforce reviews are in progress in relation to nursing, medical specialists and medicine...

2 Overview

In connection with the Committee's scrutiny of TYC this second RalSe briefing paper regarding the workforce provides a starting point for the next phase of the Committee's work on TYC. The information in this paper is provided as an introduction to the Committee's wider review into workforce planning.

It is not intended as a full review of all HSC staff groups in primary and secondary care but includes a selection of staff groups that are among those impacted by TYC. The briefing seeks to stimulate discussion around potential areas for further investigation in terms of the numbers, work places and patterns of various staff groupings and the impact this will have on the implementation of TYC.

Section 3 of this paper provides a series of trend graphs and analysis of selected HSC staff groups¹⁹, both totals²⁰ and broken down by Trusts, using figures taken from the *Northern Ireland Health and Social Care Workforce Census*.²¹ The HSC staff groups covered in Section 3 are:

- Qualified Nursing and Midwifery staff;
- Medical and Dental staff;
- Professional and Technical staff;
- Social Services Staff;
- Ambulance Staff; and
- Administrative and Clerical Staff.

The workforce census does not include independent contractors also working in Health & Social Care such as General Practitioners and information on some of these staff groups is covered in Section 4.

¹⁹ Workforce figures exclude staff on career breaks, bank staff (due to the variable nature of their employment), Chairman/Members of Boards and staff with a whole-time equivalent of less than or equal to 0.03. For this 2014 edition, Home Helps/Domiciliary Care staff are also excluded as their recorded WTE does not accurately reflect their contributions to the service. Some historical figures have been revised to reflect methodological changes in order to maintain comparability. Data from the Northern Ireland Medical and Dental Training Agency were only available for 2014, so these staff have not been included in this comparison. They have been included in the main tables

²⁰ The totals include staff that are based within the HSC Board or Regional Services

²¹ DHSSPS, Health and Social Care Workforce Census, www.dhsspsni.gov.uk/index/statistics/workforce/staff-numbers.htm

3 Numbers and Trends Within the HSC Workforce

Graphs within this section show **Whole Time Equivalent (WTE)**. WTE is a method of aggregating full and part-time staff's hours effectively converting them into equivalent number of 'whole time' staff. This is done by calculating the aggregate of the total number of hours that staff in a grade are contracted to work, and dividing by the standard hours for that grade. As a result, part-time staff are converted into equivalent number of 'whole time' staff²².

Figures used to prepare the graphs were taken as far as possible from the most recent published HSC workforce census²³ and then from the census of relevant years as applicable. According to the 2014 HSC workforce census, "*the main tables and discussion exclude Home Helps/Domiciliary Care Staff, bank/sessional staff and staff with a WTE of less than or equal to 0.03....Figures also exclude staff on career breaks and Chairs/Members of Boards*".²⁴

The figures used for trend graphs of occupational families covering the years 2000-2014 are where universal definitions allowed figures to be compared²⁵. Figures for 2005-2014 are taken from Table A of the 2014 HSC workforce census and figures for 2000-2004 are taken from Table A of the 2005 HSC workforce census.

Graphs in this paper which cover the period 2008-2014 (or parts thereof) are a result of earlier figures not being comparable due to changes in definitions of staff job titles or groupings.

RaISe requested explanations from the DHSSP for some of the more notable or unusual trends for some staff groups. For example, for some of the trends within Qualified Nursing and Midwifery, the DHSSPS statisticians advised that it was difficult to respond because Trusts re-coded some staff when new Agenda for Change grade codes became available and this occurred at different times. Another explanation provided, with regard to a staff group within Medical and Dental Staff was that the number of these staff will vary in each Trust according to the Trust's own service configuration and specialties delivered. Therefore, it may follow that these types of explanations also apply to some other trends that RaISe did not specifically pursue at this early stage of the HSSPS Committee's workforce planning review.

²² DHSSPS (2001) Definition of Whole Time Equivalent, Available at http://www.dhsspsni.gov.uk/wf_2001_definitions.pdf

²³ DHSSPS, (2014) Northern Ireland Health and Social Care Workforce Census 2014. Available at: <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

http://www.dhsspsni.gov.uk/ni_hpss_workforce_census_march_2005_no_cover.pdf

²⁴ 2014 HSC workforce census, page 5, <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

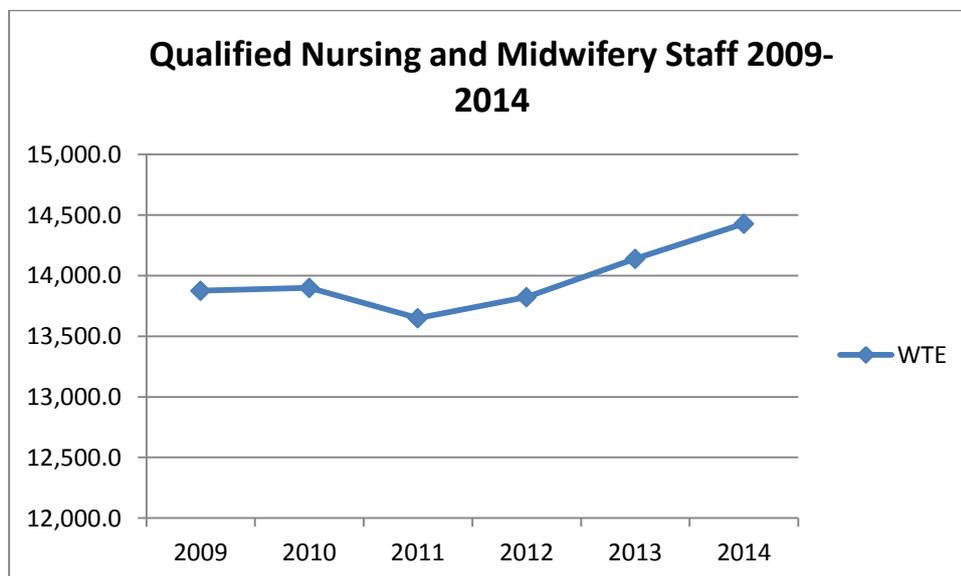
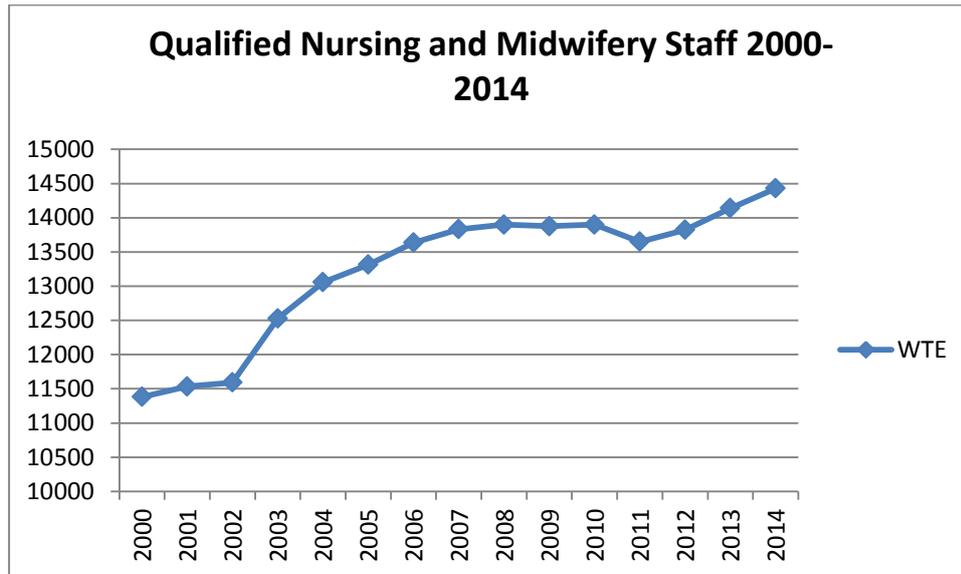
²⁵ Figures for 2005-2014 taken from the 2014 HSC workforce census and figure for 2000-2004 are taken from the 2005 HSC workforce census, <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>
http://www.dhsspsni.gov.uk/workforce_census_march_2005_exc_sec_11.pdf

3.1 Qualified Nursing and Midwifery Staff

Overall NI Trend for Qualified Nursing and Midwifery Staff²⁶:

2000-2014: 27% increase (11,381.3 to 14,428.5 in WTE)

- **2005-2014: 8% increase (13,314.1 to 14,428.5 in WTE)**
- **2009-2014: 4.0% increase (13,875.9 to 14,428.5 in WTE)**



²⁶ As above

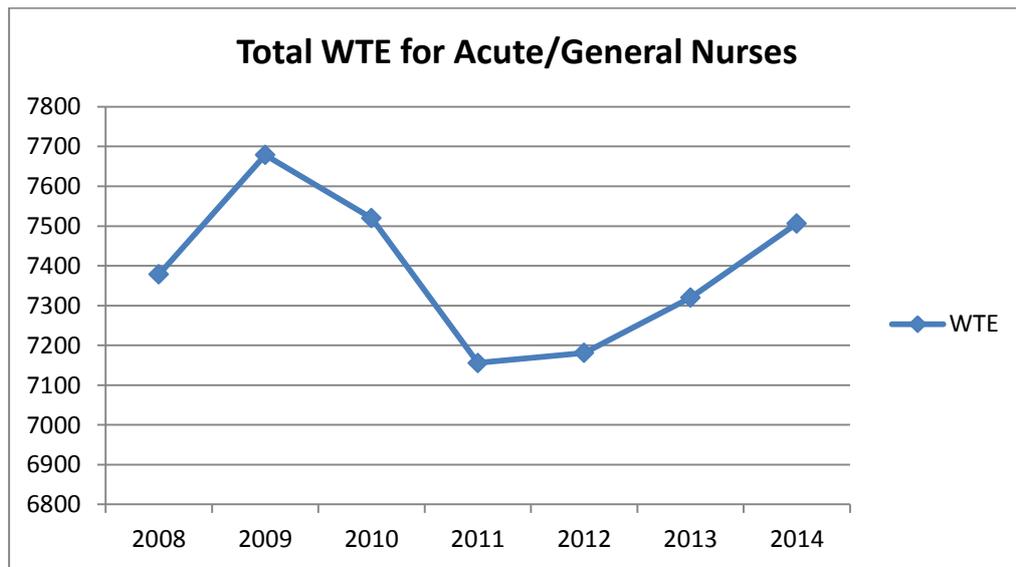
This section includes a more in-depth look at the figures for selected staff groups within *Qualified Nursing and Midwifery* staff:

- 3.1.1 Acute/General Nurses;
- 3.1.2 Mental Health Nurses;
- 3.1.3 Health Visitors;
- 3.1.4 District Nurses; and
- 3.1.5 Treatment Room Nurses.

3.1.1 Acute/General Nurses²⁷

Overall Trust Totals for Acute/General Nurses

Overall 2% increase in WTE from 2008-2014



²⁷ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

Trends across the Trusts 2008 to 2014:

Belfast:	5% decrease	(3098.8 to 2930.7 in WTE)
Northern:	8% decrease	(1184.7 to 1088.7 in WTE)
Southern:	9% increase	(1021-1125.6 WTE)
South Eastern:	23% increase	(903-1114 WTE)
Western:	6% increase	(1172.0 to 1247.3 in WTE)

Based on the above trend, RaiSe asked the DHSSPS to explain the following: *since 2008, there has been a decrease in acute nurses in the Belfast (around 5%) and Northern (around 8%) Trusts, against increases in the other Trusts (WTE).*

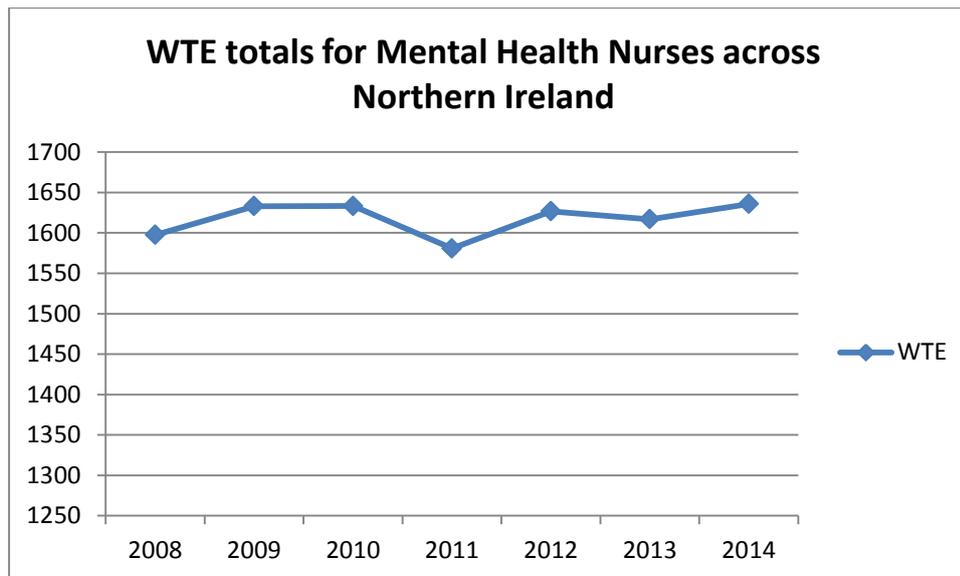
The DHSSPS statisticians advised that it is difficult to respond to this question because Trusts re-coded some staff when new Agenda for Change grade codes became available and at different times e.g. from Acute Nurse to Specialist Nurse.²⁸

3.1.2. Mental Health Nurses²⁹**Overall Trust Totals for Mental Health Nurses 2008-2014:**

Overall 2% increase in WTE from 2008-2014

²⁸ Email reply received from DHSSPS DALO on 3rd February 2015

²⁹ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>



Trends across the Trusts 2008-2014:

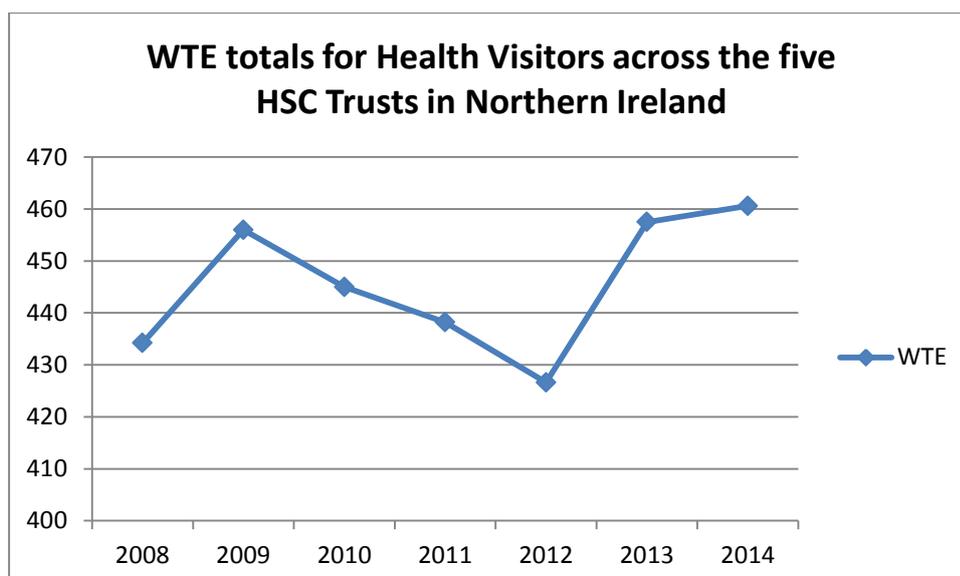
Belfast:	2% increase	(406.3 to 414.9 in WTE)
Northern:	2% decrease	(316.3 to 311.2 in WTE)
Southern:	9% increase	(262.7 to 289.9 in WTE)
South Eastern:	15% increase	(198.1 to 233.8 in WTE)
Western:	7% decrease	(414.2 to 386.1 in WTE)

3.1.3. Health Visitors³⁰

Overall Trust Totals for Health Visitors:

Overall 6% increase in WTE from 2008-2014

³⁰ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>



Trends across the Trusts 2008-2014:

Belfast:	9% decrease	(80.5 to 73.1 in WTE)
Northern:	1% increase	(103.0 to 104.1 in WTE)
South Eastern:	20% increase	(73.6 to 88.7 in WTE)
Southern:	10% increase	(96.0 to 106.4 in WTE)
Western:	8% increase	(81.1 to 88.3 in WTE)

Based on the above trend using figures from the HSC Workforce Census of that year, RaiSe asked the DHSSPS to explain the following: *since 2008, there has been a decrease of around 9% in number of Health visitors in the Belfast Trust against a general NI increase (WTE).*

The DHSSPS statisticians advised that the figures noted in the query seem to have been derived by including Student Health Visitors in 2014 and excluding them in 2008 and that it is preferable to include them, as they are qualified nurses with their own caseloads. A direct comparison including students is presented in the table below. It should also be noted that there has been an increase in the number of Health Visitor Training places commissioned – 37 places in 2013-2014 and 61 places in 2014 - 2015³¹.

³¹ Email reply from DHSSPS DALO 03/02/15

Staff in post graded as:	<u>Belfast</u>	<u>Northern</u>	<u>South Eastern</u>	<u>Southern</u>	<u>Western</u>	<u>All Trusts</u>
Health Visitor WTE 2008	86.7	112.4	79.1	103.9	85.6	467.6
Health Visitor WTE 2014	73.1	104.1	88.7	106.4	88.3	460.5
% change Health Visitor WTE	-15.7%	-7.4%	12.2%	2.4%	3.2%	-1.5%

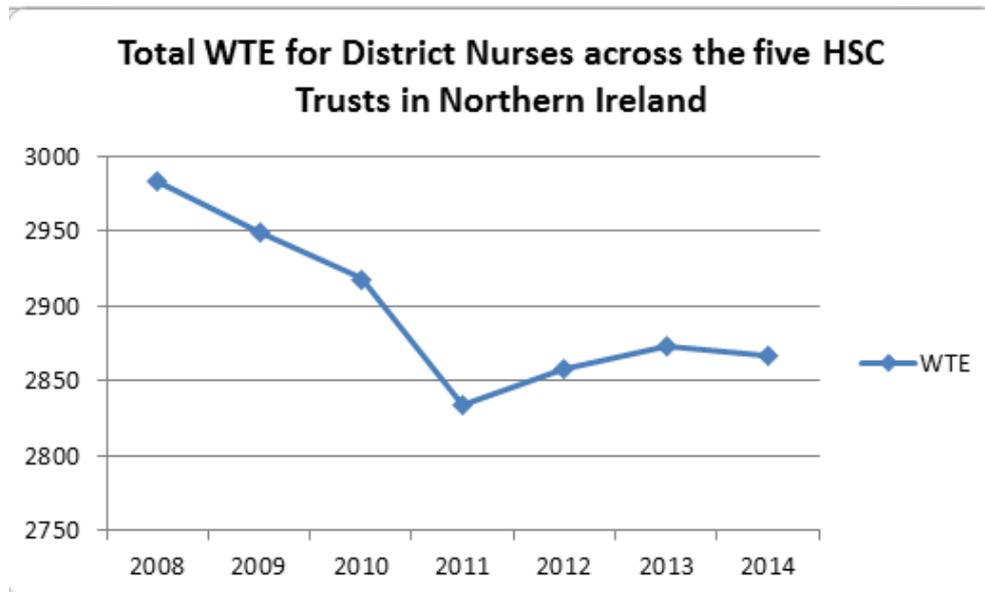
Health Visiting Education Commissions 2008/09 – 2014/15

	08 09	09 10	10 11	11 12	12 13	13 14	14 15
Commissioned Places	29	26	24	18	25	37	61

3.1.4. District Nurses³²

Overall Trust Totals for District Nurses:

Overall 4% decrease in WTE from 2008-2014



Trends across the Trusts 2008-2014:

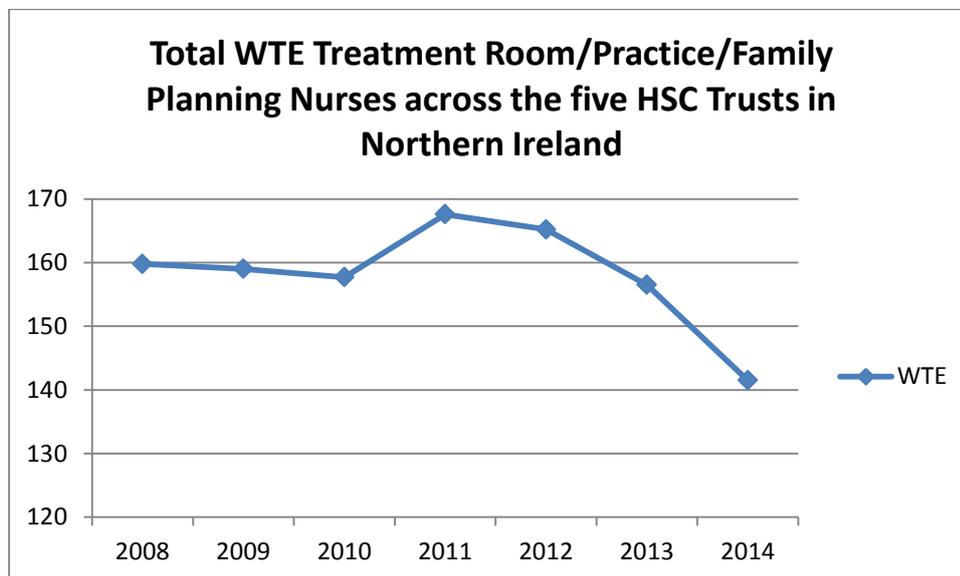
Belfast:	14% decrease	(197.2 to 170.4 in WTE)
Northern:	18% decrease	(211.3 to 172.4 in WTE)
South Eastern:	9% decrease	(189.2 to 172.1 in WTE)
Southern:	21% decrease	(187.4 to 148.2 in WTE)
Western:	0.3% decrease	(190.8 to 190.2 in WTE)

³² Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

3.1.5. Treatment Room/Practice/Family Planning Nurses

Overall Trust Totals for Treatment Room/Practice/Family Planning Nurses 2008-2014:

Overall 11% decrease in WTE from 2008-2014



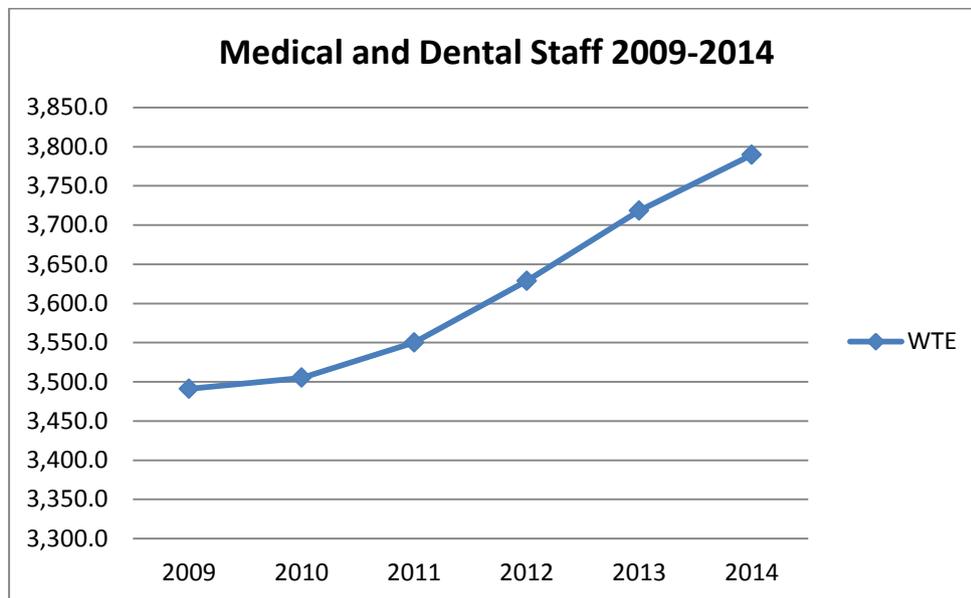
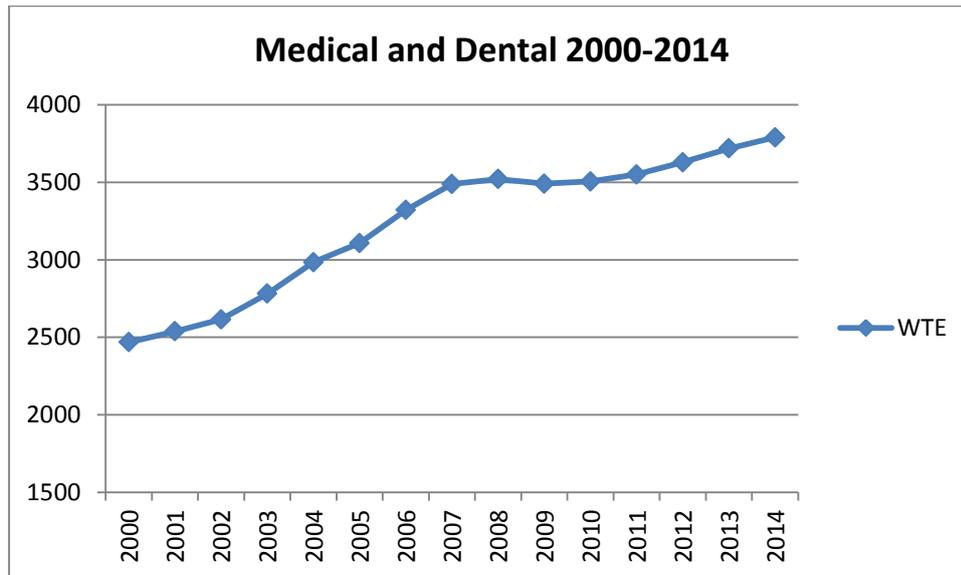
Based on the above trends using figures from the HSC Workforce Census of that year, District nurses and Treatment room nurses have experience a general decrease in numbers across the five HSC Trusts, therefore, RaISe put the following query was put to the DHSSPS: *Please explain the following: since 2008, there has been a general decrease in District Nurses and Treatment Room Nurses across all five Trusts (WTE).*

DHSSPS statisticians advised that it is difficult to comment on this query because Trusts have re-coded some staff when new Agenda for Change grade codes became available and at different times e.g. to the Specialist Nurse grade.

3.2 Medical and Dental Staff³³

Overall NI Trend for Medical and Dental Staff³⁴:

- **2000-2014: 53% increase (2,468.3 to 3789.5 in WTE)**
 - **2005-2014: 22% increase (3098.8 to 3789.5 in WTE)**
 - **2009-2014: 9% increase (3491.0 to 3,789.5 in WTE)**



³³ 2014 figure includes Northern Ireland Medical and Dental Training Agency (NIMDTA)

³⁴ Figures for 2005-2014 taken from the 2014 HSC workforce census and figure for 2000-2004 are taken from the 2005 HSC workforce census, <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>
http://www.dhsspsni.gov.uk/workforce_census_march_2005_exc_sec_11.pdf

This section includes a more in-depth look at the figures for selected groups of Medical and Dental staff:

3.2.1 Consultants

3.2.2 Specialty Doctor/ Associate Specialist/ Staff Grade

3.2.3 Specialty/ Specialist Registrar/ GP Trainee

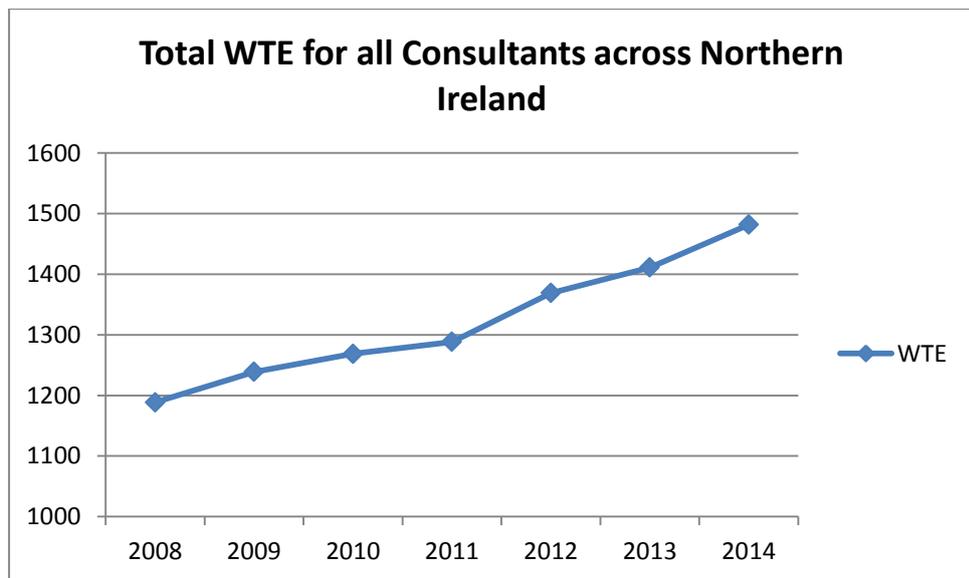
3.2.4 Foundation/ Senior House Officer

3.2.5 General/ Hospital Practitioner

3.2.1. Consultants³⁵

Overall Trust Totals Trend for Consultants:

Overall 25% increase in WTE from 2008-2014



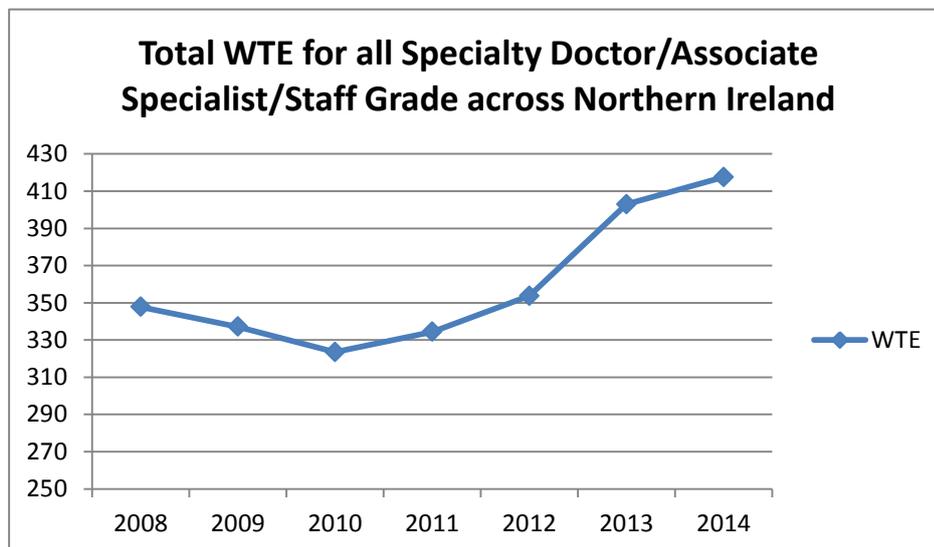
³⁵ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

Trends across the Trusts 2008-2014:

Belfast:	25% Increase (521.4 to 657.7 in WTE)
Northern:	20% increase (165.7 to 199.2 in WTE)
South Eastern:	33% increase (160.6-212.5 in WTE)
Southern:	26% increase (157.8 to 199.2 in WTE)
Western:	16% increase (183.2 to 213.1 in WTE)

3.2.2. Speciality Doctor/ Associate Specialist/ Staff Grade³⁶**Overall Trust Totals for Specialty Doctor/ Associate Specialist/ Staff Grade:**

Overall 20% increase in WTE from 2008-2014



³⁶ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

Trends across the Trusts 2008-2014:

Belfast:	10% decrease	(116.4 to 104.3 in WTE)
Northern:	72% increase	(50.3 to 86.3 in WTE)
South Eastern:	37% increase	(49.6 to 68.1 in WTE)
Southern:	36% increase	(71.9 to 97.5 in WTE)
Western:	3% increase	(59.6 to 61.3 in WTE)

Based on the above trends using figures from the HSC Workforce Census of that year, a general increase in WTE is noted for Specialty Doctor/Associate Specialist/Staff Grade; however, the Northern and Western Trusts experience different trajectories. The DHSSPS was asked by RaISe to explain these differences. The response was³⁷:

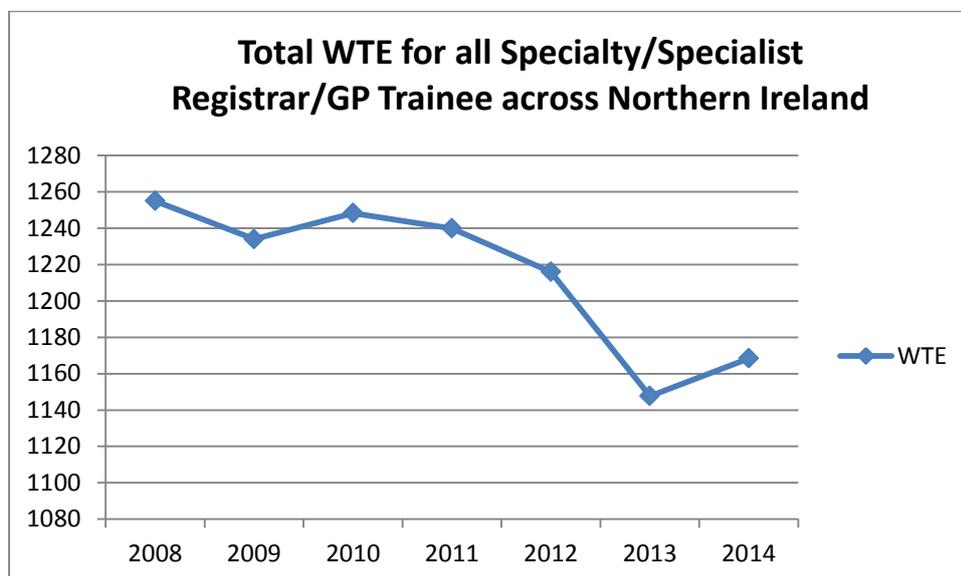
The number of these staff will vary in each Trust according to their own service configuration and specialties delivered. Trusts have indicated that additional posts have been created due to newly funded initiatives which optimise the skill mix within medical teams, hence increasing this level of doctor. Trusts have also indicated that additional doctors of these grades can be recruited due to vacancies at either training level or consultant level. There will also be an increase in this group of staff due to the Modernising Medical Careers initiative and it being an attractive career pathway since the introduction of the 2008 contract for Specialty Doctors and Associate Specialists. Furthermore, some staff on the old medical officer and hospital practitioner grades will have transferred to this contract.

³⁷ Email reply from DHSSPS DALO, 03/02/15

3.2.3. Speciality/ Specialist Registrar/ GP Trainee³⁸

Overall Trust Totals for Speciality/ Specialist Registrar/ GP Trainee:

Overall 7% decrease in WTE from 2008-2014



Trend across the Trusts 2008-2014:

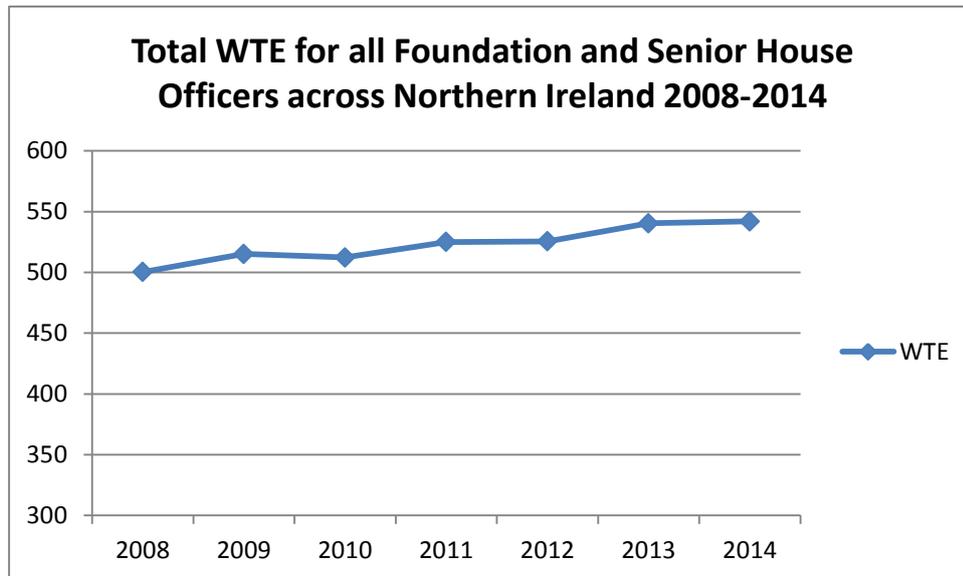
Belfast:	11% decrease	(631.5 to 561.1 in WTE)
Northern:	7% increase	(153.1 to 165.1 in WTE)
South Eastern:	0.5% decrease	(150.6 to 149.9 in WTE)
Southern:	no change in WTE	
Western:	16% decrease	(171.6 to 144.2 in WTE)

³⁸ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

3.2.4. Foundation/ Senior House Officer³⁹

Overall Trust Totals for Foundation/ Senior House Officer:

Overall 8% increase in WTE from 2008-2014



Trends across the Trusts 2008-2014:

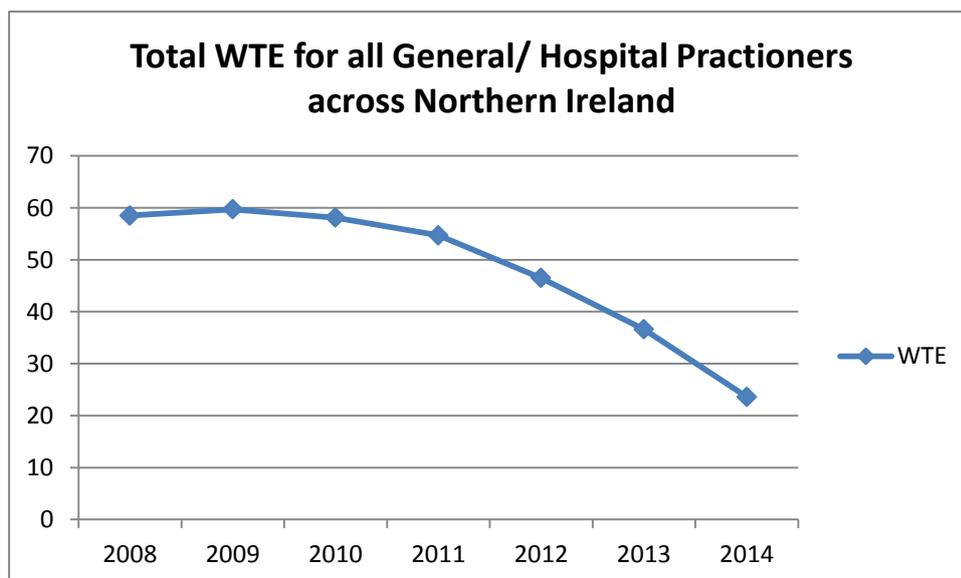
Belfast:	6% increase (212.5 to 224.6 in WTE)
Northern:	8% increase (79.8 to 87.0 in WTE)
South Eastern:	5% increase (83.2 to 87.3 in WTE)
Southern:	1% increase (69.1 to 70.0 in WTE)
Western:	30% increase (56.0 to 73.0 in WTE)

³⁹ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

3.2.5. General/ Hospital Practitioner⁴⁰

Overall Trust Totals for General/ Hospital Practitioners:

Overall 60% decrease in WTE from 2008-2014



Trends across the trusts 2008-2014: (relatively small staff numbers reflected in large percentage changes):

Belfast:	89% decrease	(29.7 to 3.2 in WTE)
Northern:	14% increase	(5.6 to 6.4 in WTE)
South Eastern:	35% decrease	(9.1 to 5.9 in WTE)
Southern:	78% decrease	(38.1 to 8.1 in WTE)
Western:	100% decrease	(4.2 to 0 in WTE)

Based on the above trends using figures from the HSC Workforce Census of that year, there has been a consistent decline in General/ Hospital Practitioners.

⁴⁰ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

RaISe put the following query to the DHSSPS: Although the overall numbers in this staff group has never been high, since 2008 the number has decreased in all but the Northern Trust and there now appears to be none of this staff group in the Western Trust and a very large decrease in the Belfast Trust of around 90% - please advise what role this staff group play in the Trusts and the rationale for the decreases. The response received was as follows⁴¹:

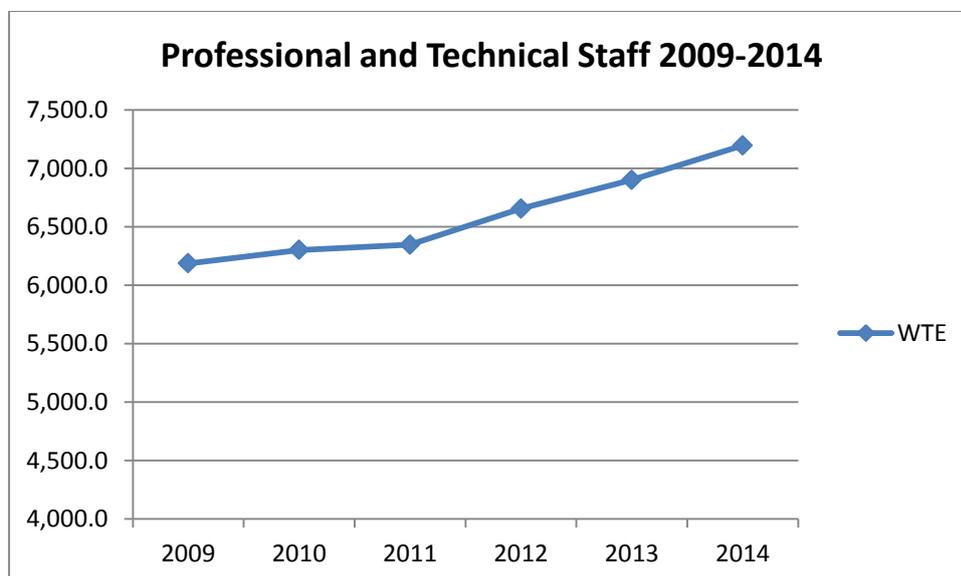
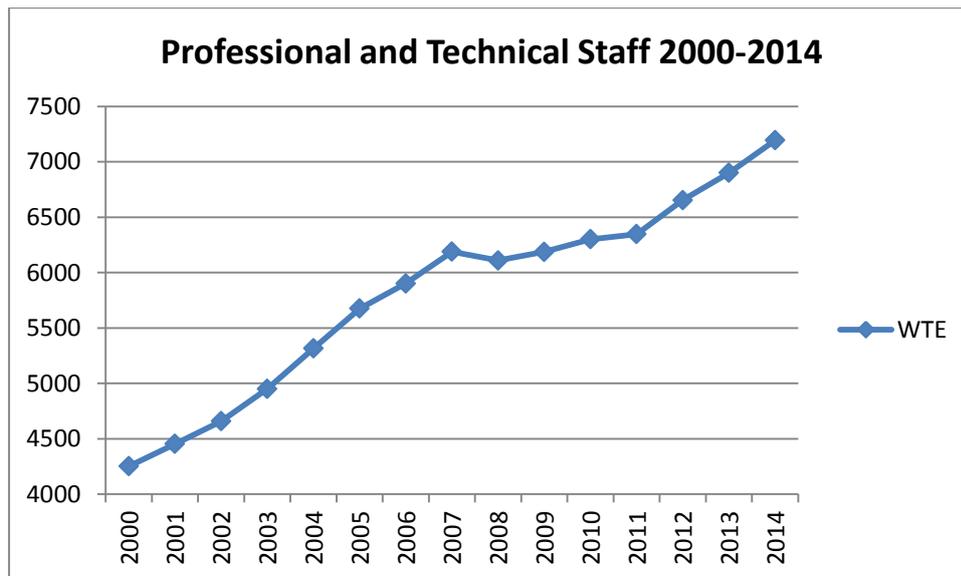
The published HSC Workforce Census figures for staff graded as General/Hospital practitioner now exclude those working in the GP Out of Hours service, whereas the March 2008 HSC Workforce Census had included these doctors. This is the explanation for the bulk of the apparent decrease in this staff group. The hospital practitioner grade is also being phased out, hence the low level of current staff. These staff also work on a sessional basis, hence the low level of whole-time equivalent. As above, the number of staff on general/hospital practitioner grades has been decreasing since the introduction of the 2008 Specialty Doctors and Associate Specialist contract.

⁴¹ Email reply from DHSSPS DALO, 03/02/15

3.3 Professional and Technical Staff

Overall NI Trend for Professional and Technical Staff⁴²:

- **2000-2014: 70% increase (4251.0 to 7195.6 in WTE)**
 - **2005-2014: 27% increase (5,675.9 to 7195.6 in WTE)**
 - **2009-2014: 16% increase (6187.2 to 7195.6 in WTE)**



⁴² Figures for 2005-2014 taken from the 2014 HSC workforce census and figure for 2000-2004 are taken from the 2005 HSC workforce census, <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>
http://www.dhsspsni.gov.uk/workforce_census_march_2005_exc_sec_11.pdf

This section includes a more in-depth look at the figures for selected Professional and Technical staff:

3.3.1 Dietitians

3.3.2 Occupational Therapists

3.3.3 Physiotherapists

3.3.4 Radiographers

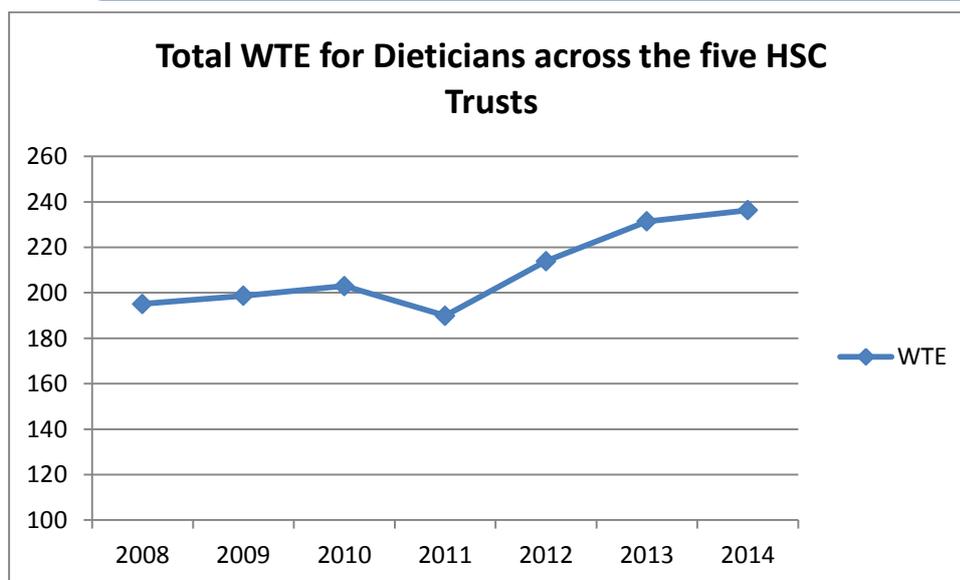
3.3.5 Speech and Language Therapists

3.3.6 Pharmacists

3.3.1. Dietitians⁴³

Overall Trust Totals for Dietitians from 2008-2014:

Overall 21% increase in WTE from 2008-2014



⁴³ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

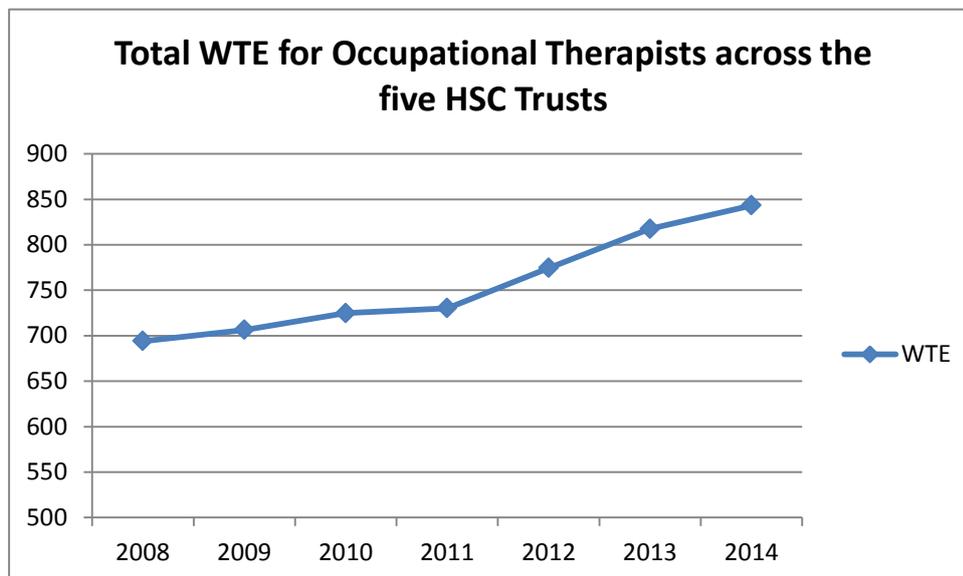
Trends across the Trusts 2008-2014:

Belfast:	4% decrease	(77.0 to 73.8 in WTE)
Northern:	18% increase	(37.0 to 43.7 in WTE)
South Eastern:	77% increase	(26.4 to 46.7 in WTE)
Southern:	23% increase	(29.1 to 35.9 in WTE)
Western:	41% increase	(25.6 to 36.2 in WTE)

3.3.2. Occupational Therapists⁴⁴

Overall Trust Totals for Occupational Therapists:

Overall 21% increase in WTE from 2008-2014



⁴⁴ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

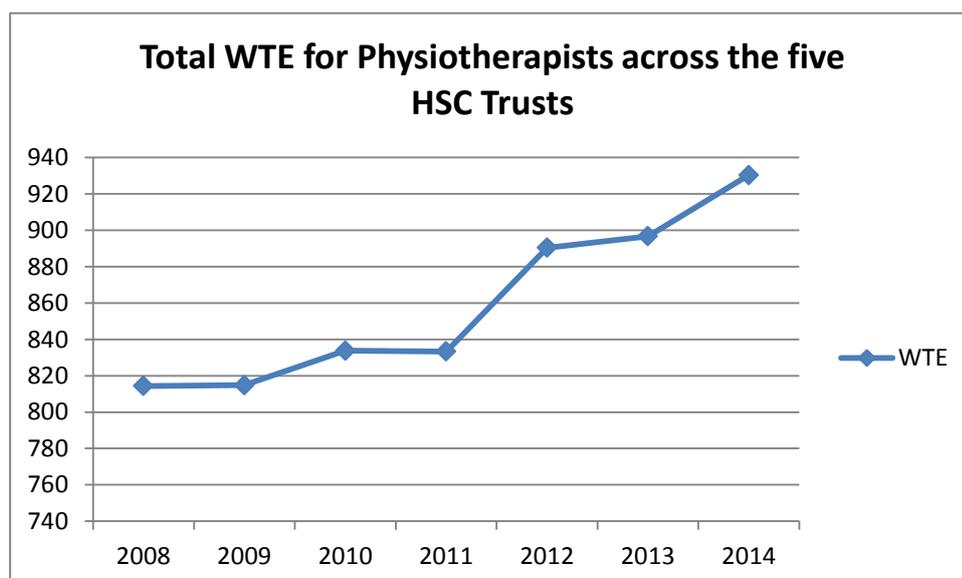
Trends across the Trusts 2008-2014:

Belfast:	12% increase	(205.5 to 229.7 in WTE)
Northern:	15% increase	(169.8 to 194.8 in WTE)
South Eastern:	63% increase	(87.2 to 142.5 in WTE)
Southern:	23% increase	(133.4 to 164.1 in WTE)
Western:	14% increase	(98.2 to 112.2 in WTE)

3.3.3. Physiotherapists⁴⁵

Overall Trust Totals for Physiotherapists:

Overall 14% increase in WTE from 2008-2014



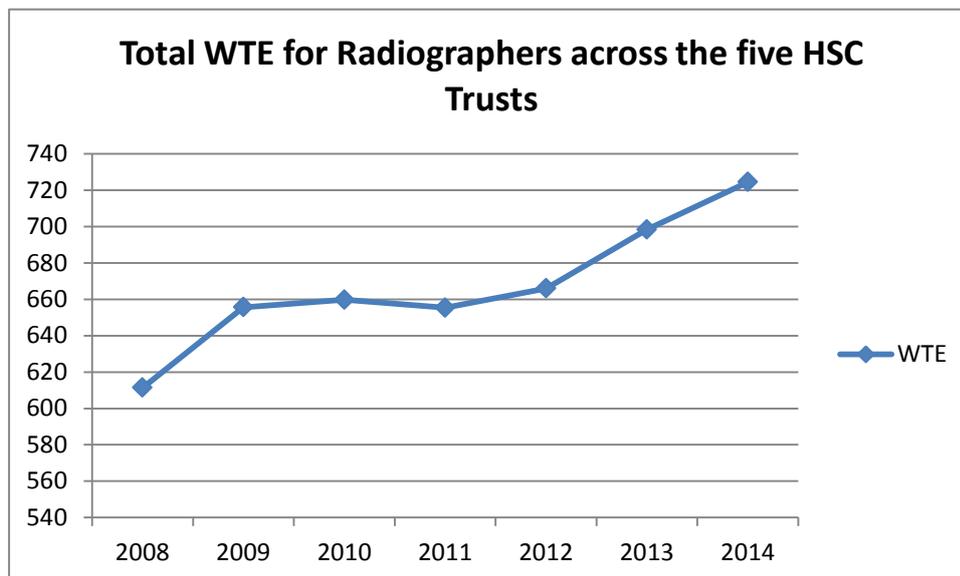
⁴⁵ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

Trends across the trusts 2008-2014:

Belfast:	less than 1% increase (292.8 to 293.4 in WTE)
Northern:	16% increase (142.9 to 165.9 in WTE)
South Eastern:	13% increase (141.8 to 159.9 in WTE)
Southern:	37% increase (139.7 to 190.7 in WTE)
Western:	24% increase (97.2 to 120.5 in WTE)

3.3.4. Radiographers⁴⁶**Overall Trust Totals for Radiographers:**

Overall 18% increase in WTE from 2008-2014



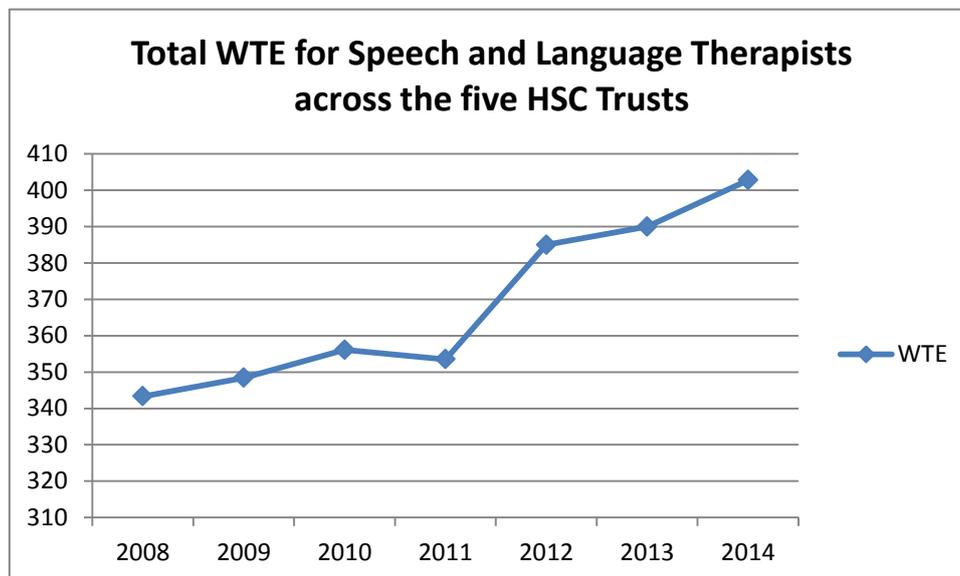
⁴⁶ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

Trends across the Trusts 2008-2014:

Belfast:	8% increase (273.0 to 295.9 in WTE)
Northern:	19% increase (86.3 to 103.0 in WTE)
South Eastern:	22% increase (75.1 to 91.8 in WTE)
Southern:	29% increase (88.7 to 114.6 in WTE)
Western:	35% increase (88.3 to 119.1 in WTE)

3.3.5. Speech and Language Therapists⁴⁷**Overall Trust Totals for Speech and Language Therapists:**

Overall 17% increase in WTE from 2008-2014



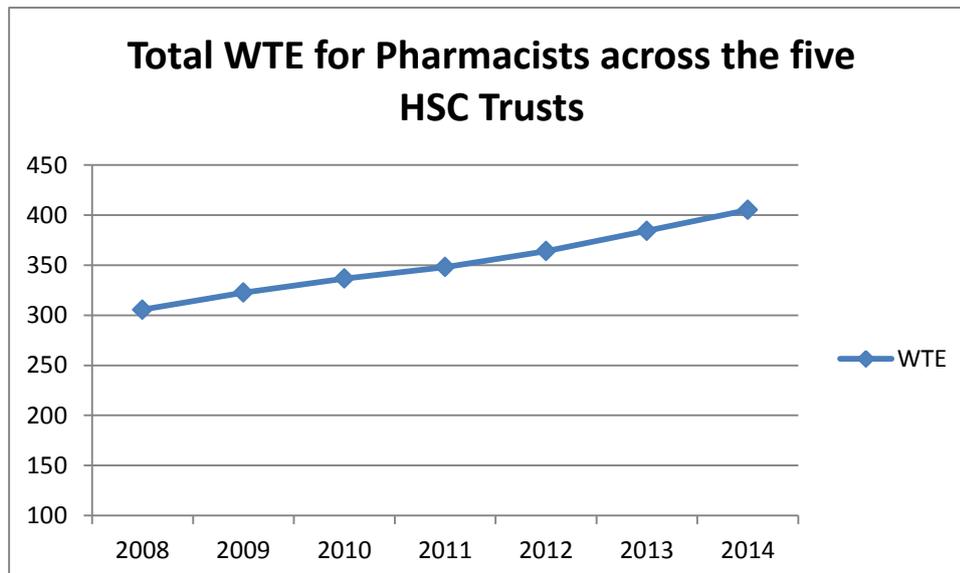
⁴⁷ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

Trends across the Trusts 2008-2014:

Belfast:	18% increase (98.5 to 116.7 in WTE)
Northern:	27% increase (77.3 to 97.9 in WTE)
South Eastern:	15% increase (57.3 to 65.7 in WTE)
Southern:	less than 1% decrease (60.7 to 60.5 in WTE)
Western:	25% increase (49.5 to 61.8 in WTE)

3.3.6. Pharmacists⁴⁸**Overall Trust Totals for Pharmacists:**

Overall 33% increase in WTE from 2008-2014



⁴⁸ Trust figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

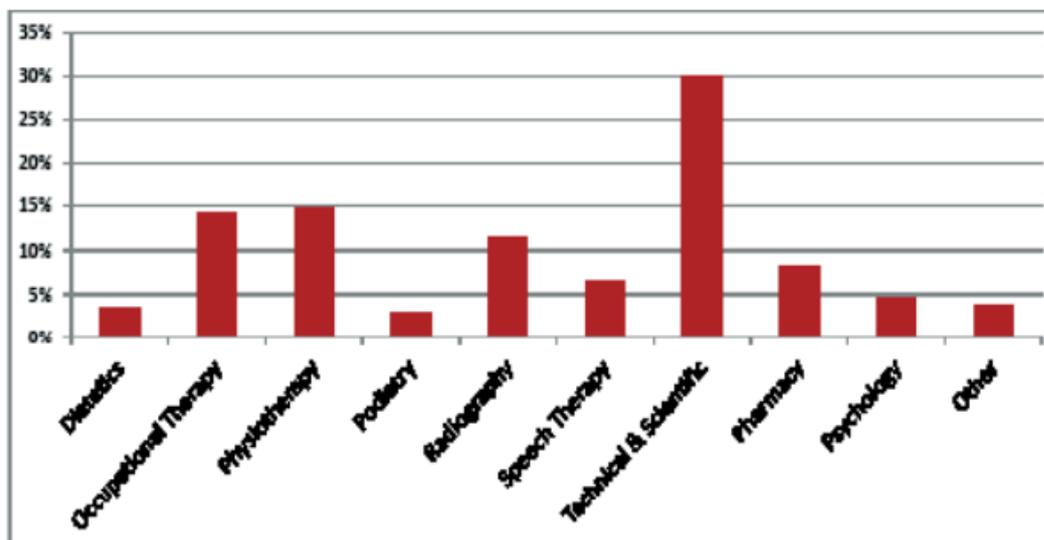
Trends across the Trusts 2008-2014:

Belfast:	17% increase (115.2 to 134.9 in WTE)
Northern:	42% increase (63.7 to 90.4 in WTE)
South Eastern:	51% increase (42.2 to 63.9 in WTE)
Southern:	32% increase (44.1 to 58.1 in WTE)
Western:	43% increase (40.4 to 57.9 in WTE)

3.3.6. Other Professional and Technical

There was no further breakdown of the figures for Technical and Scientific Staff within the Workforce Census, yet they appear to make up nearly a third of this staff group (see Figure 4a below extracted from workforce census)⁴⁹. The DHSSPS advised that this group covers - Clinical Scientists, Biomedical Scientists, Medical Technical Officers, Research Scientists and their support staff.

Figure 4a: Professional & Technical Staff by Job (% WTE)

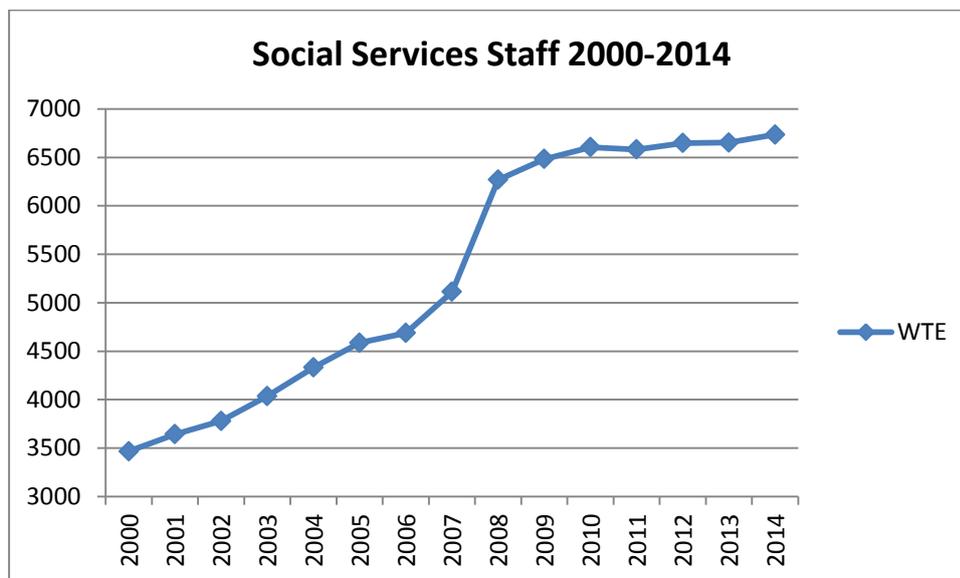


⁴⁹ DHSSPS, (2014) Northern Ireland Health and Social Care Workforce Census 2014, page 9. Available at: <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

3.4 Social Services Staff

Overall NI Trends for Social Services Staff⁵⁰:

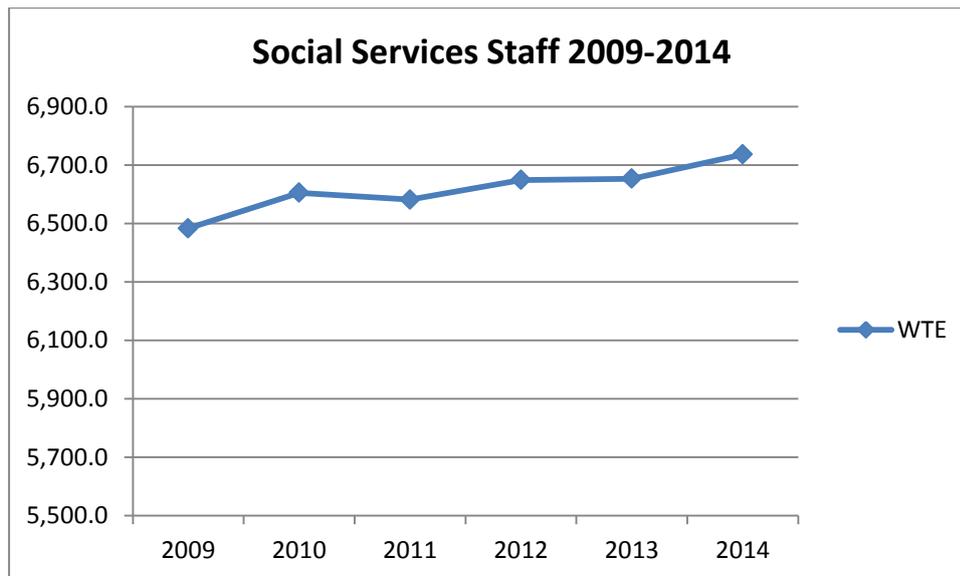
- **2000-2014: 94% increase (3466.3 to 6736.1 in WTE)**
 - **2005-2014: 47% increase (4587.6 to 6736.1 in WTE)**
 - **(2007-2008: 23% increase 5112.3 to 6268.5 in WTE)**
 - **2009-2014: 4% increase (6483.3 to 6736.1 in WTE)**



RaISe noted the increase of Social Services Staff between 2007 and 2008 and asked the DHSSPS to explain this increase. The DHSSPS advised:

This is attributable to two factors: firstly, the 2007 HSC Workforce Census did not include staff graded as Home Helps, but for the first time the 2008 HSC Workforce Census did. Secondly, due to Agenda for Change and re-grading of jobs, many workers who were previously coded to the Ancillary & General terms and conditions group were then re-coded to fall within the Social Services terms and conditions group (or Occupational Family as it is now known).

⁵⁰ Figures for 2005-2014 taken from the 2014 HSC workforce census and figure for 2000-2004 are taken from the 2005 HSC workforce census, <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>
http://www.dhsspsni.gov.uk/workforce_census_march_2005_exc_sec_11.pdf



This section includes a more in-depth look at the figures for selected Social Services staff this includes:

3.4.1 Child/ Family Care Social Workers

3.4.2 Hospital Social Workers

3.4.3 Elderly Social Workers

3.4.4 Learning Disability Social Workers

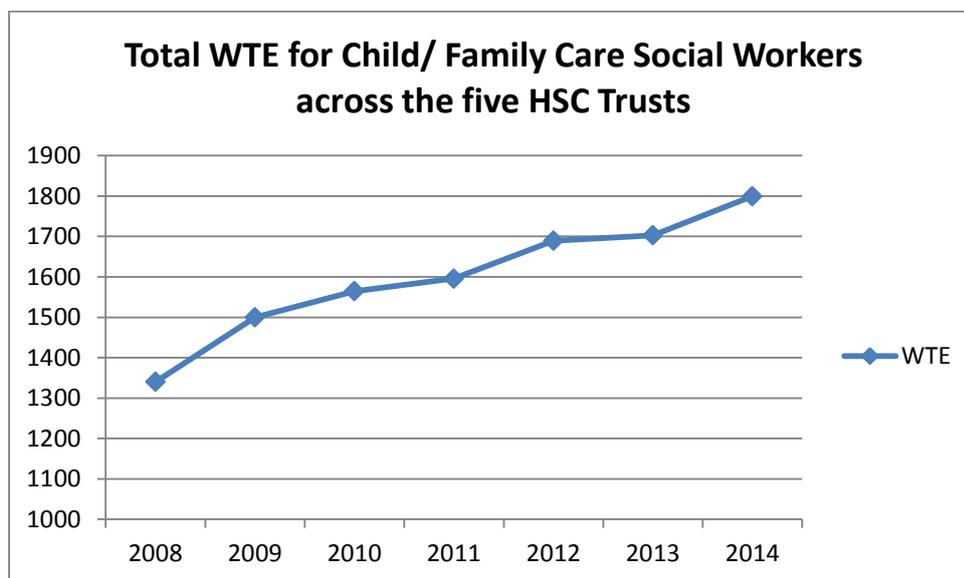
3.4.5 Mental Health Social Workers

3.4.6 Social Care Staff

3.4.1. Child/ Family Social Workers⁵¹

Overall Trust Totals for Child/ Family Social Workers:

Overall 34% increase in WTE from 2008-2014



Trends across the Trusts:

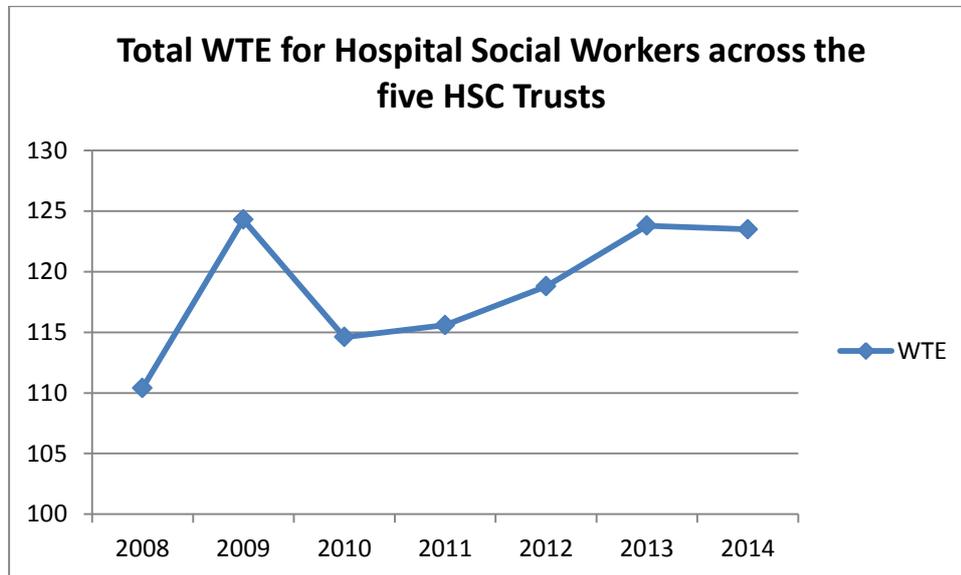
Belfast:	45% increase	(298.3 to 431.1 in WTE)
Northern:	30% increase	(285.9 to 372.4 in WTE)
South Eastern:	101% increase	(171.0 to 343.0 in WTE)
Southern:	41% increase	(201.1 to 296.5 in WTE)
Western:	5% decrease	(374.9 to 356.7 in WTE)

⁵¹ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

3.4.2. Hospital Social Workers⁵²

Overall Trust Totals for Hospital Social Workers:

Overall 12% increase in WTE from 2008-2014



Trends across the Trusts:

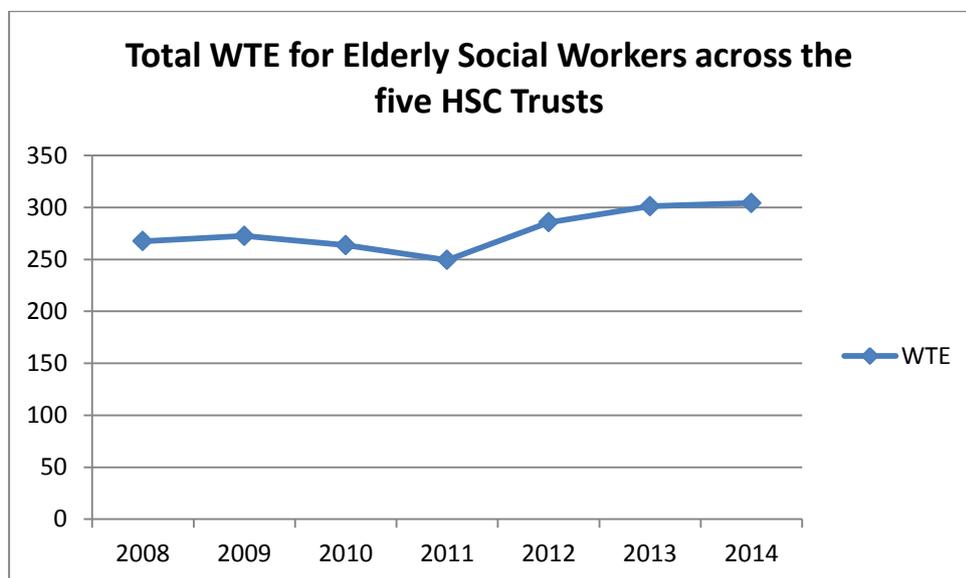
Belfast:	8% increase	(39.7 to 42.7 in WTE)
Northern:	12% decrease	(31.4 to 27.5 in WTE)
South Eastern:	96% increase	(11.5 to 22.2 in WTE)
Southern:	4% increase	(23.2 to 22.2 in WTE)
Western:	87% increase	(4.6 to 8.6 in WTE)

⁵² Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

3.4.3. Elderly Social Workers⁵³

Overall Trust Totals for Elderly Social Workers:

Overall 14% increase in WTE from 2008-2014



Trends across the Trusts:

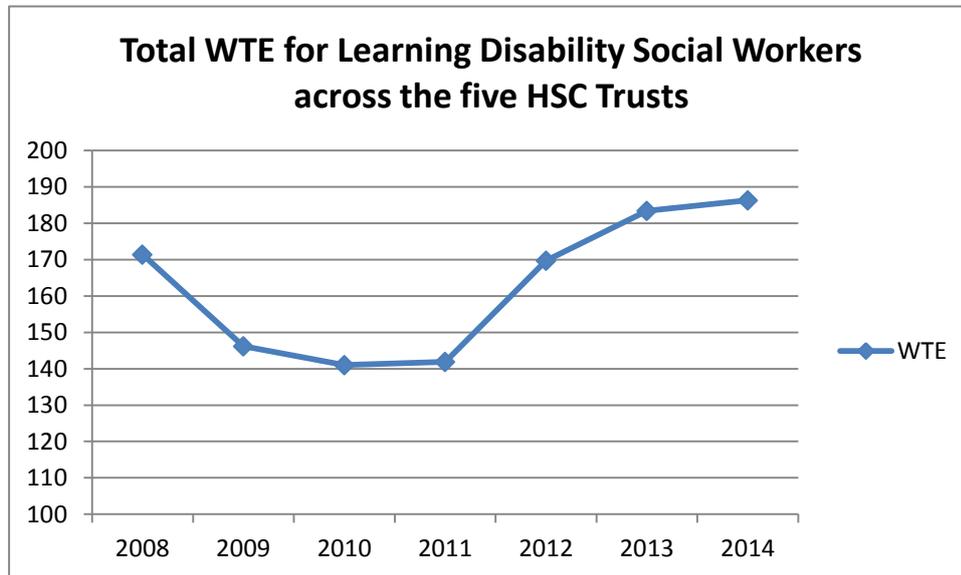
Belfast:	60% increase	(40.5 to 64.6 in WTE)
Northern:	3% increase	(55.0 to 56.5 in WTE)
South Eastern:	144% increase	(17.5 to 42.6 in WTE)
Southern:	12% increase	(43.7 to 49.0 in WTE)
Western:	18% decrease	(111.1 to 91.6 in WTE)

⁵³ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

3.4.4. Learning Disability Social Workers⁵⁴

Overall Trust Totals for Learning Disability Social Workers:

Overall 9% increase in WTE from 2008-2014



Trends across the trusts:

Belfast:	143% increase	(27.1-65.9 in WTE)
Northern:	68% increase	(21.3-35.8 in WTE)
South Eastern:	152% increase	(10.6-26.7 in WTE)
Southern:	32% increase	(20.9-27.5 in WTE)
Western:	67% decrease	(91.5-30.4 in WTE)

Based on the above trend using figures from the HSC Workforce Census of that year, there was an overall decrease of learning disability social workers between 2008 and 2011 followed by an increase. RaISe queried the *decrease in learning disability social workers between 2008 and 2009 of around 65% (WTE) in the Western Trust.*

The response received was⁵⁵:

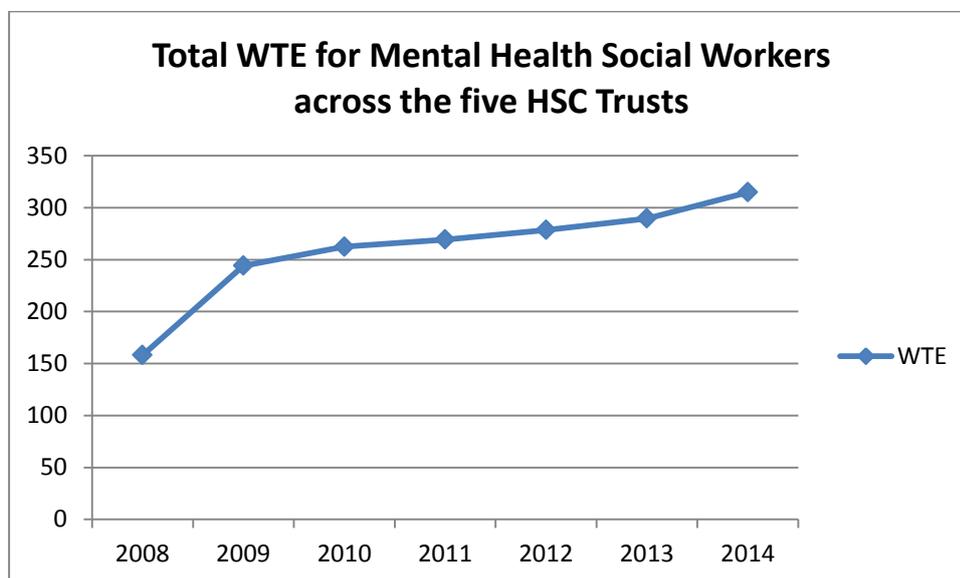
⁵⁴ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

This query appears to relate to a recording issue during grade code assimilation, following the introduction of the new Agenda for Change grade coding. Some staff that had been coded to Learning Disability Social Worker Band 5 in 2008 were subsequently correctly moved to Learning Disability Social Work Support Band 5 by 2009.

3.4.5. Mental Health Social Workers⁵⁶

Overall Trust Totals for Mental Health Social Workers:

Overall 99% increase in WTE from 2008-2014



⁵⁵ Email reply received from DHSSPS DALO, 03/02/15

⁵⁶ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

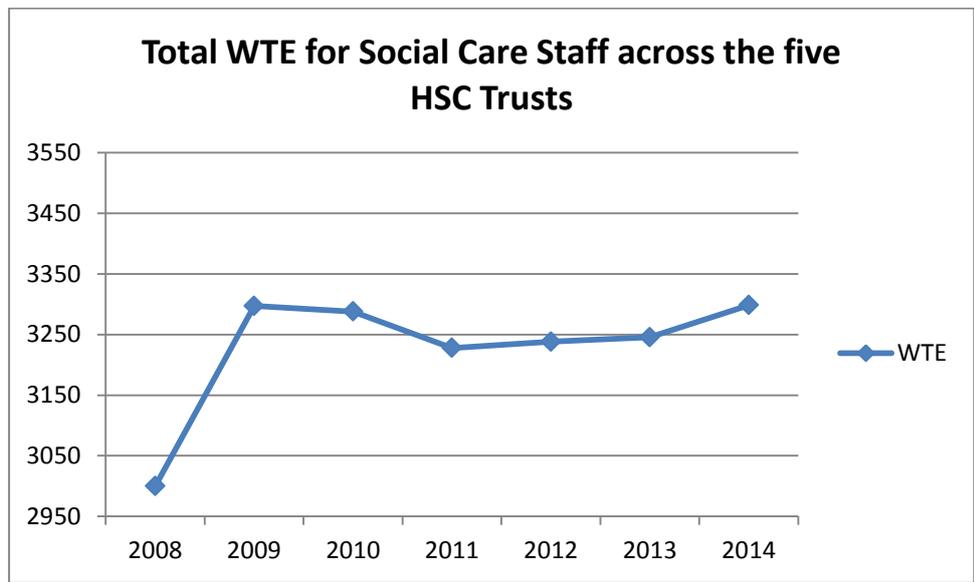
Trends across the Trusts (relatively small numbers reflected in large percentage changes):

Belfast:	Increase of 80% (41.1-73.8 in WTE)
Northern:	Increase of 279% (23.7-89.7 in WTE)
South Eastern:	Increase of 423% (9.7-50.7 in WTE)
Southern:	Increase of 56% (32.4-50.7 in WTE)
Western:	Decrease of 1% (51.2-50.7 in WTE)

3.4.6. Social Care Staff⁵⁷

Overall Trust Totals for Social Care Staff:

Overall 10% increase in WTE from 2008-2014



⁵⁷ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

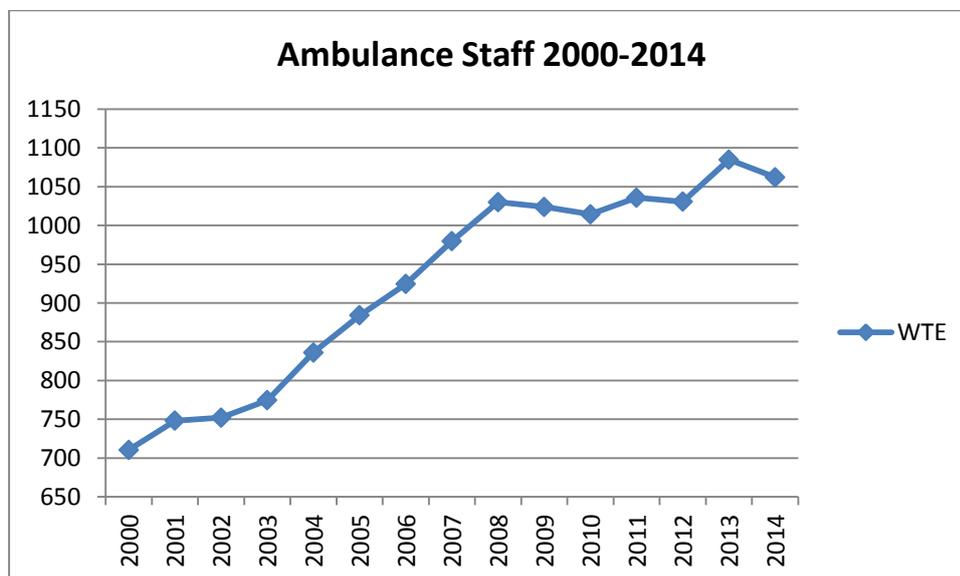
Trends across the trusts:

Belfast:	5% increase (838.4 to 881.4 in WTE)
Northern:	less than 1% increase in WTE
South Eastern:	1% decrease (595.4-589.2 in WTE)
Southern:	34% increase (398.7 to 533.3 in WTE)
Western:	29% increase (432.7 to 556.6 in WTE)

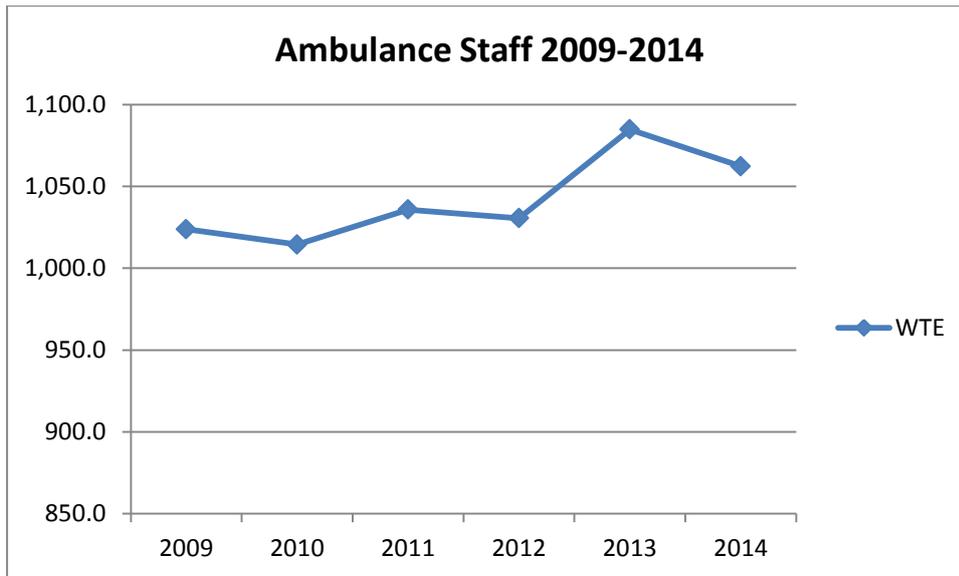
3.5 Ambulance Staff

Overall NI Trend for Ambulance Staff⁵⁸:

- **2000-2014: 50% increase (710.5 to 1062.2 in WTE)**
 - **2005-2014: 20% increase (884.1 to 1062.2 in WTE)**
 - **2009-2014: 4% increase (1023.9 to 1062.2 in WTE)**



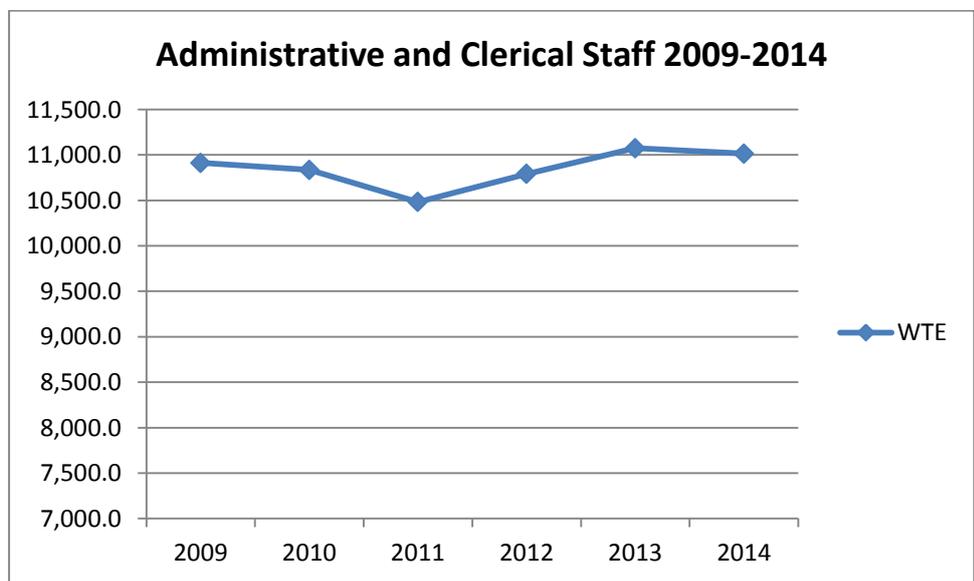
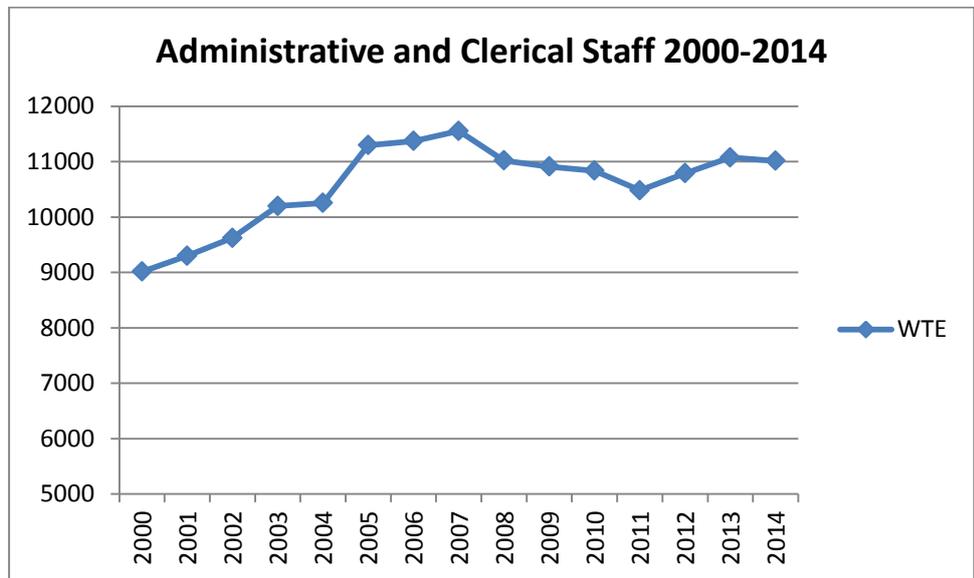
⁵⁸ Figures for 2005-2014 taken from the 2014 HSC workforce census and figure for 2000-2004 are taken from the 2005 HSC workforce census, <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>
http://www.dhsspsni.gov.uk/workforce_census_march_2005_exc_sec_11.pdf



3.6. Administrative and Clerical Staff

Overall NI Trend for Administrative and Clerical Staff⁵⁹:

- **2000-2014: 22% increase (9014.0 to 11,014.5 in WTE)**
 - **2005-2014: 3% decrease (11,296.2 to 11,014.5 in WTE)**
 - **2009-2014: 1% increase (10,912.2 to 11,014.5 in WTE)**



⁵⁹ Figures for 2005-2014 taken from the 2014 HSC workforce census and figure for 2000-2004 are taken from the 2005 HSC workforce census, <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>
http://www.dhsspsni.gov.uk/workforce_census_march_2005_exc_sec_11.pdf

This section includes a more in-depth look at the figures for Selected Administrative and Clerical staff this includes:

3.6.1. Administrative and Clerical Bands Grade 1-4

3.6.2. Medical Secretaries

3.6.3. Personal Secretaries

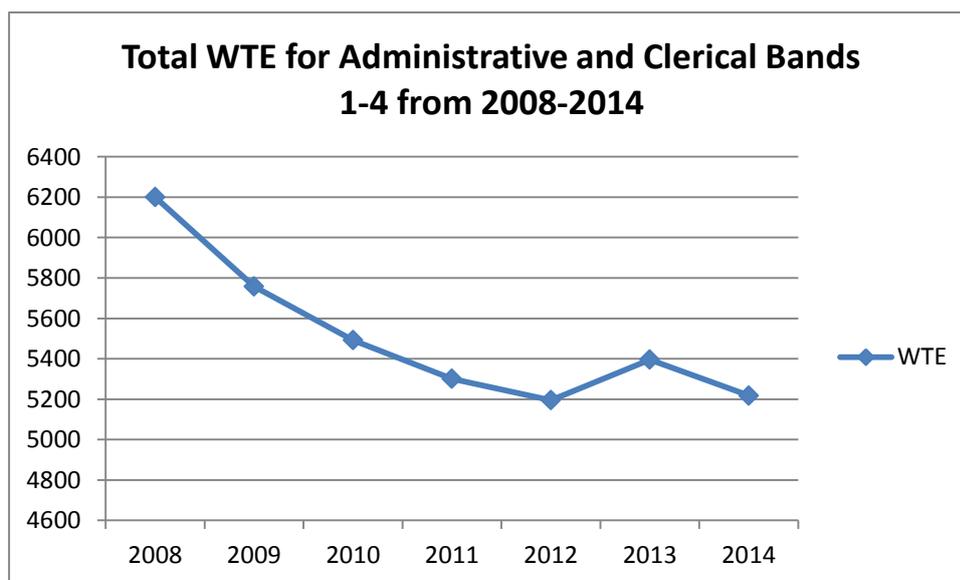
3.6.4. Administrative and Clerical Bands 5 and 6

3.6.5. Administrative and Clerical Band 8A to 9

3.6.1. Administrative and Clerical Grades 1-4⁶⁰

Overall Trust Totals for Administrative and Clerical Staff Grades 1-4:

Overall 16% decrease in WTE from 2008-2014



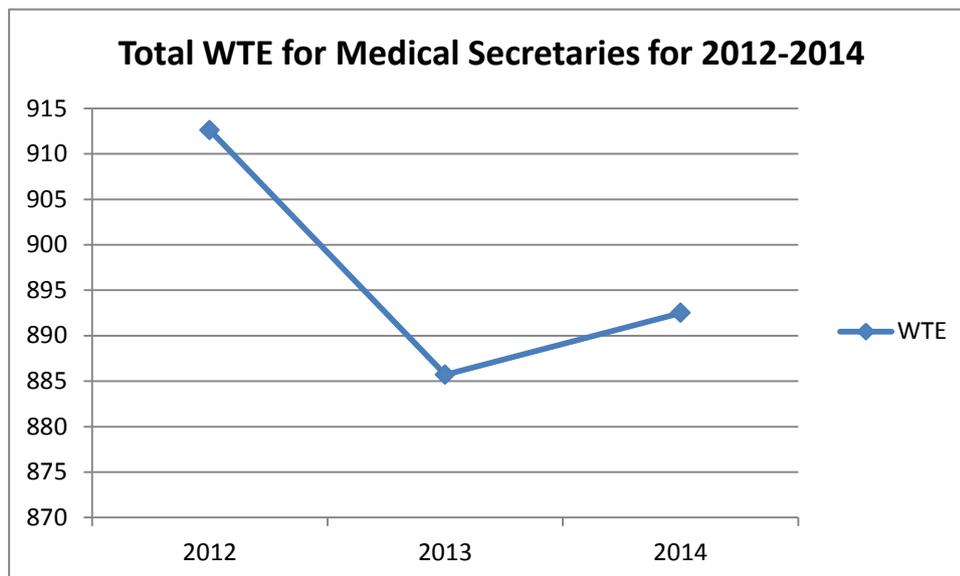
⁶⁰ Figures for each year are extracted from the workforce census publication for that year. Available at:
 2008 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2008_web.pdf
 2009 http://www.dhsspsni.gov.uk/index/statistics/workforce_census_march_2009_exc_sec_11.pdf
 2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf
 2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf
 2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf
 2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf
 2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

Trends across the Trusts:

Belfast:	15% decrease	(2050.8 to 1750.6 in WTE)
Northern:	24% decrease	(1155.9 to 882.2 in WTE)
South Eastern:	10% increase	(722.5 to 793.5 in WTE)
Southern:	20% decrease	(1159.2 to 923.5 in WTE)
Western:	22% decrease	(1112.2 to 868.1 in WTE)

3.6.2. Medical Secretaries**Overall Trust Totals for Medical Secretaries⁶¹:**

Overall 2% decrease in WTE from 2012-2014



⁶¹ Figures for each year are extracted from the workforce census publication for that year. Available at:

2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf

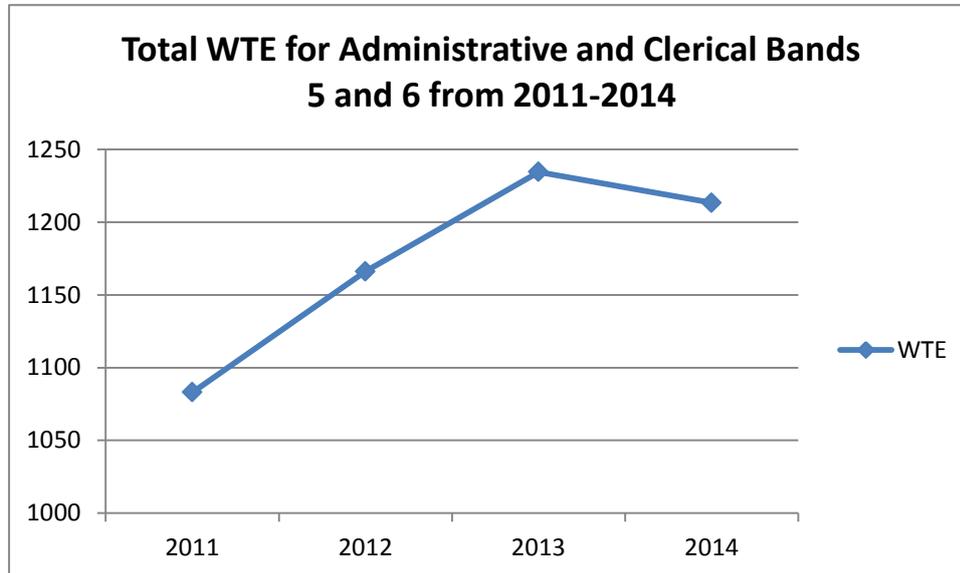
2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf

2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

3.6.3. Administrative and Clerical Bands 5 and 6⁶²

Overall Trust Totals for Administrative and Clerical Bands 5 and 6:

Overall 4% increase in WTE from 2011-2014



Trends across the Trusts:

Belfast:	8% increase	(413.0 to 445.4 in WTE)
Northern:	11% increase	(172.8 to 192.1 in WTE)
South Eastern:	23% increase	(135.2 to 156.7 in WTE)
Southern:	12% increase	(178.2 to 199.5 in WTE)
Western:	19% increase	(183.9 to 219.5 in WTE)

⁶² Trust figures for each year are extracted from the workforce census publication for that year. Available at:

2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf

2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf

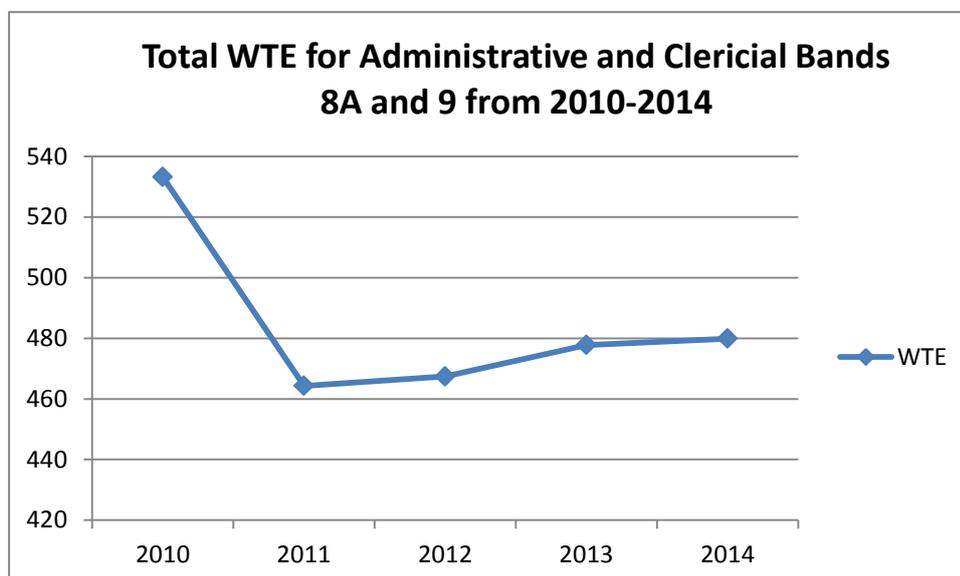
2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf

2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

3.6.4. Administrative and Clerical Bands 8A to 9⁶³

Overall Trust Totals for Administrative and Clerical Bands 8A to 9:

Overall 10% decrease in WTE from 2010-2014



Trends across the Trusts:

Belfast:	2% decrease	(181.4 to 178.2 in WTE)
Northern:	10% decrease	(74.6 to 67 in WTE)
South Eastern:	1% decrease	(113.9 to 112.4 in WTE)
Southern:	46% decrease	(108.4 to 58.6 in WTE)
Western:	16% increase	(54.9 to 63.7 in WTE)

⁶³ Trust figures for each year are extracted from the workforce census publication for that year. Available at:

2010 http://www.dhsspsni.gov.uk/workforce_census_march_2010_web.pdf

2011 http://www.dhsspsni.gov.uk/workforce_census_march_2011.pdf

2012 http://www.dhsspsni.gov.uk/workforce_census_march_2012_-_web.pdf

2013 http://www.dhsspsni.gov.uk/workforce_census_march_2013_web.pdf

2014 <http://www.dhsspsni.gov.uk/hscwc-march-2014.pdf>

4 Independent Contractors and Related Staff

The HSC workforce census only includes staff employed by the HSC and excludes independent contractors also working in Health & Social Care such as General Practitioners and General Dental Practitioners. This section of the paper will look more closely this group as far as available statistics allow.

4.2. General Practitioners

According to the Business Services Organisation (established in 2009) statistics on WTE for GPs are no longer available due to changes in GMS contract (also see 4.4 below)⁶⁴.

The most recent BSO figures for GPs (November 2013) shows 1,171 GPs independently employed in NI, this represents a:

- 10% increase from the 2000 figure, and
- 1.8% rise from the 2008 figure.⁶⁵

According to the Royal College of General Practitioners (RCGP), the number of GP surgeries in Northern Ireland has fallen from 366 (in 2005) to 351, the lowest number since 1991. It believes that much of the decline is explained by General Practitioners leaving the profession.

It may be that the apparent discrepancy between increasing numbers of GPs against increasing numbers leaving the profession is explained by larger numbers choosing alternative working patterns of fewer hours.

The RCGP also highlights that NI has the oldest GP workforce in the UK with 24.8% of GPs in NI aged over 55 (19.5% for Scotland, 22.3% for England, and 23.1% for Wales).⁶⁶

The RCGP has calculated that NI has the lowest coverage of GPs per patient in the UK with just 6.4 GPs for every 10,000 people, compared with 6.6 in England and Wales and 8 in Scotland and that this translates to a shortfall of 234 family doctors for NI.⁶⁷

This has led Dr John O'Kelly, Chair of the RCGP Northern Ireland, to say⁶⁸

To gain parity with other UK nations, we urgently need a package of measures to encourage more young doctors to enter the GP workforce,

⁶⁴ <http://www.hscbusiness.hscni.net/services/1804.htm>

⁶⁵ Business Services Organisation (2014) Medical Statistical Information. Available at: <http://www.hscbusiness.hscni.net/services/1802.htm> (Accessed on: 20th January 2015)

⁶⁶ RCGP (2014) 'Number of GP practices reaches 24 year low as leading doctors warn services are struggling to cope'. Available at: <http://www.rcgp.org.uk/news/2015/january/number-of-gp-practices-reaches-24-year-low-as-leading-doctors-warn-services-are-struggling-to-cope.aspx>

⁶⁷ As above

⁶⁸ As above

retain and support current GPs, and make it easier for those who have left the workforce to come back.

Along with the National Association for Patient Participation, we are calling on the government to ensure that general practice receives 11% of the NHS budget - and to increase the number of GPs to allow us to deliver the high standards of care that our patients deserve.

Prior to the establishment of the BSO, the Family Practitioner Services (FPS) Directorate provided a range of support functions on behalf of the Health and Social Care, including the maintenance of statutory lists of practitioners. Its last statistical report was published in 2007/08.⁶⁹ These reports included substantial detail on GP Practices, such as GP & Patient Registration Data by Board; GP Age/Gender Analysis by Board; Number of GPs in a Practice by Board; and Number of Practices by List Size & Board.

By way of illustration, the following summary points are directly extracted from the last FPS statistical report regarding General Practice for 2007/08⁷⁰:

- Between 1998 and 2008 the total number of GPs increased by 10% from 1,042 to 1,148 respectively;
- In 2008, there were 62 GPs per 100,000 registered population;
- In 2008, 39% of GPs were female, compared with just under a third (30%) in 1998;
- Over half (55%) of GPs in 2008 were aged between 40 and 54; and
- In October 2008, NI had 358 General Practices, 4 less than in Oct 2007; and
- In 2008, almost half (48%) of practices had either 2 or 3 GPs, 35% had 4 or more GPs and 15% were single-handed GP Practices.

The FPS Reports also contained detailed information regarding General Dental Services, General Ophthalmic Services and Pharmaceutical Services.

4.3. General Dental Practitioners

- According to the Business Services Organisation as of April 2014 there are 960 Dental Practitioners in Northern Ireland⁷¹.
 - In 2014 this also includes an additional 30 assistants, 34 trainees and 40 Oasis⁷² with an additional 6 salaried posts, giving a total of 1056⁷³.

⁶⁹ http://www.hscbusiness.hscni.net/pdf/NI_FAMILY_PRACTITIONER_SERVICES_STATISTICAL_REPORT_2007-08.pdf
⁷⁰ http://www.hscbusiness.hscni.net/pdf/NI_FAMILY_PRACTITIONER_SERVICES_STATISTICAL_REPORT_2007-08.pdf

⁷¹ Business Services Organisation (2014) Dental Statistical Information. Available at:
<http://www.hscbusiness.hscni.net/services/1802.htm> (Accessed on: 20th January 2015)

⁷² Oasis Dentists – in 2010, the DHSSPS awarded a contract to Oasis Dental Care (www.oasisdentalcare.co.uk) to increase access to dental care across Northern Ireland http://www.niassembly.gov.uk/globalassets/documents/official-reports/health/2011-2012/120502_fundingfordentalservicesdepartmentalbriefing.pdf

- In 2000 there were 661 Dentists, which grew to 795 by 2008 and again to 960 in April 2014.
- The overall percentage increase from April 2000-2014 is 45%, whereas 2008-2014 equals a rise of 20.7%.

4.4. Treatment Room Nurses and District Nurses

As no specific figures were located by RaISe, it emailed the Royal College of Nursing in an attempt to get more information. The reply confirmed that there was very little available information on independently employed nurses and stated that:

The simple answer appears to be that the information is not collated, or if it is, I have been unable to locate it...the annual HSC workforce census only covers practice nurses and treatment room nurses employed by the HSC and not those who are directly employed by GP practices. Very few, if any, district nurses or health visitors would be directly employed by GP practices, so we are really just talking about practice nurses (mainly) and treatment room nurses (to a lesser extent)⁷⁴.

RaISe subsequently contacted the Department of Health, Social Services and Public Safety to determine what information it held regarding such practice and treatment room nurses. The reply is included in full below⁷⁵:

Under the new GMS Contract introduced in April 2004, GP practices receive core funding via a global sum block payment for the day to day running of their practice. The global sum is one of a number of funding streams and is intended to provide for the delivery of essential and additional services, staff costs, locum reimbursements and the cost of GPs' employer's superannuation. Funding for all staff was succumbed within the global sum under the new GMS Contract arrangements.

Although practices hold a contract with the HSCB, they are independent contractors and as such can utilise their core funding/global sum to manage their practice however they see fit including the employment of staff. Practices are therefore under no obligation to report to any organisation, how they staff their practice nor the number or whole time equivalent (WTE) staff they directly employ.

Since introduction of the new GMS Contract, there is no central data source for practice staff; the data would have to be requested from each individual GP practice.

⁷³ Please note it is possible for someone to be a dentist at one location and an assistant/Oasis, etc. at another location so the final total will not add to the sum of the individual dental types as the total represents individual people.

⁷⁴ Email Reply from RCN, Head of Communications, Policy and Marketing, 8th January 2015

⁷⁵ Email Reply from DALO, DHSSPS, 22nd January 2015

In terms of treatment room nurses who are generally employed and paid for by HSS Trusts and based in Health Centres owned by HSS Trusts, these can be identified on the HRPTS System (Human Resources Payroll, Travel & Subsistence System) but their role also involves community nursing and their workload is not solely related to general practice. Even where a treatment room nurse can be identified on HRPTS against a specific GP practice, this does not equate to being employed by that practice; it will more likely be a base location to carry out community nursing. Even if such a nurse does carry out practice related work, it would not be feasible to disaggregate the community nursing element from the general practice element.

4.5. Pharmacists

The Pharmaceutical Society of Northern Ireland is the regulatory body for pharmacists in NI. It currently registers 2155 pharmacists, 549 pharmacy premises and oversees the preregistration programme for over 200 trainee pharmacists⁷⁶.

The current number of registered pharmacists is an increase on the May 2013 figure of 2110 pharmacists and the 2012 figure of 2101⁷⁷.

5 Workforce Plans for Northern Ireland

The following questions were put to the DHSSPS in order to ascertain the most up-to-date position regarding workforce planning in connection with TYC.⁷⁸

- Please provide an update on the work of the **Regional Workforce Planning Group** established to take forward the specific proposals in 'Transforming Your Care' around workforce planning – please provide as much information as possible on the progress of the work, timescales and how far advanced is the development of the framework for workforce planning;
- In addition, please provide an update regarding the status of the workforce plans published in each of the Local Commissioning Group Local Population Plans; and
- A number of other workforce reviews are in progress in relation to nursing, medical specialists and medicine – please provide more information on these and how they link to the overall regional workforce planning group.

The responses received are included below in their entirety⁷⁹:

- Q1. An update on the work of the **regional workforce planning group** established to take forward the specific proposals in 'Transforming Your Care' around workforce

⁷⁶ Pharmaceutical Society NI, *Annual reports*. Available at: <http://www.psni.org.uk/publications/annual-reports-2/>

⁷⁷ As above

⁷⁸ RalSe email sent to the DALO on 13th January 2015

⁷⁹ Email Response received from DHSSPs DALO on 3rd February 2015

planning – please provide as much information as possible on the progress of the work, timescales and how far advanced is the development of the framework for workforce planning;

Response:

- The Regional Workforce planning Group (RWPG) has now completed this interim phase of its work and the Regional Workforce Planning Framework has been developed.
- The Framework articulates the regional roles and responsibilities envisaged for HSC workforce planning; however it is recognised that this is an evolving process. In view of this, the Framework is a living document which will be subject to ongoing review and refinement as appropriate.
- Implementation of the framework will be led by the DHSSPS, and primarily taken forward through the RWPG. The primary implementation steps shall be:
 - a. Development of revised Terms of Reference for the RWPG for approval by DHSSPS;
 - b. Reconstitution of the membership of RWPG to fulfill the Terms of Reference and consideration of how a broader range of stakeholders can be involved;
 - c. To pilot a service area review within a Programme of Care (POC) approach, with an initial focus on the Elderly Care POC; and
 - d. Further development of workforce planning capability and capacity across the region.

Q2. Please provide an update regarding the status of the workforce plans published in each of the Local Commissioning Group Local Population Plans.

Response: The individual Health and Social Care Trust high level workforce statements contained within the population plans should be regarded as extremely indicative statements only, subject to more detailed refinement as reform plans are developed in full. It is not expected that Trust workforce planning should be monitored against these high-level indicative estimates. HSC Trusts are responsible for developing more detailed workforce plans to accompany service changes.

As part of the reform programme, four System Wide Initiatives (SWIs) have been identified. They relate to reform of Outpatients, Pathways, Reablement and

Acute. Currently the Health and Social Care Board is prioritising progression on the first two (Reablement is already well advanced as regional/system wide reform initiative). Central to the reform of Outpatients and Pathways will be workforce planning. The mobilisation of the SWIs will provide a significant opportunity to reshape the workforce in line with new service models. Workforce planning will be mobilised and monitored as part of the delivery of the SWIs.

- Q3. I understand that a number of other workforce reviews are in progress in relation to nursing, medical specialists and medicine – I would be grateful for more information on these and how they link to the overall regional workforce planning group.

Response: The Regional Workforce Planning Group acts as the forum through which all matters relating to regional workforce planning are co-ordinated. A range of uni-professional reviews are currently at various stages of completion. These follow the traditional approach to workforce planning taken to date and will provide significant workforce intelligence on supply and demand; age profiles; areas of positive development; areas of concern; projected needs in line with service development; and emerging trends within the workforce, albeit, from the perspective of a single profession. An update in relation to the current programme of reviews is as follows:

Review of the Nursing Workforce

1. The Review of the Nursing workforce was taken forward by the Department's Chief Nursing Officer, project managed by the Northern Ireland Practice and Education Council (NIPEC).
2. Work is underway to cost the Workforce Plan, prior to consultation, after which, the Plan and recommendations will be presented to the Regional Workforce Planning Group and the DHSSPS Central Nursing and Midwifery Advisory Committee (CNMAC) for professional approval.
3. Once agreed, CNMAC's Workforce and Education Sub-Committee will be charged with overseeing and supporting the implementation of the recommendations with timely reports to CNMAC on progress and annual reviews.

Review of the Medical Workforce

4. The Centre for Workforce Intelligence (CFWi) has been appointed through external consultancy, to review the medical workforce, including undergraduate intake levels. The review will provide contextual information and an overarching picture of how the medical workforce is evolving. Data analysis will be comparable with data produced for England as a similar exercise has been completed there using the same diagnostic tools.
5. The Review which will include all levels of the medical workforce will provide information on emerging trends and key priorities for this profession going forward and provide a snapshot predicting how the service may need to look in the future.
6. The approach is following the Centre for Workforce Intelligence framework which comprises 4 stages –
 - i. Horizon scanning - exploring the potential challenges, opportunities and likely future developments that could influence workforce planning.
 - ii. Scenario Generation – exploring how the future might evolve by looking at a range of plausible futures and describe how likely future developments identified in horizon scanning may combine to create plausible scenarios.
 - iii. Workforce Intelligence – analysing future uncertainties and the impact of policy options to produce information that supports immediate action, medium term operational decisions, or long term strategic decisions.
 - iv. Workforce Modelling – developing models to inform policy, strategy and planning around the workforce and provide supply and demand projections.
7. An initial workshop took place on 22nd and 23rd May 2014. CFWi has provided the Department with a scenario generation report flowing from this workshop - this has been circulated to attendees for comment. CFWi is now focusing on the data gathering element of the exercise. A second workshop which is likely to be undertaken 'virtually' will be arranged. It is expected that a Review Report will be available before the end of this financial year.

Medical Workforce Planning Sub-group

8. A Medical Workforce Planning Sub-group (which feeds into the Regional Workforce Planning Group (RWPG)) has also been established to develop a suite of medical workforce plans for primary and secondary care for the 5-year period 2014/15 to 2019/20. The medical workforce planning exercise by specialty is being led by the Director of Public Health at the Public Health Agency. The Terms of Reference (TOR) for this work stream have recently been revised to ensure plans are in place as early as possible for those specialties where there are currently shortages and/or are key to the successful delivery of Transforming Your Care.

9. The specialties reviewed in this cycle are confirmed as:
 - i. Paediatrics including community services and neonatal care
 - ii. Trauma and Orthopaedics
 - iii. Emergency Medicine
 - iv. Primary Care
 - v. Urology
 - vi. Radiology

A plan for the next phase of specialties will be brought to the RWPG for the next meeting in March 2015.

Radiology

10. A Working Planning Sub-group has been convened as part of the DHSSPS Review of Imaging Services. A baseline data collection is underway and scheduled to be complete in early 2015. The results of this exercise will be presented to the Project board at their next meeting, which is expected to be in March.

Domiciliary care

11. A Workforce Partnership has recently been established, under the aegis of the Connected Health and Prosperity Programme Board, with the aim, in the first instance, to align the future skill-sets of the domiciliary care sector workforce with service user need. It is intended that the work of this group will complement the regional project to review the model of domiciliary care which is being led by the Health and Social Care Board.