



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Health and Social Care Workforce Strategy 2026 - Delivering for our People

Second Action Plan (2022-23 to 2024-25)





The 'Health and Social Care Workforce Strategy 2026 – Delivering for our People' was published in May 2018. It acknowledged that the people who work in Northern Ireland's health and social care system – whether employed by the statutory Health and Social Care (HSC) organisations, independent contractors, or as our partners in the voluntary and community sector – are the system's greatest strength, working ever harder to provide the care needed by patients and service users.

The experiences of the last two years has demonstrated to me that the system simply could not function without the skill, dedication and commitment of our talented, hard-working colleagues, across all disciplines, professions and levels.

The aim of the Workforce Strategy is that by 2026 “we meet our workforce needs, and the needs of our workforce”. In practice, this means ensuring that a transformed health and social care system has the right numbers of appropriately-trained staff, with the right skills mix; and that the Department and employers create the conditions so that health and social care becomes an employer, and a trainer, of choice.

The Strategy's first action plan, while impacted by the pandemic, has delivered significant progress in a range of areas. However many of the challenges previously identified remain and further challenges have emerged as a result of the pandemic's effects. This second action plan, covering the three year period from 2022/23, has been developed in partnership with colleagues and stakeholders from across the health and social care system. It seeks to address our workforce challenges through an ambitious series of actions that will be taken forward over the next three years.

I have often said that an increased and sustained investment is necessary to support our ambitions for the health and social care workforce and to ensure full implementation of this second action plan. The Department of Health currently faces a very challenging financial position and I am on record as warning that funding pressures in health may be significant by the second half of 2022/23 with the

financial situation undoubtedly being constrained whatever the final budget settlement.

My ability to plan strategically is being significantly impaired by the ongoing budgetary uncertainty and my Department does not currently have the funding necessary to deliver all of the actions which have been identified as necessary by stakeholders. My Department will continue to do the best it can to deliver on these actions with the resources available, however, in the absence of significant additional funding a further process to identify actions of the highest priority for progression will be required.

Health Minister Robin Swann



Introduction

The 'Health and Social Care Workforce Strategy 2026: Delivering for Our People' was published in May 2018. The aim of the Strategy is that **'by 2026, we meet our workforce needs and the needs of our workforce'**.

To achieve this aim, we need to meet three objectives:

1. The reconfigured health and social care system has the optimum number of people in place to deliver treatment and care, and promote health and wellbeing to everyone in Northern Ireland, with the best possible combination of skills and expertise;
2. Health and social care is a fulfilling and rewarding place to work and train, and our people feel valued and supported; and
3. The Department and health and social care providers are able to monitor workforce trends and issues effectively, and be able to take proactive action to address these before problems become acute.

The Strategy was developed by the Department of Health through detailed engagement with colleagues from across the HSC and independent, voluntary and community sector healthcare providers and trade unions, and covers the period 2018 to 2026.

To enable flexibility in delivery over the life of the Strategy, three consecutive action plans will be developed. The first action plan which covered the period 2018 to 2020, despite being impacted by the pandemic, delivered progress in a number of significant areas. These included:

- commissioning by the Department of the highest ever number of pre-registration nursing and midwifery places at 1,325;
- delivery of an international nurse recruitment process which by December 2020 had recruited a total of 647 nurses, of which 593 remain in post;

- the delivery of an ongoing programme of workforce reviews, each utilising the Regional HSC Workforce Planning Framework six step methodology;
- the move to a Programme of Care approach to workforce planning in these reviews;
- the introduction of the Physician Associate role across the HSC;
- delivery of measures by each HSC Trust to support health and wellbeing of staff;
- movement of doctors in training to a single employer arrangement;
- introduction of processes that have reduced the time taken during recruitment from point of receipt into the HSC Recruitment Centre until final offer; and
- alignment of the HSC staff survey with the Workforce Strategy to ensure information is available to better measure progress against intended outcomes.

Our response to the pandemic has delayed the formal development of the second action plan with the Department completing an internal review of progress in the autumn of 2020 which identified a series of actions for progression from the beginning of 2021 with a view to them being incorporated into the formal second action plan.

The Department has worked collaboratively with colleagues from across the health and social care sector in recent months in the development of this second action plan with a particular focus on:

- (i) building on the first action plan, continuing to address issues contained in the first action plan that remain relevant while ensuring these are refreshed where necessary to accurately address the current situation;
- (ii) considering new actions specifically arising from the experiences of the pandemic; and
- (iii) assessing additional actions relevant to an ever evolving health and social care system.

The result of this collaborative engagement is the second action plan outlined below which identifies actions for delivery over the next three years (2022/23 to 2024/25).

The second action plan identifies an ambitious range of strategic actions for progression over the next three years which is reflective of the breadth and content of feedback received from stakeholders, providing the mechanisms, strategic context and flexibility within which the objectives of the Strategy can be progressed.

It is recognised that the full implementation of this second action plan will require additional funding over the next three years at a time when we face a very challenging financial position. Securing this funding will not be easy or straightforward but the Department is committed to exploring every opportunity going forward to secure additional funding as the costs of implementation become clearer.

Health and Social Care Workforce Strategy: Delivering for Our People – Second Action Plan (2022-23 to 2024-25)

Timescales for delivery			
	2022/23	2023/24	2024/25
Ongoing actions to be delivered across the period to 31/03/25			
Objective 1 - The reconfigured health and social care system has the optimum number of people in place to deliver treatment and care, and promote health and wellbeing to everyone in Northern Ireland, with the best possible combination of skills and expertise			
Theme/Action	Outputs	Lead organisation	Funding position
Theme 1 – Attracting, recruiting and training	HSC organisations will work collaboratively with schools and the further education sector with a prime aim to actively promote and encourage students to join the HSC family and become our workforce for the future. This will be achieved by:	HSC Employers	
Action 2.1 - Invest and establish a robust infrastructure within the HSC which promotes health and social care careers and supports future workforce planning			
<u>WHY?</u>	(i) using a blended approach including showcasing HSC at targeted career related events/conferences and campaigns including the use of virtual platforms (ongoing to 31/03/25)		can be partially implemented but will also require additional funding to ensure full implementation
• To help ensure a good supply of people in the future. • To inform and excite people on the range of jobs and professions. • To publicise health and social care as a career option, with properly mapped career pathways, developed in partnership with existing members of the workforce. • Focus on the skills developed within areas and locations which have recruitment difficulties. • To provide volunteering and work experience opportunities. • Will act as a single point of contact for new recruits and experienced returners.	(ii) development and roll out of an agile marketing campaign with consistent HSC wide branding [Approximately 6 months from funding being identified to development of campaign]		requires additional funding
	(iii) developing links with other interested partners and stakeholders in the use of their digital space and develop profession specific materials and resources to increase awareness		can be partially implemented but will also require additional funding to ensure full implementation

	and promotion of the wide range of HSC roles (ongoing to 31/03/25)		
	(iv) investing further in the development of jobs.hscni.net to enhance its presence and improve the impact [Approximately 12 months from funding being identified to implementation of this output]		requires additional funding
Theme 1 – Attracting, recruiting and training Action 2.2 - Development and rollout of specific campaigns to showcase particular professions and support recruitment <u>WHY?</u> To promote opportunities within specific professions that require focussed recruitment initiatives.	Focussed campaigns to showcase and support recruitment into a career in social care including healthcare support workers [Approximately 9 months from funding being identified to implementation of this output]	Social Care Directorate (DoH) / NI Social Care Council	requires additional funding
	Focussed campaign to support recruitment into Children and Family social work as a way of addressing the increasing challenges of recruiting and retaining social workers within this sector [Approximately 12 months from funding being identified to implementation of this output]	Social Care Directorate (DoH) / NI Social Care Council	requires additional funding
	Identify other professions suitable for similar focussed campaigns through recommendations arising from workforce reviews (ongoing to 31/03/25)	Workforce Policy Directorate (DoH) and Chief Professional Officers (DoH)	can be partially implemented but will also require additional funding to ensure full implementation

Theme 1 – Attracting, recruiting and training Action 2.3 – Explore new and alternative opportunities that may provide a recruitment and training pathway to a career in the health and social care system <u>WHY?</u> • To broaden the potential supply of people. • To provide career progression and development pathways to both new recruits and also existing HSC staff.	Convene cross HSC apprenticeship working group to scope health and social care and business support professions and roles that may be suitable for (i) Level 2/3 and (ii) Higher Level Apprenticeship programmes with view to also establishing career development pathways (by 30/06/22)	HSC Employers	can be fully implemented without additional funding
	Liaise with relevant stakeholders to explore most appropriate funding models for HSC apprenticeship programmes (by 31/03/23)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Scope potential application of existing apprenticeship frameworks i.e. pharmacy services, dental nursing and social care (by 31/03/23)	HSC Employers	can be fully implemented without additional funding
	HSC apprenticeship working group to engage with Healthcare Sectoral Partnership established by DfE to develop new (i) apprenticeship frameworks and (ii) apprenticeship programmes for identified professions, subject to appropriate funding models being established		requires additional funding
	[Ongoing development once funding secured]		
	Develop proposals to harness the supply of psychology graduates to support the Clinical Psychology workforce (by 31/03/23)		can be partially implemented but will also require additional funding to ensure full implementation
	Examine opportunities to support and utilise employability academies		can be fully implemented without additional funding

	designed to facilitate the recruitment of staff i.e. social care (by 31/03/23)		
	Examine opportunities to develop and utilise existing trainee schemes to provide Level 1 entry into healthcare and business support professions with view to establishing career development pathways (by 31/03/23)		can be fully implemented without additional funding
	Develop a social work trainee scheme [Approximately 24 months from funding being identified to implementation of this output]	Social Care Directorate (DoH)	requires additional funding
Theme 1 – Attracting, recruiting and training Action 2.4 – Develop innovative approaches to support the recruitment and retention of social workers to address the workforce challenges within this sector WHY? • We need to deliver sufficient numbers of social workers to meet identified demand and ensure compliance with statutory functions. • Recruitment pressures within Children and Family social work services remain acute, impacting upon the delivery of delegated statutory functions. • There is a need to create adequate capacity within front line teams to meet increasing demands for services.	Establish a Social Work Workforce Implementation Board to progress initiatives to support the recruitment and retention of social workers (ongoing to 31/03/25)	Social Care Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Develop a strategy to secure and retain a stable, skilled and motivated Children and Family social work workforce to ensure the appropriate mix of staff with the appropriate skills to deliver safe and high quality social work services (ongoing to 31/03/25)	Social Care Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation

Theme 1 – Attracting, recruiting and training Action 2.5 – Establish structures to oversee the implementation of recommendations arising from workforce reviews WHY? • Ensures focus is retained on recommendations arising from workforce reviews with view to developing implementation frameworks for delivery.	Oversee implementation of the recommendations of the 2020 Pharmacy Workforce Review (ongoing to 31/03/25)	Pharmaceutical Advice and Services Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Establish structures to oversee recommendations arising from rolling programme of workforce reviews (ongoing to 31/03/25)	Chief Professional Officers (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 1 – Attracting, recruiting and training Action 2.6 – Explore opportunities to recruit health and social care professionals from other jurisdictions <u>WHY?</u> • Provides an additional source of registered health and social care professionals.	Undertake international nurse recruitment programme to complement workforce (ongoing by 31/03/25)	Business Services Organisation	can be partially implemented but will also require additional funding to ensure full implementation
	A project to scope potential for international recruitment in other health and social care and social work professions including Pharmacy, Allied Health Professionals and Children and Family social workers [Project will complete within 12 months once funding is identified]		requires additional funding
	Develop initiatives to attract NI domiciles trained in GB to pursue a career in the HSC [Project will complete within 12 months once funding is identified]	Workforce Policy Directorate (DoH)	requires additional funding
	Scope feasibility of a streamlined	Strategic Planning and	can be fully implemented

	process for recently trained GPs from ROI obtaining entry onto the NI Primary Medical Performers List (ongoing to 31/03/25)	Performance Group (DoH)	without additional funding
	Developing an agreed regional process, including guidance documentation, to facilitate the creation of an approved employer to enable retention of recently qualified international GP graduates (ongoing to 31/03/25)	Strategic Planning and Performance Group (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 1 – Attracting, recruiting and training Action 2.7 – Provide opportunities for former staff to return to the HSC <u>WHY?</u> • Provides an additional source of registered health and social care professionals.	Establish focussed process to facilitate recruitment of staff returning to the HSC (by 31/12/23)	Chief Professional Officers (DoH) / Strategic Planning and Performance Group (DoH) / HSC Employers	can be partially implemented but will also require additional funding to ensure full implementation
Theme 1 – Attracting, recruiting and training Action 2.8 – Explore and establish non-salary incentive programmes as a means of recruiting and/or retaining and/or dealing with pressures in less popular specialties and locations <u>WHY?</u> • We are experiencing difficulties in filling certain posts. • Need new innovative ways to recruit and retain. • Addressing supply and location issues should ultimately reduce reliance on agency	Undertake focussed consultation with HSC staff to establish non-salary incentives attractive to specific professions and locations (by 31/03/23)	Workforce Policy Directorate (DoH) / HSC Employers	can be partially implemented but will also require additional funding to ensure full implementation
	Utilise the findings of the above consultation to explore feasibility of implementing identified non-salary incentive programmes		requires additional funding
	[Project will complete within 9 months once funding is identified]		
	Development of Return on Service obligation initially for BSc paramedics course with extension to other professions (commencing with an		can be fully implemented without additional funding

and locum workers. • Such a policy can be linked to return of service obligations – establishing a new two way commitment between HSC employers and trainees.	assessment of the feasibility of a Return on Service commitment for doctors) (by 31/03/23)		
	Cross HSC working group to develop agile, flexible and hybrid working people strategies (by 31/12/23)		can be fully implemented without additional funding
	Continued engagement on Agenda for Change terms and conditions (ongoing to 31/03/24)		can be partially implemented but will also require additional funding to ensure full implementation
Theme 1 – Attracting, recruiting and training Action 2.9 – Explore and establish incentive programmes as a means of recruiting and retaining across health and social care with a particular emphasis on less popular specialties and locations <u>WHY?</u> • We are experiencing difficulties in filling certain posts. • Need new innovative ways to recruit and retain. • We need to provide a particular focus on our existing staff with view to creating the conditions that maximise retention.	Establishment of a Fair Work Forum for Social Care which will consider how pay and conditions of the social care workforce can be improved across all sectors (by 31/12/22)	Social Services Policy Group (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Develop & deliver initiatives to support the specific retention of experienced health and social care professionals [Project will complete within 12 months once funding is identified]	Workforce Policy Directorate (DoH) / HSC Employers	requires additional funding
	Develop initiatives to support retention within all health and social care professional groups [Ongoing initiatives once funding is identified]	Workforce Policy Directorate (DoH) / Chief Professional Officers (DoH) / HSC Employers	requires additional funding
Theme 2 – Sufficient availability of high-quality training and development Action 2.10 - Commissioning of sustainable training programmes that are aligned to meet current and future health and social	Undertake a review of funding arrangements required to support workforce reviews undertaken to inform the process of strategic workforce planning (by 31/12/22)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Undertake review of Supplement for		can be fully implemented

care requirements for multidisciplinary service delivery; and Action 2.11 - Commissioning of time-protected, appropriately located, sustainable post-registration training programmes, and development opportunities for more experienced people, including consideration of preceptorship arrangements to smooth the transition from training to practice <u>WHY?</u> • Values the needs of students and workers. • We need a sustainable approach to planning for, and funding, training for pre-registration students, to ensure that health and social care is fit for purpose by 2026. • This will take account of revisions to the various curriculums. • Smooth the transition from education environment to the realities of delivering health and social care, and the characteristics/skills required to do so. • Reduce reliance on agency and locum workers. • We need a sustainable and transparent approach to planning for, and funding, training for post-registration students, to ensure that health and social care is fit for purpose by 2026.	Undergraduate Medical and Dental Education (31/12/23)		without additional funding
	Ongoing development and delivery of a rolling, prioritised programme of workforce reviews to inform the process of strategic workforce planning with an increased focus on planning by Programme of Care and integrated care pathways aligned to the health and social care Transformation Programme. This should address multidisciplinary and inter-professional aspects of service delivery and training, including paramedics, with costed implementation plans for recommendations (ongoing to 31/03/25)		can be partially implemented but will also require additional funding to ensure full implementation
	Produce a policy on departmental commissioning of training and development for health and social care (i) with emphasis on the requirement for multi-disciplinary service delivery and (ii) within a three year training budget plan (by 31/03/24)		can be fully implemented without additional funding
	Undertake review of medical training places (by 31/12/23)		can be fully implemented without additional funding
	The Department will undertake a review of post registration education and training arrangements to include Medical, Pharmacy, Social Work, Nursing and Midwifery and Allied Health Professionals (by 31/03/23)		can be fully implemented without additional funding
	Produce a costed implementation plan		can be partially

	for recommendations contained within existing workforce reviews with view to commissioning (i) additional pre-registration training programmes and (ii) additional post-registration and Medical Specialty Training within a three year training budget plan (by 31/03/23)		implemented but will also require additional funding to ensure full implementation
	Working with employers, the Department will review the potential of maximising the contribution of vocational learning, commencing with the existing nursing and social care workforce, to ensure the workforce develop and retain necessary skills (ongoing to 30/06/24)		can be partially implemented but will also require additional funding to ensure full implementation
	Examine the feasibility of developing preceptorship arrangements within professions (ongoing to 31/03/24)	Chief Professional Officers (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Continue to align and support a collective leadership culture within the HSC through the full implementation of the HSC Collective Leadership Strategy (ongoing to 31/03/25)	HSC Employers	can be fully implemented without additional funding
Theme 2 – Sufficient availability of high-quality training and development	Undertake assessment of attrition rates from medical foundation training to medical specialty training in Northern Ireland (by 31/12/23)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
Action 2.12 – Develop a system-wide innovative approach to enhance the attractiveness of the HSC medical education programmes as a way of addressing the increasing challenges of	Working with employers and medical training partners, the Department will develop innovations to make the HSC an attractive place to train and remain		requires additional funding

attracting doctors into specialty training programmes after completion of their foundation training <u>WHY?</u> •We need to ensure there are sufficient doctors available to meet identified demand across all specialties and services.	[Ongoing initiatives once funding is identified]		
	Develop focussed initiatives to attract Northern Ireland domiciled students who have completed undergraduate training elsewhere to return for post graduate training		requires additional funding
	[Ongoing initiatives once funding is identified]		
	Undertake review of GP training programme with view to enhancing retention of trainees in Northern Ireland (by 31/12/23)		can be fully implemented without additional funding

Theme 3 – Effective Workforce Planning Action 2.13 – Develop, and by 2026 sustainably fund, an optimum workforce model for reconfigured health and social care services that utilises the findings of our strategic workforce planning to provide a system wide view of workforce requirements <u>WHY?</u> • We need a strategic, coherent, dynamic workforce framework that clearly outlines the people and skills required to meet service and population needs across the region in 2026. This should take account of population needs and demographic trends. • We need a product that collates and coordinates the findings from the various prioritised workforce reviews that are regularly carried out for every profession and discipline and as part of transformation initiatives that are ongoing. The optimum workforce model will be this product. • The optimum workforce model will adopt a number of key principles, including the need for multidisciplinary and inter-professional working.	Working with clinical leads and other relevant stakeholders, the Department will design a robust methodology for an Optimum Workforce Model. This will utilise outputs from the workforce reviews undertaken for the purposes of strategic workforce planning to provide a system wide view of workforce requirements across the reconfigured health and social care system (ongoing to 31/12/23)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Utilise outputs from the prioritised workforce reviews undertaken for the purposes of strategic workforce planning on an ongoing basis to populate the agreed Optimum Workforce Model with view to developing a system wide view of workforce requirements (ongoing to 31/03/25)	Workforce Policy Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 3 – Effective workforce planning Action 2.14 - By fully implementing and embedding the Regional HSC Workforce	Continue to ensure that the six-step methodology is fully embedded into workforce planning practices, including use of population health, disease profile	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding

Planning Framework (six-step methodology), ensure that this is supported by necessary resources and underpinned by a multidisciplinary ethos across all providers <u>WHY?</u> • Consistent, evidence-based regional approach to workforce planning. • Need to review adequacy of training across all HSC providers.	data etc. (ongoing to 31/03/25)		
Theme 3 – Effective workforce planning Action 2.15 – Development of proposals to reduce agency dependency across the HSC <u>WHY?</u> • Reduce reliance on agency/locum workers leading to reduced agency/locum expenditure. • Redirect resources to the delivery of permanent HSC staff.	Implement a new procurement framework for agency staff (by 30/9/2022)	Business Services Organisation (BSO)	can be fully implemented without additional funding
	Working with HSC employers and stakeholders, the Department will identify a range of additional mechanisms to support a significant reduction in 'off contract' agency expenditure (by 30/9/2022)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Implement agreed mechanisms with a view to these activities contributing to a commencement of savings (from October 2022)	Organisations across HSC	can be partially implemented but will also require additional funding to ensure full implementation
Theme 3 – Effective workforce planning Action 2.16 – Development of legislation and consider the resource required to ensure safe staffing within health and social care settings	The Department in partnership with Trade Unions and Key Stakeholders to discuss and agree appropriate legislative options including appropriate primary legislation for safe staffing across all Health and Social Care settings (by 31/12/22)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding

<u>WHY?</u> •Ensure safe staffing levels are maintained across all health and social care settings including paramedics. •Provide increased assurance for patient safety.	Develop a safe staffing policy that is inclusive for those working in Health & Social Care settings including the NI Ambulance Service (by 30/06/23)	Workforce Policy Directorate (DoH) / Chief Professional Officers	can be fully implemented without additional funding
	Develop appropriate secondary legislation including staff calculation methods that can be implemented in specific Health & Social Care settings (by 30/06/24)		can be partially implemented but will also require additional funding to ensure full implementation
Theme 3 – Effective workforce planning Action 2.17 - We take account of, and plan for, the workforce implications arising from the UK's exit from the EU and the subsequent implications for the EU/EEA and non-EU/EEA <u>WHY?</u> •Need to take account of the implications for workforce supply, frontier workers, mutual recognition of professional qualifications, international recruitment, borders agency, immigration quotas and shortage occupation lists.	Consider appropriate arrangements for the regulation of healthcare professions delivering services or undertaking training on the island of Ireland (by 31/12/23)	Workforce Policy Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 4 – Multi- disciplinary and inter-professional working and training Action 2.18 - Planning for and introducing new roles <u>WHY?</u>	Support UK wide work to secure statutory regulation and prescribing rights for Physician Associates (by 31/03/24)	Workforce Policy Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Complete full review of the Physician Associate pilot programme (by 31/12/23)		can be fully implemented without additional funding

• Need to develop and integrate new ways of working and jobs across health and social care. • Need to ensure that the appropriate skills mix is in place. • New roles need to be evidence-based, with clarity on outcomes of what new roles will contribute and achieve. • Strategic development of new roles facilitates transfer of best practice across professions.	Develop of a NI-wide strategy for utilisation of Physician Associates, along with the associated funding stream (by 31/12/24)		can be fully implemented without additional funding
	Support UK wide work to secure statutory regulation and prescribing rights for Pharmacy Technicians (by 31/03/24)		can be partially implemented but will also require additional funding to ensure full implementation
	Cross HSC working group to develop a formal process and criteria for the identification and development of new roles (by 31/12/22)	Workforce Policy Directorate (DoH) and Chief Professional Officers (DoH)	can be fully implemented without additional funding
	Undertake a needs analysis of new roles required across all health and social care professions commencing with Advanced Practitioner (Paramedic), Assistant Practitioner (Radiography) and Social Work Assistant (by 31/12/23)		can be fully implemented without additional funding
	Development of appropriate models for delivery of recruitment, training and practice frameworks for identified new roles, including identification of associated funding [Ongoing development once funding secured]		requires additional funding
Theme 4 – Multi- disciplinary and inter-professional working and training Action 2.19 - Develop multi-disciplinary, cross-sector working that will characterise the delivery of collective, compassionate	Cross reference the work of and seek input from relevant forums, working groups and reviews being undertaken in this area across health and social care to ensure alignment with the Workforce Strategy (among others):	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding

care in the future <u>WHY?</u> • Effectively utilising skills and resources to deliver collective compassionate care. • Streamlining care pathways across locations and teams. • Addressing increasing incidence of co-morbidities in an ageing population. • Need to ensure that role of multidisciplinary teams in transformation of delivery of health and social care services is clear and embedded in all undergraduate health and social care courses.	- Reshaping Stroke Care - Review of Neurology Services - Review of Urgent and Emergency Care - Regional Medical Imaging Board - Mental Health Strategy - Future Planning Model - Cancer Strategy for NI - Children Services Review (ongoing to 31/03/25)		
Objective 2 - Health and social care is a fulfilling and rewarding place to work, and our people feel valued and supported			
Theme 5 - Building on, consolidating and promoting health and wellbeing	Complete audit of existing health and wellbeing services and procedures (by 31/09/22)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
Action 2.20 - Working with employers and all those who work in the health and social care sector and trainee representatives, the Department and commissioners will produce an HSC staff health and wellbeing framework, with the aim of assisting staff to remain physically and mentally well at work	Establish working group, aligned to the Regional Health and Wellbeing Network to produce a HSC staff health and wellbeing framework that will support employers in planning and implementing effective processes and resources for improving staff health, wellbeing and safety at work (by	HSC Employers / Workforce Policy Directorate (DoH)	can be fully implemented without additional funding

<u>WHY?</u> Investment in health and wellbeing services for the workforce reduces sick absence, improves ability to recruit and retain staff (with corresponding savings on agency and locum expenditure).	31/12/22)		
	Ongoing development and implementation of initiatives to proactively support staff across health and social care to remain physically and mentally well at work (ongoing to 31/03/25)	HSC Employers	can be partially implemented but will also require additional funding to ensure full implementation
	HSC Employers will work to develop and support sustainable initiatives to build a diverse and inclusive workforce where all colleagues are valued, listened to and through active involvement can contribute to decision making (by 31/12/23)		can be partially implemented but will also require additional funding to ensure full implementation
	HSC employers will work with Trade Unions to co-produce a regional policy for dealing with disciplinary matters in accordance with a just culture approach (by 31/12/22)		can be fully implemented without additional funding
Theme 5 - Building on, consolidating and promoting health and wellbeing Action 2.21 - Commissioning and establishment of sustainable occupational health services <u>WHY?</u> - Investment in occupational health services for the workforce reduces sickness absence, improves ability to recruit and retain staff (with corresponding savings on agency and locum expenditure). - This will also act as a model for new occupational health services for use by the	Complete audit of existing occupational health services (by 30/09/22)	Workforce Policy Directorate (DoH) / Chief Nursing Officer	can be fully implemented without additional funding
	Complete an occupational health workforce review with view to the creation and implementation of a multidisciplinary occupational health workforce plan across the HSC that addresses the impact and learning from the Covid 19 pandemic (by 31/03/23)		can be partially implemented but will also require additional funding to ensure full implementation
	Re-instate the occupational medicine speciality training programme [Project will complete within 12 months once funding is identified]		requires additional funding
	Scope the requirements for an occupational nurse training programme		requires additional funding

wider public and private sectors.	[Project will complete within 12 months once funding is identified]		
	Establish working group to appraise options for the more effective delivery of occupational health services to the wider health and social care sector, and subsequently other Northern Ireland industry sectors (by 31/12/24)		can be fully implemented without additional funding
Theme 6 – Improved workforce communication and engagement	Complete audit of existing processes for communication with staff across the HSC (by 31/12/22)	HSC Employers	can be fully implemented without additional funding
Action 2.22 - Establish processes and procedures to ensure that information flows freely across organisations/systems and that employees are kept abreast of developments	Processes and procedures co-produced and fully embedded (by 31/12/24)		can be partially implemented but will also require additional funding to ensure full implementation
<u>WHY?</u> • Addresses concerns raised in previous staff surveys and in the fieldwork for this strategy. • Allows for staff networks/forums to discuss such matters which are common across all sectors and bands. • Allows for coherent messages on health and social care developments, including transformation and industrial relations.	HSC organisations will co-produce formal mechanisms with staff and Trade Unions to ensure consistent communication and engagement mechanisms embedded across the HSC (by 30/06/24)		can be fully implemented without additional funding
Theme 6 – Improved workforce communication and engagement	Complete audit of existing staff appraisal and engagement processes (by 31/12/22)	HSC Employers	can be fully implemented without additional funding
Action 2.23 - Co-produced staff appraisal and engagement project and rollout of recommendations	Working with staff and Trade Unions, HSC organisations will undertake a review of staff appraisal and engagement practices with view to		can be fully implemented without additional funding

<u>WHY?</u> - Allows for coherent action to address staff concerns in relation to: -Team working -Appraisal -Personal development -Knowledge and Skills Framework -Organisational / leadership culture (address high pressure cultures and how these can create high stress cultures and ultimately low morale).	developing and implementing a regional staff appraisal and engagement framework that formally incorporates health and wellbeing within the appraisal process (by 31/12/23)		
Theme 6 – Improved workforce communication and engagement Action 2.24 - Working with employers and the workforce and trainee representatives, the Department and commissioners will produce a set of standards that all HSC staff can expect in terms of facilities <u>WHY?</u> Addresses staff concerns in relation to food/drink/rest break facilities.	Develop and implement an updated HSC staff facility policy [Policy will be developed within 12 months once funding is identified. Implementation of policy will be dependent on funding being available]	Infrastructure and Investment Directorate (DoH) and HSC Employers	requires additional funding
Theme 7 – Recognising the contribution of the workforce Action 2.25 - Design and implementation of	Complete audit of existing recognition initiatives (31/12/22) Working with staff and Trade Unions, HSC organisations will develop and	HSC Employers	can be fully implemented without additional funding requires additional funding

co-produced policy on recognition initiatives <u>WHY?</u> • Valuing the contribution that all make to delivering excellent, compassionate care. • Devolving decision-making to the appropriate levels, including locally where possible. • Supporting the workforce to achieve success, and to feel valued and supported. • Allows for coherent action on possible introduction/use of: -Advanced Information and Communication Technology. -Co-production leading to greater staff involvement in decision-making. -Sufficient freedom to display initiative and make decisions. -Proper supervision. -Opportunities for training and development at all grades, and not just tied to promotion. -Agreed job rotation. -Opportunities for educational leave, etc.	implement a regional framework on recognition initiatives [Development will complete within 12 months of funding being identified; implementation of framework will be dependent on funding]		
Theme 8 – Work-life balance Action 2.26 – As part of a four nations approach, HSC organisations will carry out a HSC wide review of flexible working practices in Northern Ireland, in partnership with staff and Trade Unions <u>WHY?</u>	Adopt Section 33 Agenda for Change Handbook arrangements within HSC (from 01/04/22)	Workforce Policy Directorate (DoH) / HSC Employers / Trade Unions	can be fully implemented without additional funding

• Recognises the needs of the workforce such as those with dependent relatives and/or caring responsibilities, whilst balancing the requirements of the service. • Support the workforce to access their work remotely where appropriate. • Also will provide clarity around working time regulation/sleepover duties/working hours in 24-hour service. • There is a need to develop working patterns which are reflective of the demographics of the workforce.			
Theme 9 – Making it easier for the workplace to do their jobs Action 2.27 - Simplification of employment arrangements, for example, explore whether a single employer for all HSC staff is feasible and will produce benefits for staff/patients/clients <u>WHY?</u> • To provide clarity and remove duplication and possibility for error/confusion in relation to payroll, generic training, etc.	Completion of lead employer project for doctors in training (by 31/03/23) The Department and relevant stakeholders will complete a formal evaluation of the lead employer project for doctors in training and produce recommendations on the feasibility of creating a single HSC employer for doctors (by 31/12/23) Produce a costed implementation plan for recommendations contained within evaluation [Plan will be developed within 3 months once funding is identified] Scope feasibility of a possible single HSC employer [Project will complete within 12 months once funding is identified]	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding can be fully implemented without additional funding requires additional funding requires additional funding
Theme 9 – Making it easier for the	Comprehensive workforce engagement	Business Services	can be fully implemented

workplace to do their jobs Action 2.28 - Continue to develop workforce engagement projects for the introduction of new technologies and systems, including e-health initiatives, Encompass etc., which are designed to support the workforce in doing their jobs <u>WHY?</u> Some parts of the workforce do not feel sufficiently involved in design and roll-out of new technology and systems.	plans to be developed as part of design and implementation of new technologies and systems (ongoing to 31/03/25)	Organisation / Project Leads	without additional funding
Theme 9 – Making it easier for the workplace to do their jobs Action 2.29 – Establish processes and procedures to ensure the design and delivery of learning, development and training in a comprehensive, accessible and timely manner <u>WHY?</u> Ensure modern technologies are utilised in the delivery of comprehensive and accessible learning, development and training to staff across all HSC settings.	Establish a cross HSC working group to scope the feasibility of developing a new Learning Management System, utilising learning from the pandemic and modern learning technologies, to deliver modern and responsive learning and training needs across the HSC (by 31/03/23) Produce a costed implementation plan for recommendations [Plan will be developed within 9 months of resources being identified]	HSC Employers	can be fully implemented without additional funding requires additional funding
Theme 9 – Making it easier for the workplace to do their jobs Action 2.30 – Establish processes and procedures to ensure safe recruitment practice is managed in as short a time as possible engaging the candidate throughout	Cross HSC working group to develop and design a replacement for the HRPTS system (EQUIP programme) ensuring the HSC adopts best practice and fully utilises modern technology opportunities (ongoing to 31/03/25) HSC Employers and BSO Shared	Business Services Organisation (EQUIP) HSC Employers /	can be partially implemented but will also require additional funding to ensure full implementation can be fully implemented

the journey <u>WHY?</u> Eradicate unnecessary delays in filling vacancies.	Services will complete a full review of the HSC recruitment model and process to scope the opportunities for improvement and inform the subsequent implementation programme. This review will align and support the business change required to support implementation of the EQUIP Programme (by 31/12/22)	Business Services Organisation	without additional funding
	Develop and progress the implementation plan for improvement of the HSC recruitment model and process to achieve an improved experience for candidates and recruiting managers (by 31/12/24)		can be partially implemented but will also require additional funding to ensure full implementation
	Scope and procure necessary adaptations required to enhance existing HRPTS system in line with identified actions to improve timeliness and maximise candidate experience of the recruitment journey [Ongoing development once funding secured]	HSC Employers	requires additional funding
	Continue to develop streamlined approaches to recruitment of Health and Social Work students on the basis of learning acquired from pilot exercises completed during 2021 (ongoing to 31/03/25)	HSC Employers	can be partially implemented but will also require additional funding to ensure full implementation

Objective 3 – The Department and health and social care providers are able to monitor workforce trends and issues effectively, and be able to take proactive action to address these before problems become acute.			
Theme 10 – Improving workforce business intelligence Action 2.31 - Department to oversee and monitor exercise to examine where current gaps exist. This will involve collaboration with the relevant bodies to introduce data collections that we know to be missing e.g. gather more primary care workforce data, independent sector, etc. <u>WHY?</u> We have a number of gaps in our business intelligence, which if closed would enhance workforce planning, allowing us to monitor workforce trends and issues effectively, and be able to take proactive action in the future.	Establish cross HSC working group to undertake audit of existing workforce data provision necessary for effective workforce planning across the health and social system (by 31/12/22)	HSC Employers	can be fully implemented without additional funding
	Where data gaps are identified, scope the feasibility of introducing the recording and reporting of data (by 31/12/23)	HSC Employers / IAD (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 10 – Improving workforce business intelligence Action 2.32 - Explore workforce data systems and analytics software to inform more evidence-based decision making and solve problems <u>WHY?</u> We need better business intelligence.	Utilise opportunities arising from the EQUIP programme to deliver enhanced, regionally consistent and interactive workforce analyses to stakeholder audiences enabling effective benchmarking and evidence based decision making with regard to workforce planning (ongoing to 31/03/25)	HSC Employers / Business Services Organisation (EQUIP)	can be partially implemented but will also require additional funding to ensure full implementation
	Explore opportunities arising from data systems and software across other health and social care areas to enhance workforce planning capabilities (ongoing to 31/03/25)	HSC Employers / IAD (DoH)	can be partially implemented but will also require additional funding to ensure full implementation

Theme 10 – Improving workforce business intelligence Action 2.33 - Align staff survey with workforce strategy to ensure information is available to measure progress against intended outcomes <u>WHY?</u> • We need better business intelligence from this source. • Need to maximise response rate.	HSC staff survey management group will meet regularly to develop and evaluate regular HSC staff surveys (ongoing to 31/03/25)	HSC Employers	can be fully implemented without additional funding
	Deliver HSC staff surveys aligned with the workforce strategy to provide data necessary to monitor intended outcomes [Surveys developed and delivered within 9 months of resources being identified]		requires additional funding
Theme 10 – Improving workforce business intelligence Action 2.34 - Roll-out of exit interviews for all staff leaving the HSC <u>WHY?</u> • Results of detailed and meaningful exit surveys can be monitored and fed into workforce planning processes and decision-making.	Establish cross HSC working group to develop a regional process and reporting mechanism for exit interview for staff leaving the HSC (by 31/12/22)	HSC Employers	can be fully implemented without additional funding
	Develop implementation plan for the roll-out of exit interviews for all staff leaving the HSC including processes for utilising feedback to inform service design and retention initiatives [Plan can be developed within 9 months of resources being identified; implementation will follow]		requires additional funding

Oversight and Accountability

Oversight and accountability of the Workforce Strategy continues to be provided by a Programme Board which was established in 2018. The Workforce Strategy Programme Board is supported in this function by the Workforce Strategy Reference Group, with representation from relevant employers, trade unions and others, which provides advice and assurance to the Programme Board on progress.

During 2021 a new Workforce Strategy Unit was created within Workforce Policy Directorate in the Department. This Unit will be responsible for co-ordinating the Strategy with additional arrangements for the management and monitoring of implementation incorporated into the second action plan.

This will focus on the Workforce Strategy Unit working closely with stakeholders to identify and allocate leads for each action contained within the second action plan. Dedicated working groups, with appropriate representation from across the health and social system, will be convened with delivery plans and timeframes for implementation agreed for each output.

There is also a need for a consistent focus on the implementation of this action plan. A process of regular monitoring and reporting of progress against each identified output will also be undertaken by a focussed implementation group.

Together with continued input from the Reference Group, this process will enhance the Programme Board's ongoing management of the Strategy.

Funding

This second action plan has identified an ambitious and challenging range of actions and outputs for progression over the next three years. Many of the commitments can be taken forward without additional funding. Indeed, as a first step, many of the identified actions and outputs are to undertake scoping work to identify the most appropriate mechanisms for delivery, including costed implementation plans.

For other actions such as the commissioning of pre-registration and post-graduate training, the Department will continue to provide ongoing funding though it is recognised significant additional funding will also be required to grow our workforce to the required levels identified by our strategic workforce planning.

However, it is recognised that significant, additional, multi-year funding will be required to deliver the full challenging series of actions and outputs identified and the Department is committed to exploring all options to fund this second action plan, including the release of resources through service efficiencies and through seeking additional funding from the Executive. While this may have an impact on the pace of delivery, the Department believes it is right to be ambitious and, working with colleagues from across health and social care, we are committed to the implementation of this second action plan at the earliest opportunity.

Measuring Success

Achieving the actions in this action plan will be a good indicator of success in meeting our aim and objectives. But we must also take an evidence-based approach. A dedicated working group will be set up to produce and agree the performance indicators for the strategy, with this work to be completed by the end of September 2022. The performance indicators may include a mix of quantitative evidence, such as reductions in job/training vacancy rates and agency/locum spend, and qualitative measures such as those in staff surveys etc.