

## Nursing and Midwifery Recruitment and Retention



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## 1.0 Overview of the Current Nursing and Midwifery Workforce

Nursing and midwifery are the two largest professional groups working across the public health services in Ireland. Both are constantly changing, developing and adapting to meet the changing health needs of the population. Over the last 20 years nursing and midwifery has undergone substantial developments with the transition to an all graduate profession in the move to Third Level education, along with the development of nursing and midwifery career pathways, clinical, managerial and educational, all through the Commission on Nursing (1998)<sup>1</sup>. These developments have included educational and practice developments that have further widened the scope of professional practice enabling nurses and midwives to practice at the top of their professional licence. Some of the key changes and additions to scope have included the development of medicinal and ionising radiation prescribing by nurses and midwives, along with the development of specialist and advanced practitioner roles, whereby nurses and midwives are delivering full episodes of care from assessment to discharge. These developments have further enhanced service delivery for example through nurse led Advanced Nurse Practitioner (ANP) services that are now slowly emerging in a variety of settings across our services. These are important developments, and those which provide a key platform to attracting and retaining nurses and midwives across the Irish Health service, and indeed act as an attractive career option for international trained nurses and midwives.

The economic downturn in Ireland has had a profound impact on the nursing and midwifery resource, with substantial reductions of 4,500-5,000 nurses and midwives. This is an important historical fact that is particularly relevant to the current and ongoing challenges we face in attracting and retaining this valuable resource. Adding to this challenge is the influence of an internationally competitive market, experiencing global shortages that is impacting on the pace of recovery and growth. Notwithstanding the fact that there is evidence of regrowth in this workforce, the pace of growth is markedly slow. The pace of regrowth is struggling in the face of the widely reported demographic changes affecting demand for healthcare.

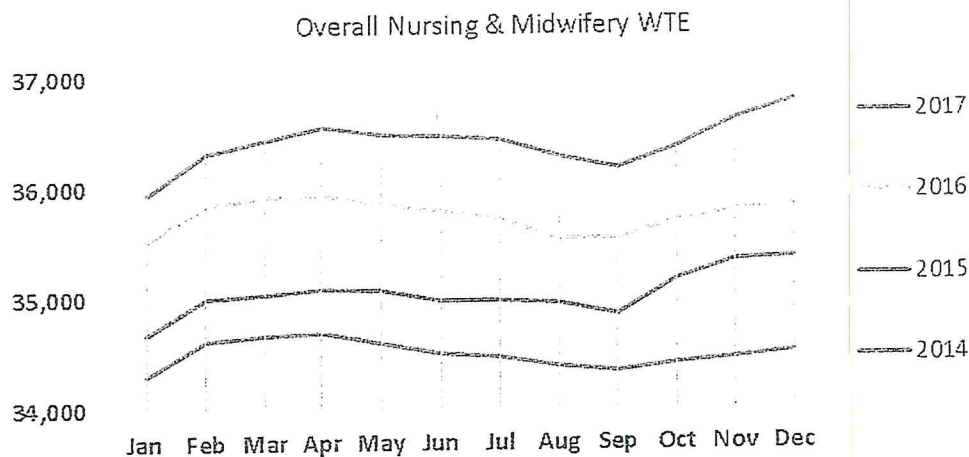
A prime example of the challenge being faced in Ireland is evidenced by the retention of new nursing and midwifery graduates that has been negatively impacted by the economic downturn with markedly slow recovery despite multiple new initiatives and improvements. The fluctuating annual workforce supply pattern as shown in the below graphs, is evidence of the challenges faced in aiming to provide for a stable workforce supply that is constantly sustainable throughout the year.

Figure 1.0 below provides a high level overview of the nursing and midwifery WTE over the years 2014-2017. The trends show year on year increase with an overall increase of 2,268 WTE (Dec 2014-Dec 2017) since 2014. This however, should be considered in the context of the overall workforce levels pre-moratorium and in light of increasing health service demand since that period. Notably the last quarter of each year, as evident in the below figure, witnesses the greatest increase, which is largely due to the increase in the number of graduating nurses and midwives from the undergraduate education programmes.

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<sup>1</sup> Report of the Commission on Nursing – A Blueprint for the Future; Department of Health (1998)

Figure 1.0 Overall Nursing and Midwifery WTE 2014-2017



Specifically looking at individual grades, in comparison to the same period last year there is an increase of 547 WTE in the staff nurse category, with a total increase of 892 WTE since 2014. Figures 2.0, 3.0 and 4.0 provide an overall picture of the trends and patterns in relation to the grade of staff nurse/staff midwife (WTE) whereby similarly the patterns show predictable peaks and troughs during the year. This is particularly evident in Figure 4.0 where the patterns are demonstrated quarterly. Notably there is a pattern of decreasing WTE particularly over the Q3 period, which may in part be attributable to recruitment patterns, or indeed working patterns, of a predominantly female workforce (90%) with variable/ flexible/statutory leave patterns during this period. This is important, in the context of planning for this workforce, to fulfil statutory leave entitlements such as parental leave for example, and factoring this into the required workforce forecast to ensure stable supply patterns that will be less susceptible to these trends. In real terms this demands substantial recruitment numbers (i.e. headcount) to provide for a stable WTE supply. Equally it is an important feature of flexibility to attract and retain this workforce. Notably maternity leave is not a feature of the patterns and trends for two reasons; a) occurs throughout the year and; b) only unpaid maternity leave is taken account of, i.e. paid maternity leave is still reflected and counted in the WTE although the individual nurse/ midwife is away from the service for the statutory period. Hence the reason that the Interim Framework on Safe Nurse Staffing and Skill Mix, published by the Department of Health<sup>2</sup>, includes the addition of maternity leave (calculated at local level but at an average 2-3%) in addition to an uplift for absence (annual leave, sick absence and study leave) at a minimum of 20%.

<sup>2</sup> Framework for Safe Nurse Staffing and Skill Mix across General and Specialist Medical and Surgical Care Settings in Acute Hospitals; Department of Health 2016

Figure 2.0 Staff Nurse/ Staff Midwife WTE 2014-2017

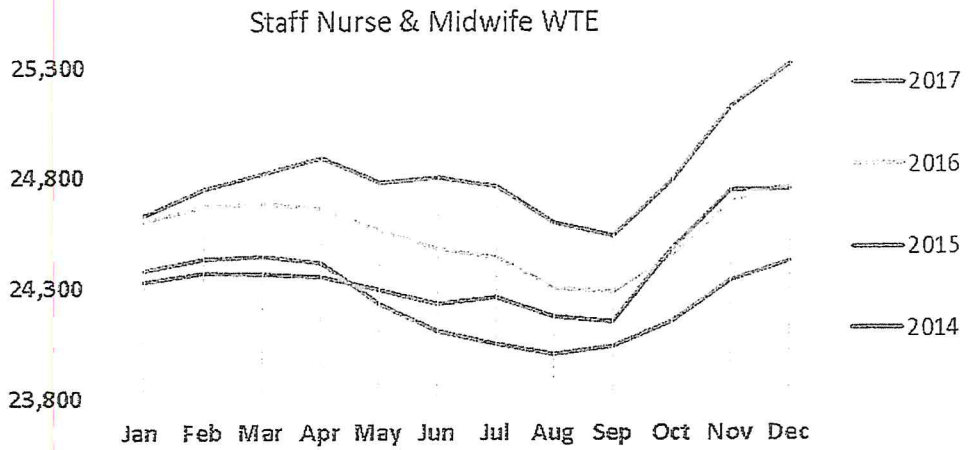
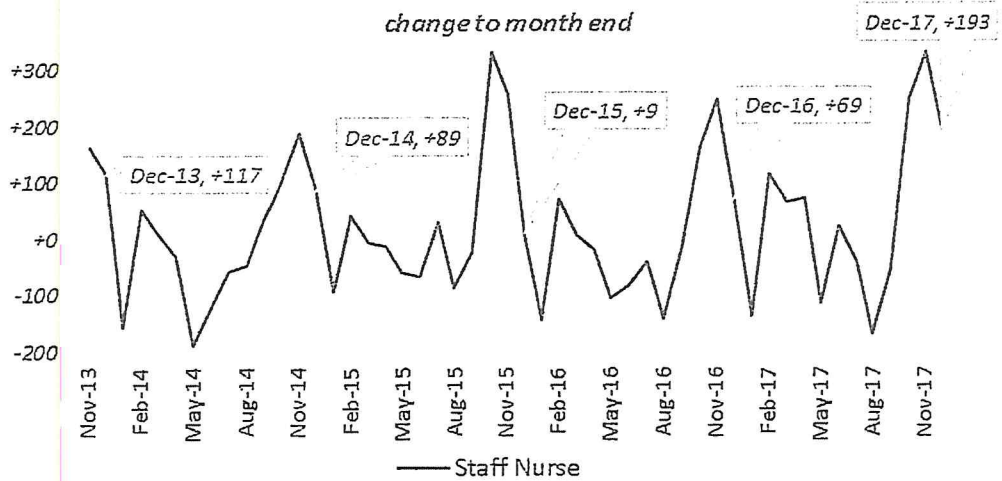
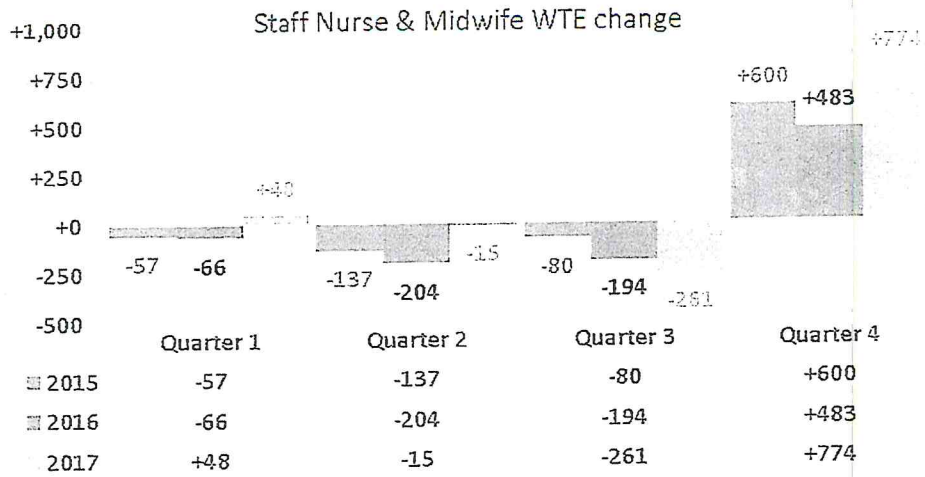


Figure 3.0 Staff Nurse/ Staff Midwife patterns

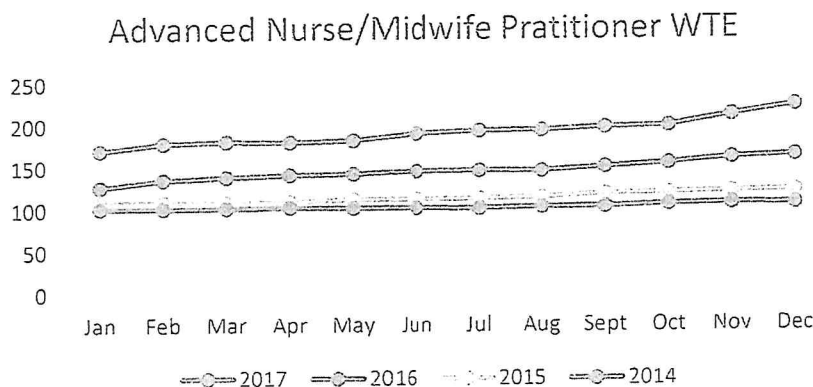


**Figure 4.0 Staff Nurse/ Staff Midwife WTE Change Patterns**



Over this period, it is also important to observe the career opportunities across specialist and advanced roles, and indeed also clinical leadership roles. These are important factors to attracting and retaining nurses and midwives into the workforce. They provide a defined clinical and managerial career pathway, important in attracting and retaining nurses and midwives in the workforce. The growth pattern in certain promotional posts has been particularly slow and thus using these as a factor of attraction and retention is far less effective. Advanced Nursing and Midwifery Practitioners (ANP/AMP) have grown by just 117 WTE from 2014-2017 (see Figure 5.0). While the trend is moving in the right direction, the slow pace of growth is being targeted specifically. An initiative launched in 2017 by the Office of the Chief Nursing Officer, in collaboration with the HSE ONMSD provided for a further increase of 120 Advanced Nurse Practitioners (ANP)/ Advanced Midwife Practitioners (AMP's), with a further 130 education places planned to develop these roles further in 2018. The additional 120 ANPs are unlikely as of yet to be fully reflected in the below figures due to reporting/coding. The overarching policy aim is to grow the ANP/AMP workforce by 2%, to a WTE of 700 ANP/AMPs in the short term. <sup>3</sup> This is a positive development, to further attract and retain nurses and midwives, into the Irish health service.

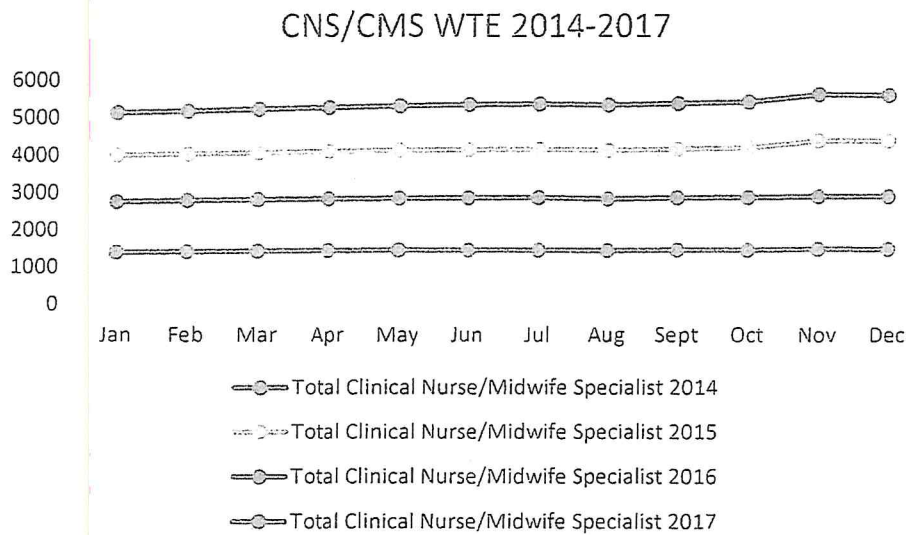
**Figure 5.0 ANP/AMP WTE 2014-2017**



<sup>3</sup> Policy on Graduate, Specialist and Advanced Nursing and Midwifery Practice Department of Health 2017

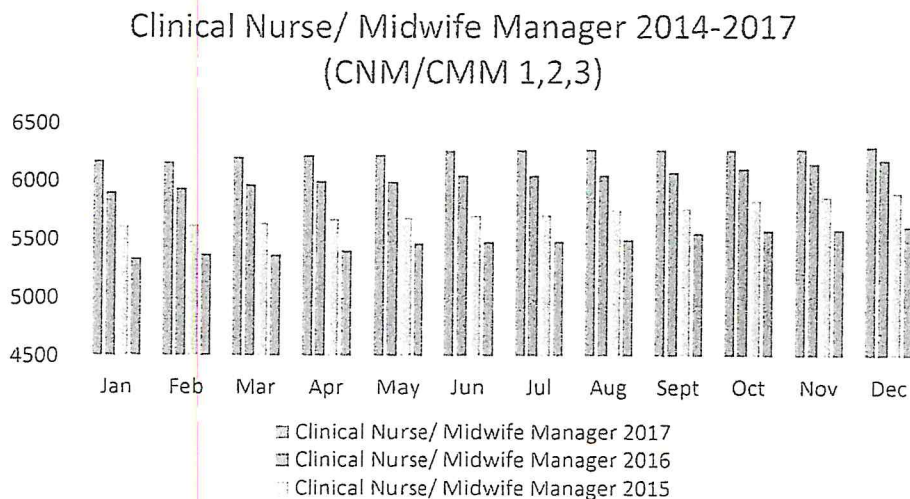
Over the same period, Clinical Nurse and Midwife Specialist Posts slowly grew by 258 WTE from 2014-2017. The figures on CNS/CMS should however be treated with some caution (there are challenges with grade coding of CNS/CMS with that of Clinical Nurse Managers 2 (CNM2) which means that the data is likely to be underreported). Data provided by the ONMSD, that approves CNS/CMS post holders, notes that since October 2014, a total of 307 CNS/CMS post holders (Headcount) were approved for which 301 (Headcount) have been retained.

**Figure 6.0 CNS/CMS WTE 2014-2017**



Clinical nursing and midwifery leadership, is not only a factor in the context of career opportunity and remuneration through promotion, but importantly is a key component to the maintenance of care quality and safety, along with a supportive work environment for nurses and midwives, an important ingredient to their retention. There has been growth of clinical leaders over the period 2014-2017, it would appear, with an increase of 685 WTE. It should however be noted, that in 2017 under the IR nursing and midwifery recruitment and retention agreement, a further 127 Clinical Nurse Manager 1 posts were agreed for development.

**Figure 7.0 Clinical Nurse/Midwife Manager WTE 2014-2017**



Unsurprisingly the proportion of male to female in the nursing and midwifery workforce has remained largely unchanged since 2014 with females outweighing males by 92% to 8%. This is important in the context of the HSE as a modern employer, taking into consideration the need for flexible working patterns to attract and retain staff by supporting the way in which staff work and live today. Current figures reveal an average of 65.5% working full time, with 34.5% working part time (i.e. less than 39 hours per week). The data shows little change in this since 2014.

**Table 1.0 Gender, Contract and Flexible Working Profile 2014-2017**

Total Nursing	WTE	Headcount	WTE no.	% Male	% female	% Total Perm	% Total Full Time
Dec-14	34,509	39,865	1.155	8.0%	92.0%	94.0%	63.5%
Dec-15	35,353	40,847	1.155	8.0%	92.0%	94.5%	64.0%
Dec-16	35,835	41,077	1.146	8.2%	91.8%	94.9%	65.0%
Dec-17	36,777	42,056	1.144	8.5%	91.5%	94.6%	65.5%

### 1.1 Conclusion

The overall picture of the nursing and midwifery workforce is one of a constant challenge to effectively recruit and retain to meet ever increasing service demands. The stability and sustainability of the workforce throughout the year is challenging and subject to the peaks and troughs particularly in relation to new graduate supply. These challenges also need to be viewed from the lens of the increasing health service demand, attributable to an increasingly ageing population with increasing levels of chronic illness. Of considerable note also, is the pace of growth which is undoubtedly slow, notwithstanding the substantial and multipronged range of initiatives employed consistently, to both attract and retain nurses and midwives. A composite suite of initiatives has been put in place that continues to target the attraction and retention of nurses and midwives in the Irish Public Health Service. These initiatives are outlined in greater detail later in this paper. To meet current and future demands, the nursing and midwifery workforce supply on an on-going basis will be key and in particular how we retain the supply of this workforce.



## 2.0 Securing the Nursing and Midwifery Workforce Supply and Retaining the Existing Workforce

### 2.1 Securing Supply

The supply of nurses and midwives into the Irish health service predominantly comes from two sources; 1) undergraduate education programmes and; 2) international recruitment. Additional channels, such as attracting those nurses and midwives that may have lapsed registrations, to return to nursing and midwifery practice for example, are extremely small in number. Also as an indicator of supply, is the registration statistics from the Nursing and Midwifery Board of Ireland. The Nursing and Midwifery Board of Ireland (NMBI) maintains registration statistics for nurses and midwives applying to register in Ireland. These statistics provide a valuable resource, on the current number of Irish trained registrants, in addition to the number of international registrations both from EU and Non EU countries. It should be noted however, that these statistics apply to the whole health economy and not just the publicly funded health service.

#### 2.1.1 Undergraduate Supply

Undergraduate nursing and midwifery education programmes are provided by 13 Higher Education Institutes nationally. In order to increase nursing and midwifery supply, in both 2016 and 2017 there has been substantial increases in the undergraduate supply as outlined in Table 2.0 below. This will result in an additional 60 nurses in 3 years, with a further additional 200 nurses in the next 4 years, with a total net effect of 260 (16%) additional nurses and midwives over this period.

**Table 2.0 Nursing and Midwifery Undergraduate Supply**

Programme	2015	2016	2017
Integrated Gen & Child	100	100	140 (additional 40)
General	860	860	920 (additional 60)
Mental Health	290	350 (additional 60)	420 (additional 70)
ID	180	180	210 (additional 30)
Midwifery	140	140	140
<b>Total</b>	<b>1570</b>	<b>1630</b>	<b>1830</b>

As an indication of uptake, a total of 1,827 places are filled in 2017.

Additionally, as part of the overall increase in undergraduate supply, the number of sponsored places has increased to 30, an increase of 20 places on previous years. The sponsored places provide the opportunity for healthcare assistants to avail of sponsorship to undertake the nursing and midwifery undergraduate programmes. This assists in widening the pipeline into a registered nursing and midwifery career from within the existing health workforce.

In addition, there are four further education programmes, at post graduate level, that enable registerable qualifications on the division of the register that are sponsored programmes. There have been further increases in these programmes, in relation to Public Health Nursing. These are;

- Post Graduate Diploma in Public Health Nursing – 108 sponsored placed in 2016, increased to 140 places in 2017 with progressive increase over the years 2017-2019 to 160 places;
- Post Graduate Diploma in Children’s Nursing – 85 places annually;
- Post Graduate Diploma in Midwifery – 101 places annually.
- Higher Diploma in Mental Health Nursing – 40 places annually (this programme was reintroduced in January 2017).

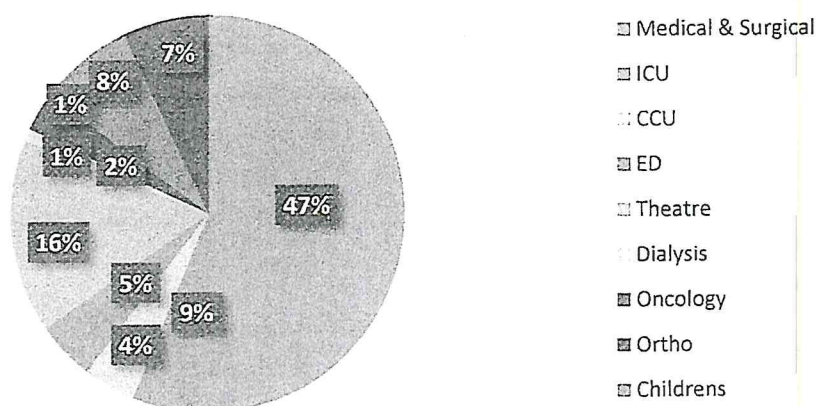
### 2.1.2 International Recruitment

There is a multi-pronged approach to international recruitment, with multiple initiatives, including the ‘Bring them Home Campaign’, focused on attracting Irish trained nurses and midwives back to Ireland in keeping with the WHO Global Code (2010)<sup>4</sup>. In addition, there are national HSE tenders in place to support the ethical recruitment of international nurses and midwives, again to support the stabilisation of the workforce, through supply. The below figures outline data on the ‘Bring Them Home Campaign’ and international recruitment under the tenders with the HSE for the public health services as provided by the agencies. [It should be noted that this is not the only international recruitment supply channel as individual organisations have engaged in international recruitment independently directly and therefore the supply from this route is likely higher]. While international recruitment is a supply chain, in the context of overall recruitment it is of note that this supply chain is very costly. Associated costs include, at a minimum; NMBI registration paid for by the employer, clinical adaptation, international recruitment agency costs, clinical facilitation and associated subsistence costs. Clinical supervision for adaptees, which in addition to trainee supervision requirements is also an additional element in overseas recruitment.

The total number of nurses and midwives recruited through these routes both Irish and international nurses and midwives for 2017 (Jan to November) is 703. The breakdown of which is detailed in Figure 8.0 below.

Figure 8.0 Breakdown of International Nursing and Midwifery Recruitment by Speciality 2017

### International Nursing and Midwifery Recruitment 2017



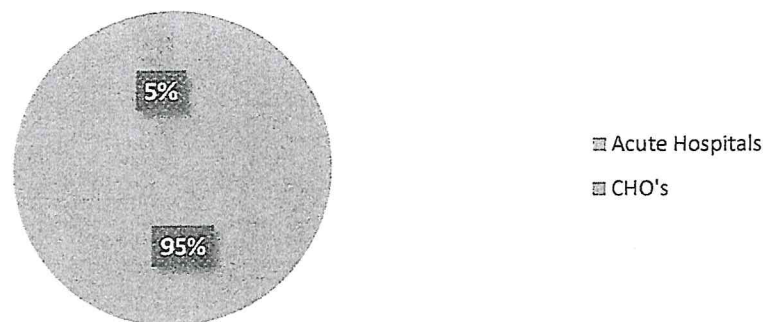
<sup>4</sup> WHO Global Code of Practice on the Ethical Recruitment of International of Health Personnel, 2010

The largest volume of recruits has been for medical and surgical areas, followed by Theatre and Intensive Care. Anecdotally, as reported by Directors of Nursing, there is evidence of high demand for specialist areas, with greater challenges in supply of nurses and midwives with specialist skills. This would appear to be reflected in the above figures, with higher rates of recruitment into general medical and surgical areas with lower figures for specialist areas.

Unsurprisingly, as Figure 9.0 shows, Hospital Groups have higher rates of recruitment compared to Community Healthcare Organisations which is reflective of the distribution of the nursing and midwifery resource across the Hospital Group and CHO's.

**Figure 9.0 Proportion of International Nursing and Midwifery Recruitment by Hospital Group and CHO 2017**

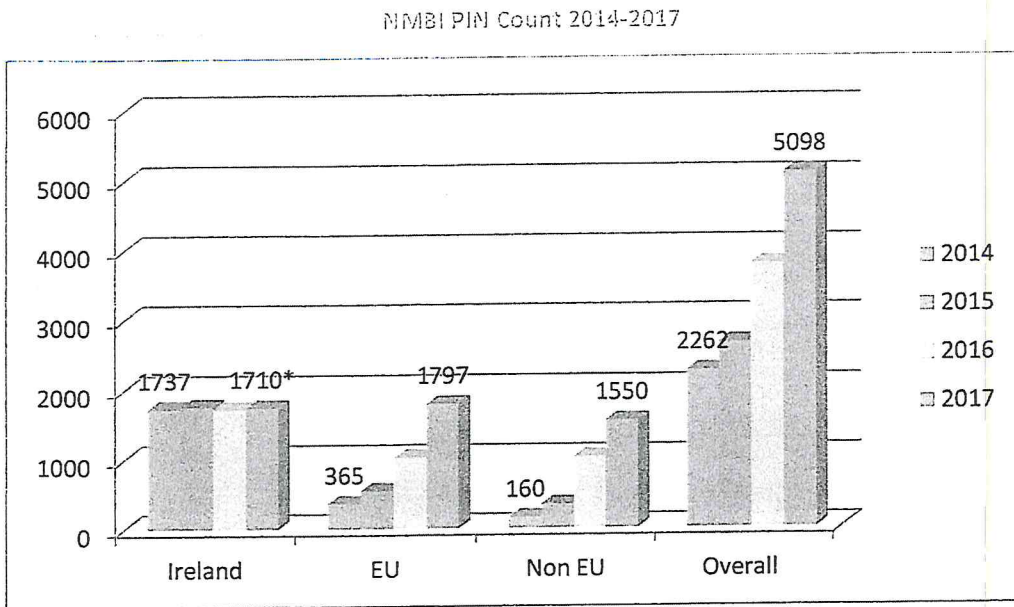
### International Nursing and Midwifery Recruitment by Hospital Group and CHO 2017



#### 2.1.3 Nursing and Midwifery Board of Ireland (NMBI) Registration Statistics

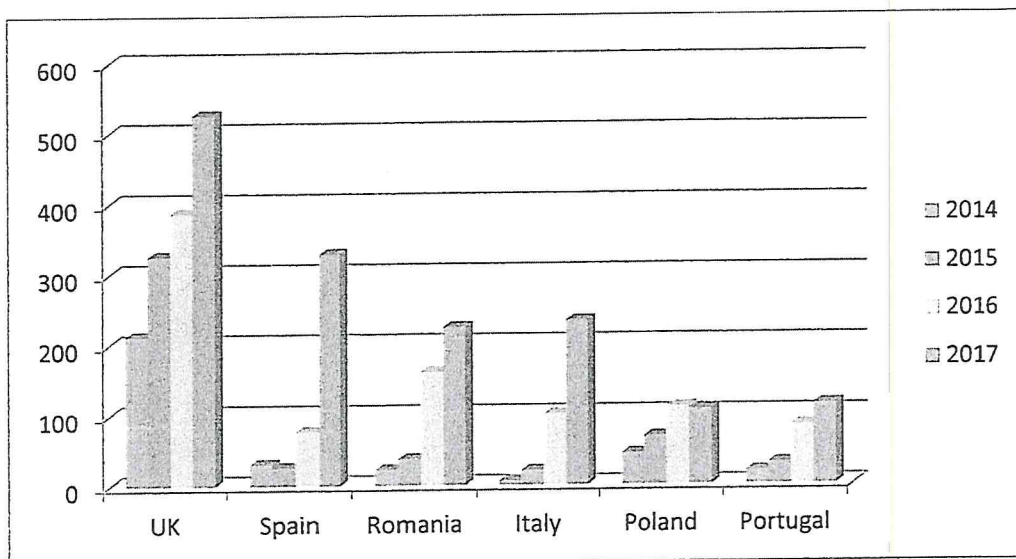
The NMBI is the independent, statutory organisation which regulates the nursing and midwifery professions in Ireland. Among their core functions are maintaining the register of nurses and midwives and evaluating applications from Irish and overseas applicants who want to practise as nurses and midwives in Ireland. Therefore, the statistics on the register maintained by the NMBI provides further intelligence on the trends and patterns of nursing and midwifery supply in Ireland. Figure 10.0 below, provides detailed data on the numbers of PIN's (Personal Identification Numbers) issued to applicants from 2014-2017. PIN is used rather than number of registrations, as nurses can indeed hold more than one registration as they may be registered in more than one division of the register, for example general and midwifery. While the NMBI undertakes this role for the whole health economy, and therefore the figures reflect supply across both the public and private sector. From 2014-2017 the increase in registrations has more than doubled. Irish nurse and midwife registrations notably however, have remained static, with the increases seen in the EU and Non EU nurses and midwives. Notably the increases are seen in the years 2016 and 2017.

**Figure 10.0 NMBI PIN Count 2014-2017**

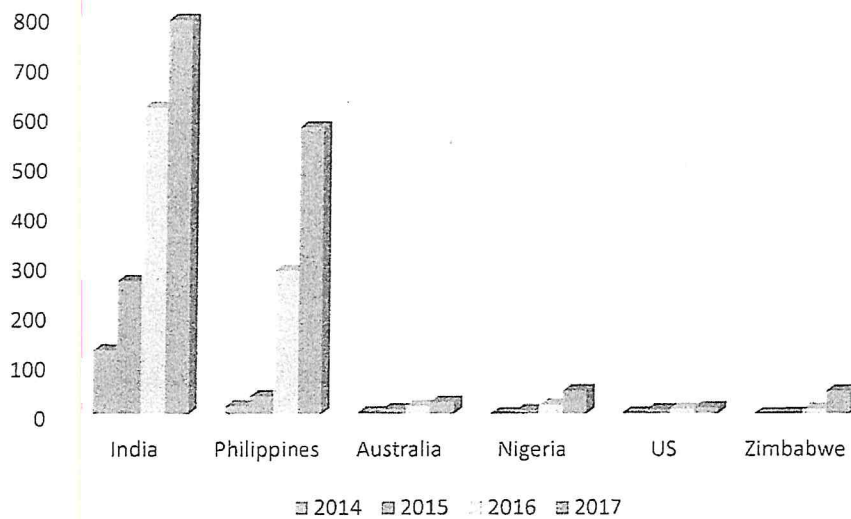


The pattern of registrations from EU countries reveals some interesting findings also as shown in Figure 11.0 below, with sustained increases in registrations from UK nurses and midwives, some of whom may indeed be Irish citizens, trained in the UK health system. This is particularly notable in 2017. This may be a reflection of a possible future pattern as Brexit negotiations continue. The Nursing and Midwifery Council in the UK continue to report a decline in the numbers joining the register coinciding with an increase in the numbers leaving the register. The Health Foundation in June 2017 reported a 96% decline in the numbers of EU nurses registering with the council since July 2016.

**Figure 11.0 EU Country Registrations 2014-2017**



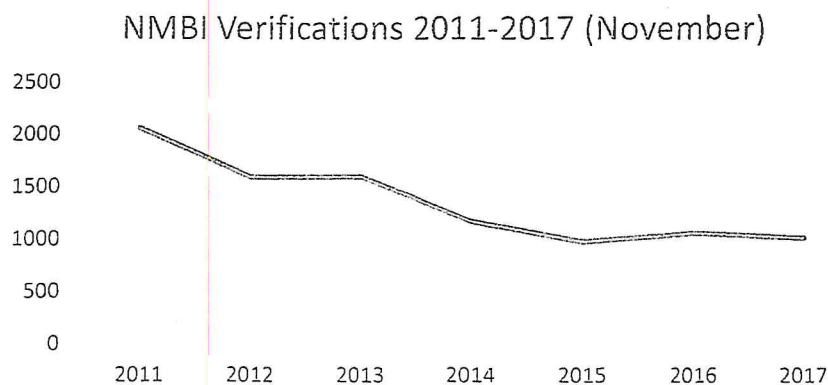
**Figure 12.0 Pattern of Non EU registrations 2014-2017**



There remains a relatively consistent picture in regard to Non EU nurses and midwives joining the register, with the majority of registrants from India and the Philippines with increases in both, particularly in 2016 and 2017 however, with the largest increase from the Philippines.

A further indication of patterns and trends, more closely related to retention of the existing workforce, is the number of Verification requests made to the NMBI. To practice as a nurse or midwife outside of Ireland, nurses and midwives need to register with what is called the 'competent authority' in that country. This is the organisation within each country that is responsible for registering nurses and midwives. The competent authority may ask for a Certificate of Current Professional Status (CCPS), which can also be referred to as verification of registration. Nurses and midwives who wish to work in another country must complete the Verification (CCPS) Form, and the NMBI then sends this document to the competent authority. (It should be noted however, that Verifications indicate intention to practice outside of Ireland and not actual leavers). Figure 13.0 shows the trends in relation to Verification requests since 2011 by the NMBI.

**Figure 13.0 NMBI Verification Requests by Nurses and Midwives 2011-2017**



There is a positive pattern over the time period reflected, with stabilisation of the Verification requests since 2015. Since 2015 there is no further reduction in the verification requests noted which is likely attributable to the substantial efforts to retain nurse and midwife graduates and the subsequent policy change post the economic downturn.

The overall picture from the NMBI registrations statistics is one of an increasing trend for new entrants onto the register, however it is notable that these figures reflect the entire health economy and not just the public health service alone, and therefore the increasing figures need to take this into account, when compared with the growth in the nursing and midwifery workforce overall in the public health service. Nonetheless the pattern is a positive one overall.

#### 2.1.4 New Innovative Recruitment Approaches

Recognising the potential benefits of technological approaches to recruitment, in addition to the pre-existing range of recruitment initiatives nationally and internationally, a further new initiative launched by National HR in 2017, in collaboration with HBS recruit, ONMSD, HSE Communications and Group Directors of Nursing and Midwifery along with other key stakeholders, is an annualised approach to nursing and midwifery recruitment awareness using digital and social media platforms. In December 2017, this digital and social media campaign, targeted nurses and midwives returning to Ireland over the Christmas and new year through Facebook, LinkedIn and Websites, in addition to a substantial digital campaign in Dublin Airport targeting nurses and midwives at the point of return. The campaign used the digital and social media platforms to connect and create awareness of recruitment opportunities, and establish an on-going (on-boarding) connection, routing interested nurses and midwives to hospitals and CHO recruitment campaigns, along with retaining the nurse/midwife on the TalentPool, which maintains an on-going connection with them beyond the initial connection. This initiative was undertaken in collaboration with Group Directors of Nursing to both target and on-board nurses and midwives directly to hospitals and CHO's. Based on an evaluation of the impact of this initiative further initiatives will be planned on an annualised basis in 2018.

#### 2.1.5 Return to Nursing and Midwifery Practice

A further initiative by the health services, to attract nurses and midwives into the public health service is the return to nursing and midwifery practice programmes. These programmes are designed to target nurses and midwives who have taken time out from their professional careers, and may have lapsed professional registrations to return to practice. The programmes provide a route for these nurses and midwives to return to the register and return to practice by completing the return to nursing and midwifery practice programmes. These nurses and midwives are key to attract back into the workforce and many are highly skilled and experienced nurses and midwives. Notably as a supply chain however, the figures are quite small.

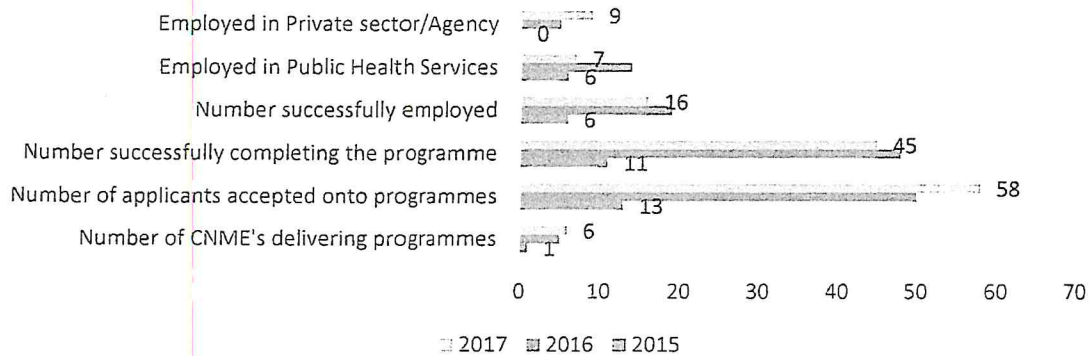
As evident in Figure 15.0 below over the last three years the number of Centres for Nursing and Midwifery Education (CNME's) delivering programmes has increased, albeit that the figures as already noted are small in the overall workforce landscape. Consequently, the number of nurses and midwives completing the programme has also increased from 13 to 58. The numbers subsequently taking up positions should be treated with caution. It is also notable that not all nurses will take up positions in the public health service. Nonetheless the increase in the number of programmes and

the uptake rate by nurses and midwives completing the programmes represents a positive trend and another, if albeit very small supply avenue.

**Figure 15.0 Return to Nursing and Midwifery Practice 2015-2017**

**\*Note: Completion rates for 2017 are lower than acceptance as 8 applicants are currently completing the programme \*\* employment figures tenuous to capture on follow up and therefore should be treated with caution**

### Return to Nursing and Midwifery Practice 2015-2017



## 2.2 Retaining Existing Staff

Focusing on retention is paramount to delivering and sustaining the growth rate required both currently and into the future. Understanding turnover is a key factor to getting retention right as it focuses on the rates and the reasons nurses and midwives leave. The reasons nurses and midwives leave are complex, however there are internationally recognised strategies and initiatives that target common reasons in an effort to improve retention.

To better understand reasons for leaving and generate greater employee engagement, firstly the HSE National Staff Survey was launched in 2014, and repeated again in 2016. This survey measures employee sentiment and engagement within the publically funded Health Sector. The aim of the survey is to access current staff opinions in order to identify opportunities for improvement, which will help build a better health service for all. While not unique to nurses and midwives, it adds considerable intelligence to the overarching opportunities for improvement across the health services for which nurses and midwives are a large part<sup>5</sup>. The use of exit interviews also provides a medium to elicit key information on reasons for leaving. This process is carried out locally across individual organisations, and this is important, as staff reasons for leaving is complex and individual organisations need to understand these reasons locally to target specific interventions. This information is used locally to inform retention strategies.

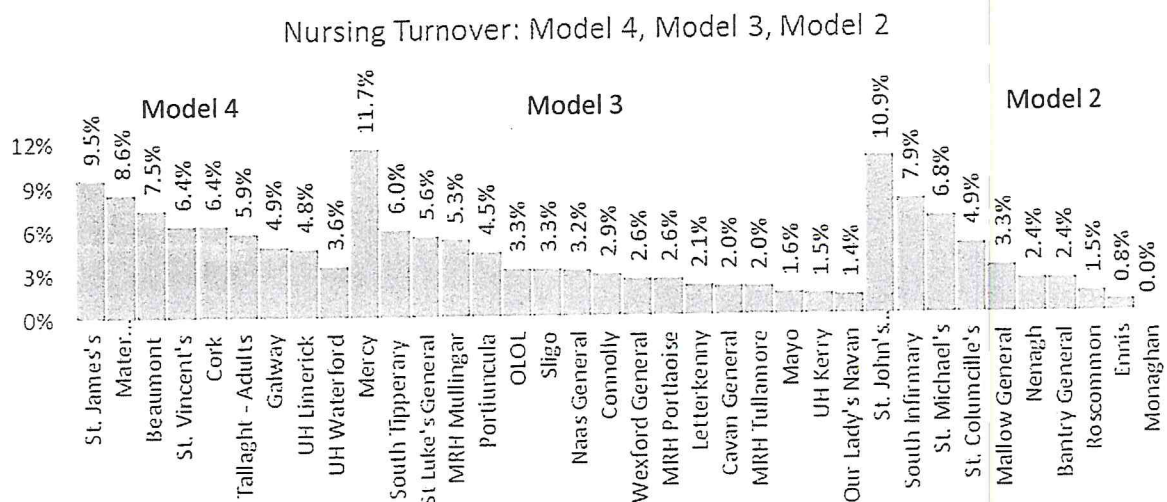
<sup>5</sup> Health Sector National Staff Survey 2016 – HSE Staff Survey - Ipsos MRBI

### 2.2.1 Nursing and Midwifery Turnover

The following section and figures provide a picture of the overall turnover rates across service, at hospital level, by hospital model and by CHO. Therefore, this data should be used as an indicator as currently full data coverage is not available, and the verification process for this data is also limited. The data reported is that for 2017.

Notwithstanding the above data caveats, between 2014 and 2016 the nurse turnover rate has increased by 2.9% from 5% to 7.9%, notwithstanding the substantial efforts nationally to attract and retain the nursing and midwifery workforce, with one example including an offer of permanent contracts to all graduating nurses. Undoubtedly there is variation across individual grades with 7.3% reported in the Staff Nurse Grade, 6.3% reported in Nurse Manager Grades and 4.3% reported in Nurse Specialists, and 3.1% in Public Health Nurse grades in 2017. Similarly, there is variation across individual hospitals and hospital types also shown in the Figures 16.0 and 17.0 below and between CHO's in 2017. The figures provided below are adjusted to exclude student nurses and also retirees. Retirees, while a factor of the natural attrition, are a critical factor to consider in the overall ability to maintain a healthy workforce supply. The age of the workforce is discussed later in the section.

**Figure 16.0 Nursing/Midwifery Turnover Rate by Hospital Model 2017**

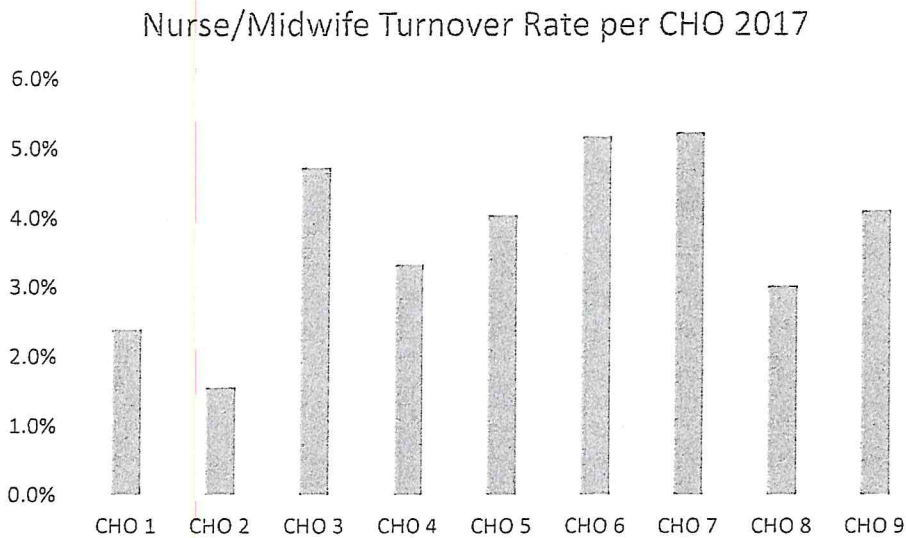


When we review the turnover data by hospital model type (excluding maternity hospitals), notwithstanding some outliers across all, we can see a trend whereby the larger hospitals (Model 4 Hospitals) on average have a higher rate of turnover than the smaller hospitals (Model 3 and Model 2). Overall the rate of the turnover, despite excluding students and retirees remains relatively high across hospitals. Structural issues such as housing, transport and the local job market may play a role in some of the variances in turnover and therefore need to be taken into account in the wider initiatives to retain nurses and midwives in these areas.



Figure 17.0 below reveals a similar picture, with the more urbanised areas around Dublin (CHO 6 & 7 along with 9 as 4<sup>th</sup> highest) revealing higher turnover rates which may in similarity to hospital model types in urbanised areas, be reflective of structural issues such as housing, transport and the local job market.

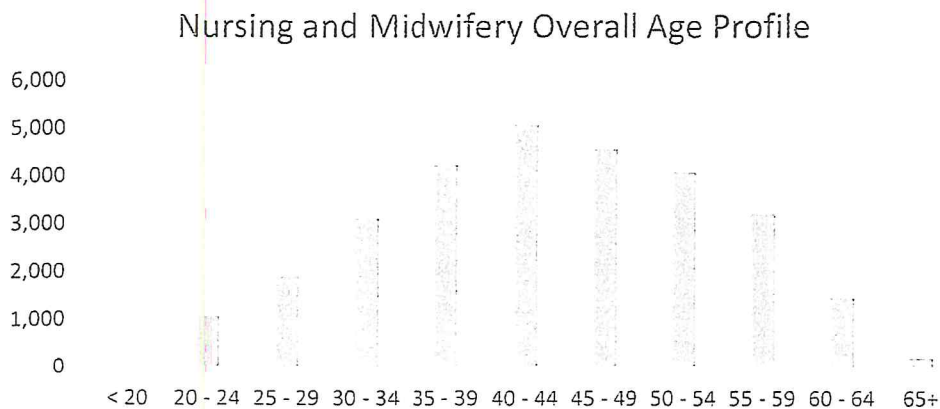
**Figure 17.0 Nurse/Midwife Turnover Rate per CHO (adjusted to exclude retirees and students)**



### Age of Workforce

The age of the workforce is an important measure. Currently the average age of the nursing and midwifery workforce is 44 years, which is a critical factor for consideration of the sustainability of the future supply chain to meet the ageing workforce. Figure 18.0 provides the current age profile overall across the nursing and midwifery resource. Undoubtedly the age of the workforce has been influenced by the years of economic downturn, whereby retention of new nursing and midwifery graduates was negatively impacted.

**Figure 18.0 Nursing and Midwifery Overall Age Profile**



The age profile is central to targeting retention initiatives across the spectrum of an intergenerational workforce. There are a number of key examples across the services that take into account the intergenerational profile of the workforce in targeting specific initiatives. Those included below are the newest initiatives notwithstanding there are additional initiatives in place prior to these. The new initiatives include;

1. Offer of permanent contracts to all graduate nurses and midwives in 2016 and 2017, along with an inbuilt offer of a career break after one years' service. This recognises the offer of security on graduating, along with the opportunity for new graduates to avail of international nursing experience and education, without the necessity to resign from their current post with the Irish public health service. This recognises the flexibility and mobility of this workforce, while attempting to retain a connection to the Irish public health service, thereby encouraging return into the future. Anecdotally the trend reported by Directors of Nursing is one of challenges to retention of new graduates after the first year of qualification, hence the effectiveness of this initiative is yet to be fully realised;
2. Pilot pre-retirement scheme for nurses over 55 years with 20 or more years of public service. This initiative enables reduced hours of work (0.5WTE) for up to 5 years prior to retirement, with superannuation benefits calculated on the bases of actual service plus a maximum of 2.5years in respect of pre-retirement job-sharing period. This recognises the benefits of more flexible working particularly for older nurses and midwives that may otherwise leave the service altogether. As a newly introduced pilot scheme, uptake is slow and therefore its effectiveness will be evaluated over a 2 year period, with a pilot target of 250 per year in the two year scheme.
3. Rehiring retirees at the incremental point they left the service is another new initiative designed to attract nurses and midwives, with considerable years of experience back into the workforce.

Undoubtedly initiatives targeting retention are critical to retaining those staff already in the health services to ensure that each new recruit is an 'addition' rather than simply a replacement where current efforts are focused on increasing this workforce. The following section outlines the range and breadth of initiatives engaged by the HSE directly, and in collaboration with other organisations to support retention of nurses and midwives in the public health services.

#### 2.2.2 Range of Initiatives Targeting Retention

There is a comprehensive range of initiatives utilising a variety of approaches to target retention of the nursing and midwifery workforce in the public health services. The initiatives outlined herein, are those primarily delivered by the national Office of the Nursing and Midwifery Services Director and HSE HR. It is noteworthy however, that individual organisations are also investing in retention measures specific to their own services. The below data provides a national picture of the range and breadth of initiatives nationally. These initiatives span the development of leaders through leadership programmes; career development through educational programmes and support for development posts; structural supports including the development of policies, protocols and strategies; and specific projects to support nursing and midwifery development and retention for example in line with the national clinical programmes. The below information is not an exhaustive list. It does not take account of the initiatives already referred to earlier, for example the increase in undergraduate supply, recruitment initiatives such as the 'Bring them home campaign', offer of

permanent contracts to nursing and midwifery graduates, or intergenerational workforce retention measures for example.

Two initiatives worthy of particular separate mention are;

- The HSE People Strategy; and
- The Taskforce on Staffing and Skill Mix for Nursing

The HSE People Strategy 2015-2018 (2015)<sup>6</sup> development by HR division in the HSE, set out the ambition for people management across the health services and is grounded in the ethos of valuing the collective capabilities, knowledge, skills life experiences and motivation of the workforce.

In the context of recruitment and retention, the People Strategy, developed by HSE HR, provides key enablers and drivers for sustainable change to positively impact on both across the services, for which nurses and midwives are a large part. Many of the priorities are synergistic with supporting recruitment and retention of nurses and midwives as members of the health workforce, with the strategy changing the way our people are led, developed, engaged and valued across our services once recruited. Tackling recruitment and retention requires a multi-pronged approach with additional initiatives to the people strategy.

The second initiative delivering researched evidenced benefits to retention is the Taskforce on Staffing and Skill Mix for Nursing. This is a collaborative project led by the Office of the Chief Nursing Officer with the HSE divisions of Nursing and Midwifery, Human Resources, Acute Hospitals, IT and Finance as partners. The Taskforce sets out for the first time, a safe nurse staffing model, to determine the optimum nurse staffing resource. The Framework also takes account of the required resource to account for absence including annual leave, sick leave, study leave and maternity leave. Through the development and pilot of a Framework for Safe Nurse Staffing across 3 acute hospitals, the evaluation provides key insights for the first time across our services, on the impact to both patients and staff alike, on optimisation of the workforce. The evaluation of the Pilot, undertaken by UCC across 6 pilot wards, using international evidence based research approaches, reveals promising findings (albeit that the pilot is small- 6 wards) that include;

- A substantial and sustained stabilisation of the nursing resource through reduction in the proportion of hours provided by agency staff, with reductions ranging from 19.5% to some areas eliminating agency hours entirely;
- Stabilisation of the resource through reductions in sick absence rates, particularly in those wards where higher agency hours existed, and lower stable nurse staffing hours were available. Reductions ranged from 7.5% to 2.9% during the pilot;
- Reduced job dissatisfaction ratings along with intention to leave rates were observed, which is an important outcome in the context of recruitment and retention issues and associated costs of same;
- The odds of developing an adverse nurse sensitive outcome (e.g. length of stay, urinary tract infection, hospital acquired pneumonia etc) decreased by 2.96% which is a substantial finding, and the trend overall is moving downwards. The odds of patients developing a nurse sensitive outcome began to decline, even after adjusting for case mix;

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<sup>6</sup> HSE People Strategy 2015-2018

- In addition, daily reports of care left undone or delayed reduced with an overall reduction of 1.26 delayed activities per shift;

These findings provide a positive and promising approach to challenges of staff retention alongside the benefits to patient outcomes, and are for the first time provided using an evidenced based approach. The evidence demonstrates that correct, planned and systematic approaches to determining and implementing safe nurse staffing are essential for staff retention and improved patient outcomes. A key challenge however will undoubtedly be the balance between recruitment and retention that this approach is aiming to correct in the longer term, yet these challenges require correction in the short term to bring about these positive changes.

As mentioned earlier there is a whole cadre of initiatives undertaken across 2016 and in 2017 to target retention, notwithstanding that the range of initiatives also supports recruitment. The information is presented in tabular format and for 2016 is presented in data format, as data on trends and uptake is readily available, with information and data, where available on the current initiatives provided for 2017, whereby data is currently being collated for reporting. It is noteworthy that the data for 2016, along with a substantial proportion of activity in 2017 is undertaken/ delivered by the ONMSD, as the lead for nursing and midwifery nationally.

### 3.0 Conclusion

Equipping the public health service with the required nursing and midwifery workforce is undoubtedly a substantial challenge, given; 1) the historic economic impact on growth and pace of growth; 2) the global shortage and competitive market, balanced with ethical recruitment practice; 3) growing demand for care with projected increases in ageing populations at a minimum and increased expectations. Collectively these represent some of the greatest challenges faced by our health services nursing and midwifery workforce. Considerable initiatives (non-pay) have been, and continue to be developed and implemented in an effort to target recruitment and retention. Notwithstanding some success, the pace of growth is slow in the face of continuing increased demand, and in the backdrop of on-going recruitment and retention challenges whereby both demand and retention continue to outpace recruitment.

Tackling recruitment, undergraduate places have increased, return to practice has increased albeit these numbers are quite small, innovative recruitment including targeting returning Irish trained nurses and midwives alongside ethical international recruitment have all been augmented. Undeniably, the most cost effective way to equipping the service with the required nursing and midwifery resource is to retain its current workforce. Evidently this is one of our greatest challenges.

APPENDIX 1 2016 Data on Initiatives to Support Retention (and Recruitment)

2016 Nursing and Midwifery Education, Training and Development	Initiatives	Participant number/ Programme number
Centre for Nursing and Midwifery Education	A total of 40,193 attendees participated in programmes in 2016	
	<b>Total programmes delivered</b>	<b>1,808</b>
	<b>Total new Programmes</b>	<b>96</b>
	Decider programmes (Mental Health)	40
	Schools immunisation programme	270
Educational Programmes	Nurse Prescribing of Medicinal Products Programme	112
	Nurse Prescribing of Ionising Radiation Programme	37
e-learning programmes	Developed/ under development	3 programmes
Post Registration Programmes - Sponsored	<b>Sponsorship total</b>	<b>1,414</b>
	Certificates	155
	PG Diplomas	562
	Degrees	33
	Masters	323
	PhDs	24
	Special purpose awards/standalone modules	247
	Diplomas	35
	Masters in management scholarships	35
Leadership Programmes	Adaptation programmes for overseas nurses for private nursing homes	26
	NLIC Leadership Programmes	
	Leaders for compassionate care programmes (6)	170CNMs/CMM2s
	Clinical Leadership Competency ePortfolio (CLCeP)	5,200 staff using same

	Future Leaders Development Programme (2)	60 Participants completed; 60 in current programme
	Action Learning Facilitator Training	30
	Mentoring Facilitation Training	11
	Mentorship Programme ULH's	38 Programmes
	Masterclass Healthcare Commissioning	27 Senior Nurses/Midwives
	Masterclass Business Case Development	176
	Masterclass Quality Improvement in Practice	210
	Masterclass Clinical Leadership in Practice	16
	Delivering Quality Improvement through Midwifery Leadership	15
	Delivering Quality Improvement through Primary Community and Continuing Care leadership	11 completed, 21 current programmes
	ID Leadership Programme	26
	Non NLIC Programmes	49 programmes with 943 participants
	2 day coaching skills for managers	106
	<b>Quality Improvement and Research/ Project Sponsorship</b>	
Quality improvement and patient safety	<b>National uptake of Quality Care Metrics across disciplines in HSE locations</b>	
	Acute Hospitals	64%
	Maternity Services	74%
	Children's/ Paeds	68%
	Mental Health Services	65%
	Older Person Services	28%
	Intellectual Disability Services	4%
	PHN Service	14%
	Participating Hospitals	7
Caring behaviours System	Assurance	
	Facilitators trained	12
	Quality Champions	156
Practice Development Supported	Supporting practice development co-ordinators – PHN service	8 sites

	Documentation project	26 sites
	Continuing Practice/ Professional Initiatives Supported	87
	Practice Development Programme in Older Persons (3 months)	1
	MasterClasses	14
Research and Innovation	<b>Total number of projects sponsored</b>	292
	Developing clinical capacity	88
	Quality Improvement and Patient safety Initiatives	190
	Funded research studies	14
	Staff Development	216
	Service development	42
	Joanna Briggs for Library Access	1
	Support for conference attendance	165
	Conference hosting	10

APPENDIX 2 2017 Information on Initiatives to Support Retention (and Recruitment)

<b>Protocols/ Policy/ Strategy</b>
<p><b>Benefit to Retention</b>  Supports staff in clinical areas, and assures staff that their practice is based on the best available evidence.  Prevents duplication of effort – therefore releasing time to care.  Provides a standardised approach to particular aspects of care.  It will provide nurses with guidance regarding their professional development, expanded roles and a career pathway.</p>
<b>Key Examples</b>
Revision of National Wound Management Policy;
Immunisation Project – developing and updating protocols for nurse led immunisation and revising and updating associated education programmes;
Review of National Guideline for the use & management of a CVAD for children in the community and development of an E learning programme
Development of a strategy for nurses who work within Intellectual Disability Services (awaiting sign off). Exploration of the role of the RNID in the context of integrated workforce planning and future models of care.
Nursing care of Children and Adults with Eating Disorders: Developing a framework/ guidelines to support nursing staff care for children or adults with an eating disorder (Q2 2018).
Development of Clinical Governance Framework for Home Births;
Peri-natal mental health – Developed best practice principles for Midwives, Public health nurses and practice nurses
A Vision for Psychiatric/Mental health Nursing: Implementing the recommendations of the report Development of best practice guidance for aspects of practice and associated education programmes
Pronouncement of Expected death by Registered Nurses: Development of national policy and blended learning programme
Safe Administration of Medications by Public Health Nurses. Development of a standardised template for the administration of medications by PHN's.
<b>Education</b>
<p><b>Benefit to Retention :</b> Opportunity for professional development through education, with further opportunities and preparation for role and career advancement for example CNS/CMS, ANP, AMP. Also provides standardised education programmes nationally and brings meaningful engagement in professional and practice development. Provides potential for additional nurse supply / additional skills source through graduate and post graduate programmes. Provides flexible learning approaches through for example e-learning programmes that widens participation.</p>
Dementia Capacity Building: Provision of generic and service specific education programmes to support practice.
Sexual Assault Trauma Unit Services: Provides a level 9 education programme for nurses to develop knowledge and competence for subsequent recruitment to Clinical Nurse Specialist posts in this area. Commencing in 2018 with 6 places.
Nurse Prescribing of Ionising Radiation: Provide national education programmes and frameworks
Nurse /Midwife Medicinal Product Prescribing: Provide national education programmes and frameworks
Mental health nursing graduate entry programme – scoping exercise completed and submitted to DoH.
HSE Land eLearning programme - Manager empowerment for Injury at work and critical illness



protocols
Venepuncture and IV Cannulation: National guidance framework updated and E-learning programme being developed.
National Programme to Develop Cultures of Person-centredness
Peri-natal mental health – Developed best practice principles for Midwives, Public health nurses and practice nurses Developed an e-learning programme
Psychiatric/Mental health nursing Conference- Promotes Psychiatric/mental health nursing as being progressive in Ireland – attractive to potential applicants.
Provision of Nurse and Midwife Continuing Professional Development: Via: <ul style="list-style-type: none"> <li>• Centres of Nursing &amp; Midwifery Education (CNMEs)</li> <li>• Nursing and Midwifery Planning and Development Units (NMPDUs)</li> <li>• HEI's and IT's through the implementation of HSE HR Circular 020/2014.</li> </ul> Masterclasses – multiple range of masterclasses offered
National Cancer Control Programme: Implementation of the Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland. Deliver oncology nurse education programmes for community nurses, acute hospital staff and oncology nurses
National clinical programmes: Foundation programmes have been developed for a number of areas: <ul style="list-style-type: none"> <li>• Anaesthetic recovery</li> <li>• Acute Medicine</li> <li>• Critical care</li> <li>• Pre-assessment nursing</li> </ul>
Leadership Academy – Nurses and Midwives participating in the new modules Leading Care 1 – Twelve months Leadership programme and Leading Care II – MSc in Leadership in Healthcare (two years)
<b>Leadership</b>
<b>Retention Benefit</b>
<ul style="list-style-type: none"> <li>• 2 day Summer School for Chief Nurses, Directors of Midwifery and Directors of Nursing and Midwifery in Clinical Practice</li> <li>• Clinical Leadership Competency ePortfolio</li> <li>• Clinical Leadership Development Programme for Intellectual Disability Staff (Pilot programme)</li> <li>• Future Nurse and Midwife Leaders Programme</li> <li>• Delivering Quality Improvement through Midwifery Leadership</li> </ul> Delivering Quality Improvement through Primary Community and Continuing Care Leadership
<ul style="list-style-type: none"> <li>• Leaders for Compassionate Care programme / Florence Nightingale Scholarship</li> <li>• Mentorship programme</li> </ul> National Leadership Needs Analysis of all Grades of Nurses and Midwives
<b>Specific Workforce Initiatives / Developmental Posts</b>
<b>Retention Benefit</b>
<p>Targeted increase in supply in key areas to support optimum staffing levels.</p> <p>Provision of greater professional autonomy and authority for workforce decisions, providing for timely decisions on retention and recruitment at local service level.</p> <p>Funded workforce plan for nursing and midwifery – provides a clear plan for recruitment and delivery of the workforce to address demand in light of workforce gaps. Greater governance is provided and therefore reduces uncertainty regarding the workforce which retention and indeed recruitment.</p> <p>Stabilisation of the nursing and midwifery resource with reduced reliance on agency leading to retention in a more stabilised work environment.</p>

Streamlined staff mobility with the use of transfer panels that supports staff to remain in the public health service with further flexible employment opportunities. Flexible staff rostering, increases fairness of staff deployment and flexibility in support of work/life balance. Fair and equitable application process nationally for developmental posts such as CNS/CMS.
Additional 96 Midwives under the maternity strategy – effectiveness being monitored as target not reached.
Additional 107 new Emergency Department posts – 60% target achieved in 12 months.
Full delegated operational responsibility and authority for nursing recruitment to Directors of Nursing/ Directors of Public Health Nursing
Funded workforce plan for nursing and midwifery across Hospital Groups and CHO's along with a funded position for Children's nursing. Three year funded nursing and midwifery workforce plan for 2018 and 2019.
Stabilisation of the nursing and midwifery resource through targeted agency reduction.
74 development posts across a range of specialities and services including – ICU, All Island Cadiology, AMU's, Cath Lab, pancreatic transplant, IPIMS, Orthopaedic Trauma, FME, Duchenne MD, Scoliosis.
Exploration of the Registered Nurse Intellectual Disability – in the context of integrated workforce planning and future models of care
Maintenance of existing funded staffing levels across care of the older person services.
Development of a national transfer panel for nurses and midwives
Electronic Rostering - Supporting the development of an e-rostering system in an acute hospital evaluating the implementation process of this project.
Review of Eligibility Criteria for a number of Nursing/Midwifery grades with HR; DPHN & ADPHN Grades and staff working in Centres of Nursing & Midwifery Education, along with CNS'/ANP's.
Promoting, developing and supporting Clinical Nurse Specialists/Clinical Midwife Specialists and Registered Advanced Nurse Practitioners/Registered Advanced Midwife Practitioners
Supported Health and Wellbeing division integrated demonstrator project, CNS in chronic diseases
<b>Specific Initiatives / Quality Improvement, Health and Safety and Welfare at Work/ Professional Development/ Research</b>
<b>Retention Benefit</b> Supports clarity on career pathway opportunities coupled with education (e.g. national clinical care programmes); Enhances staff health and well-being, thereby retaining staff in the workplace. Promotes opportunities for nurses and midwives to develop innovative clinical practice. This can lead to a perception that services are progressive and a good place to work. Demonstrates value on the role of the nurse/midwife to lead and take professional accountability for change and innovation in clinical practice. Supports quality improvement initiatives that enable staff to develop and implement clinical practice improvement with more meaningful engagement in work. Increases visibility of the contribution of nursing and midwifery care within services. Provides objective feedback to nursing and midwifery staff on their care processes.
National Framework for Professional Development Plans for Nurses and Midwives – Framework developed in 2017
National clinical programmes: <ul style="list-style-type: none"> <li>• Critical Care</li> <li>• Career pathways developed</li> <li>• Workforce Planning groups established</li> <li>• Older persons</li> <li>• Frailty education programme</li> <li>• Developing a strategic framework and education framework for gerontological nursing (2018)</li> <li>• Emergency medicine</li> </ul>

<ul style="list-style-type: none"> <li>○ Developed role profiles for various grades of nursing</li> <li>○ Foundation programme being developed</li> <li>○ Developed staffing guidelines for LIU's</li> <li>○ Developed ED Nursing Workforce Planning Framework</li> <li>○ Developed guidance framework for the development of ANP's in ED</li> <li>○ Developing a track and trigger system to detect early deterioration in patients in ED's</li> <li>● <b>Acute medicine</b> <ul style="list-style-type: none"> <li>○ Developed Framework for Nurses working in Acute medical and medical assessment Units</li> <li>○ Developing a framework to guide the development of RANP's in acute medicine</li> </ul> </li> <li>● <b>Pre-assessment nursing</b></li> </ul>
MSK and stress related illness – roll out of 12 service delivery units nationally during 2017 to serve as workwell hubs along with nursing and midwifery safety reps locally.
Evidence Review of models of service delivery for tissue viability services in the community
ONMSD provides small amounts of funding to supports Research and Innovation in Nursing and Midwifery practice
Quality Care-Metrics (QCM) rolling out across acute and community services
Caring Behaviours Assurance System-Ireland- enables greater team working as it helps them understand, question and co-develop strategies to become more effective in the provision of safe, quality, compassionate, and person-centred care.
Development of materials to support marketing of individual services (some NMPDU's)

