



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

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# Safe and Effective Staffing Legislation in Northern Ireland

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**Consultation Document**

**July 2024**

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# Ministerial Foreword from Mike Nesbitt MLA



The most crucial component in our health and social care system is the dedicated and skilled workforce. Without our workforce, this system would cease to function and put people's lives at risk. From doctors and nurses to social workers, allied health professionals, dentists, pharmacists, and care workers, they all play a vital role in providing high quality health care to the people in Northern Ireland.

During the recent global COVID-19 pandemic, our health care workers faced unprecedented challenges and I'm extremely thankful for the contribution and sacrifices they made, while providing life-saving care to those in need.

The people of Northern Ireland rightly deserve a first-class health care system and in early 2020, as part of the Framework Agreement which led to the suspension of the Agenda for Change industrial dispute, my predecessor, Minister Swann, gave a commitment to consider a case for the development of safe nurse staffing legislation.

Since then, officials have been engaging with key stakeholders, including relevant professional officers, Health and Social Care Trusts and other employers, trade unions and professional bodies from across the health and social care sector in Northern Ireland.

Whilst the original Framework Agreement included the commitment to consider the case for "safe nurse staffing legislation", during the policy development process, it became clear that

other disciplines within the health and social care sector should not be excluded from the proposed legislation. Therefore, Minister Swann agreed to expand the scope to include all health and social care disciplines in Northern Ireland.

Expanding the scope has broadened the focus from “safe nurse staffing” to “safe and effective staffing” for all of health and social care in Northern Ireland.

Safe and effective staffing is comprised of a combination of effective workforce planning, reporting, accountability, and governance, all working together to seek to provide quality healthcare and ensuring the health, wellbeing and safety of all health and social care service users and staff.

This consultation sets out legislative proposals for a safe and effective staffing bill and I would encourage everyone with an interest to consider and respond to the proposals.

A handwritten signature in blue ink, appearing to read "Mike Nesbitt". The signature is written in a cursive style with a horizontal line underneath the name.

Mike Nesbitt

Minister of Health

# 1. Introduction

## Background and purpose of Consultation

1.1. A commitment to consider and develop safe staffing legislation for nursing was made as part of the January 2020 Framework Agreement<sup>1</sup> that led to the suspension of the Agenda for Change industrial action, undertaken by Health and Social Care trade unions from late 2019. The Framework Agreement, which was agreed by the Health Minister and endorsed by the Northern Ireland Executive, commits the Department of Health (DoH) to collaborate with stakeholders, including trade unions, to develop the case for safe nurse staffing legislation at the earliest legislative opportunity.

1.2. Placing commitment on the Department of Health, the 2020 Framework Agreement states:

*“The Department will ensure the full implementation and comprehensive funding of its Delivering Care policy directive across all practice settings with a view to developing in partnership with the nursing and midwifery trade unions the case for safe nurse staffing legislation at the earliest legislative opportunity.”*

1.3. A range of stakeholders have been involved in the consideration for the case to introduce such legislation and in the preparation of this consultation paper. These included representatives from DoH, Health and Social Care Trusts, allied health professional bodies and trade unions. The complete list of groups and organisations engaged with is available in Appendix 1.

1.4. During the pre-consultation scoping phase, it became clear there was a strong desire for safe staffing legislation to go beyond just nursing. Therefore, in October 2022, Minister Swann gave approval for the scope to be expanded to include all professional groups within health and social care (HSC).

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<sup>1</sup> [Agenda for Change - Draft Framework Agreement | Department of Health \(health-ni.gov.uk\)](#)

1.5. Whilst the original Framework Agreement laid out a case for “safe nurse staffing legislation”, the proposals contained within the consultation go beyond nurse staff levels, proposing additional measures to improve efficiency and effectiveness in relation to all health and social care staff. Expanding the scope has broadened the focus from “safe nurse staffing” to “safe and effective staffing” for all health and social care in Northern Ireland. This legislation aims to further develop and strengthen existing policies and processes to provide a safer environment for both staff and service users. It also aims to give a footing to the use of various methods that ensure the staff we have are tasked in the most efficient way. Several key areas have been identified for inclusion within the proposed legislation and the Department now wish to undertake a wider consultation on emerging proposals, placing a legislative requirement on HSC organisations to:

- undertake **workforce reviews** and **workforce planning** using relevant evidence-based frameworks, methodologies (to include, but not limited to, service transformation exercises, technological innovations, skills development) and tools where available.
- apply relevant **common staffing methods and staffing calculation tools**, combining evidence taken from workforce reviews with consideration of workloads, professional judgement, actual funding and staffing, and local context to provide a more transparent process where staff are engaged, informed, and have a clear structure to escalate areas of concern.
- provide greater transparency and confidence through agreed **monitoring and reporting structures and mechanisms**, with respect to staffing levels.
- **consult with relevant bodies** when developing policy and legislation relating to safe and/or effective staffing.

1.6. The Department acknowledges that other external factors can also play a role in providing safe and effective staffing, including equipment and infrastructure. However, the scope of the consultation will only focus on frontline and supporting personnel.

- 1.7. Whilst the Department of Health remains the largest provider of health and social care services in Northern Ireland, the consultation also seeks views on expanding the legislation so that those wishing to provide services on behalf of the Health and Social Care Trusts should also have a duty to meet the requirements laid out within this legislation.
- 1.8. The consultation document sets out approaches in Great Britain to safe staffing; it outlines the existing mechanisms and policies in Northern Ireland in relation to staffing; sets out proposed legislative requirements; and invites views on several issues. A Privacy Notice and Consultation Response Form are provided in the Annexes.

## Scope of the Consultation

- 1.9. We are keen to hear the views of all those with an interest in this issue, including:
- members of the public;
  - community and voluntary sector organisations;
  - healthcare regulators;
  - health professionals;
  - local councils;
  - other Government departments and agencies;
  - trade unions; and
  - professional bodies

## Duration

- 1.10. The consultation will be open for 12 weeks from Monday 22<sup>nd</sup> July 2024 until Monday 14<sup>th</sup> October 2024.

## How to respond

- 1.11. You can respond to the consultation online by accessing the Northern Ireland Government Citizen Space website and completing the online survey.



- 1.12. We would prefer responses using Citizen Space, however, if you wish to send an email or hard copy of your response, please send it to:

**Department of Health**  
**Safe and Effective Staffing Bill Team**  
**Castle Buildings**  
**Stormont Estate**  
**Belfast**  
**BT4 3SQ**  
[StaffingConsultation@health-ni.gov.uk](mailto:StaffingConsultation@health-ni.gov.uk)

- 1.13. If you do not wish to use Citizen Space, a Consultation Response Form is provided at Annex B (separate attachment). This can be downloaded, completed and returned to the email address above, or completed by hand and sent to the postal address.
- 1.14. When you reply, it would be particularly useful if you could confirm whether you are replying as an individual in a professional or private capacity or submitting an official response on behalf of an organisation. If you are replying on behalf of an organisation, please include:
- your name;
  - the name of your organisation; and
  - an email address.
- 1.15. If you have any queries, or wish to request a copy of this consultation document in an alternative format, please email the Department at: [StaffingConsultation@health-ni.gov.uk](mailto:StaffingConsultation@health-ni.gov.uk)

## Impact Assessments

- 1.16. In accordance with the relevant statutory requirements, the following impact assessment screening documents have been prepared and are available on the Department's website for consideration during this consultation:
- Equality Screening, Disability Duties and Human Rights Assessment
  - Rural Needs Impact Assessment
  - Data Protection Impact Assessment screening
  - This proposal has also been screened out as regards applicability of Article 2 of the Windsor Framework.

## Privacy, Confidentiality and Access to Consultation Responses

- 1.17. For this consultation, we may publish all responses except those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public). All responses from organisations and individuals responding in a professional capacity will be published. We will remove email addresses and telephone numbers from these responses; but apart from this, we will publish them in full. For more information about what we do with personal data, please see Annex A – Privacy Notice.
- 1.18. Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR); however, all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (UK GDPR) (EU) 2016/679.
- 1.19. If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Department should receive a request for the information under the FOIA or EIR.

## 2. Legislation in Great Britain

### Wales

- 2.1. Wales was the first jurisdiction within the UK to introduce staffing legislation. In December 2013, a Private Member's Bill entitled 'Safe Nurse Staffing Levels' was drafted. The proposed bill would require acute care hospitals to maintain minimum nurse-to-patient staffing ratios.
- 2.2. In 2016, the Bill was adopted by the Welsh Government and became the Nurse Staffing Levels (Wales) Act 2016.<sup>2</sup>
- 2.3. The Act covered nursing staff on adult acute medical and surgical inpatient wards upon its introduction but has a clause that allows other situations to be introduced and as such this was extended to include paediatric wards in 2021. Maternity services, amongst other specialist areas, are excluded for now.
- 2.4. The Act places a duty on local health boards and NHS trusts to have regard to the importance of providing sufficient nurses in these settings. This also applies where health boards are commissioning services from a third party.
- 2.5. Under the terms of the Act, the Welsh Government must issue statutory guidance to health boards/trusts about their duties and health boards (and trusts where applicable) are required to report to the Welsh Government on their compliance after a three-year period.

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<sup>2</sup> [Nurse Staffing Levels \(Wales\) Act 2016 \(legislation.gov.uk\)](#)

- 2.6. The first summary reports following the implementation of the Act were published in December 2021 and covered the period April 2018 to April 2021.<sup>3</sup>
- 2.7. The Welsh Senedd<sup>4</sup> ran a post-legislative scrutiny inquiry consultation between 11<sup>th</sup> May 2023 and 6<sup>th</sup> July 2023 to gather evidence to consider the effectiveness of the Act to date and determine what further actions are required to ensure a sustainable supply of nursing staff to meet demands. The full consultation and responses can be found online.<sup>5</sup>

## Scotland

- 2.8. Scotland's Health and Care (Staffing)(Scotland) Bill<sup>6</sup> was passed by the Scottish Parliament in 2019. However, implementation was delayed until 1 April 2024 due to the COVID-19 pandemic. Further consultations were undertaken prior to implementation, the most recent of which closed in September 2023.<sup>7</sup>
- 2.9. The Act aims to facilitate high quality care and improved outcomes for those in both health and care settings by setting out guidelines on how to achieve appropriate staffing levels.
- 2.10. The Act places responsibility on health boards, care service providers, Healthcare Improvement Scotland, and Scottish Ministers to ensure that the legislation is delivered and used successfully.
- 2.11. A statutory duty is introduced for reports to be submitted annually to Scottish Ministers by health boards, local authorities and integration authorities on their compliance with the Act. Ministers will then report on compliance and offer

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<sup>3</sup> [Nurse Staffing Levels \(Wales\) Act 2016: nurse staffing level reports 2018 to 2021 | GOV.WALES](#)

<sup>4</sup> The Welsh Parliament is the democratically elected body that represents the interests of Wales and its people. Commonly known as the Senedd, it makes laws for Wales, agrees Welsh taxes and holds the Welsh Government to account.

<sup>5</sup> [Consultation display \(senedd.wales\)](#)

<sup>6</sup> [Health and Care \(Staffing\) \(Scotland\) Act 2019 \(legislation.gov.uk\)](#)

<sup>7</sup> [2. Overview of Consultation - Health and Care \(Staffing\) \(Scotland\) Act 2019 - draft statutory guidance: consultation - gov.scot \(www.gov.scot\)](#)

recommendations to the Scottish Parliament. The data from these reports will help inform local and national workforce planning, along with health and social care policies.

## England

- 2.12. At the time of drafting, the Department for Health and Social Care (England) advised that it has no specific plans to legislate for safe staffing. The Department requires that NHS Trusts make appropriate risk-based assessments about staffing levels. This is regulated by the Care Quality Commission.
- 2.13. Whilst there are no legislative provisions, the National Institute for Health and Care Excellence (NICE) has published guidance on Safe Staffing for both nursing<sup>8</sup> and midwifery.<sup>9</sup>

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<sup>8</sup> [Overview | Safe staffing for nursing in adult inpatient wards in acute hospitals | Guidance | NICE](#)

<sup>9</sup> [Overview | Safe midwifery staffing for maternity settings | Guidance | NICE](#)

# 3. Northern Ireland – Existing Approaches

- 3.1. Safe and effective staffing is comprised of a combination of workforce planning, reporting, accountability, and governance, all working together to seek to provide quality healthcare and ensuring the health, wellbeing and safety of all health and social care service users and staff. Northern Ireland does not have any specific legislation relating to safe and effective staffing; however, it should be acknowledged that there are existing and ongoing policies and projects that all have a shared focus to provide the most effective care within health and social care settings.
- 3.2. In relation to nursing and midwifery, Delivering Care: Nurse Staffing for Northern Ireland,<sup>10</sup> is the most comprehensive policy that currently exists within the Department of Health, that contributes to the principles of safe and effective staffing. It was developed to support the strategic vision identified in A Partnership for Care: Northern Ireland Strategy for Nursing and Midwifery 2010 - 2015.<sup>11</sup> It has been developed in various stages, directed by the Department and led by the Public Health Agency, with input from senior nurses from within both the Department and HSC Trusts.<sup>12</sup> The implementation of Delivering Care is currently paused to allow a refresh of the policy to ensure it reflects the changing landscape of Health & Social Care within NI.
- 3.3. The objectives of the policy are:
- To promote a shared understanding between professional, management, finance, and human resources colleagues of the

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<sup>10</sup> [Delivering Care: Nurse Staffing Levels in Northern Ireland | Department of Health \(health-ni.gov.uk\)](#)

<sup>11</sup> [Partnership for Care - Northern Ireland Strategy for Nursing and Midwifery 2010-2015 | Department of Health \(health-ni.gov.uk\)](#)

<sup>12</sup> [Delivering Care | HSC Public Health Agency \(hscni.net\)](#)

essential components to set and review nurse staffing establishments and when commissioning new services to provide safe, effective, person-centred care.

- To support general and professional managers in clearly demonstrating the need for investment in nurse staffing, within changing service profiles, particularly in response to incremental service growth.
- To serve as a reference document when developing and agreeing the nurse staffing levels component within investment proposals.

3.4. Whilst there are limited policies in place with a direct link to the areas that are being considered for introduction in new legislation, the Department is continuously working on various initiatives that will all provide valuable evidence when it comes to prioritising workforce issues in years to come.

3.5. Aside from the Department's workforce planning activities as outlined later in the consultation, there are several discipline-specific workforce planning/review initiatives.

3.6. In 2020, pharmacy colleagues completed the Pharmacy Workforce Review which concluded that "pharmacy workforce pressure can increase work-related stress, decrease staff morale and cause pharmacist burnout which in turn can compromise patient safety."

3.7. One recommendation from the Pharmacy Workforce Review was for safe staffing standards to be developed for pharmacy staff to ensure patient safety. Further to this, the Pharmaceutical Society of Northern Ireland (PSNI) has developed draft guidance on pharmacy staffing levels within registered pharmacies, which was subject to public consultation between October and December 2022.

3.8. This principle-based guidance seeks to assist Pharmacy Owners and Superintendent Pharmacists with ensuring each pharmacy has enough appropriately skilled and qualified staff to provide safe and effective pharmacy services to the public. The proposed guidance should also help pharmacies provide a working environment that facilitates staff compliance with the Professional

Standards of Conduct, Ethics and Performance for Pharmacists in Northern Ireland (2016).

- 3.9. Following the consultation, discussions between the PSNI Council and the Department have recognised that the commencement of inspections with regard to the Premises Standards (2018), by the Department, is required to ensure a strong link between the new guidance on Safe Staffing and the enforcement of the Premises Standards by the PSNI.
- 3.10. Under the auspices of the Social Work Workforce Implementation Board, set up to oversee the implementation of the Social Work Workforce Review, progress in relation to safe staffing is being made. Ulster University and Queen's University Belfast have been commissioned to work alongside the Office of Social Services (OSS) to provide the evidence base that will inform the Department's safe staffing guidance for social work. The work is supported by three working groups, made up of a wide range of stakeholders, to look at the areas of Older People's Services, Children's Services and Mental Health Services. Similar projects for other programmes of care in social work will be established in coming years.
- 3.11. Similarly, the Social Work Workforce Review Report, published in March 2022, concluded that "it is evident that demand is outpacing supply for the social work profession and urgent action must be taken to address this and ensure there are 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'".
- 3.12. Workforce reviews for Allied Health Professions, apart from the Orthotist and Paramedic workforce reviews, were published in 2020. The Chief Allied Health Professions Officer (CAHPO) has recently reactivated the central Advisory Committee for Allied Health Professions (ACAHP). It is the CAHPO's intention to create a workforce subcommittee that will report directly to ACAHP. A matter of priority for the subcommittee will be to consider the implementation of recommendations from the completed AHP workforce reviews, and safe and effective staffing.



- 3.13. Reports and activities such as those mentioned above are common within the Department and, while the necessity to workforce plan has yet to become a legislative requirement, it is evident that there are already measures in place that would help to successfully implement any requirement put in place by legislation.
- 3.14. On the issue of staff calculation, there are already options being explored within maternity services with Birthrate Plus Associates<sup>13</sup> LTD Intrapartum and Ward Acuity Tools.
- 3.15. These tools can:
- Assess the workload in real time and proactively manage risk;
  - Record red flags, identify if these are due to staffing shortfall and monitor their frequency; and
  - Record reasons for staffing shortfall and measures taken to address this.
- 3.16. It should be noted that safe and effective staffing isn't purely about numbers; it is about having the right mix of staff, with the right skills, qualifications, knowledge, and capabilities in the right place, at the right time. It also means having time to provide high quality, safe, effective, and compassionate care. For example, work is ongoing in relation to the future of the dental workforce. Some treatments offered by dentists can be delivered by dental hygienists or therapists instead, therefore allowing the dentists to focus on the treatments that only they have the appropriate skills to deliver. Staffing tools will help when considering whether staff are being tasked in the most effective way according to their skills set, to provide the best care for patients.
- 3.17. Whilst workforce planning and calculating staffing levels are included within the consultation and are a realistic inclusion within the proposed new legislation, it is also acknowledged that there are other aspects within staffing that cannot be legislated upon. However, this does not mean there is not work ongoing that can be used alongside the legislation to create a balanced and more robust health service.

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<sup>13</sup> [Home - Birthrate Plus®](#)

- 3.18. Recruitment and the provision of student places play a significant role in ensuring we have a workforce capable of providing safer and more effective health and care services.
- 3.19. Provision of student places is a key area of workforce planning. However, numbers of student places are not something that can be legislated as there are many factors that are considered when determining how many student places can be made available.
- 3.20. Pharmacy run a variety of projects to increase capacity, capability, and recruitment of staff. For example, the “Attract, Recruit, Retain” campaign run by the Pharmacy Futures NI programme, the reform of initial education and training, and the development of General Practice Pharmacy Strategy are all ongoing.
- 3.21. Whilst regional recruitment and training are important to help meet the increasing demand for staff, the Department also has an international recruitment programme whereby qualified health and care workers from outside the UK can continue their careers within Northern Ireland. Since 2016, 1,588 international nurses have been recruited regionally across the five HSC Trusts, of which 88 have been recruited since April 2023. The programme planned to recruit a total of 210 international nurses by end of March 2024.
- 3.22. The Department is also considering a pilot of international recruitment of diagnostic radiographers alongside HSC and Strategic Planning and Performance Group (SPPG) colleagues. This is in the preliminary stages of development.
- 3.23. Alongside this staffing legislation, the Department and each Trust have a range of policies and frameworks in place to ensure staff always feel supported -
- People Frameworks – focussing on wellbeing, belonging, creating great places to work, seminars on domestic abuse, breastfeeding, support on menopause, In Vitro Fertilisation (IVF), stress, etc.
  - Equality, Diversity and Inclusion policies – Disability Equality policies, Gender Identity and Expression Employment policies, Flexible Working policies, etc.
  - Corporate training and development – including mandatory training, formal induction programmes, coping with mental health and stress etc.

- Employee relations policies and procedures – transparent grievance policies, anti-harassment and bullying frameworks, violence in the workplace frameworks etc.<sup>14</sup>
- An HSC Health and Wellbeing Framework is also under development that employers will be able to use alongside the eventual legislative requirements to support their staff.

3.24. The Department of Health acknowledges the people who work in the health and social care system are its greatest strength and the development of our workforce is a key Departmental priority. By having legislative responsibilities implemented, staff will be more confident that their wellbeing is being considered and joining or remaining in the public health service will be more beneficial for them.

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<sup>14</sup> These examples are not exhaustive.

# 4. Proposals

- 4.1. The provision of health and social care involves too many variables for it to ever be considered 100% safe for staff and service users, so the development of this legislation is not designed to completely eradicate risk. It is about giving organisations enough support and evidence to allow them to make balanced staffing decisions and have adequate numbers of appropriately skilled staff in the right place, at the right time, to provide an effective service. Service users can be protected from unnecessary risks with the implementation of this legislation.
- 4.2. In developing the consultation and proposals, the Department collaborated with key stakeholders, including relevant professional officers, Health and Social Care (HSC) Trusts and other HSC employers, Scottish and Welsh Governments, trade unions and professional bodies from across the health and social care sector in Northern Ireland. Through positive engagement, the Department has listened to and considered the views of stakeholders and has set out the proposals below.
- 4.3. The consultation will propose different responsibilities on different parties, including, but not restricted to:
- Department of Health;
  - Health and Social Care Trusts including Northern Ireland Ambulance Service;
  - Organisations providing a service on behalf of the Health and Social Care Trusts;
  - Public Health Agency (PHA); and
  - The Regulation and Quality Improvement Authority (RQIA)

## Guiding Principles of Safe and Effective Staffing

- 4.4. During the pre-consultation scoping exercise, stakeholders broadly agreed that the Scottish legislation, the Health and Care (Staffing) (Scotland) Act 2019<sup>15</sup>, could be a useful reference point for the development of a Northern Ireland bill. Stakeholders noted that, unlike the Welsh legislation, Nurse Staffing Levels (Wales) Act 2016), the Scottish legislation places statutory duties relating to staffing across a much wider spectrum of the workforce, across both NHS and care settings.
- 4.5. The Health and Care (Staffing) (Scotland) Act 2019 also sets out guiding principles for health and care staffing; there was general consensus among stakeholders that these could be adapted to meet Northern Ireland's requirements.
- 4.6. Section 1 of the Scottish legislation states that the guiding principles for health and care staffing are:
- i. to provide safe, effective and high-quality services, and
  - ii. to ensure the best health care or (as the case may be) care outcomes for service users,

that, in so far as consistent with those main purposes, staffing for health care and care services is to be arranged while -

- i. improving standards and outcomes for service users,
- ii. taking account of the particular needs, abilities, characteristics, and circumstances of different service users,
- iii. respecting the dignity and rights of service users,
- iv. taking account of the views of staff and service users,
- v. ensuring the wellbeing of staff,
- vi. being open with staff and service users about decisions on staffing,
- vii. allocating staff efficiently and effectively, and
- viii. promoting multi-disciplinary services as appropriate.

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<sup>15</sup> [Health and Care \(Staffing\) \(Scotland\) Act 2019 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2019/12/section/1)

- 4.7. Stakeholders outlined this could be adapted for use in Northern Ireland by reflecting the integrated nature of health and social care services, rather than referring to health care and social care services separately. The Department acknowledges the view of stakeholders and considers inclusion of guiding principles appropriate.
- 4.8. Therefore, the Department **proposes to introduce legislative guiding principles for staffing in Health and Social Care in Northern Ireland, similar to those outlined in the Health and Care (Staffing) (Scotland) Act 2019.**<sup>16</sup>
- 4.9. **In carrying out the staffing duties, the Department of Health and Health and Social Care Trusts must have regard to the guiding principles.** The Health and Care (Staffing) (Scotland) Act 2019 (the Scottish legislation) also refers to the guiding principles being used when planning or securing the delivery of services. **Therefore, it is proposed that the guiding principles will apply when the provision of services is being sought or secured from outside of directly provided health and social care services, e.g. from the independent sector or community and voluntary sector.**

#### Consultation Questions

##### Guiding principles

- 1) Do you agree with the proposal to introduce legislative guiding principles for staffing in Health and Social Care in Northern Ireland?
- 2) Do you agree with the proposal that the guiding principles will apply when the provision of services is being sought or secured from outside of directly provided health and social care services, e.g. from the independent sector or community and voluntary sector?
- 3) Are there any additional considerations that should be included?

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<sup>16</sup> [Health and Care \(Staffing\) \(Scotland\) Act 2019 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

## Workforce Planning

- 4.10. A working definition of Workforce Planning as explained in the Regional HSC Workforce Planning Framework<sup>17</sup> states that:

*“At its simplest, effective workforce planning ensures a workforce of the right size, with the right skills, organised in the right way, delivering services to provide the best possible care for patients and clients within available resource”.*

- 4.11. Providing focus to the aspirations for our workforce, the Department published the comprehensive *Health and Social Care Workforce Strategy 2026: Delivering for our People*<sup>18</sup> in May 2018, with an aim ‘by 2026, we meet our workforce needs and the needs of our workforce’. The Strategy’s second action plan covering the period 2022/23 to 2024/25 was published on 15<sup>th</sup> June 2022 and outlines an ambitious and refreshed series of actions for progression over the next three years.
- 4.12. These include a range of initiatives aimed at ensuring a transformed health and social care service has the optimum number of appropriately trained staff in place, with the right skills and expertise, to deliver treatment and care and promote health and wellbeing to everyone in Northern Ireland. Effective workforce planning is integral to this objective.
- 4.13. Operational workforce planning is the responsibility of individual employers (both HSC organisations or independent, voluntary, or private sector organisations from whom services are commissioned). This includes front line service providers planning for their workforce needs based on service delivery and the required safe and effective staffing levels, operational vacancy management and recruitment. This ensures the required skill mix to deliver care is considered and that the workforce is structured to support new models of care within organisations whilst also supporting career progression for staff.

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<sup>17</sup> [Regional HSC Workforce Planning Framework | Department of Health \(health-ni.gov.uk\)](#)

<sup>18</sup> [Health and Social Care Workforce Strategy 2026 | Department of Health \(health-ni.gov.uk\)](#)

4.14. In Northern Ireland, Workforce planning within Health and Social Care follows the Six Step Model as set out in the Regional HSC Workforce Planning Framework:

- *Defining the plan*  
Identify why a plan is needed and for whom it is intended.
- *Mapping the service change*  
Identify the purpose and shape of any service change proposal that will impact on future workforce requirements.
- *Defining the required workforce*  
Identify the skills required and the type/number of staff to deliver the new service model.
- *Understanding workforce availability*  
Identify current and future staff availability based on current profile and deployment.
- *Developing an action plan*  
Plan to deliver the required workforce and manage the change.
- *implement, monitor and refresh.*  
Implement the plan, monitor progress and make improvements as required.

4.15. Regional workforce planning is the responsibility of the Department of Health alongside the Public Health Agency (PHA) and the Strategic Planning & Performance Group (SPPG). Regional workforce planning is at a strategic level, including all HSC and independent, voluntary and private sectors, and is concerned with a medium to longer term view of staffing needs.

4.16. The aim is to secure workforce supply across the entire HSC over a 5-10 year horizon. The estimated levels of additional staff required to secure the supply is achieved by using a series of metrics, such as the size of the NI population, the size of the workforce, attrition from training etc. It is linked to, and an enabler of, the transformation agenda that has produced key strategic documents such as Health and Wellbeing 2026: Delivering Together<sup>19</sup> that was launched in 2016. This set out the Minister's vision for the transformation of health and social care in Northern Ireland.

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<sup>19</sup> [Health and Wellbeing 2026 - Delivering Together | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together)



- 4.17. Whilst workforce supply is a key objective in any transformation project, there are also opportunities for workforce development such as the introduction of new supporting roles as well as clear career pathways detailing the skills and experience required to progress. The Nursing and Midwifery Task Group (NMTG)<sup>20</sup> published a report in March 2020 that highlights the importance of this.
- 4.18. Historically, the Department has undertaken workforce reviews focused on single disciplines or professions. However, consistent with the Department's Workforce Strategy and wider HSC transformation, the Department is increasingly commissioning workforce reviews which consider holistically the wide range of professions involved in distinct programmes of care or activity, e.g., workforce reviews covering Mental Health Services, Cancer, and Diabetes are currently underway or in planning. All departmental workforce reviews are published on the Department of Health website.
- 4.19. Pre-consultation engagement and scoping with key stakeholders indicated a strong desire to see a legal requirement to workforce plan placed on The Department of Health and other bodies that plan and deliver health and social care in Northern Ireland.
- 4.20. The Department acknowledges the importance of the need to workforce plan. Therefore, **it is proposed that a legislative requirement is placed on the Department of Health to apply evidence-based strategic workforce planning.**
- 4.21. In addition, **it is proposed that employers comprising of Health and Social Care Trusts and health agencies have a legislative requirement to undertake and apply evidence-based operational workforce planning.**
- 4.22. As mentioned previously, workforce reviews are a vital component to overall workforce planning. Therefore, **it is proposed that a legislative requirement be placed on the Department of Health to undertake workforce reviews every 10 years, with a further requirement to evaluate those reviews every 3 years.** This

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<sup>20</sup> [Nursing and Midwifery Task Group \(NMTG\) Report and Recommendations | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk)

will ensure there is a formal cycle to the review process and interim evaluations, allowing for opportunity to amend and update using the most recent evidence available.

4.23. Additionally, it is acknowledged that although conducting workforce reviews is a crucial part of workforce planning, the implementation of the recommendations within the reviews is the most important part. Therefore, **it is proposed that a further legislative requirement is placed on the Department of Health to take all reasonable steps to ensure implementation of workforce reviews.**

4.24. Stakeholders have also indicated a desire to see a legislative duty on having minimum numbers of training places. Whilst setting a minimum number of training places for every year moving forward would be the ideal scenario, it is not possible due to too many unknowns, including budgets. However, **it is proposed that a legislative duty is placed upon the Minister to review, each year, the commissioning of healthcare pre-registration training places by the Department.** This process will have due regard to relevant workforce planning evidence and assessment of affordability.

#### Consultation Questions

##### Workforce Planning

- 4) Do you agree with the proposal to introduce a legal requirement on the Department of Health to apply evidence-based strategic workforce planning?
- 5) Do you agree that Health and Social Care Trusts and health agencies should have a legal requirement to undertake operational workforce planning?

- 6) Do you agree that there should be a legislative requirement on the Department of Health to carry out workforce reviews every 10 years and conduct interim evaluations every 3 years?
- 7) Do you agree with the proposal to place a legislative duty on the Department of Health to take all reasonable steps to ensure implementation of workforce reviews?
- 8) Do you agree with the proposal that an annual duty is placed upon the Minister to review the commissioning of healthcare pre-registration training places by the Department?

## Common Staffing Method

- 4.25. A “common staffing method” is a process that combines a methodical approach using the assessment of the current or expected workload alongside professional judgement, to make an evidence-based determination of the appropriate staffing complement to deliver an efficient service.
- 4.26. A common staffing method can also consider a range of other factors such as current staffing levels and vacancies, different skills and levels of experience possessed by employees, and local context.
- 4.27. The Delivering Care Policy<sup>21</sup> was approved for use in Nursing and Midwifery in 2012 to support the strategic vision identified within A Partnership for Care: Northern Ireland Strategy for Nursing and Midwifery 2010 – 2015.<sup>22</sup> It was acknowledged that as other approaches become available, they should be used in conjunction with the *Delivering Care* framework to provide further assistance to ensure that the right numbers of staff with the right skill mix are available to deliver quality person-centred care in Northern Ireland.
- 4.28. Both Welsh and Scottish governments legislated the use of a common staffing method triangulated approach when considering minimum staffing levels. The

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<sup>21</sup> [Delivering Care | HSC Public Health Agency \(hscni.net\)](http://hscni.net)

<sup>22</sup> [Partnership for Care - Northern Ireland Strategy for Nursing and Midwifery 2010-2015 | Department of Health \(health-ni.gov.uk\)](http://health-ni.gov.uk)

Scottish model, formally introduced on 1 April 2024, expanded on elements within the Welsh model. Our stakeholders expressed the view that the Scottish model would be the most appropriate option for use in Northern Ireland due to its potential to be adapted to complex multi-disciplinary settings.

- 4.29. The common staffing method's triangulated approach has been proven to be beneficial within hospital settings. However, the triangulated approach proposed for use in Northern Ireland allows it to be used within other settings, whether health or care services are being provided.
- 4.30. The proposed common staffing method triangulated approach is designed to help professional leaders gather evidence and understand their staffing requirements. Whilst specific staffing tools are already in place within nursing and midwifery, in areas where there aren't such tools, the approach can still be applied while the development of tools is considered, where appropriate.

4.31.



4.32. The base layer (purple) has elements that are already in place within the Department of Health and Health and Social Care Trusts. In Scotland, for example, a range of tools have been developed and published<sup>23</sup> to support the implementation of the legislation.

4.33. The middle layer (blue) consists of additional requirements that will be strengthened and supported by the introduction of legislation.

4.34. If all these elements are in place, then the pinnacle of the triangle (green) can be achieved.

4.35. In Northern Ireland, nursing and midwifery already use established staffing tools. Therefore, placing a legislative requirement for their use in single-disciplinary settings is realistic. However, some further work may be required for multi-

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<sup>23</sup> [Staffing workload toolkits – Healthcare Improvement Scotland](#)

disciplinary settings. The triangulated approach can be utilised until such times as a tool becomes available.

- 4.36. Pre-consultation engagement and scoping with key stakeholders suggested the use of a common staffing calculation and professional judgement tool may also be of use to other professional disciplines within health and social care. However, it was acknowledged that significant work is required to establish how, if practical, a calculation tool may be developed and implemented. Therefore, **it is proposed that a statutory duty be placed on the Department of Health and Health and Social Care Trusts to utilise a common staffing calculation tool for nursing and midwifery.**
- 4.37. **It is proposed that a statutory duty is placed on the Department of Health and Health and Social Care Trusts to utilise a common staffing method for nursing, midwifery, and social work.**
- 4.38. **It is also proposed that a statutory requirement is placed on the Department of Health to consider the use of a common staffing method and staffing calculation tool for Allied Health Professionals, Dentistry, Pharmacy and Social Care within 1 year of the legislation coming into operation. If, following consideration, it is determined that the adoption and use of a common staffing method and/or staffing calculation tool would be appropriate and applicable, the Department of Health will develop and utilise these within 3 years of the legislation coming into operation.**
- 4.39. Additionally, **it is proposed that a statutory requirement is placed on the Department of Health to consult with trade unions and professional bodies when considering the development of common staffing methods.**
- 4.40. Key stakeholders also noted the Health and Care (Staffing) (Scotland) Act 2019 places general duties to workforce plan on both those who provide health and care services and on the Scottish Government. They highlight the general duty on employers relates to ensuring there are *“suitably qualified and competent individuals, from such a range of professional disciplines as necessary”*. Stakeholders indicated their desire to see similar obligations placed on all public

providers of health and social care services, and on those from whom services are procured, where appropriate.

4.41. The Department acknowledges the importance of having enough suitably qualified staff for providing a high-quality healthcare service and ensuring the health, wellbeing and safety of patients and staff. Therefore, **it is proposed that a statutory duty be placed on the providers of health and care services within Northern Ireland to take all reasonable steps to always ensure that suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for**

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- **the health, wellbeing, and safety of patients,**
- **the provision of safe and high-quality health care, and**
- **in so far as it affects either of those matters, the wellbeing of staff.**

4.42. A list of staff who we are of the opinion fall within "professional discipline" can be seen in Appendix 2.

4.43. Additionally, it is acknowledged that to fulfil the obligations set out in the previous proposal, there is a requirement to ensure there is enough staff within Health and Social Care. Therefore, **it is proposed that the Department of Health and Health and Social Care Trusts must take all reasonable steps to ensure that there is a sufficient number of –**

- **registered nurses,**
- **registered midwives,**
- **allied health professionals,**
- **social workers,**
- **registered care workers,**
- **dentists,**
- **pharmacists,**
- **medical practitioners, and**
- **any professional disciplines set out in Appendix 2.**

## Consultation Questions

### Common Staffing Method

- 9) Do you agree with the proposal that a statutory duty be placed on the Department of Health and Health and Social Care Trusts to utilise a common staffing calculation tool for nursing and midwifery?
- 10) Do you agree with the proposal that a statutory duty is placed on the Department of Health and Health and Social Care Trusts to utilise a common staffing method for nursing, midwifery and social work?
- 11) Do you agree with the proposal that a statutory requirement is placed on the Department of Health to consider the use of a common staffing method and staffing calculation tool for Allied Health Professionals, Dentistry, Pharmacy and Social Care within 1 year of the legislation coming into operation, and if determined applicable, should develop and utilise these within 3 years of the legislation coming into operation?
- 12) Do you feel that the Department should have a statutory duty placed on it to utilise common staffing methods across the full range of social care settings including, but not limited to, nursing and care homes, residential homes, respite care, day centres and day opportunities, and domiciliary care services provided both by statutory services and by the independent sector?
- 13) Are there any areas where you consider it not to be appropriate to develop common calculation methods or tools?
- 14) Do you agree with the proposal to place a statutory duty on the Department to consult with relevant trade unions and professional bodies when developing common staffing methods across the full range of professional disciplines?



15) Do you agree with the proposal to place a statutory duty on all providers of public health and social care services in Northern Ireland to take all reasonable steps to always ensure that suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for –

- the health, wellbeing, and safety of patients,
- the provision of safe and high-quality health care, and
- in so far as it affects either of those matters, the wellbeing of staff?

16) Do you agree with the proposal to place a statutory duty on the Department of Health and Health and Social Care Trusts to take all reasonable steps to ensure there are sufficient numbers of -

- registered nurses,
- registered midwives,
- allied health professionals,
- social workers,
- registered care workers,
- dentists,
- pharmacists,
- medical practitioners, and
- any professional disciplines set out in Appendix 2?

## Reporting and Monitoring Arrangements

- 4.44. Stakeholder engagement has paid particular focus on the desire to have a clear reporting structure from front line staff up to Ministers and the NI Assembly, with reports published.
- 4.45. The Public Health Agency (PHA)<sup>24</sup> was set up in 2009 to provide a renewed and enhanced focus on public health and wellbeing by bringing together a wide range of public health functions under one organisation. They are also required to create better inter-sectoral working, including enhanced partnership arrangements with local government, to tackle the underlying causes of poor health and reduce health inequalities.
- 4.46. Delivering Care monitoring returns were previously submitted and reported by each Trust to the PHA and the Department of Health on a bi-annual basis. The overall responsibility for these reports sits with the senior management teams within each Trust, with the Director of Finance and the Executive Director of Nursing, Midwifery & AHPs having specific responsibility for providing assurance that assessment of staffing within their scope of responsibility is factual and accurate. The implementation of Delivering Care, including the reporting structure, is currently paused to allow a refresh of the policy to ensure it reflects the changing landscape of health and social care within Northern Ireland.
- 4.47. The Regulation and Quality Improvement Authority (RQIA) is the overarching independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.
- 4.48. RQIA can be contacted at any time if a member of staff or patient/service user has any concerns about the quality of care delivered or received within a health and social care facility within Northern Ireland. The responsibilities of the RQIA will not change other than ensuring that the new legislative requirements are met.

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<sup>24</sup> [Welcome | HSC Public Health Agency \(hscni.net\)](https://www.hscni.net)

- 4.49. Specific regulatory bodies such as the Pharmaceutical Society of Northern Ireland and the General Dental Council regulate the services provided within their respective areas. Having regulatory bodies already involved in the way services are delivered and maintained should make any transition into a legislated system more straightforward as agreed standards are already in place and monitored. Much like the RQIA, their role in the introduction of any legislation will not change other than to ensure compliance within their respective areas. A full list of regulatory bodies can be found in Appendix 3.
- 4.50. The Health and Social Care Trusts use the Social Work and Social Care Worker Accountability Framework which enables each Board, through the Executive Director of Social Work, to assure that effective governance arrangements are in place to enable the achievement of the Northern Ireland Social Care Council Standards. The governance arrangements in place for Health and Social Care Trusts and the Executive Director of Social Work form part of the responsibilities under the Circular (OSS) 01/2022 Social Care and Children's functions (Statutory Functions).<sup>25</sup>
- 4.51. Whilst there is a statutory obligation within the Health and Social Care Act 2022<sup>26</sup> which details reporting arrangements for the discharge of statutory functions, there are no legislative requirements at present to provide regular reports on the proposed obligations within this consultation.
- 4.52. In Wales, reports are expected from each local health board and NHS Trust on a 3-year basis and must be submitted within 30 days of the end of the reporting period. Each report must detail compliance with legislation and any failures. They are then laid before the Senedd.
- 4.53. Scottish reports are expected "as soon as is reasonably practicable" after the end of the financial year and Ministers must lay out how they have complied with their statutory duties.

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<sup>25</sup> [Office of Social Services Circulars | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/office-of-social-services-circulars)

<sup>26</sup> [Health and Social Care Act \(Northern Ireland\) 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uk/2022/12/1/act-1)

- 4.54. Following pre-consultation engagement with key stakeholders, it is clear reporting and monitoring requirements are considered as an essential component of providing safe and effective staffing across all of health and social care. Stakeholders expressed their desire to require Health and Social Care Trusts and related employers to report annually on the steps taken to comply with their statutory duties in relation to safe and effective staffing. Stakeholders also believed the Department should compile these reports into a single report that should be laid before the NI Assembly, published, and debated.
- 4.55. Effective, regular and transparent reporting arrangements would help to provide both a high quality of healthcare service and ensure the health, wellbeing and safety of staff and patients.
- 4.56. Therefore, **it is proposed to place a statutory requirement on the Department of Health, Health and Social Care Trusts and providers of health and care services, to undertake monitoring and reporting on their legal duties, as set out in the legislation, in relation to safe and effective staffing, on an annual basis.**
- 4.57. Reporting and monitoring arrangements at an operational level are a critical component of safe and effective staffing. Pre-consultation engagement from internal stakeholders has indicated their desire to see legislative duties, similar to those set out in the Health and Care (Staffing)(Scotland) Act 2019, in relation to real-time assessment and arrangements for escalating any risks identified under such real-time assessment by staff, placed on those with lead professional responsibility and senior decision-makers.
- 4.58. The Department believes that the introduction of such duties would be of benefit and assist in the delivery of safe and effective staffing. Therefore, **it is proposed to place a statutory duty on Health & Social Care Trusts and health care providers to –**
- **Have real-time staffing assessment of compliance with the proposed duty to have appropriate numbers of staff in place;**
  - **Have a risk escalation process in place; and**
  - **Ensure appropriate staff training is in place.**

- 4.59. For social care services not linked to Health & Social Care Trusts, **it is proposed that a statutory duty is placed on social care service providers that have been procured by the Health & Social Care Trusts to have real-time staffing assessment and risk escalation processes in place. It is proposed that these duties will form part of the performance assessment and contract monitor process.**
- 4.60. Additionally, the Department is aware of the desire to potentially see some of the operational policy translated into secondary legislation. Therefore, **it is proposed that the primary legislation will provide powers to make further regulations.**

| Consultation Questions   |   |
|--------------------------|---|
| Reporting and Monitoring |   |
| 17)                      | Do you agree with the proposal that a statutory duty be placed on reporting arrangements for the Department of Health, Health and Social Care Trusts and relevant employers?  |
| 18)                      | Do you agree with annual reporting on compliance with the responsibilities outlined within the legislation? If not annually, what would be your preferred reporting cycle?  |
| 19)                      | Do you agree with the proposal to place a statutory duty on Health & Social Care Trusts and health care providers to – <ul style="list-style-type: none"> <li>• Have real-time staffing assessment of compliance with the proposed duty to have appropriate numbers of staff in place;</li> <li>• Have a risk escalation process in place; and</li> <li>• Ensure appropriate staff training is in place?</li> </ul> |
| 20)                      | Do you agree with the proposal that a statutory duty is placed on social care service providers that have been procured by the Health & Social Care Trusts to have real-time staffing assessment and risk escalation processes in place?  |

21) Do you agree with the proposal that the primary legislation will provide powers to make further regulations?

## 5. What happens next?

- 5.1. We are keen to hear from you so that we can take account of any views that will help us reach a decision. Following closure of the consultation, all responses will be considered by the Department and a Government Response published in due course.
- 5.2. The Department will continue to engage with stakeholders following the consultation and as this work progresses.
- 5.3. If you have any questions or queries relating to this consultation exercise, please contact the Department via email at: [\*\*StaffingConsultation@health-ni.gov.uk\*\*](mailto:StaffingConsultation@health-ni.gov.uk)
- 5.4. Please note the consultation will close at 5pm on Monday 14<sup>th</sup> October 2024. If you submit your response after this date, the Department cannot guarantee that it will be considered.

# Appendix 1 – Stakeholders engaged during the consultation development.

| <b>Department of Health (DoH):</b>           | <b>Health and Social Care Trusts (HSCT):</b>         |
|--|--|
| Chief Nursing Officer Group (CNOG)           | Western Trust  |
| Office of Social Services (OSS)              | Northern Trust                                       |
| Chief Medical Officer Group (CMOG)           | South-Eastern Trust                                  |
| Pharmaceutical Directorate                   | Southern Trust                                       |
| Chief Dental Officer                         | Belfast Trust  |
| Workforce Policy Directorate (WPD)           | Northern Ireland Ambulance Service (NIAS)            |
| Royal College of Nursing (RCN)               | Public Health Agency (PHA)                           |
| UNISON                                       | Regulation and Quality Improvement Authority (RQIA)  |
| NIPSA  | British Medical Association (BMA)                    |
| Chartered Society of Physiotherapy (CSP)     | Royal College of Midwives (RCM)                      |
| Royal College of Paramedics                  | Society of Radiographers                             |
| British & Irish Orthoptic Society            | The British Association of Music Therapists          |
| The Royal College of Podiatry                | The British Association of Prosthetists & Orthotists |
| The Royal College of Occupational Therapists | The British Association of Dramatherapists           |
| The British Association of Art Therapists    | Royal College of Speech and Language Therapists (NI) |
| British Association of Social Workers (BASW) |  |



# Appendix 2 – List of Professional Disciplines

There are various duties proposed on the Department of Health and relevant public service employers with regard to staff who are employed to work within the public health sector. Clarification on the professional disciplines included as providing health and social care in the public sector is provided below.

This list has been developed for use in conjunction with the consultation relating to Safe and Effective Staffing in Northern Ireland and should not be used for any other purposes. However, roles included are defined roles within Northern Ireland Health and Social Care Trusts as per NI Direct.<sup>27</sup>

This list may change as new roles are developed over time.

This list includes all bands of staff, including students or those in training.

| Ambulance Service            |                          |
|------------------------------|--------------------------|
| Paramedic                    | Ambulance Care Attendant |
| Emergency Medical Dispatcher | Ambulance Call Taker     |

| Allied Health Professions      |                         |
|--------------------------------|-------------------------|
| Physiotherapists               | Occupational Therapists |
| Speech and Language Therapists | Dietitians              |
| Art Therapists                 | Prosthetists            |
| Orthotists                     | Music Therapists        |
| Orthoptists                    | Podiatrists             |
| Radiographers                  | Paramedics              |
| Dramatherapists                |                         |

| Dental                         |                       |
|--------------------------------|-----------------------|
| Dental Hygienist               | Dental Nurse          |
| Dental Technician/Technologist | Dental Therapist      |
| Dentist                        | Orthodontic Therapist |

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<sup>27</sup> [Careers in Health and Social Care: an introduction | nidirect](#)

| Healthcare Science<br>(all associated roles within these areas)   |   |   |
|---|---|---|
| Anatomical pathology  | Audiology                               | Biomechanical Engineering                     |
| Blood transfusion/transplantation                                 | Autonomic neurovascular function        | Clinical Measurement                          |
| Clinical biochemistry including paediatric metabolic biochemistry | Cardiac physiology                      | Equipment management & clinical engineering   |
| Clinical cytogenetics   | Clinical perfusion                      | Medical Electronics and instrumentation       |
| Clinical embryology and andrology                                 | Critical care technology                | Medical engineering design                    |
| Clinical Immunology   | Gastrointestinal physiology             | Rehabilitation engineering                    |
| Cytopathology (including cervical cytology)                       | Neurophysiology                         | Diagnostic radiology and MR physics           |
| Electron microscopy   | Ophthalmic science                      | Nuclear medicine                              |
| External quality assurance  | Respiratory physiology                  | Radiopharmacy                                 |
| Haematology and Haemostasis and Thrombosis                        | Sleep physiology                        | Radiation protection and monitoring           |
| Histocompatibility & Immunogenetics                               | Urodynamics and urological measurements | Radiotherapy physics                          |
| Histopathology  | Vascular technology                     | Renal dialysis technology                     |
| Molecular genetics  | Vision science                          | Ultrasound and non-ionising radiation         |
| Microbiology  |   | Medical illustration and clinical photography |
| Phlebotomy  |   | Maxillofacial prosthetics and reconstruction  |
| Tissue banking  |   |   |
| Toxicology  |   |   |

| Medical Practitioners                                      |  |
|--|--|
| all GMC registered doctors (including doctors in training) |  |

| Nursing and Midwifery |         |
|-----------------------|---------|
| Nurse                 | Midwife |

| Optometry                       |                     |
|---------------------------------|---------------------|
| Optometrist/ophthalmic optician | Dispensing Optician |

| Pharmacy                      |                             |
|-------------------------------|-----------------------------|
| Pharmacist                    | Pharmacy Technician         |
| Pharmacy/Dispensing Assistant | Medicines counter assistant |

| Psychology             |             |
|------------------------|-------------|
| Clinical Psychologists | Counsellors |

| Social Care   |                    |
|---------------|--------------------|
| Social Worker | Social Care Worker |

| Support Roles        |                         |
|----------------------|-------------------------|
| Healthcare assistant | Clinical support worker |
| Therapy assistant    | Nursing auxiliaries     |

# Appendix 3 – Regulators of Health and Social Care Services in Northern Ireland

|  |   |
|--|---|
| Board of Directors for each Health & Social Care Trust | Regulation and Quality Improvement Authority (RQIA)                               |
| Strategic Planning and Performance Group (SPPG)        | General Medical Council (GMC)   |
| Health and Care Professions Council (HCPC)             | Professional Standards Authority for Health and Social Care                       |
| Nursing and Midwifery Council (NMC)                    | Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) |
| NI Social Care Council (NISCC)                         | National Institute for Health and Care Excellence (NICE)                          |
| General Pharmaceutical Council                         | Pharmaceutical Society of Northern Ireland (PSNI)                                 |
| General Chiropractic Council                           | General Dental Council  |
| General Optical Council (GOC)                          | General Osteopathic Council   |
| Patient and Client Council (PCC)                       |   |

# Annex A - Privacy Notice

## **Privacy Notice – Safe & Effective Staffing Legislation Consultation (DoH)**

Data Controller Name: Department of Health (DoH)

Address: Castle Buildings, Stormont Estate, BELFAST, BT4 3SG

Email: [StaffingConsultation@health-ni.gov.uk](mailto:StaffingConsultation@health-ni.gov.uk)

Data Protection Officer Name: Charlene McQuillan

Telephone: 02890 522353

Email: [DPO@health-ni.gov.uk](mailto:DPO@health-ni.gov.uk)

Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the [Data Protection Act \(DPA\)](#) and the [UK General Data Protection Regulation](#) (UK GDPR). The Department of Health (DoH) is committed to building trust and confidence in our ability to process your personal information and protect your privacy.

### **Purpose for processing**

We will process personal data provided in response to consultations for the purpose of informing the development of our policy, guidance, or other regulatory work in the subject area of the request for views. We will publish a summary of the consultation responses and, in some cases, the responses themselves but these will not contain any personal data. We will not publish the names or contact details of respondents but will include the names of organisations responding.

If you have indicated that you would be interested in contributing to further Department work on the subject matter covered by the consultation, then we might process your contact details to contact you.

### **Lawful basis for processing**

The lawful basis we are relying on to process your personal data is Article 6(1)(e) of the UK GDPR, which allows us to process personal data when this is necessary for the performance of our public tasks in our capacity as a Government Department.

We have not requested any special category data as part of this consultation. (Special category data is data which reveals racial or ethnic origin, political opinions, religious belief, health or sexual life/orientation).

### **How will your information be used and shared?**

We process the information internally for the above stated purpose. We do not intend to share your personal data with any third party. Any specific requests from a third party for us to share your personal data with them will be dealt with in accordance the provisions of the data protection laws.

### **How long will we keep your information?**

We will retain consultation response information until our work on the subject matter of the consultation is complete, and in line with the Department's approved Retention and Disposal Schedule Good Management, Good Records (GMGR).

### **What are your rights?**

- You have the right to obtain confirmation that your data is being processed, and access to your personal data
- You are entitled to have personal data rectified if it is inaccurate or incomplete
- You have a right to have personal data erased and to prevent processing, in specific circumstances
- You have the right to 'block' or suppress processing of personal data, in specific circumstances
- You have the right to data portability, in specific circumstances
- You have the right to object to the processing, in specific circumstances
- You have rights in relation to automated decision making and profiling.

### **How to complain if you are not happy with how we process your personal information**

If you wish to request access, object or raise a complaint about how we have handled your data, you can contact our Data Protection Officer using the details above.

If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner at:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire SK9 5AF

[casework@ico.org.uk](mailto:casework@ico.org.uk)