



Working for Health

The Workforce Development Action Plan for NHSScotland

WORKING FOR HEALTH

THE WORKFORCE DEVELOPMENT ACTION PLAN FOR NHS SCOTLAND

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SCOTTISH EXECUTIVE



WORKING FOR HEALTH - EXECUTIVE SUMMARY

Workforce development has a key role to play in the reform of NHSScotland to improve healthcare services for patients. It is about getting the right people with the right skills to be in the right places at the right time.

Working for Health identifies:

- the vital role workforce development will play in the reform of health services, the planning of services and the future of NHSScotland;
- the mechanisms for delivery of workforce development at local, regional and national levels;
- investment in dedicated workforce development personnel in each NHS Board area;
- new roles for three Regional Workforce Co-ordinators designed to make sure workforce development moves forward in a way that integrates with service planning at Board and Regional levels;
- the key role for a new National Workforce Committee, serviced by a National Workforce Unit based in the Scottish Executive, to provide national leadership on workforce issues;
- action to tackle priority issues on careers, recruitment and retention with the immediate setting up of a Short-life Working Group;
- steps to create an employment and careers market for health that includes social care, independent contractors, the wider public sector and the private sector;
- plans to drive forward workforce information, planning and employment data in NHSScotland, including investment in improved systems;
- a focus on research and the sharing of best practice on workforce development across Scotland.

Working for Health builds on the detailed and valuable work of the Scottish Integrated Workforce Planning Group (SIWPG), and aims to define clearly the actions required to take forward the recommendations of its report, *Planning Together* and the Scottish Executive Health Department response of January 2002¹, which set out proposals on workforce development. It also reflects the outcomes of the Workforce Development Action Day held on 15 April 2002 (Appendix 1), which helped to define ways of developing the NHSScotland workforce.

¹ *Planning Together - Final Report of the Scottish Integrated Workforce Planning Group and Response by Scottish Executive Health Department*, Scottish Executive, January 2002:
www.scotland.gov.uk/library3/health/ptfr-00.asp

The plan is necessarily detailed. And more work will be needed to make sure the arrangements at regional level in particular are set up to succeed and that they form part of a broader commitment to improved planning and reform.

The integration of service planning with workforce planning at all levels is pivotal and must be achieved if *Working for Health* is to be effective. Key to this is the creation of integrated teams with complementary skills and objectives so that the service and workforce remits can be combined.

Working for Health includes a specific commitment to hold regional conventions in autumn 2002, covering the three planning regions, where these issues can be worked through.

It has been designed to be flexible to accommodate any changes in the medium-term that may arise concerning the wider reform agenda and future planning arrangements. It specifically does not add an additional level of bureaucracy, but seeks to ensure there is the right level of professional leadership at all levels to make sure workforce development is driven forward sensibly.

Action, however, needs to be taken now, given the combination of existing “hot” workforce issues already in the system and the absolute need for developing the workforce to make it fit for purpose for the future at a time of unprecedented investment.

Working for Health is directed primarily at managers in NHSScotland as a tool to help them implement the new workforce development arrangements.

However, given the pivotal importance of *Working for Health* to the whole NHSScotland workforce, it will also be of interest to staff and others with an interest in the future of health services in Scotland.

Working for Health is in two parts:

Part 1 The Vision for Workforce Development

This sets out the crucial role of workforce development in NHS Scotland now and in the future, putting workforce planning in a wider context of development of a workforce that is fit for purpose. [Pages 5 - 8]

Part 2 The Action Plan

This sets out the practical steps that will be taken to take this vision forward over the next year at local, regional and national level. [Pages 9 - 24]

WORKING FOR HEALTH – PART 1

THE VISION FOR WORKFORCE DEVELOPMENT

1.1 The Future Role of Workforce Development in NHSScotland

Workforce development is pivotal to the reform of health services in Scotland and to the improvement of patient care. It is concerned with securing the workforce for NHSScotland in the short, medium and long-term.

It is about getting the right people with the right skills to be in the right places at the right time.

Workforce development is therefore about more than just workforce planning and a focus on workforce data and information. It interacts with service planning and service redesign, allowing the future workforce for health to be seen dynamically, directly linked to the future shape of services, local and national employment markets, and the supply and demand that exists now and in future.

It covers related issues including:

- education and training of staff
- recruitment and retention
- new ways of working and job redesign
- changing roles
- career packages and pathways.

Workforce development will act as a key driver of the reform agenda by developing a workforce which can embrace the changes required to sustain and improve services.

It will focus on the attachment of staff to *services* rather than *institutions*; changing skill mix; expansion of roles; and the development of skills and knowledge. In doing so it looks to the further development of Managed Clinical Networks, as outlined in the recently published report *Future Practice*². Workforce Development therefore not only lies at the heart of modern Human Resources in Scotland but is an essential building block for the future of Scotland's health itself.

The dynamic framework for workforce development is set out at Appendix 2.

1.2 The Need for Action Now

This is a crucial moment to be addressing these issues. Over the next five years, NHSScotland will enjoy the largest ever sustained increase in health spending. That places an onus on everyone involved in healthcare to ensure that resources are properly targeted, and that the future priorities for the workforce - accounting for some 60% of total health board spending - are properly defined and addressed.

² *Future Practice – A Review of the Scottish Medical Workforce*, a report by Professor John Temple, July 2002: www.scotland.gov.uk/library5/health/fpmr-00.asp

Everyone with a stake in the future of health services shares a collective responsibility to ensure that the extra investment is used wisely and effectively to bring about the right mix of talent, creativity and expertise to create and sustain a reformed NHSScotland delivering better healthcare for patients.

There are many pressures in the system that require solutions and there is already a large amount of workforce development activity underway in NHSScotland. Some of the key national issues are set out in Appendix 3.

1.3 The Challenge

Meeting the growing challenge of the future in health services demands a change in the priority placed on workforce development and a greater emphasis on skill, drive and leadership at all levels.

To realise the aspirations contained in *Our National Health*, and to deliver reformed health services, we need to develop a much more co-ordinated approach to the creation of a new workforce.

This has to be done at all levels – locally, regionally and nationally. We need to see the workforce as an integrated whole across primary care, community care and acute care, with an emphasis on teamwork and multi-professional practice delivering health and community care to all the citizens of Scotland.

We need to see the employment markets for health workers more broadly, so as to attract and retain the staff needed to deliver services.

And most fundamentally we need to align workforce planning with service planning.

This Plan recognises the challenges involved and the key role played by building workforce planning capacity. Baseline information on the workforce - on numbers, specialties, turnover, retention, attrition, gender, movement, career progression, and so on - is currently patchy, and reflects the lack of dedicated data systems. A powerful underpinning theme running throughout the Action Plan is the need to develop robust data systems and the skills to use information effectively.

The challenge is also to create a workforce development function that embraces the broad family of health services in Scotland, including the independent contractors who deliver general medical services, dental services, ophthalmology services and pharmacy services.

This plan also embraces the need for greater integration of the social care and healthcare sectors embodied in the concept of *Joint Future*, and the major impact which that will have on workforce development in years to come. There is a shift of approach needed to place workforce development in the context of the whole labour market for healthcare, recognising that it reaches beyond the NHS to include the voluntary and independent healthcare sectors, the private sector and the wider public sector market. This includes recognising that the factors governing supply and demand are influenced by services such as agency and bank nursing.

1.4 Workforce Development – Core Functions

The workforce development proposals issued by the Scottish Executive Health Department (SEHD) in January 2002 outlined the core functions, to be delivered at local, regional and national level, that will underpin effective workforce development for NHSScotland. They encompass six key strands:

Capacity - Assessing the future size and shape is the core function of workforce planning and the key building block for workforce development. It is best done locally and regionally and linked to a clear vision for service reform and development, as part of a co-ordinated national approach to matching supply and demand now and in future.

Service delivery - This covers demands arising from the service planning process, and should be integrated with the assessment of capacity made through workforce planning. The clear direction of travel should be towards integration of service planning and workforce development at NHS Board, regional and national levels. Key to this will be the effective integration of the regional workforce arrangements with regional planning groups.

Service redesign - New ways of working are vital to workforce development. They place workforce issues at the heart of service redesign and the wider reform of the NHS. Workforce plans must reflect and support change if they are to keep pace with innovations in service delivery and the changing aspirations and needs of patients.

Training and education - Training can be a key constraint on supply of the professional workforce, but it can also be an agent for enabling staff to deliver better-quality patient care. Many decisions about training and education will need to be taken at national level by the National Workforce Committee, on the basis of advice from NHS Education for Scotland. Close and effective working between the Committee and NHS Boards, NHS Education for Scotland and the regional workforce groups will help to ensure that decisions are based on a thorough assessment of needs and constraints at local and regional levels.

Career development - Closely linked to training and education, this covers areas such as the development of new career pathways, recruitment and retention packages, continuing professional development (CPD), mentoring and flexible approaches to working.

Research and best practice - A well-focused research and evidence base for workforce development is vital. Robust models of workforce development, building on existing expertise and evidence of what works and what does not work, should be accessed, devised and deployed in NHSScotland, working closely with the Health Service and the public sector in other parts of the UK and beyond.

1.5 Workforce Development – New Infrastructure

The Executive's proposals on workforce development were followed by a consultative Workforce Development Action Day with key stakeholders (see Appendix 1). The feedback was broadly supportive of our proposals and the Action Plan now puts in hand the implementation of the infrastructure to support workforce initiatives in NHSScotland. These will consist of:

Three Regional Groups where workforce and service planning come together

These Regional Groups, supported by Regional Workforce Co-ordinators and more locally, Workforce Officers, will:

- be organised to match service planning groups covering the North, East and West;
- develop, promote and maintain joined-up strategies for workforce development in each constituent NHS Board area and, where appropriate, at regional level;
- pull together integrated regional workforce plans;
- work with stakeholders - local authorities, Careers Scotland, Jobcentre Plus, education providers and local enterprise companies, for example - to ensure a comprehensive approach to managing demand and planning the supply of the health workforce.

A key guiding principle will be the integration of service planning with workforce development.

A National Workforce Committee

The committee will:

- report to the Health Department Board, will be chaired by the Director of Human Resources for Scotland and be serviced by a National Workforce Unit;
- set strategic direction for the Regional Workforce Co-ordinators and Regional Groups and define the framework within which workforce development will operate at all levels;
- develop with the National Workforce Unit, the Regional Workforce Co-ordinators and NHS Boards, action that takes account of a number of ongoing workforce initiatives in NHSScotland.

The Regional Workforce Co-ordinators will be accountable to the Chair of the National Workforce Committee.

National Leadership from the Health Department Board and from its Directors and their teams in Human Resources, Service Planning and Performance Management, and the Chief Medical Officer and Chief Nursing Officer.

Local Leadership from NHS and Trust Boards and their executive and non-executive directors, including the medical, nursing, human resources, planning and partnership directors.

More detail on these groups and the relationships on which they depend are set out in detail in the Action Plan that follows and at Appendix 4.

WORKING FOR HEALTH - PART 2

THE ACTION PLAN

2 The Action Plan

The Action Plan sets out how the vision for workforce development will be achieved, in five sections:

- ***Immediate Actions (Section 3)***
- ***National Workforce Development (Section 4)***
- ***Local and Regional Workforce Development (Section 5)***
- ***Workforce Development Links to other national initiatives (Section 6)***
- ***Action Plan Outputs (Section 7)***

This Action Plan is designed to work as a whole with specific actions pulled together in groups by target dates for delivery, and based on four key prerequisites for delivery:

- *it needs to be effective at local, regional and national levels through a strong sense of ownership within NHSScotland and purposeful leadership from the Health Department;*
- *it relies on workforce issues being integrally linked from the earliest stages, to service planning, to service developments and to changing clinical practice;*
- *it requires workforce development to be factored into the planning and policy development business cycles within NHSScotland and SEHD from the earliest stages, to the extent that it becomes as routine and central as, for instance, the consideration of financial implications;*
- *it rests upon the development of robust and comprehensive HR information systems which can provide the evidence base required to allow well-informed decisions to be made.*

The Scottish Executive Health Department (SEHD) is putting considerable financial resource and dedicated human resource behind this Action Plan's delivery. The commitment of a wide range of individuals and organisations, working together with a common purpose, will be needed to move the plan forward.

The Action Plan is not a rigid blueprint. But it does place significant responsibilities on the Health Department, NHS Boards and other partners to act together promptly, positively and proactively in setting up practical and sensible arrangements for workforce development, a key cornerstone in building a reformed health service.

There are a number of detailed issues which will need to be worked through relating to the operation of these regional arrangements and their relationships with individual Boards and with the Department. These will be addressed through a managed process of regional conventions facilitated by SEHD to be held in autumn 2002.

A Health Department Letter (HDL) will be issued this Autumn to confirm and explain further what is expected of local health systems in implementing this plan over the medium-term.

3 Action Plan - Immediate Actions

3.1 Key Issues

A number of urgent workforce pressures have become apparent recently and need to be tackled as soon as possible. This is the focus for the Immediate Action, although real solutions will depend on longer-term action on workforce development.

Many recruitment and retention problems are already being tackled by Trusts and Boards across Scotland. Some however need more co-ordination and national leadership. Some of these will be addressed by a new short-life working group on NHS careers, recruitment and retention. Others are issues that will need to go to the National Workforce Committee as it develops in 2002.

3.2 Action on NHS Careers, Recruitment and Retention - Short-life Working Group

This group will be set up immediately.

It will oversee priority regional and national initiatives on recruitment and retention across the healthcare team, pioneering solutions. It will drive forward the development of careers initiatives and will identify flexible employment packages that can be rolled out locally.

Specifically, it will co-ordinate actions in the following priority areas to set, create and disseminate exemplar practice:

- *Careers*: development of a co-ordinated national approach to NHS and health careers, including creating generic materials that promote and attract professionals to work in Scotland. This will include taking forward the recommendations relating to medical careers set out in the recently published report, *Future Practice*, written by Professor John Temple;
- *Educational priorities*: working with NHS Education for Scotland - work will include: the development of a fast-track graduate entry programme for therapeutic radiographers; establishment of a national project to support skill mix development for radiographers; and service redesign and work to support the development in Scotland of a new BSc course in Audiology;
- *Overseas recruitment*: develop and bring together short-term strategies for recruiting experienced healthcare professionals from abroad, targeted to national priorities. A clear objective will be to make best use of the recently acquired National Waiting Times Centre;

- *Identity of staff groups:* work will seek to create definite identities for staff groups that are attractive to potential employees from school age. This includes supporting the launch phase of *Building on Success*³ and organisation of a conference this autumn to define workforce strategies for NHSScotland in relation to Healthcare Scientists;
- *Employment and Retention:* accelerate the development of packages to extend the working lives of key healthcare workers and respond to pressure points in current services.

The Short Life Working Group will be chaired by SEHD's Director of Human Resources and will include a core membership drawn from NHSScotland, together with other agencies including NHS Education for Scotland, Careers Scotland, and specialist recruiters. It will seek to draw in further expertise as required for specific initiatives.

3.3 Strategic Leadership - National Workforce Committee

The creation of a National Workforce Committee is an immediate priority. Its full remit is set out in Section 4 below.

Among its first tasks the National Workforce Committee will as a matter of urgency:

- establish processes to assess and address gaps in shortage specialties across the whole healthcare team. These will provide effective short-term assessments of requirements on a case-by-case basis. The Committee will use these processes to assess the number of trained specialists required for the future, set targets for consultant numbers, and gear the numbers of doctors in training accordingly;
- address pressures on the number of medical training-grade posts required to deliver the service and comply with the New Deal for junior doctors;
- prioritise the current recruitment and retention pressures among the Allied Health Professions, in particular in physiotherapy, occupational therapy, radiography and speech and language therapy;
- consider the recruitment and retention issues for nursing staff highlighted by *Facing the Future*⁴ in the context of the whole healthcare team;
- develop robust processes to respond to sudden shortages in specific services.

Each of these actions depends in the longer-term on the creation of the rest of the workforce development infrastructure at local and regional levels.

³ *Building on Success – Future Directions for the Allied Health Professions in Scotland*, Scottish Executive, June 2002: www.scotland.gov.uk/library5/health/bos-00.asp

⁴ *Facing the Future*: www.show.scot.nhs.uk/sehd/facingthefuture

3.4 Better HR and Workforce Information

Improving the quality and relevance of key information at all levels of NHSScotland is essential if workforce development is to be effective and to be set up on a sound basis. We will be therefore be taking immediate action to improve the supply of workforce information by:

- appointing a workforce information team to service the Workforce Development Unit and the National Workforce Committee, as well as support the regional coordinators;
- systematically reviewing data collection systems at national and local levels to build a new credibility for HR information at the centre of development, planning and delivery;
- commissioning specialist expertise to scope what needs to happen to make NHSScotland's workforce information fit for purpose. This will identify the options for new information and information technology strategies to support workforce development. The work will start immediately and will incorporate existing best practice drawn from outside the healthcare sector as well as within NHSScotland;
- prioritising investment in information management and technology to support workforce development as a core implementation target in local and national strategies;
- developing a best practice database for workforce development and human resources.

4 ACTION PLAN – NATIONAL WORKFORCE DEVELOPMENT

4.1 National Workforce Committee

The National Workforce Committee will provide direction and leadership for the workforce development agenda across NHSScotland, basing its actions and guidance on evidence gleaned from NHSScotland through the Regional Workforce activity.

It will work closely with the Regional Workforce Co-ordinators, NHS Education for Scotland, the Scottish Partnership Forum, the UK Sector Skills Council, the Centre for Change and Innovation, and other key interests.

The National Workforce Committee will also oversee work to develop the capacity for Scotland to take the 'long view', scoping future workforce trends 15-20 years into the future. It is essential to focus on future scenarios to take the right decisions now on building a workforce fit for the next generation.

More specifically, the Committee will:

- oversee the planning of numbers for all the professional staff groups - including those in general practice - agreeing national targets where necessary (for example for consultant numbers) and clearly setting out objectives for training, recruitment and retention across the professional workforce. The Committee will carry out these tasks with a view to managing supply and demand effectively, and in so doing it will be advised by expert groups;
- oversee and promote workforce strategies for all staff groups, taking in careers and recruitment and retention;
- respond to 'hot' issues over staff shortages;
- commission and refresh at regular intervals long-range strategic workforce scenarios, looking at service change 10-15 years ahead;
- help to develop national strategic responses to major external developments that have impact across the whole NHS workforce, such as the Working Time Regulations;
- promote workforce development as a core component of the Performance Assessment Framework and the accountability process;
- maintain a wider interest in the development of workforce issues in Scotland, the UK and internationally, including taking evidence as necessary from key interests so that it can inform its decisions by a thorough examination of the Scottish scene and the context in which it operates.

A key relationship will be between the Committee and NHS Education for Scotland, which will provide the Committee with the necessary supply-side intelligence and information across the NHS workforce.

The Committee will also have a key role to play in overseeing the implementation of a number of recommendations contained in *Future Practice* and will advise the Department on the outcome of the working groups on basic medical education and medical career structures being established in the wake of that report. An important element of this work will be to consider how any future changes to the operation of the SHO grade should be addressed in Scotland, and what knock-on effects these might have on other parts of the healthcare team.

The Committee will be a small group drawn from the following sectors and stakeholders:

- *NHSScotland;*
- *Scottish Enterprise;*
- *Careers Scotland;*
- *NHS Education for Scotland;*
- *Higher and Further Education;*
- *Scottish Partnership Forum;*
- *Other UK Health Departments.*

4.2 National Leadership – Scottish Executive

Overall responsibility for workforce development will rest with the Health Department Board to whom the National Workforce Committee will report through the Director of Human Resources. The Board will have responsibility for the risk management and benefits realisation relating to workforce development for NHSScotland.

All Directors at national level recognise they have a key role to play in workforce development on a collective and an individual basis, and that this requires a new focus on workforce development and its integration into the mainstream of reform.

In addition, the Human Resources Directorate within the Scottish Executive is also being restructured to reflect the challenges of reform, including creating capacity to support workforce development and fitness for purpose of health staff.

The core workforce development function will lie within the Directorate's **Workforce and Policy Division**, which will house the National Workforce Unit. The National Unit will ensure the approach to workforce planning and development is driven at a national level.

The **Learning, Development and Careers Division** will link closely with aspects of career development, fitness for purpose and recruitment and retention. It will also sponsor NHS Education for Scotland and the development of models for continuous professional development, appraisal and mentoring.

The **Partnership and Employment Practice Division** will cover issues such as the further development of partnership in NHSScotland, the *Joint Future* initiative and will develop core employment strategies that support flexibility and new ways of working.

All of these divisions will be headed by Assistant Directors and they will ensure that workforce development is embedded into the business cycles that operate within SEHD and NHSScotland. This will mirror the integration of service planning and workforce development at local level by ensuring that workforce issues are factored in to the preparation of all planning and guidance produced across the Department.

Action Plan – National Workforce Development

By end September 2002

- SEHD to have appointed the Head of the National Workforce Unit and his or her immediate team.
- SEHD to have agreed an initial work programme for the National Workforce Unit.
- SEHD to have agreed with NHSScotland draft terms of reference for the National Workforce Committee.
- SEHD to have co-located with the National Workforce Unit workforce information specialists from ISD to help provide the information base to support the new arrangements.
- SEHD to have appointed Assistant Directors to head the Learning, Development and Careers Division and the Partnership and Employment Practice Division.
- SEHD to have appointed the members of the National Workforce Committee and first meeting to be held.
- National Workforce Committee to have agreed its terms of reference, working methods and how it will link to the National Workforce Unit, Regional Workforce Co-ordinators, NHS Boards, NHS Education for Scotland and the Scottish Partnership Forum.

By end October 2002

- The National Workforce Committee to have devised an initial work programme, to include:
 - Deciding on numbers and allocation of posts of doctors-in-training
 - Deciding on numbers and allocation of medical staff-grade posts
 - Overseeing arrangements for distribution of GPs and wider workforce planning for primary care services, following the abolition of the Scottish Medical Practices Committee
 - Overseeing the implementation of remitted aspects of *Future Practice* and any changes in the operation of the SHO grade
 - Overseeing the development of Student Nurse Intake Planning (SNIP), workforce planning for nurses and midwives, and other aspects of recruitment and retention for nurses and midwives identified as Committee priorities by the *Facing the Future* Group
 - Overseeing the development of workforce strategies for Allied Health Professionals and other staff
 - Giving a strong strategic lead to developing new HR information systems
 - Overseeing the development of a robust capacity to take the 'long view', and reviewing regularly
 - Developing procedures for addressing 'hot' workforce issues
 - Giving a strategic lead to policies on recruitment and retention and career development
 - Linking the items listed above with closely related areas such as: the impact of the working time regulations; the New Deal for junior doctors; new pay systems; service redesign; and new ways of working.

By end December 2002

- The National Workforce Committee to have agreed its methods of working and its working relationship with other relevant bodies.
- The National Workforce Committee to have agreed its priorities for 2003 and identified how it will tackle these through the year.

5 Action Plan – Local and Regional Workforce Development

5.1 Key Issues

The main focus in the medium-term (the next nine months) will be to establish the local, regional and national workforce development infrastructures – the Regional Workforce arrangements, the National Workforce Committee and the National Workforce Unit.

The key relationships and roles within the new structures are set out in Appendix 4. This focus on the importance of workforce development places particular responsibilities on those in leadership positions at Trust and NHS Board levels and within SEHD. This extends beyond the Chief Executives to all Directors and the detail of the infrastructure that follows assumes that commitment will be made, given the clear priority now being placed on workforce development at local and national levels.

5.2 Regional Workforce Arrangements

The Regional Groups are crucial in providing a direct link to service planning, which is already being undertaken at regional level on core services such as cancer, and also in creating cross-employer links into local employment markets.

They will be developed incrementally, allowing the partners to ensure they add value in the way they are set up and operate. Crucial to this process will be regional conventions to be held in the autumn where the integration of service and workforce planning and the detail of implementation can be worked through and refined for each part of Scotland.

The role of the Regional Groups is not to perform the workforce planning or development functions for the NHS Boards in their areas; each Board will continue to lead workforce development for their workforce and will produce their own workforce plans.

These will take a regional perspective, ensuring that where required - for example, in relation to regional-level Managed Clinical Networks and the delivery of new service frameworks - a coherent regional approach to planning the workforce is taken forward.

Each NHS Board will need its own workforce development capacity to look beyond the pressures of everyday fire-fighting and to provide a strategic workforce development function. The Boards will also be able to use this capacity to contribute to the work of the Regional Groups.

Setting-up

NHS Boards will receive core funding from the Health Department (to be topped up by the Boards) to appoint personnel to lead on workforce development for the Trusts/units in their areas. These are referred to as Workforce Officers.

Funding will also be available to fund essential infrastructure costs, for example to cover information technology in each regional group.

The central recurrent funding will vary according to the size and complexity of the health system in each Board area. Monies will be released upon approval by the National Workforce Unit of each Board's proposals on how they intend to invest the funds available to them.

The Role of the Regional Co-ordinators

The Health Department will fund and appoint directors drawn from senior NHS management to head up each Regional Workforce Group as Regional Co-ordinator. They will be accountable to the National Workforce Committee, both financially and in terms of delivering on the strategies agreed by the Committee. They will also have a key role in liaising with the NHS Boards in their regions and ensuring that workforce officers function effectively as a team, to the mutual benefit of the region and their own Boards.

The Role of the Workforce Officers

Workforce Officers will have a dual role. In addition to their local responsibilities within their NHS Board area, they will also help to build workforce development at regional level for their relevant regional group. They will therefore be accountable to a nominated senior Trust manager in their employing NHS Board and, for their regional input, to the director of their regional workforce group.

Workforce Officers are likely to be supported by teams in Trusts drawn from a number of quarters:

- those already working on aspects of workforce development (work on SNIP, *Facing the Future* and HR information systems, for example);
- fresh resource provided by Boards and Trusts to ensure they have sufficient capacity to deliver on workforce development;
- existing service planning staff, who should work increasingly in harness with workforce development personnel to bring together the demand and supply side of the workforce equation.

Regional boundaries for services planned and delivered above NHS Board-level may be different for each service however. Workforce Officers, while being attached to a 'lead' region, may therefore operate in more than one group.

Service Planning and Workforce Planning

The integration of service planning with workforce planning at all levels is a pivotal message from *Planning Together* and must be achieved if this Action Plan is to be effective.

Effective service planning must involve appropriate workforce planning at an early stage - across NHSScotland we need an integrated service planning and workforce development function.

Key to this is the creation of integrated teams with complementary skills and objectives so that the service and workforce remits can be combined and staff are not partitioned into silos. The workforce officers themselves might well combine their workforce role with a wider regional service planning role.

We will drive this process by combining the regional workforce groups with the regional service planning arrangements outlined in HDL(2002)10. We will also put in place a process to facilitate the integration of service planning with workforce development at local level, which we recognise may be a real change management challenge.

Development and Support

In setting up new structures and new roles, development and support will play a crucial role to create a new workforce development capacity that goes beyond the Workforce Co-ordinators and Officers. The National Workforce Unit will ensure that appropriate development programmes and activities are created and delivered.

Remote and Rural Issues

Remote and rural issues arise in all parts of Scotland and straddle the workforce development regions. This suggests an approach that secures a national focus for remote and rural workforce development issues, but also ensures remote and rural issues are articulated effectively through the regional arrangements. This might be done by nominating one or more lead remote and rural workforce officers in each region. These officers could then network through a national co-ordinator, based in the National Workforce Unit, and link back to both the Remote and Rural Areas Resource Initiative (RARARI) programme and the relevant NHS Boards.

Because of their size and geographical constraints it may be that Island NHS Boards will wish to share a dedicated Workforce Officer between them. The Island Boards would, however, need to be fully involved in any regional workforce considerations which touch directly or indirectly on what they do.

Action Plan- Regional Workforce Development

By end August 2002

- NHSScotland to agree on the exact configuration of the three Regional Workforce Groups, tied to Regional Service Planning arrangements. This will be finalised through regional planning conventions.
- SEHD to draw up job descriptions for Regional Workforce Co-ordinators and to agree, in conjunction with NHS Boards, job descriptions for Workforce Officers.
- NHS Boards to be invited to submit proposals for the release of core funding for the appointment of workforce development personnel.
- NHS Board Chief Executives to agree collectively, in conjunction with SEHD, general modes of operation for workforce development in Regional Planning Groups.

By end November 2002

- NHS Boards to have submitted and agreed with the National Workforce Unit their proposals for the appointment of workforce development personnel.
- All regions to have appointed Workforce Officers and Regional Workforce Co-ordinators.
- NHS Boards, in consultation with Workforce Officers, to identify supporting workforce development teams. The teams will be drawn from and shared with existing planning, data, HR or administrative functions within their Trusts.
- HDL to issue clarifying what is required of local health systems to implement the required medium-term actions for workforce development.
- NHS Boards, with facilitation from SEHD, to work through the integration of their service planning and workforce development resource, prior to the 3 regional conventions referred to below.
- NHSScotland, with support from SEHD, to hold three conventions – one in each workforce region. The conventions will aim to define modes of working and initial work programmes for each Regional Planning Group. Local chief executives, HR Directors and other senior managers should participate.
- National Workforce Unit to agree necessary start-up costs and running costs with each Regional Workforce Co-ordinator within the Regional Planning Groups, and to resource accordingly.
- National Workforce Unit to issue guidance to NHS Boards on the operation of workforce development at regional and local levels. The guidance will include advice on integrating with regional planning groups and developing relationships with:
 - NHS Boards
 - The National Workforce Unit
 - The National Workforce Committee
 - The Scottish Partnership Forum and local and area partnership forums
 - NHS Education for Scotland
- Regional Planning Groups, Regional Workforce Groups and the National Workforce Unit to link with the Payroll Steering Group and Information and Statistics Division of NHSScotland to take forward the development of HR information systems for the near and longer-term future. Will also take account of the findings of the Department of Health's Review of Workforce Information Needs (RoWIN).

By end January 2003

- Regional Planning Groups and the National Workforce Unit to agree initial work programmes, which should include:
 - Mapping existing workforce development activity and resource;
 - Identifying local stakeholder forums and establishing mechanisms for engaging with them in each region;
 - Determining national, regional and local approaches to developing workforce strategies across different staff groups;
 - Supporting *Facing the Future* and responding to priorities identified in the Scottish Executive Response to *Future Practice*⁵;
 - Taking forward actions from the report *Building on Success*;
 - Taking forward actions from *Caring for Scotland*⁶, the nursing and midwifery strategy for NHSScotland.
- The National Workforce Unit, working in partnership with regional teams and consultancy support where necessary, and sharing learning and experience with the Department of Health, to begin work on defining competency frameworks and common skill-sets for workforce development. This should lead to a development programme being rolled out to workforce development teams, Chief Executives and other senior managers from February 2003.
- Regional Workforce Co-ordinators to consult with the National Workforce Unit on particular workforce skills or needs identified.
- Regional Workforce Co-ordinators and the National Workforce Unit to agree timing, format and participation in an initial joint planning event or events to:
 - Build a corporate identity between Workforce Officers and their teams;
 - Share common concerns and successes;
 - Achieve joint agreement on the development of effective and integrated regional and Board-level approaches to workforce development;
 - Determine the focus and priorities for subsequent action across Scotland.Similar events would be held on a regular basis.

By end February 2003

- Regional Planning Groups and the National Workforce Unit to agree with the National Workforce Committee and NHS Boards a common approach to workforce planning across the different staff groups. The approach will address the integrated nature of the NHS workforce and the need for consistency in assessing future needs.

By end May 2003

- Regional Planning Groups to agree with constituent NHS Boards and the National Workforce Committee a three-year work programme on the workforce, rolling out regional and local workforce objectives according to agreed targets and initiatives.

⁵ *Future Practice – A Review of the Scottish Medical Workforce, The Response of the Scottish Executive*, Scottish Executive, July 2002: www.scotland.gov.uk/library5/health/fprse-00.asp

⁶ *Caring for Scotland – the Strategy for Nursing and Midwifery in Scotland*, Scottish Executive, March 2001: <http://www.scotland.gov.uk/library3/health/snms-00.asp>

6 Workforce Development Links

Workforce development is central to initiatives designed to deliver many of the commitments outlined in *Our National Health*. This demands a clear, co-ordinated approach across Scottish Executive and NHSScotland to ensure workforce development links fully into ongoing initiatives now and in future.

A description of some of the existing workforce development initiatives already underway in NHSScotland is listed in Appendix 3.

A selection of some of the key links are also set out as follows:

Workforce development links to key NHSScotland initiatives

- Supporting and tracking delivery of Partnership Information Network (PIN) guidelines, and ensuring they are being utilised to maximum effect in developing recruitment and retention, family-friendly and flexible working environments, and health and safety in the workplace;
- Working with RARARI, and others, to follow up initiatives (such as the new consultant and GP contracts and the report for Allied Health Professions *Building on Success*) to develop responses to recruitment and retention pressures in remote and rural areas;
- Linking with those involved in following up the Primary Care Modernisation Group's report, *Making the Connections*, to ensure that workforce development aspects, such as the development of clear positions on 'intermediate care', are addressed;
- Exploring approaches to the training and workforce planning of Allied Health Professionals, developed in the light of the establishment of NHS Education for Scotland and the workforce development arrangements outlined in this Action Plan;
- Co-ordinating action with those involved in taking forward *Caring for Scotland*, the nursing and midwifery strategy for Scotland;
- Supporting policies on redesign and reconfiguration of NHSScotland and on service-wide issues working with, for example, the Chief Executives' Working Time Regulations Solutions Group and the Junior Doctors' New Deal Implementation Support Group;
- Actions to put in place a co-ordinated approach to ensuring all staff in NHSScotland are fit for purpose.

7 Action Plan Outputs

The Action Plan will need to be led and delivered jointly between NHSScotland and SEHD, and will involve many others. All these partners will need to achieve the right balance between ‘top down’ and ‘bottom up’ approaches to ensure that the benefits of workforce development are realised.

Partnership lies at the heart of the approach, with the *Joint Future* agenda and the Scottish Partnership Forum and its counterparts at local and area levels playing a key role in ensuring workforce development works. The outputs are clear.

| The Action Plan outputs | |
|---|---|
| • <i>a co-ordinated approach to workforce development based on agreed common ground, with decisions taken at local, regional and national level</i> | √ |
| • <i>leadership at national level to set clear and firm directions within the wider policy framework</i> | √ |
| • <i>clear identification of the care groups upon which workforce planning will be based across the country</i> | √ |
| • <i>effective mechanisms for undertaking workforce planning for those care groups at local, regional and national level</i> | √ |
| • <i>effective mechanisms, based on robust data, for assessing NHSScotland’s workforce needs five or more years ahead</i> | √ |
| • <i>the production of a Scottish Workforce Plan, which can be regularly reviewed and updated</i> | √ |
| • <i>an effective positioning of NHSScotland’s workforce issues within the wider context of Scottish labour markets, providing a supply-side model of the workforce developed with the education and employment sectors and integrally linked to the demand-side priorities arising from service planning</i> | √ |
| • <i>an approach to the workforce that can support and respond to changing ways of working, developments in service redesign, and the unfolding agenda around Joint Future.</i> | √ |

The future of NHSScotland and the future of the health workforce in its broadest sense are therefore profoundly intertwined. Ultimately, it is not structures but the people who work in those structures who will be the engines of reform. Real and effective change springs from shifts in the culture and behaviour of staff, flowing from a willingness to embrace new ways of working and more flexible approaches to service delivery. That brings workforce development centre-stage in the reform of NHSScotland, because it demands that we invest in a workforce that can - and will - deliver change.

This Action Plan puts in place a systematic approach to workforce development. At a minimum, it will help NHSScotland to make effective, timely decisions on investing in its workforce and thus assist in the improvement of healthcare services. At most, it promises to be a pivotal engine of change which will be at the heart of driving the creation of an NHSScotland fit for the 21st Century, meeting the health and care needs of all the people in Scotland.

Appendix 1

Workforce Development Action Day, 15 April 2002

A Workforce Development Action Day was held on 15 April 2002 to help define the way forward in Scotland for developing a workforce which can deliver real benefits to match the investment which has been committed.

The event brought together some key stakeholders and focused in a practical way on how to take forward the key messages contained in *Planning Together* (the report of the Scottish Integrated Workforce Planning Group) and SEHD's response. This Action Plan reflects the outcomes of that day's discussions.

The Action Day highlighted common ground covering a number of key themes:

- *the need to integrate workforce planning with service planning, joining up the needs of service demand with those of workforce supply;*
- *endorsement of the concept of workforce development as a whole-systems approach to assessing the workforce needs of NHSScotland – embracing not only core planning of numbers, but also new ways of working, career development, recruitment and retention, impact of the working time regulations and the New Deal for junior doctors, links to service redesign, and education and training;*
- *the need to build dedicated, protected and skilled human resource to carry out strategic workforce development at local, regional and national level;*
- *a recognition that workforce development needs to be led at all levels – by individual Boards, at regional level, and nationally - and of the need to define how each level should relate to the others, while also allowing for local flexibility of approach;*
- *a need to build robust and comprehensive HR information systems which provide the evidence-base required to develop effective workforce strategies.*

The Action Day showed a common agenda among everyone involved in this endeavour - above all, a recognition that for too long NHSScotland has lacked a workforce development function that allows for the effective planning of future needs. This Action Plan provides a template for taking forward that work.

Appendix 2

Defining Workforce Development

Workforce development is about much more than workforce planning. It describes a dynamic approach to delivering staff who are fit for purpose in the right numbers at the right places at the right time.

It looks at the workforce as a whole, rather than one divided into separate employers or professional groups, and looks to create and maintain skills and expertise where they are needed to respond to changing demands for services in creative and innovative ways.

Workforce development involves absorbing a range of changing dynamics, but the important part is that decisions are then made on the basis of risk judgements on this information.

The factors that will influence workforce development decisions are ever changing and include:

- *Technology;*
- *Design and configuration of services;*
- *Patient expectations and their involvement;*
- *Employment and statutory legislation;*
- *Employee expectations and lifestyles;*
- *Educational delivery;*
- *Professional boundaries;*
- *Terms and conditions;*
- *Labour markets;*
- *Expectations for governance;*
- *Drivers for reform;*
- *Targets for delivery.*

Workforce development decisions are therefore complex but are essential to address, systematically, all levels of the NHS in Scotland if the future is to be managed effectively. The key issue is to take rather than avoid the difficult decisions that arise from the complexity.

Workforce development is not just about increasing workforce numbers. It is about linking workforce needs to the redesign of services and new ways of working to provide realistic workforce strategies for delivering the service reform agenda. And it is about more effective deployment of the skills and expertise we have at our disposal and that we can expect to become available over the years to come.

Effective workforce development is not only a crucial sign of good modern Human Resources practice, but also the life blood of professions, organisations and services in Scotland. It looks to a wider vision of the employment and educational market than merely supply and demand in Scotland. It is also built on the principles of partnership, internally and externally put into practice.

Appendix 3

Ongoing Workforce Initiatives in NHSScotland

- *Facing the Future*, the national initiative on recruitment and retention for nurses and midwives across Scotland. The arrangements to be established through this Action Plan will play a pivotal role in ensuring co-ordinated and integrated approaches to nurse and midwife recruitment and retention at all levels in NHSScotland.
- *Future Practice*, the Temple Report on medical workforce planning, which makes a number of recommendations on workforce planning for doctors and addresses related issues on basic medical education, recruitment and retention, education and training, and new career structures. Much of this work will be taken forward through the workforce development arrangements detailed in this Action Plan.
- *The Report on the Modernisation of the SHO grade*, which will be recommending a programme-based approach to the training of Senior House Officers. By increasing the time spent on structured training and thereby reducing the amount of service contribution these doctors-in-training can provide, this report could impact significantly on service capacity, with knock-on effects for other medical grades and on the whole healthcare team.
- *Service Frameworks*. These include strategies such as the Cancer Plan, the Maternity Services Framework, the Mental Health Framework and the forthcoming CHD/Stroke strategy. These will all be supported and facilitated by the actions to be taken on workforce development.
- *The work of the Centre for Change and Innovation*. The Centre will help facilitate the reform agenda by fostering and aiding local initiatives to redesign services, and developing the capacity in the NHS to do so. The workforce development arrangements outlined in this Action Plan will complement the *Centre for Change and Innovation*, helping it take forward the change programme and ensuring that the workforce aspects are fully considered.
- *Regional service planning arrangements*. HDL (2002) 10, circulated in January 2002, outlined new arrangements for regional service planning in NHSScotland. These regional planning mechanisms will need to be integrated with the regional workforce arrangements to ensure that regional workforce considerations are joined up with the planning of regional services.

The coming together of these two aspects in an energetic and substantive programme of regional service networks is a crucial development.

- *The Report Building on Success – Future Directions for the Allied Health Professions in Scotland*. This will have significant workforce implications, not just in terms of assessing capacity, but also in forging new modes of working, changes in skill mix, and developments in the roles and responsibilities of members of the whole healthcare team.
- *NHS Education for Scotland* will bring a strategic focus to cross-disciplinary approaches to learning and working across the NHSScotland workforce, and will play a key role in bringing education and training perspectives to the assessment of workforce supply and the development of the right skill sets for the future.

- *Workforce strategies for other staff groups, including managerial, administration, scientific, support and ancillary staff*, and the development of careers pathways for these staff, facilitated by the new *Agenda for Change* pay system. These will need to be addressed and incorporated into the workforce development agenda.
- *Consultation Paper on Abolition of the Scottish Medical Practices Committee (SMPC)*. Abolition will be effected through provisions in the Public Appointments and Public Bodies Etc (Scotland) Bill. The SMPC's core functions in planning and distribution of the GP workforce will transfer to Primary Care Trusts and NHS Island Boards. Checks and balances to ensure that the needs of - and the opportunities provided by - general practice receive proper consideration will be provided by the three regional groups and the National Workforce Unit. The regional groups will also consider appeals made by GPs against decisions made by Primary Care Trusts and Island NHS Boards.
- *The Development of a UK Sector Skills Council (SSC) for Health*, which will help create a workforce that is fit for purpose by:
 - developing the right skills for the health sector
 - influencing the planning and funding of education and training
 - forging links with the education sector to attract young people into careers
 - working in partnership with employers, trade unions and professional bodies.

The workforce development arrangements outlined in this Action Plan will work hand-in-hand with the SSC for Health to ensure that it is responsive to Scotland's needs while also reaping the benefits of operating within a UK-wide context.

- *The work of employment agencies and other institutions influencing labour market movements*. Workforce development for NHSScotland needs to be seen from the perspective of the wider labour market within Scotland, and to be informed by the factors governing supply and demand of labour across all public services, and more specifically for health. There are important roles to be played here - at UK, Scottish and local levels – by the employment agencies and educational institutions which influence the gearing of supply to demand. We therefore see NHS Boards, the regional workforce groups and the National Workforce Unit linking closely with organisations such as *Jobcentre Plus*, *Scottish Enterprise*, *Highlands and Islands Enterprise*, and *Careers Scotland* to ensure that workforce development for NHSScotland is clearly positioned within this context.
- *The Junior Doctors' New Deal Implementation Support Group, the Working Time Regulations Solutions Group, and the Working Time ad hoc Group of the Scottish Partnership Forum*. These groups are addressing the impacts of health and safety legislation and contractual obligations on working time, which are recognised to be among the key overarching challenges facing NHSScotland today. Taken in conjunction with other developments in modes of healthcare delivery, they are major agents of change and powerful drivers of redesign.
- *A generic approach to ensuring that all staff groups in NHSScotland are fit for purpose*. The Bristol Inquiry demonstrated the need for a coherent and consistent approach to ensuring that all parts of the NHS workforce are fit for purpose, not only in relation to clinicians and other professional staff, but also in the case of administrators and managers. This is an area that we will be developing in the light of the recent consultation on the proposed Quality and Standards Board for Scotland, and in taking forward existing policies on under-performing staff.

Appendix 4

Regional and local arrangements - responsibilities for key players

These are some of the key tasks which we expect the key players to carry out in implementing this plan. They will be expanded upon in the Health Department Letter on workforce development which will issue this autumn.

Health Department Directors

- To ensure through the Board that national workforce development is given suitable priority.
- To lead the mainstreaming of workforce development in their individual areas of responsibility.

Board and Trust Chief Executives and Directors

- To invest sufficiently in workforce development to create an effective capacity at Trust and Board level.
- To show energetic leadership of workforce development and to commit to the process of integrating local service planning and workforce development functions, ensuring that the workforce aspects are not submerged by service planning imperatives.
- To work in partnership with regional workforce groups and with SEHD to develop and commit to regional and national workforce strategies in cases where a regional or national approach is most appropriate, even though this may mean resisting more localised solutions to issues.

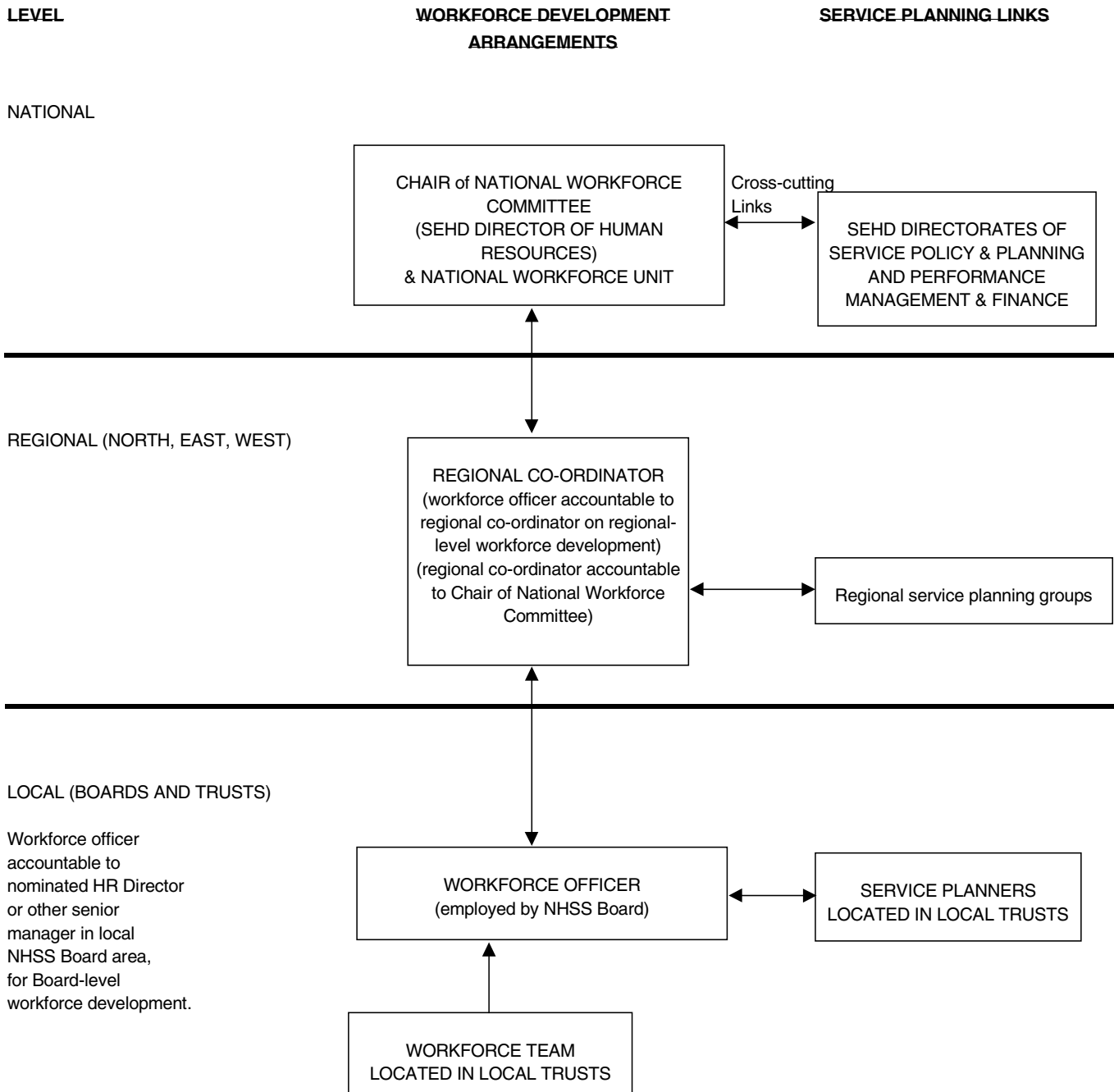
Workforce Officers

- To develop Trust and Board-level workforce strategies and to help develop skills and capacity in workforce development at local level.
- To work to ensure that effective integration of service planning and workforce development functions takes place at Trust and Board levels.
- To build and lead an integrated service planning/workforce development team at local level.
- To work with the regional groups and SEHD to contribute Trust and Board-level perspectives and take back to the Board regional and national perspectives.

Regional Co-ordinators

- To be champions of workforce development in their regions, ensuring 'buy-in' from key stakeholders in local Boards and Trusts and beyond, and clarifying with them roles and responsibilities.
- To bring together local workforce officers and mould them into a team which can produce effective integrated regional workforce strategies and work effectively in delivering the strategic direction given by the national Workforce Committee.
- To build effective relationships with other regional directors; with the national Workforce Committee and the national Workforce Unit; and with other partners, including NHS Education for Scotland, local authorities, employment and careers agencies, and Higher and Further Education Institutions.

KEY ACCOUNTABILITIES/RELATIONSHIPS





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