

A Force for Improvement: The Workforce Response to Better Health Better Care

Planning Conference – Marriott Hotel, Glasgow

24 March 2009

Feedback Report



Conference Objectives

- To act as a planning vehicle for SWAG and Scottish Government Health Directorates following the launch of A Force for Improvement, Better Health, Better Care framework document on 21 January 2009
- To take forward the development process for implementation of the 5 key ambitions and workforce challenges
- To feedback to SWAG for next steps in determining performance indicator measures for the actions against required outcomes
- To feedback to SGHD what can be used in planning an update on the development at the NHSScotland event in 2009

Conference Outcomes

- Development process for the delivery of the framework agreed including key players and timescales
- Broad agreement on communication of the process and next steps
- Feedback into NHSScotland Conference

Participants

The conference was aimed at key players in NHSScotland, particularly Chief Executives, Human Resource Directors, Employee Directors, social care, private and voluntary sector.

PROGRAMME

09.00 – 9.45	Registration
9.45 – 10.00	Welcome and Introductions George Brechin, Chief Executive NHSFife
10.00 – 10.15	A Force for Improvement-moving forward, Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing
10.15 – 11.10	Workshop 1: Ambitions/way forward
11.10 – 11.35	TEA/COFFEE BREAK
11.35 – 12.30	Workshop 2: Challenges/way forward
12.30 – 1.40	LUNCH
1.40 – 2.40	Workshop 3: Challenges/way forward
2.40 - 3.00	TEA/COFFEE BREAK
3.00 – 3.20	A Force for Improvement - words into action Kevin Woods Director General Health and Chief Executive NHSScotland
3.30	CLOSE

Workshop Feedback

AMBITION 1

All staff will be ambassadors for health improvement, safety and quality, using every interaction with individuals, communities and populations, and every patient care episode to maximise their public health and education role

How can we achieve this ambition?

We can do this through:

Raising awareness of the healthy working lives agenda;

Maintaining the momentum of work underway and ensuring activity is meaningful and not just about ticking boxes;

Promoting this agenda to frontline staff; and

Ensuring staff have the appropriate skills and training to be comfortable having a conversation with patients in relation to health improvement.

What needs to be done?

Follow up health promotion opportunities with patients through other forms of communication i.e. leaflets, telephone calls, letters;

Recognise staff health needs and the importance of 'practising what you preach'.

Ensure practical approach for staff e.g. fruit and vegetables being readily available and access to catering services beyond early evening;

Ensure NHSScotland is a healthy place to work. Encourage staff clubs e.g. weight watchers club or other leisure facilities; and

Training in communication skills which are generic and transferable. Ensuring knowledge base to signpost to other support by working with external agencies.

Who needs to be involved?

Staff have to buy-in to this agenda as well as senior management so that this is not seen as an 'add-on' rather than part of their core role.

AMBITION 2

NHSScotland will develop and implement multidisciplinary and multiagency models of care which are more responsive, more accessible and more joined up to meet the needs of local communities and ensure efficient utilisation of skills and resources

How can we achieve this ambition?

We need to work closely with local authorities;
Utilise the Careers framework to assist staff in moving through a career path;
Need to prepare the workforce to accept changes ahead;
Better Health Better Care Action Plan is evolving as the model of care;
Describe function first then form;
Partnership between NHS & public and voluntary agencies and others;
Whole system approach;
Local priorities need to be established and then implemented; and
Deliver small number of changes well and build on this.

What needs to be done?

Better links between health and social care;
Local authority, voluntary sector and private sector involvement;
Respond to personal self directed care plans;
Clarity and alignment between sectors;
Identify education and training needs for the future workforce ;
Need to look beyond traditional medical, nursing and AHP roles;
Change the culture; and
Plan for communities instead of services

Who needs to be involved?

Regulatory Bodies
Voluntary Sector
Private Sector
Wider NHS
Local authorities
Social Services
Care Homes
Education providers
NHSScotland staff

AMBITION 3

NHSScotland will be an “employer of choice” which acquires the best talent, motivates employees to improve their performance, keeps them satisfied and loyal, and provides opportunities of them to develop and contribute more

How can we achieve this ambition?

- Marketing and targeting young people
- Twin track career development – Academic/Apprentice
- Fairer performance management
- Be competitive in market place and promote all NHS benefits
- Develop managers through a more structured approach to their career
- Manage static workforces in remote and rural locations which carry benefits and risks
- Develop the ambition in partnership with social care
- Recognise/understand importance of loyalty; whole system, localised or team based
- Promote flexible working

What Needs to be Done?

- Aim to be part of Times top 100 employers
- Engage young people and the older workgroup
- Market NHSScotland
- Encourage career changes utilising the career framework
- Enact Staff Governance Standard making it more tangible
- Celebrate what is good in NHSScotland
- Develop training and development networks both nationally and locally
- Establish differences in employment packages in Boards and harmonise this
- Engage at school level with a standardised national approach
- Actively compete with private sector
- Work with local authorities not against them
- Use the opportunity in the current economic climate to attract fresh talent
- Retain successful differences in approach to recruitment across staff groups

Who needs to be involved?

- Job centre plus
- Career advisors
- HR Teams
- Staff Side
- Partner Agencies
- Scottish Government

AMBITION 4

All Staff in NHSScotland will work together to promote the benefits of preventative action and measures of self care for patients and the public across a range of health issues, supporting them in ensuring that they have the knowledge and understanding to undertake this and where appropriate to seek expert advice and treatment.

How can we achieve this ambition?

Firstly need to establish the definition of self care.

We need to ensure that services are accessed appropriately.

We need to look at other sectors and make use more of Telehealth/E-health/telecare.

We have to communicate the message about self care widely and through different means in plain English

Avoid people feeling they are being preached to by health professionals who may not themselves be healthy

What needs to be done?

Self-management does not work well at present and we need a change in culture.

More resources need to be put into education and health promotion to raise profiles

Plan innovatively eg lower socio-economic groups do not have access to computers.

We need to provide more information and staff need to know where to find that advice.

NHS 24/NES needs to be used more frequently.

We need to provide staff with the education and skills to manage their own long-term conditions.

We also need to provide staff with the opportunity to participate in healthy activities.

Encourage employers to provide staff with schemes such as cycle to work/computer initiative/child care vouchers which assist in the reduction of Tax contributions.

Reduce sickness absence and address stress in the workplace.

More emphasis on Health at Work(HWL) and healthy workplaces.

Need to pull together the various initiatives and not run them in silos

Who needs to be involved?

Everybody needs to be involved.

AMBITION 5

We will work together with Universities, Further Education and the wider education sector to encourage and maximise flexible access to education and training, for people already working in NHSScotland and those with aspirations to join, that is reflective of the changing demography and increasing diversity of Scotland

How can we achieve this ambition?

Bring NHSScotland Boards as employers and education providers together for real engagement

Better understanding of each others needs/aspirations-access, flexibility, appropriate qualifications

Appreciation of impact of planned changes in skillmix

Key role of trade unions and professional bodies working in partnership

Maximise bargaining and buying power of NHSScotland in commissioning education and training to achieve best value

Invest in current workforce in new/innovative ways

Robust workforce planning data to inform workforce projections and modelling

What needs to be done?

Better strategic engagement and understanding of policy and service changes between health and education priorities to ensure more responsiveness to NHS education and development needs

Build on work already underway developing a core curriculum

Proactive 2 way communication using models such as Radiography

Question 3 – Who needs to be involved?

Scottish Government

Scottish Funding Council

NHSScotland Boards

Professional heads/leads

Regulatory bodies

Challenge 1 Tackling Health Inequalities

What streams of work are you already aware of that this workforce policy needs to link up with in taking forward the actions?

Look at the richness of information that we have already

Consider the training programmes already in place and if they take into account multi-disciplinary training in joined up co-ordinated teams

Ensure tackling Health Inequalities cuts across rather than being a separate stream

Join up what we already have: Have a Heart Paisley, Keep Well, National Patient Safety Programme

Through the National Patient Safety Programme focusing on patient experience there may be a clinical governance route to feed into the national health inequalities agenda.

At what level is this work being taken forward and who are the key people to link up with?

Understanding Health Inequalities is being taken forward at all levels

Senior management in NHSScotland have to demonstrate competency in this area to make the links

At local level, need to ensure workforce plans reflect the social economic circumstances maintaining the opportunity to include those furthest removed from the labour market

What are the gaps that need to be plugged and how do we do this? Who should lead and/or be involved in this work?

We need to:

work in a co-ordinated joined up way linking with other agencies

demonstrate strategic leadership

know how NHSScotland as an employer makes an impact on Health Inequalities in relation to employment practice

develop education and training with an Equality & Diversity/ Health Inequalities component to develop the workforce to be ambassadors

ensure health inequalities runs through all and is not stand-alone

be aware of the diverse make-up of the workforce, concentrate on skills and competencies, not separate community from workforce because it is the workforce

collectively have these discussions as employers, government and society

support/value the right behaviours linking with KSF

support and educate new parents, look at nutrition, schools and target the 'early years'

give patients more power allowing them to be more assertive, confident and articulate

better understand Violence and Aggression looking at factors other than alcohol/drug abuse

value robust patient histories in relation to the wider health inequalities agenda

Challenge 2 Shifting the Balance of Care

What streams of work are you already aware of that this workforce policy needs to link with in taking forward action?

Shifting the Balance of Care is an umbrella improvement programme which needs to be supported by shifting resources in the following areas:

18 week Referral to Treatment

Integrated working across health and social care

Emergency access

Care at Home

Carers support

Long term conditions and self care

Living and dying well

Remote and rural

Non medical practitioners doing more outside acute hospitals

Near Patient testing (community hospitals)

Modernising Medical Careers/Modernising Clinical Careers

Working Time Regulations

Workforce planning

Knowledge and Skills Framework

NHS Education for Scotland work mapping available training for health and social care New roles in relation to the early years framework

Development of community and integrated multidisciplinary teams

Co- location

Organisational Change and improvement

At what level is this work being taken forward and who are the key people to link up with?

Senior NHSScotland management

Community Health Partnerships

Joint Improvement Team

Voluntary sector

Housing/transport and social care sectors

Human Resources and Organisational Development Leads

Special Health Boards:NHS Education for Scotland,

Quality Improvement Scotland, Health Scotland,

What are the gaps that need to be plugged and how do we do this? Who should lead and/or be involved in this work?

We need to:

have a 5 year vision and resource assessment

need to measure impact of changes in terms of the National Performance Framework, HEAT targets, community care outcomes and SOAs

identify and plug gaps in what NES, QIS, Health Scotland are working on

encourage GPs, British Medical Association and Royal Colleges to lead/ be involved

determine who is accountable and where the responsibility lies (health/social care)

redesign care and develop appropriate skills knowledge to deliver

be aware of issues around different terms and conditions of service.

shift location of care, shift responsibility for care and shift focus of care

involve central government, housing, social work, transport, technology providers

develop support for communities

build better relationships with voluntary, care homes, social and private sector

consider more choices more chances to attract employees and create solutions to sustainable workforce.

ensure service changes have full engagement with possibly formal public consultation

consider the best place possible for care of individuals

Challenge 3 Ensuring a Quality Workforce

What streams of work are you already aware of that this workforce policy needs to link with in taking forward action?

Healthcare Academy concept targeting social inclusion and recruitment
Health Improvement policy at national level
Performance Indicators at national level
Patient Rights Bill
Mutuality concept
Equality and Diversity agenda
Careers Framework/skills agenda/ modern apprenticeships
Embedding work on core principles of LEAN
National dignity at work programme
Staff governance
Knowledge and skills framework
Patient safety programme
Reflective practice
Health Quality Improvement Tools
Review of Nursing in the Community
Productive ward methodology

At what level is this work being taken forward and who are the key people to link up with?

Leaders
Senior/middle managers
Human Resources and Organisational Development staff
Staff Side
Workforce Development Staff
Links need to be at national and local level

What are the gaps that need to be plugged and how do we do this? Who should lead and/or be involved in this work?

Need to integrate A Force for Improvement into existing workstreams

Identify workforce need

Promote a learning culture in NHSScotland

Emphasise communication is key and is consistent, clear and easily understood

Develop an employee pathway

Need to sell ourselves better

Develop people into new posts and grow from within

Workforce needs to be at centre of all we do and needs to be trained appropriately

Make Better Health Better Care real for staff and involve staff

Need for development of broader and more effective leadership programs

Effective management and leadership skills at all levels and empowering all grades

Career Progression and succession Planning

Refocus on positives and celebrate success

Managers need to be seen and have the skills to manage the business and expectations

Workforce needs better understanding of organisational structures

Ensure NHS Scotland is in a position to meet statutory requirements

Challenge poor performance – setting out what is good performance

Clarity required about partnership working and changing terminology in staff governance standard to make it real

Clarifying behaviours, team working, loyalty, performance, boundaries of partnership working

Challenge 4 Delivering best value across the workforce

What are the streams of work you are already aware of that this workforce policy needs to link up with in taking forward?

Leadership competency framework

Organisational Development

NES leadership work

LEAN improvement methodology

The patient safety initiative.

Productive ward initiative in Nursing.

Modernising Medical Careers

Performance management

Quality Improvement Scotland tools

NES/QIS quality improvement initiatives

National skills strategy and skills utilisation to fit with best value and improving practice

At what level is this work being taken forward and who are the key people to link up with?

co-ordination of all work streams by SGHD and NHSScotland

service improvement and OD leads

clinicians ensuring different initiatives within professional silos are shared

What are the gaps that need to be plugged and how do we do this? Who should lead and/or be involved in this work?

Need to :

define Best Value and be clear about what we are trying to achieve.

articulate our model of leadership which needs to be developed and engaging and link with frontline staff.

develop middle managers and nurture talent

address risk taking, objective setting and performance management as well as communication.

link service improvement to leadership, engagement and participation.

standardise use of LEAN methodology across NHSScotland and train more people in this methodology.

recognise status quo not sustainable and we will have to make difficult decisions.

get the organisational framework right with OD Leads linking into engagement philosophy and HR Directors need to manage the OD work programme

rank and demonstrate right behaviours in delivering change from top down
manage poor performance
develop a change and improvement plan integrating all the work that is happening
engage those outwith KSF consultants/GPs and prioritising resources regarding KSF
utilise KSF/eKSF/Skills for health/career framework
provide partnership training for staff to enable better understanding
have consistency of care with better understanding of workforce dynamics and skill mix – resource and productivity profile
benchmark the workforce against clinical activity with better training to support this
evaluate differing models of care considering our partners in care
translate A Force for Improvement into something more meaningful and understandable and simple/short/jargon free
strengthen supporting innovation and empowering
make actions in document SMARTER, less task and more outcome focussed

Challenge 5 Moving towards an integrated workforce

What streams of work are you already aware of that this workforce policy needs to link with in taking forward action?

Capacity and Delivery plan

Review of workforce planning HDL

Integration of service/workforce/finance plans

Single Outcome Agreements

HEAT targets

Local Delivery Plans

Board collaboration groups

Efficiency and productivity group

Out of Hours Group

National Service Improvement group

Research

NHS Education for Scotland work programmes

Research evidence still in development

ISD

Public Health Observatory

Data Sharing

Welsh workforce planning model

Nursing and AHP modelling tool

Community Health Partnership data

Regional and national planning

GP workforce survey

CHP workforce census

Community nurse census

NMWWP and AHP WWP

Community pharmacy survey

Collaboration in health and social care

need clarity on health/social care workforce

good practice in service delivery

joint workforce/finance plan for SOA/LDP

joint training and development strategy

At what level is this work being taken forward and who are the key people to link up with?

Board, Regional, National level

Interagency

Workforce planners

Service planners

Finance

Local Authorities

voluntary organisations

professional and academic bodies

GRO census data

CHPs

ISD

What are the gaps that need to be plugged and how do we do this? Who should lead and/or be involved in this work?

General

- sharing of workforce data and intelligence is piecemeal
- workforce needs to be at the heart of strategic planning and should be coordinated at National and Board level
- Need to support courage, innovation leaps of faith
- Clarity of purpose, ownership outcome benefit to the patient
- Overcome self and professional interests to put the patient first
- Need to focus on the patients what they want and need in service delivery and skills competences required

Capacity and Delivery Plan

- Too many plans and workstreams
- LDP is short term and target focussed so not comprehensive
- Need clarity of scope and ownership around capacity and delivery plans
- Review staff group planning in silos
- Need to create a partnership approach to planning
- Need a national forum for collaboration of service and workforce planners made up of Scottish Government, Board and regional planners

Data sharing

- Information gaps
- Need national guidance
- Collaborate on our workforce data
- Accuracy in upload of SWISS data is an issue
- Simple methods of data gathering electronic
- Simple methods of translating data into key messages and common themes

Research

- Lack of joined up research and approach
- Need workforce evidence

Collaboration in health and social care

- Cross agency engagement and strategic development in joint planning and delivery
- Lack common definitions of roles in Local Authorities
- Service planning silo based and not multi agency
- Need to make language more accessible
- Map existing skills in NHS, local government, voluntary sector
- Invest in integrated education and development

Can we exploit e approaches and shared services

Need for integrated health and social care and integrated workforce planning

THE WAY FORWARD

How would you suggest SWAG take this responsibility forward?

Provide clarity around the role and remit of SWAG, including the sub groups, priorities, objectives, and workforce plans. Request views from APF's/LPF's on prioritisation of actions

Devote time and effort to the work. Support the concept and raise awareness.

Concentrate on workforce development i.e. quality workforce, ambassadors

Progress further development of partnership/employee engagement within the mutuality concept once mutuality has been defined. Ensure links to all staff – not just clinicians

Keep it simple – not just another initiative, keep within existing plans

Set work within the HR/OD agenda although it should not be seen as only HR/OD issue. Use of structured meetings for this agenda under headings within AFFI

Further develop regional structures to take this forward. Consider a national core with local differences

Link the work into existing workstreams and improve communication and clarity around areas of responsibilities

Align current Staff Governance agenda with the aspirations of A Force for Improvement

Link with

- KSF in most areas – make it meaningful
- Career framework
- performance management
- current context reflecting economic climate
- workforce planning
- joint future agenda
- NES
- other non NHS key stakeholders

Identify outcomes and what success looks like and celebrate when it is achieved

What might the performance indicator measures look like and how should they be monitored?

- Include as part of performance framework and not another tick box exercise
- Clarity around monitoring role avoiding another monitoring tool
- Use of narrative from LDP's, existing systems
- Give consideration to the cause and effect of integration
- Consider how to empower staff

What do they and others need to do?

- Be patient focussed
- Get to the heart of mutuality

Who else needs to be involved?

- Patients / Carers
- NES –ensure workplan supports Board requirements
- Skills for Health
- Education providers
- Occupational Health Safety Advisory Service
- Staff side/ professional organisations
- Partner organisations
- Private contractors
- GP's
- Local authorities
- Voluntary organisations
- Scottish Higher Education Funding Council
- Scottish Social Services Council
- Regulatory bodies
- Skills development Scotland

Key Messages -Words into Action

Kevin Woods Slides

- Key Messages from the Workshop Sessions.

A FORCE FOR IMPROVEMENT

WORDS INTO ACTION

DR KEVIN WOODS
Chief Executive NHSScotland and
Director General Health and Wellbeing
Scottish Government

Ambitions

- We need to make the NHS a healthy place to work
- All NHS Staff need to be in a position to be ambassadors for prevention and self care
- Training the workforce of tomorrow is as important as caring for patients of today
- Culture and cultural shift required within organisations and professions to put the patients at the centre
- Improving relationship between education and NHSScotland to improve knowledge of supply and demand

Challenges

- Use KSF and recruitment processes at all levels to raise the profile of health inequalities and awareness of influence on patients
- Language must be about engaging frontline staff; innovation, support, empowerment, risk taking
- Planning and looking at what models and solutions are already in place taking account of current circumstances
- Reputation management critical – ensure staff feel proud to be part of NHSScotland. Reward good performance and tackle poor performance
- Recognise the need to be joined up in planning for an integrated workforce and build on existing best principles

Way Forward

- Need to concentrate on workforce development
- Moving forward we need to link into national performance framework – not create a separate monitoring tool
- Patient focus – heart of mutuality

Annex A

Nicola Sturgeon, MSP, Cabinet Secretary for Health and Wellbeing Speech

Good morning everyone. I am very pleased to be with you all in Glasgow today to open this planning conference on the ambitions and challenges outlined in 'A Force for Improvement' which I launched on 21 January this year.

It is encouraging to see so many Health Boards represented here today as the work done today will impact on all NHS Scotland staff in the future. I welcome representatives from Skills for Health, Scottish Social Services Council, the Improvement Service for Local Authorities and others who will work with us today in the workshops and help us take the workforce agenda forward.

Commitment

I said back at the launch in January that I wanted to continue to highlight the role and value of staff in NHSScotland and to underline my commitment to you and the work that you do. Today is a further opportunity to do that.

Vision

Our vision is to ensure that we meet the needs of individuals and communities by providing high-quality, safe and effective care through an empowered and flexible workforce which understands the diverse needs of the population it serves and which chooses to work for, and remains committed to, NHS Scotland.

To make this vision a reality, NHS Scotland and its workforce have been asked to focus on five key ambitions related to the five core workforce challenges for the 21st century. Let me remind you of how ambitious we want to be. We are saying that:

- All staff will be ambassadors for health improvement, safety and quality, using every interaction with individuals, communities and populations, and every patient care episode to maximise their public health and education role
- NHSScotland will develop and implement multi-disciplinary and multi-agency models of care which are more responsive, more accessible and more joined up to meet the needs of local communities and ensure efficient utilisation of skills and resources
- NHSScotland will be an “employer of choice” which acquires the best talent, motivates employees to improve their performance, keeps them satisfied and loyal, and provides opportunities for them to develop and contribute more

- All staff in NHSScotland will work together to promote the benefits of preventative action and measures of self care for patients and the public across a range of health issues, supporting them in ensuring that they have the knowledge and understanding to undertake this and where appropriate to seek expert advice and treatment
- We will work together with Universities, Further Education and the wider education sector to encourage and maximise flexible access to education and training, for people already working in NHSScotland and those with aspirations to join, that is reflective of the changing demography and increasing diversity of Scotland

These ambitions may appear quite a tall order and aspirational - but they are not impossible to achieve. We need to be bold, stretching ourselves and reaching high.

In today's workshops you will be setting out how best to take forward 'A Force for Improvement', looking first at these 5 ambitions, before moving on to the workforce challenges identified in the framework.

You will be considering how to link up with work that is already underway; how to add value to that work through the workforce focus; how to identify and plug gaps in the work; and how to work together with key delivery partners on a very busy agenda.

It is important that we agree not only what we need to do, but also how and who should take it forward, and how we should measure and report on progress.

I am very pleased that the Scottish Workforce and Staff Governance Committee, known as SWAG, will monitor and support NHSScotland's progress and delivery of 'A Force for Improvement' as part of its wider advisory role in relation to the implementation of Better Health Better Care.

We need to ensure that the delivery and support for this work is taken forward in partnership and is owned by NHSScotland and partners.

Role of the workforce

The workforce has a significant role to play in the drive towards creating a "Healthier Scotland" through health improvement; tackling health inequality; and improving the quality of health care.

Better Health Better Care emphasised our commitment to mutuality and we are keen to build on existing excellent work by NHS staff towards this by clarifying patient's rights and responsibilities.

We know how important it is that people are treated as individuals, that their healthcare responds to individual need and that patients participate in their own healthcare – the Patients Rights Bill, currently under a consultation process, should contribute to this.

NHSBoard engagement

That is why it is so important for all NHSBoards to engage in taking forward 'A Force for Improvement' and harness the potential power of their workforce and the wider health and social care workforce over the next ten to twenty years.

'A Force for Improvement' aims to make a real difference to the lives of individuals, communities, patients and staff providing clarity and coherence for NHSScotland and its key partners in delivering care within a very complex environment.

At times, this complexity can be very confusing for those delivering and those receiving care and there are many different perspectives.

Patients want safe; high-quality; joined-up services that are delivered through a modern; skilled and dedicated workforce.

Individuals and communities want services planned and delivered which are appropriate to their needs.

Staff want to be valued through rewarding employment opportunities and being empowered to support and lead effective change.

NHS Scotland strives to be an employer of choice which has a flexible and sustainable workforce that is well trained, informed and which understands and respects the needs of Scotland's diverse population.

Links with the staff survey 2008

When I launched 'A Force for Improvement' I also announced the results of the 2008 NHSScotland Staff Survey on the same day. The need to listen, learn from the results of the survey and take action fits well with the messages within 'A Force for Improvement: the workforce response to *Better Health, Better Care*'.

The Staff Survey reports on issues which are important to NHSScotland becoming an exemplary employer. The results as a whole were positive and showed a significant improvement when compared to the 2006 survey in a context of challenge and change.

We can of course always do better and Boards are already working on their own action plans at local level. Staff need to know that their voice has been heard and more importantly acted upon

Links with Working Well

At the same launch I also announced a £1.5 million Working Well Challenge Fund to be available to NHS Boards in 2009/10 to ensure that Boards were in a position to act on the findings from the staff survey, as they related to the *Working Well* agenda.

The concept of *Working Well* fits in well with the messages within 'A Force for Improvement'. The resources making up the Fund will enable Boards to build on existing good work and develop new and complementary approaches. The Fund will be opened up for bids shortly, and I encourage all Boards to consider how the Fund might benefit and submit bids.

Concluding Remarks

I hope I have been able to demonstrate again today that NHS staff remain a central part of my and this government's commitment to the National Health Service.

However, we cannot achieve our workforce vision without listening to and working with our delivery partners. Today we are working together with them in planning our next steps to take forward 'A Force for Improvement'; working up the details of a work programme which will take us into the future.

There is much hard work ahead for us all, not just for today but into the coming weeks and months. I very much look forward to hearing about the outcomes from today and progress being made over the months ahead. I hope you all enjoy the day.

ANNEX B

Workshop Plan

Workshop 1A Ambition 10.15 a.m.	Workshop 1B Ambition 10.15 a.m.	Workshop 1C Ambition 10.15 a.m.	Workshop 1D Ambition 10.15 a.m.	Workshop 1E Ambition 10.15 a.m.	Workshop 1F 10.15 a.m.
<p>Ambassador Role <i>How staff can use every interaction/every patient care episode to maximise their public health & education role</i></p> <p>Leads LAURA ROSS JANIS TORBET Scribe SHAZIA ASHRAF</p>	<p>Models of Care <i>Development of multi agency/disciplinary models of care which meet the needs of local communities</i></p> <p>Leads SYLVIA WYATT ANNE MCPHERSON Scribe CAROLINE FEE</p>	<p>Employer of Choice <i>Acquiring & motivating the best talent and keeping them satisfied and loyal</i></p> <p>Leads CAROL SINCLAIR SHARON MILLAR Scribe JOHN DAVIDSON</p>	<p>Prevention & Self Care <i>How all staff can work together to promote preventative measures and self care - and ensuring they have the skills to undertake this</i></p> <p>Leads MARGARET DUFFY MARK SINCLAIR Scribe ALISON JOHNSTON</p>	<p>Working Together <i>Working with the “Education” sector to maximise access to education/training for those in the NHS and those aspiring to join</i></p> <p>Leads PATRICIA LEISER LINDA DONALDSON Scribe KERRY CHALMERS</p>	<p>Way Forward <i>Identifying ways of communicating and measuring progress on ambitions at a local and national level</i></p> <p>Leads HUGH SWEENEY ANNE GENT Scribe WILMA BROWN</p>
Workshop 2A Challenge 11.35 a.m.	Workshop 2B Challenge 11.35 a.m.	Workshop 2C Challenge 11.35 a.m.	Workshop 2D Challenge 11.35 a.m.	Workshop 2E Challenge 11.35 a.m.	Workshop 2F 11.35 a.m.
<p>Tackling Health Inequalities <i>How NHSScotland and the wider health & social care workforce can contribute to health inequalities</i></p> <p>Leads TIM WARREN JANIS TORBET Scribe SHAZIA ASHRAF</p>	<p>Shifting the Balance of Care <i>Delivering new models of care – ensuring that care and support services are fit for purpose.</i></p> <p>Leads SYLVIA WYATT ANNE MCPHERSON Scribe CAROLINE FEE</p>	<p>Ensuring a Quality Workforce <i>Ensuring a quality workforce through contrasting the employee experience and the patient experience.</i></p> <p>Leads CAROL SINCLAIR SHARON MILLAR Scribe JOHN DAVIDSON</p>	<p>Best Value <i>Empowering staff to deliver best value through delivering quality services in a sustainable way to meet patient need.</i></p> <p>Leads MARGARET DUFFY MARK SINCLAIR Scribe ALISON JOHNSTON</p>	<p>Integrated Workforce <i>Workforce needs to be part of a planning framework that supports service planning at every level.</i></p> <p>Leads PATRICIA LEISER LINDA DONALDSON Scribe KERRY CHALMERS</p>	<p>Way Forward <i>Identifying ways of communicating and measuring progress on challenges at a local and national level</i></p> <p>Leads HUGH SWEENEY ANNE GENT Scribe WILMA BROWN</p>

Workshop 3A Challenge 1.40 p.m.	Workshop 3B Challenge 1.40 p.m.	Workshop 3C Challenge 1.40 p.m.	Workshop 3D Challenge 1.40 p.m.	Workshop 3E Challenge 1.40 p.m.	Workshop 3F Challenge 1.40 p.m.
<p>Tackling Health Inequalities <i>How NHSScotland and the wider health & social care workforce can contribute to health inequalities</i> Leads TIM WARREN JANIS TORBET Scribe SHAZIA ASHRAF</p>	<p>Shifting the Balance of Care <i>Delivering new models of care – ensuring that care and support services are fit for purpose.</i> Leads SYLVIA WYATT ANNE MCPHERSON Scribe CAROLINE FEE</p>	<p>Ensuring a Quality Workforce <i>Ensuring a quality workforce through contrasting the employee experience and the patient experience.</i> Leads CAROL SINCLAIR SHARON MILLAR Scribe JOHN DAVIDSON</p>	<p>Best Value <i>Empowering staff to deliver best value through delivering quality services in a sustainable way to meet patient need.</i> Leads MARGARET DUFFY MARK SINCLAIR Scribe ALISON JOHNSTON</p>	<p>Integrated Workforce <i>Workforce needs to be part of a planning framework that supports service planning at every level.</i> Leads PATRICIA LEISER LINDA DONALDSON Scribe KERRY CHALMERS</p>	<p>Way Forward <i>Identifying ways of communicating and measuring progress on challenges at a local and national level</i> Leads HUGH SWEENEY ANNE GENT Scribe WILMA BROWN</p>

Annex C

Conference Delegate List

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95 Total delegates at the event

ANNEX D

Conference Evaluation

Did you find the conference relevant and interesting? 100% positive

Did you feel there was enough time for discussion and networking? 100% positive

Workshop ratings session 1:

Ambassador Role	majority for good
Models of Care	majority for good
Employer of choice	majority for average
Prevention and self care	majority for good
Working together	majority for good
Way forward	majority for good

Workshop ratings session 2 and 3

Health Inequalities	majority excellent
Shifting the balance	majority average
Quality workforce	majority excellent
Best value	majority good
Integrated workforce	majority good
Way forward	majority good

Services provided by the hotel

Accessibility	majority good
Facilities	majority good
Catering	majority good
Staff	majority good

Service provided by SHSC events

Communication majority good

Joining instructions majority good

Organisation on the day majority good/excellent

Specific Comments

More people from a non health background would have been welcome

Gap of operational managers and frontline deliverers of service at conference

Long time for lunch and not enough time to debate issues outside the workshops

Workshop methodology could have been more action orientated

Layout and position of workshop rooms could have been better