



# **EVERYONE MATTERS: 2020 WORKFORCE VISION**

**Summary of engagement  
and consultation responses**

# Developing Our 2020 Workforce Vision

## A Summary of Our Approach to Engaging and Consulting with Stakeholders

### Introduction

Our people, in all of the disciplines which make up our modern workforce, are fundamental to delivering against the key ambitions and challenges set out within the Healthcare Quality Strategy for NHSScotland, the 2020 Vision for Healthcare in Scotland and the Scottish Government response to the 2011 Christie Commission Report on the Future Delivery of Public Services. We have now developed a vision of what the workforce needs to look like in order to deliver against these ambitions and meet these challenges.

At the outset of our journey, we set out a clear commitment to embarking on an ongoing process of communicating with staff and seeking to engage them in the development of a 2020 Workforce Vision. We recognised that a 2020 Workforce Vision needs to be appropriately informed and that our staff are well placed to be advised on what it should include. We also, crucially, recognised that the 2020 Workforce Vision needs to be one in which our workforce share, and that we will not succeed in achieving it without the ongoing support and commitment of our staff.

We set about this process of engaging with staff within NHSScotland, as well as wider key stakeholders, through three distinct phases: **early-engagement** (to establish the need for a 2020 Workforce Vision and key themes which would need to be considered in developing such a Vision); **an initial phase of communication and engagement with NHSScotland staff** (to communicate the need for a 2020 Workforce Vision and to seek input from staff to help shape that Vision) and, lastly, based on what people had told us from this earlier work, we issued an outline 2020 Workforce Vision for **consultation** and subsequently used feedback received to develop the final 2020 Workforce Vision which is being launched at the 2013 NHSScotland Event.

The purpose of this paper is to take you through the 2020 Workforce Vision development journey and to demonstrate how the views of around 10,000 NHSScotland staff, as well as many other key stakeholder groups, have informed this work, through what has been potentially the most extensive NHSScotland-wide exercise in listening to staff and seeking their qualitative feedback to help shape strategic direction, and why, as a result, we can be confident of having produced an appropriately informed, and shared 2020 Workforce Vision.

# ENGAGEMENT

## Early Engagement

Since publication of 'A Force for Improvement' (2009), the context within which the workforce is operating has changed significantly, with a different political, economic and cultural focus. Following a period of initial scoping in early 2012, which established the need to develop a 2020 Workforce Vision, early engagement thereafter took place with a range of stakeholders around the impact of the changing strategic context on the workforce, the changes needed to equip the workforce to respond to the 2020 Vision for Healthcare in Scotland and how a national approach might support this. Stakeholders in this early engagement included NHS Board Chairs, Chief Executives, Directors of Human Resources and Employee Directors, representatives of recognised trades unions/professional organisations and representatives from Scottish Government, and, importantly, around 100 people who participated in a session at the 2012 NHSScotland Event on the development of a 2020 Workforce Vision, as well as many more who shared their personal values to generate a 'Value Wordle', most of whom would have been members of the NHSScotland workforce.

From the outputs of this early engagement, a series of key themes emerged which were used to shape the direction of subsequent work, particularly in relation to an identified need for a 2020 Workforce Vision to focus on the areas of 'governance, engagement and empowerment', 'capability and leadership' and 'modernisation and capacity' and cross-cutting work in relation to 'culture, values and behaviours' and 'integration'.

## **Initial Phase of Communication & Engagement with NHSScotland Staff**

An initial phase of communication and engagement with NHSScotland staff took place between 13<sup>th</sup> December 2012 and 28<sup>th</sup> February 2013.

In determining the approach to be taken, a working group was formed, comprising representation from NHSScotland Human Resource Directors, Employee Directors and Strategic Communications Leads, as well as representatives from Scottish Government.

Key objectives, to support the overriding goal of supporting buy-in to an appropriately informed 2020 Workforce Vision were identified as follows:

- We wanted as many staff as possible to be aware of work to develop a 2020 Workforce Vision and why; and of the genuine commitment to seeking their engagement to inform its development.
- We wanted as many staff as possible to know how to and be able to contribute their feedback as part of the development of a 2020 Workforce Vision and whilst, ideally, we hoped to capture the views of a minimum of 5% of the NHSScotland workforce as part of this process, it was equally important to us that such views came from a representative cross-section of the workforce
- Ultimately, we wanted staff to have a clear line of sight between this initial phase through to the launch of the 2020 Workforce Vision and its subsequent implementation, and for staff to be able to clearly see how their input had helped to inform this work.
- We wanted to encourage local Board ownership of the communications and engagement process, to support their subsequent ownership of the resulting 2020 Workforce Vision, and therefore wished this work in the main to be undertaken at local Board level and enabling local flexibility of approach. That said we equally recognised the need for broad consistency of approach in relation to both communication and engagement.
- We also recognised challenges in relation to geography, staff working bases, working patterns, the variety of different staff groups that exist and the fact that not all staff have access to IT or are IT-literate. As such, we recognised that a combination of more than one approach would be required if we were to maximise coverage of communications and engagement participation levels.

A Communications and Engagement Toolkit was subsequently developed and issued to NHS Boards on 13<sup>th</sup> December 2013, which contained guidance and resources for use as part of the initial communications and engagement phase of the 2020 Workforce Vision development process. Boards were asked to use local channels of

communication and the set of resources provided, in order to maximise coverage, impact and clarity of understanding amongst staff about the key messages provided on the 2020 Workforce Vision and development process, giving particular consideration to any local issues of staff accessibility. Boards were also asked to undertake facilitated discussions with a view to maximising participation and ensuring involvement of a representative cross-section of their workforce. Given recognition of the need for local flexibility and whilst guidance on the approach to be followed was provided, Boards were asked to provide a copy of their local communications and engagement plans in order to provide assurance at the approach being taken within their respective organisations.

A 2020 Workforce Vision website was also developed (which was launched on 7<sup>th</sup> January 2013) to supplement to supplement work at local Board level, providing an additional means of communication and engagement with staff in the development of a 2020 Workforce Vision, whilst at the same time creating a platform for cross-organisational discussion. Site users were able to participate through the online discussions or, alternatively, submit their thoughts directly to the project team, and were able to do so anonymously if they chose.

Engagement participants were asked to consider the following questions:

What will the NHSScotland workforce need to look like in order to achieve the aims/ address the challenges as set out within the Quality Strategy, 2020 Vision and the Scottish Government response to the Christie Commission Report? In particular, we would like your views on:

- The nature of job roles and the makeup of the workforce;
- The skills and behaviours required;
- Use of technology and new ways of working;
- The way we manage and lead; and
- The way teams work.

Against each of the above areas, consider:

- What will need to be improved or changed?
- How these improvements or changes might be made?
- What the potential barriers are to making these improvements/changes, and how these might be overcome?
- How a national 2020 Workforce Vision might support this?

How can we make sure that the NHSScotland workforce understands and is motivated to achieve the 2020 Workforce Vision, once developed, as well as the wider future context as described in the Quality Strategy, 2020 Vision and the Scottish Government response to the Christie Commission Report?

**Participation**

Based on the information provided from NHS Board returns received, from participation in the 2020 Workforce Vision website online discussion and from feedback received directly via a dedicated 2020 Workforce Vision email address, participation levels were as follows:

- 9234 participants
  - o 9108 through engagement within Boards (either specific to the 2020 Workforce Vision or specific to relevant local work already undertaken)
  - o 117 staff registered with the online discussion forum
  - o 9 staff who submitted feedback via the dedicated email address

We are still waiting for final details of participant numbers from a small number of Boards. As such, this overall total may be considerably higher.

Breakdown by staff group was available for 71.75% of participants. Of that group, the breakdown was as follows.

Nursing & Midwifery	37.07%	(42.7%)
Administrative Services	28.58%	(18.3%)
Support Services	11.29%	(10.3%)
Medical (Hospital, Community & Public Health Services)	4.80%	(8.5%)
Allied Health Professions	9.99%	(7.2%)
Healthcare Science	3.59%	(4.0%)
Emergency Services	0.13%	(2.8%)
Other Therapeutic Services	3.32%	(2.7%)
Medical & Dental Support	0.36%	(1.4%)
Personal & Social Care	0.29%	(0.7%)
Dental (Hospital, Community & Public Health Services)	0.58%	(0.5%)

Figures in brackets show the equivalent breakdown of the NHSScotland workforce as at 31<sup>st</sup> December 2012 (source, ISD). Whilst there is slight negative variance against some staff groups, staff participation within the initial engagement phase is shown to be broadly representative of the wider NHSScotland workforce when broken down by staff group.

Breakdown of participants was also sought by pay band/grade. However, as this information was only available for 21.75% of participants, an accurate comparison could not be made due to the absence of pay band/grade data for the majority of participants.

## Engagement Feedback

The following key themes emerged from initial engagement with NHSScotland staff:

The 2020 Workforce Vision needs to be more than 'rhetoric'. It needs to be fit for purpose, setting out clear goals and expected benefits, and staff need to be able to easily relate it back to their individual roles. People need to believe that early engagement has genuinely helped to inform the Vision and there must be an ongoing commitment to its achievement by all.

We need to embed a healthy organisational culture. In particular:

- Staff need to be able to speak out and challenge without fear
- We need to tackle historical power bases
- We need to ensure greater fairness and equity in the treatment of staff
- We need to effectively manage change
- We need to acknowledge and address pressures experienced by staff and ensure that our staff feel appropriately supported
- We need to communicate openly and honestly
- We need to effectively recognise the achievements and efforts of our staff
- We need to empower staff with greater influence over the way they work and give them a greater voice in decisions.
- We need to move away from a target-driven culture
- We need effective managers and leaders
- We need to focus on continuous improvement and shared learning

We need to support the achievement of this type of culture by embedding our values in everything we do (including our recruitment and performance management processes) and ensure that we embed our Staff Governance Standard.

We need clear, effective and stable management structures and we need effective leaders and managers, who are appropriately selected, given the tools and authority to lead and manage, and held to account, in relation to both achievement of outcomes as well as application of the necessary skills and behaviours.

We need to develop effective teams, and support an approach of multi-disciplinary teams coming together around patients/service users, and across the wider health and social care spectrum as necessary, with a focus on effective collaboration and communication.

We need to ensure that regular, effective PDPR/appraisal discussions become the norm, and form part of a wider talent management process. We need to ensure that there is clear accountability for performance, and that we do not avoid 'difficult conversations', although this needs to be balanced against clear, achievable performance objectives.

We need to develop the necessary skills in relation to the changing nature and needs of patients/service users. These include skills required for delivering care in the community, promoting health, supporting patient self-management, providing care for patients with dementia and enabling co-production. There is also a wider need for a focus on development of communication and interpersonal skills, as well as skills in quality improvement. Whilst this approach needs to be reflected within further and higher education courses, there is also a need for a focus on these areas within learning and development programmes for existing staff, if the majority of our 2020 workforce are already employed within NHSScotland.

We need effective workforce planning across the health and social care spectrum, with the workforce designed to meet service need, and with a long-term focus (to support effective succession planning) as well as flexibility to meet short-term challenges. We need to consider and respond to the challenges of an aging workforce, particularly in terms of career development opportunities for the wider workforce given the likelihood of reduced turnover. Where possible, we should seek to grow talent from within NHSScotland. We need an increase in generalist versus specialist roles, as well as an increase in community versus hospital-based roles. There should be a move away from traditional role divisions, with a greater skills mix across and between both registered and unregistered staff and between different professional groups. In general terms, we need to support a more flexible workforce, within and between Boards, and where possible across the wider health and social care spectrum. We also need to give particular consideration in terms of issues of recruiting, developing and retaining staff within more remote and rural locations.

We need NHSScotland opening hours and locations for service provision which meet patient needs. This will require changes in the location and working hours of our staff. However, in reviewing working hours and staff locations, we need also to consider how to meet staff needs in terms of improved work-life balance.

We need to provide health facilities and equipment which are conducive to providing effective care and satisfactory working conditions for staff.



We need to make better use of technology, in order to meet patient needs (particularly in relation to improving access and communication), and to enable staff to carry out their roles more effectively and efficiently. However, we need to ensure that such technology is introduced appropriately, particularly in terms of training, if it is to be used to maximum effect. There is a particular need to improve levels of IT access and literacy for staff.

We need to remove processes which do not add value and introduce increased standardisation across the health and social care spectrum, including the alignment of IT systems. We should move towards paper-light organisations, thereby reducing duplication of recording and removing room for error.

## **CONSULTATION**

The above key themes were used to inform the development of an outline 2020 Workforce Vision (attached), which was issued for consultation between 18<sup>th</sup> March 2013 and 12<sup>th</sup> April 2013. It was sent to a wide range of stakeholder groups for consideration, including NHS Boards, primary care providers, patient focus and public involvement groups, trades unions, professional organisations, Scottish Government Health & Social Care directorates, relevant NHSScotland national groups/committees, local authorities, Community Health Partnerships, education bodies, statutory regulatory bodies and third sector partners.

In addition, the 2020 Workforce Vision website was redeveloped to provide a means by which individual staff members could review the key themes which arose from the initial engagement phase and submit their comments on the outline 2020 Workforce Vision. NHS Boards were asked to encourage their staff to access the website and feedback on the document.

The questions asked as part of the consultation were as follows:

- Whether there is anything really important which is missing, giving particular consideration to the need for a 2020 Workforce Vision to deliver against the wider challenges and ambitions facing the provision of healthcare services within Scotland;
- Whether we have identified the right core values to enable the necessary supporting culture; and
- Whether it is written in a way that is easy to understand.

Lastly, as part of the consultation phase, focus group research was commissioned in order to enable us to ensure that the final, post-consultation 2020 Workforce Vision would resonate with all staff and would not have the effect of excluding any particular staff groups or pay bands/grades of staff.

### **Participation**

Consultation responses can be broken down as follows:

- 120 individual responses (115 of which came from NHSScotland staff, and most of which were received via the 2020 Workforce Vision Website)
- 45 responses issued on behalf of organisations or groups (comprising NHS Boards, as well as a broad spread of responses from across other identified key stakeholders).

A number of NHS Boards advised that their response was based on feedback from staff following further engagement as part of the consultation phase. We know that at least 300 staff participated in this way (with details on staff participation as part of this phase currently being sought from a small number of Boards).

Additionally, 25 staff from NHS Tayside and NHS Lothian participated in focus group research as part of the consultation phase.

## **Consultation Feedback**

The vast majority of consultation responses were very positive in relation to the outline 2020 Workforce Vision, albeit with significant feedback around the absence within the document of the 'how' (which we recognise more appropriately forms part of subsequent implementation, as opposed to the content of a 'vision'). A significant minority also questioned its achievability, in terms of the challenges of buy-in from key stakeholders, availability of financial investment, timescales and the extent of the challenge to be overcome compared to where we are now.

Otherwise, a number of common themes arose from consultation, as outlined below, and which were considered in the development of a final 2020 Workforce Vision.

1. Opinion was not sought in relation to the title. However, it was suggested that it could be improved, with a particular focus on the fact that it is a 'workforce vision' and the reasons for the same.
2. There were some general concerns in relation to the appropriate and consistent use of terminology, specifically in relation to who is meant by references to 'we' and whether references to 'patients' and 'care' are too limited in scope).
3. A minority suggested that the document could be more 'staff encompassing' in emphasising that it applies to all staff and that everyone has a role in contributing to its achievement.
4. It was suggested that further detail around the ongoing process of engagement could be beneficial in building on the sense of energy and momentum which it had generated.

5. Some advised of the potential for confusion with local NHS Board 'workforce vision' statements and values. A significant minority also expressed concern at the risk of the document failing to recognise and give a sense of maintaining and building on existing efforts and good practice by Boards and their staff, particularly in relation to living core values.
6. Significant feedback was received on the need to refer to the 2020 Vision for Healthcare in Scotland and strategic narrative in its fullest sense, rather than simply the initial statement contained within it.
7. It was suggested that there is a need for greater emphasis on why a 2020 Workforce Vision is required and for further clarity on how it is aligned with and will support achievement of the 2020 Vision for Healthcare in Scotland and other national strategic priorities. Significant feedback was also received around the need to acknowledge and for the document to respond to the wider challenges facing health service provision, as well as those specifically facing the health workforce.
8. A significant minority also suggested a need, if the 2020 Workforce Vision is to be achieved, for engagement with the wider general public in relation to managing expectations and emphasising their own personal responsibilities.
9. Common themes regarding suggested additional values centred around 'dignity and respect', 'working together' and 'professionalism and excellence'.
10. A minority of respondents suggested the need for a joint health and social care workforce vision and core values and for local authority partners to the integration agenda to be formally required to adopt the NHSScotland Staff Governance Standard and model of partnership working with trades unions/professional organisations.
11. Significant feedback was received on the need for greater emphasis on the importance of ensuring that our workforce are and feel valued. It was also suggested that there needs to be more explicit acknowledgement of the importance of staff health and wellbeing, and of staff experience more generally, and the business case for both.
12. Significant feedback was also received around the need for the document to make some form of commitment around ensuring that we have the right number of staff, with the necessary skills, resources and time to undertake a manageable workload of responsibilities which are appropriately assigned to their particular role.

13. It was also suggested that the document might acknowledge concerns raised by staff around existing cultures and workload pressures.
14. Significant feedback was also received on the need for more detail on the 'next steps', particularly in relation to the development of implementation plans, measurement of success and accountability.
15. It was suggested that reference needs to be made to the role of organisational leaders and to working in partnership with trade unions/professional organisations specifically in relation to supporting delivery of the 2020 Workforce Vision; as well as to the need for continued engagement with key stakeholders (and in particular the NHSScotland workforce).
16. Lastly, suggestion was made regarding some key references which were either missing or which needed to be expanded upon within the document, namely:
  - Ensuring effective workforce planning.
  - Leadership and management competencies required.
  - Empowerment of staff in a wider sense.
  - Importance of, and the need to support, effective teamworking (and in particular multi-disciplinary, multi-agency teams).
  - Importance of, and the need to support, continuing professional and personal development.
  - Need to develop a culture of organisational learning.
  - Supporting the generation of and adherence to evidence-based working practices.
  - Working with education providers to ensure that responsive education programmes are in place.

The general themes arising from the focus group research, referred to above, were as follows (and broadly concur with the themes set out above):

- The 2020 Workforce Vision must be short.
- There needs to be more focus on the practical things that will change.
- There is a need to avoid jargon and management speak and to use emotional, caring and straightforward language.
- We needed to review some of the language used (i.e. 'new ways of working', 'flexible' and 'embrace technology').
- The title should be changed to 'Everyone Matters' as it had most meaning and people are more likely to relate to it.
- An additional value was suggested of 'respect and dignity'.
- The language throughout should present change as improvements and benefits to people and we should provide a clear reminder of the things that will remain the same.

## **SUMMARY**

**In overall terms, we can evidence that at least 9,674 individual NHSScotland staff member views have informed the development of the 2020 Workforce Vision (6.2% of the NHSScotland headcount as at 31<sup>st</sup> December 2012).**

This figure does not include details of those who provided input during early engagement, nor levels of participation within a number of Boards (from either the initial engagement or subsequent consultation phase) for which we cannot currently account. However, we can be reasonably confident in assuming that, with these additional figures, the final 2020 Workforce Vision launched at the 2013 NHSScotland will have been informed by the views of at least 10,000 members of staff, as well as a good spread of wider key stakeholder organisations and groups.

This has been potentially the most extensive NHSScotland-wide exercise in listening to staff and seeking their qualitative feedback to shape our strategic direction, and has been achieved within what has been a challenging timeframe.

Beyond the key themes referred to above which have informed the development of a 2020 Workforce Vision, a wealth of additional suggestions were received which will undoubtedly help to inform our thoughts as we move towards implementation. Furthermore, we remain committed to ongoing communication and engagement with staff as we develop the 'how' and make our 2020 Workforce Vision real.

**APPENDIX**

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**Many voices, one vision**

**Outline 2020 workforce vision (draft)**

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# Our outline 2020 workforce vision

By 2020 everyone working for NHSScotland will focus on providing safe, effective and person-centred care to support people to live longer, healthier lives at home or in a homely setting.

We will do this by adopting new ways of working, being flexible, and working with colleagues across NHSScotland and partner organisations. We will innovate and embrace technology and live up to our core values.

*We will deliver the high quality of care that the people of Scotland expect and deserve.*

*The majority of the NHSScotland 2020 workforce already work here or are in training. The workforce vision will affect all of us.*

**Cabinet Secretary Foreword**

(This will be added at a later date)

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## Introduction

Over 150,000 people work in NHS Scotland today and most - over 80% - will still work here in 2020. Working with partners in social care we will deliver the 2020 Vision for Healthcare in Scotland and our quality ambitions of safe, effective and person-centred care.

This document sets out how the healthcare workforce will evolve to do this: it provides a flavour of the changes that will be made, the support that will be given, and what is expected of us.

Given the challenging and demanding context of our work over the next few years and our relentless pursuit of quality, there will need to be significant changes in the work we do, the way we work and the people we work with. We expect to see greater integration of public services and greater investment in the people who deliver health and social care. There will also need to be improvements in performance and efficiency.

We know that the demand for health services is growing with an aging population, that funding is limited and expectations are high. However, we remain committed to providing the high quality services that the people of Scotland expect and deserve, and responding to the increasing pace of change. Working with partners in social care our focus will increasingly be on prevention and keeping people well in their homes and communities. It is important that we adapt to these challenges in a way that reflects our shared values of care and compassion and that we put people at the centre of everything we do.

We also know that people who are valued and treated well improve patient care and overall performance - we need to make sure this happens.

The vision for the 2020 workforce has been developed thanks to feedback from thousands of staff, stakeholders, partners in social care and the third sector. The quality of the contributions emphasises the importance of workforce in making the 2020 Vision a reality. We have relied heavily on the feedback to shape this vision for the workforce and will continue to reflect what has been learned in the subsequent implement plans.

A series of implementation plans and a framework for measuring progress will be prepared setting out the steps we will take to deliver the workforce vision.

## Vision and values

### Our vision

**By 2020 everyone working for NHSScotland will focus on providing safe, effective and person-centred care to support people to live longer, healthier lives at home or in a homely setting.**

**We will do this by adopting new ways of working, being flexible, and working with colleagues across NHSScotland and partner organisations. We will innovate and embrace technology and live up to our core values.**

The founding principles of the National Health Service are that it meets the needs of everyone, is free at the point of delivery and is based on clinical need, not the ability to pay.

NHSScotland remains firmly committed to these principles and as we move toward 2020 our vision for healthcare puts people at the heart of everything we do.

To deliver our healthcare vision of safe, effective and person-centred care we need to work to a common set of values which guide the work we do, the decisions we take and the way we treat each other.

The core values for NHSScotland are:

- **care and compassion**
- **openness, honesty and accountability**
- **working to the best of our ability**
- **continually improving.**

Embedding these values in everything we do will help to make our vision a reality. In practice we need to:

- demonstrate our values in the way we work and treat each other
- use our values to guide the decisions we take
- identify and deal with behaviours that don't live up to our expectations
- be consistently held to account for the way we work and not just the work we do.

## Making our vision real

As we move toward 2020 there will be changes to the way we work, the work we do and the people we work with. There will be a greater focus on detecting and preventing health problems, delivering more joined-up care and keeping people well in their communities.

We will do this by:

- providing wider access to care with round-the-clock services where needed
  - working with carers and other care-providers to promote well-being and deliver care where and when it is needed
- improving workforce planning to ensure the workforce is the right shape and size
- delivering care in new ways and not being restricted by organisational boundaries
  - making more and better use of technology to increase access to care and improve efficiency
  - putting new and extended roles into practice
  - having the tools we need to do our work
  - working more effectively with other groups, professions and organisations and being supported to do this
  - providing a safe environment for innovation, risk taking and improvement
  - using our continuous improvement approach to deliver new ways of working.

*Our work will increasingly focus on detecting and preventing health problems.*

*We will deliver more joined-up care; working with partners in social care, the voluntary sector, independent providers and carers.*

*People who are valued and treated well improve patient care and overall performance.*

Our goal is to ensure that patients are at the heart of everything we do. To make this a reality there are a number of things we need to change and get better at. In particular: we need to perform to the best of our ability; teams and individuals need to feel empowered to innovate and make things better; and we need to be managed and led by example. We also need to be clear about what we can expect in terms of support and involvement and how we will be held to account.

We will do this by:

- ensuring that Health Boards are clear about the values and behaviours expected
- holding Health Boards to account for how the core values are put into practice
- changing our recruitment practices so that we employ people who demonstrate our core values
- making the appraisal process meaningful so that it genuinely helps to improve performance and encourages behaviours that demonstrate our core values
- recognising the achievements and efforts of individuals and teams
- having equal access to learning and development opportunities
- prioritising time for learning, and supporting staff to develop their skills, knowledge and competence
- valuing on-the-job learning and recognising the workplace as the main source of learning
- developing the skills needed to work in new ways including professional, technical and people skills
- providing support to help make the best use of new technology
- ensuring that everyone is valued and treated well
- ensuring that everyone is supervised and managed fairly and consistently, supported to work to the best of their ability, and held to account for their performance
- valuing and developing management skills and competencies
- developing leadership skills and competencies where they are needed, not just at the top
- building on our ground-breaking partnership with trades unions and professional organisations
- putting the *Staff Governance Standard*<sup>1</sup> into practice in all that we do and encouraging our partners to share these principles.

*NHSScotland's approach to industrial relations is  
"...one of the biggest examples of industrial democracy to be found  
anywhere in the world – and they have made it work."  
Nottingham University Business School<sup>2</sup>*

## Next steps

A series of implementation plans and a framework for measuring progress will be prepared setting out the steps we will take to deliver the 2020 workforce vision.

<sup>1</sup> Staff Governance Standard: A framework for NHSScotland organisations and employees (2012)

<sup>2</sup> Nottingham University Business School "Partnership in NHSScotland 1999-2011" [http://www.nottingham.ac.uk/business/37522\\_UoN\\_NHS\\_Scot\\_Research\\_WEB1.pdf](http://www.nottingham.ac.uk/business/37522_UoN_NHS_Scot_Research_WEB1.pdf)



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