



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

**DEPARTMENT OF HEALTH,  
SOCIAL SERVICES AND PUBLIC SAFETY**

**A WORKFORCE LEARNING STRATEGY**

**FOR THE**

**NORTHERN IRELAND HEALTH AND SOCIAL CARE SERVICES**

**2009-2014**

**April 2009**

## **In Brief**

In developing the Workforce Learning Strategy for Health and Social Care Services the Department of Health Social Services and Public Safety (DHSSPS) undertook a series of road shows regionally, to gather ideas and engage in discussion about learning priorities to meet the needs of a modern service.

The strategy has been developed in partnership with staff side organisations.

## **Contents**

1. Introduction
2. Vision and Scope
3. Principles
4. Workforce and Context
5. Core Skills, Standards and Values
6. Opening up Learning Opportunities
7. Vocational Education and Development
8. Professional Education and Development
9. Leading and Managing Health and Social Care
10. Infrastructure
11. Implementation
12. Conclusion

### **Appendices**

- Appendix A: A Career Framework for the NHS – Key Elements of the Career Framework  
Appendix B: A Competence Framework for Social Services

## 1. Introduction

- 1.1 Lifelong learning and development for staff in the HSC is key to delivering a modern patient and client focused service. It is important that the DHSSPS, working with its partners and related sectors, develops and equips staff with the skills they need to support changes and improvements in patient and client care.
- 1.2 This strategy provides a development framework for individuals, teams and organisations, and aims to:
- Equip staff with the skills and knowledge to work effectively and flexibly in caring for patients and clients; and
  - Support staff to grow, develop and realise their potential;
  - Support changes and improvements in patient and client care;
  - Enable staff to take advantage of available career opportunities;
  - Maximise the return on investment in training and education;
  - Link and empower existing workforce learning/training strategies.
- 1.3 The strategy recognises that effective learning and development underpins successful organisation performance. It supports the further development of a learning culture across the HSC, enabling individuals to progress in their careers, as well as supporting those staff whose career commitment is to their current posts.
- 1.4 The strategy is equally relevant to those working in the voluntary and private health and social care sectors, as it describes the education and development context relevant to all care sectors, and identifies the issues relevant to employers and staff.

## 2. Vision and Scope

- 2.1 The overall aim of the strategy is to promote and sustain a culture of lifelong learning within health and social care. Lifelong learning is “**the continuous development of skills, knowledge and understanding that are essential for employability and fulfilment**”.<sup>1</sup> To achieve this we need to help staff to develop the habit of learning throughout their health and social care career and beyond, as well as providing the right range of learning opportunities in a timely and accessible manner.
- 2.2 As the largest employer in Northern Ireland we want to lead the way in transforming our workplaces into learning organisations. These will be characterised by a commitment to learning and development at all levels, and by the capacity of individuals and teams to adapt to change and bring about real improvements in services. This will only be possible where individuals are clear about the purpose of their work and the overall direction of change for the organisation. Consequently, learning and development goals should be an integral part of HSC organisation strategies, with service plan objectives reflected in the priorities set for individual staff.
- 2.3 To ensure that individuals and teams acquire the necessary knowledge, skills and understanding to make the modernisation agenda a reality HSC organisations will support a wide range of formal and informal development opportunities.

---

<sup>1</sup> “The Learning Age: A Renaissance for a New Britain”, Green Paper

Development is not just about attending a course, whether part of a formal academic, training or development programme. Other relevant approaches include reading, shadowing, secondment, job-rotation, e-learning, mentoring, coaching, action learning and action research. The most appropriate approach will depend on the knowledge or skill requirement, the needs (and learning style) of the individual and the priorities of the organisation. Approaches chosen will be particularly important in addressing the needs of non-traditional learners, the majority of whom are women in lower grades.

- 2.4 Lifelong learning is essential if we are to “improve the physical and mental health and social well-being of the people of Northern Ireland”.<sup>2</sup>

### 3. Principles

- 3.1 The strategy is based on a number of principles which taken together provide a basis for informed decision making about learning and development. These are:

- Individuals are responsible for their own learning;
- Employers are responsible for providing appropriate learning and development opportunities to equip staff for work, and for personal development;
- All staff should have a Personal Development Plan (PDP). PDPs may include aspects of vocational, professional and personal development which should be closely aligned to organisational objectives;
- The strategy supports the development of, and access to, career pathways which build on the skills escalator approach;
- Learning and development opportunities should be provided on the basis of equity and equality for all levels and grades of staff, and be open, flexible and responsive to the diversity of need across the wide range of staff groups employed in the HSC;
- Learning and development is a key driver for enabling the achievement of a more balanced workforce and for facilitating a culture that is supportive of the development of the potential of all staff;
- Learning opportunities should be valued and recognised appropriately; learning should be accredited where possible;
- Multi-disciplinary learning opportunities should be encouraged, where common skill and knowledge development is required, and where the opportunity is practical, provides value for money and realises an improved outcome for patients/users of services;
- Learning opportunities should be delivered as close to the individual's workplace as possible (taking account of time, location and technology);
- Forward planning, effective delivery and evaluation of learning is central to individual, team and organisation development;
- Opportunities should reflect the emphasis within the service on team-based working;
- Investment in training, education and development should be prioritised to realise improvements in patient and client care;
- Effective learning and development strategies will support recruitment in a highly competitive local labour market;

- Access to education and training will be in keeping with statutory equality duties including Section 75 of the Northern Ireland Act, 1998.

## 4. Workforce and Context

### Profile

- 4.1 At March 2008 there were over 66,000 staff employed in Health and Social Care. Figure One provides a profile<sup>3</sup> of the workforce.

Occupational Family	Headcount	% of Headcount
Administrative and Clerical	12,748	19
Ambulance	1,038	1.5
Ancillary and General	6,942	10
Generic <sup>4</sup>	142	
Medical and Dental	3,823	6
Nursing and Midwifery (including 10,549 clinical support staff)	21,103	31.5
Professional and Technical	7,082	11
Social Services (including 6329 social care staff <sup>5</sup> )	13,307	20
Works and Maintenance	644	1
<b>Total</b>	<b>66,829</b>	<b>100</b>

- 4.2 Workforce numbers have fluctuated in the last 10 years. Between 1999 and 2005, total workforce numbers (headcount) increased by 24%. Those increases in staffing should be considered in the context of increased demand on services and increased difficulty in filling a wide range of posts as well as a drop in staffing levels in the mid 1990s. At December 2005, Health and Social Care employed 69,000 staff. This compares to a 3% drop in workforce numbers to fewer than 67,000 staff at 31 March 2008. This reduction in staff numbers reflects the major reconfiguration of services undertaken under the Review of Public Administration within Northern Ireland. The effect of such widespread change on the morale and productivity of the workforce is a matter of importance to the long-term sustainability of improvements in care, and consequently workforce intelligence is a key issue for service leaders.
- 4.3 The diversity of the workforce creates a complex background for learning and development. Over 50% of the workforce holds a health or social care professional

<sup>3</sup> Source: Business Objects, decision support system to HRMS.

<sup>4</sup> Staff whose Agenda for Change code has not yet been created/assigned on HRMS.

<sup>5</sup> HRMS figures are less reliable for home help staff given the variable nature of staff working hours. Figures taken from Quarterly Cost Analysis.

or scientific qualification, whilst many others are also professionally qualified in areas such as, finance, human resources, management and supplies. In contrast, a significant number of the workforce have few or no qualifications, and may experience difficulties with essential skills such as literacy and numeracy. 79% of the workforce is female. 39% of all staff work part time. What is clear is that all employees whether full or part-time, require a range of skills, knowledge and experience to undertake their work in a safe and effective manner.

- 4.4 Furthermore, our information accounts only for staff directly employed within the HSC. Individuals and organisations in the voluntary and private sectors of our economy also provide health and social care.
- 4.5 Approximately 3,000 (14%) registered nurses work outside of the public sector, that is, within the private or voluntary sectors. The voluntary sector is a major provider of social services, and other parts of the public sector also employ social workers, for example, the criminal justice sector and the Education Welfare Service. A range of independent professionals, including General Practitioners, Community Pharmacists and other Allied Health Professions, deliver primary care services. These staff, and the staff they employ, have the same needs with regard to lifelong learning and should have the same access to learning and development opportunities through their respective employers.

#### **Expenditure on Education and Training**

- 4.6 The DHSSPS spends around £149 million each year on education and training (including both pre and post-registration education). Figure Two provides a breakdown of expenditure across occupational groups. Of the total departmental expenditure, approximately £33 million is spent on pre-registration education:

<b>Figure Two: Education and Training Expenditure 2008/2009<sup>6</sup></b>	
<b>Staff Group</b>	<b>£,000</b>
Nursing, Midwifery & Health Visiting	39,524
Social Services	10,250
Medical and Dental	84,000
Ancillary, Works & Maintenance (includes catering, cleaning, portering, orderlies and some care assistants)	524
Professional & Technical (includes allied health professions, clinical scientists, pharmacists, laboratory staff etc.)	11,915
Library Services	1,500
Management & Organisation Development	1017
Miscellaneous (includes Hospital Chaplains)	62
<b>Totals</b>	<b>148,792</b>

<sup>6</sup> Information provided by DHSSPS, Directorate of Human Resources.



Note: Expenditure for the training of Ambulance staff is included in the baseline budget for the Northern Ireland Ambulance Service.

- 4.7 In addition to the expenditure noted above, employer organisations spend monies annually through their in-service training programmes, which include supporting staff to undertake external courses. There are also additional hidden costs, that is, the cost of time away from work and at times replacement costs. Whilst it has not been possible to quantify the additional monies spent on training and education, a conservative estimate would likely double the Departmental expenditure. There are dedicated Learning and Development Leads in each Trust in Human Resource Departments and within the Staff Side function.

### **Skill Shortages and the Local Labour Market**

- 4.8 Over the last five-ten years the HSC has experienced significant shortages in a wide range of occupations and sectors. It is useful to consider these in the context of changes in the local labour market.
- 4.9 Northern Ireland has experienced considerable improvement in the labour market over the last 10-15 years. However along with the obvious improvements significant weaknesses also remain. Figure Three highlights relevant characteristics of the local labour market.

**Figure Three: Characteristics of the Local Labour Market**  
**Information extracted from 'The Labour Market Bulletin No. 21, March 2008**

- Unemployment at 3.8% reached a record low in 2008, and has nearly halved since 1998 (now around 4-4.5%)
- NI now has the second lowest unemployment rate in the UK.
- The employment rate is around 70%.
- Inactivity in the working age population is running at just over 27% (the highest rate in the UK).
- Nearly a quarter of the working age population (24%) has no qualifications (higher than any other UK region)
- Employment growth has been underpinned by an influx of migrant workers.
- High dependence on the Public Sector – 31% of employees in NI are employed within the Public Sector
- There is still a substantial out migration of people, particularly young people who move to Great Britain for Higher Education purposes.

- 4.10 The NI Skills Monitoring Survey, 2005<sup>7</sup>, identified that employee turnover for all employers interviewed was 13%. Health and Social Care had better than average turnover at 12%, an improvement from the 16% reported in the 2002 survey. Health and Social Care reported the highest current vacancies at 16%, although again this represented an improvement on the 2002 figure (then 21%). The existence of skill gaps<sup>8</sup> was most prevalent within Health and Social Care, along with financial services (both at 14%). This represents an increase of 1% for Health and Social Care over the 2002 figures.

<sup>7</sup> The NI Skills Monitoring Survey 2005, Summary Report, October 2006, Department for Employment and Learning.

<sup>8</sup> A skill gap exists where there is a gap between an employee's current skill level and what is needed to meet work objectives.

4.11 Workforce plans have been developed for main occupational groups within the HSC. The workforce learning strategy must support employers in a realistic assessment of their skill needs and the ability of the local labour market to meet those needs. The strategy will support a commitment to raising the skills of the current HSC workforce whilst contributing to the up-skilling of the wider workforce. Recruitment and retention of staff will continue to be a significant challenge for the service. An effective approach to workforce development will contribute to the retention of staff and support the aspiration of the HSC to be the employer of choice.

**Policy Direction**

4.12 In January 2005, the DHSSPS published ‘A Healthier Future’ A Twenty Year Vision for Health and Wellbeing in Northern Ireland’. The policy directions set out in ‘A Healthier Future’ are a useful focus for learning and development. Figure Four sets out some key statements:

<b>Figure Four: Extracts from ‘A Healthier Future’ A Twenty Year Vision for Health and Wellbeing in Northern Ireland’, DHSSPS, 2005</b>	
<b>Strategic Themes</b>	<b>Policy Direction Highlights by Theme</b>
Investing for Health and Wellbeing	Policy Direction 1: Overall aim of HSC is to improve the physical and mental health and social wellbeing of the people of Northern Ireland
Involving People	Policy Direction 4: To fully engage with, and support the development of, people and caring communities....
Responsive and Integrated Services	Policy Direction 5: “We will break down organisational, sectoral and professional boundaries over the next twenty years to improve the ability of our services to respond to people’s individual and collective needs.
Teams which Deliver	Policy Direction 11: We must ensure that health and social services employers become ‘employers of choice’ in order to recruit and retain adequate numbers of staff.  Policy Direction 12: We will promote the development of shared learning and common competencies throughout the health and social services including the HSC, the private sector, the independent sector and the community and voluntary sector.
Improving Quality	Policy Direction 14: We will work to meet explicit quality standards in line with the new statutory duty of quality which has already been placed on the health and social services.

Staff learning and development is a major enabler in achieving the outcomes set out in all key HSC policy areas.

**Pace and complexity of change**

4.13 The pace of change is significant. The Northern Ireland Executive launched the Review of Public Administration (RPA) in June 2002 to deliver wide-ranging and

comprehensive modernisation and reform across the public sector. There were two major stages to the implementation of RPA within health and social care. The first stage involved the setting up of five new integrated Health and Social Care Trusts and the retention of the Northern Ireland Ambulance Service with effect from 1<sup>st</sup> April 07. The second stage is now underway. The main elements include the establishment of a Regional Health and Social Care Board to replace the four Boards, five local commissioning groups to include community representatives, a smaller more focused Department, a common services organisation to provide a broad range of support functions, and a new Regional Public Health Agency. Fuller explanation of the changes and progress can be found on the Department website [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

- 4.14 The professional and technical environment in which care is provided is equally challenging. Advanced medical technologies and a wider range of treatments and professional practice, have led to both a higher degree of specialism in some areas, and a greater overlap of professional boundaries in others. Care requires a broad range of knowledge, skills, competence and expertise, usually applied through the work of multi-disciplinary and multi-agency teams. Effective team-based working is essential to successful service delivery.
- 4.15 Other factors influencing change within the HSC include societal changes, demographic trends, financial considerations and increased public expectations. All of these are subject to political consideration. The government agenda is set out annually in the NI Programme for Government, and translated into Priorities for Action in health and social care. The priorities reflect policy directions both established and emerging. A wide range of policies are relevant to this strategy including developments in pay modernisation<sup>9</sup>, the Knowledge and Skills Framework, and the HSC Human Resources Strategy<sup>10</sup> Outside of Health and Social Care we need to reflect upon developments led by the Department for Employment and Learning (DEL) and the Department of Education (DENI). We want to build upon the many excellent initiatives for education and skill development led by those Departments, and work in partnership with the wide range of providers contributing to the creation of new skills in Northern Ireland.

### **Regulation of the Workforce**

- 4.16 Protection of the public is central to how we deliver services. Corporate, clinical and social care governance guide our approach to service delivery, and the development of a safe and competent workforce. The extension of professional regulation reflects this concern, and acknowledges the importance of a regulated professional workforce ensuring continual updating of skills in a changing environment. The new Health Professions Council represents a step forward in regulation, and an extension to new professions including Ambulance Paramedics. The current debate about the regulation of the assistant practitioner role may see regulation extend to those providing a support role to professional practitioners<sup>11</sup>.
- 4.17 The White Paper 'Trust Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century' was published in February 2007. This built on responses to two major Government reviews of professional regulation: the Review

<sup>9</sup> Agenda for Change, the strategy for pay modernisation in the NHS and HSC.

<sup>10</sup> Employer of Choice, 2001, Regional Human Resources strategy for the HSC

<sup>11</sup> Enhancing Public Protection: Proposals for the Statutory regulation of Healthcare Support Staff in England and Wales, 2004 (note explanation of Assistant Practitioner role in Section 6, Figure 6 of this Strategy)

of the Regulation of Non-Medical Health Care Professions (Foster Review<sup>12</sup>) and the Review of Medical Revalidation (Donaldson Review<sup>13</sup>). The White Paper sets out a programme of Reform to the UK system for the regulation of health professionals. The proposals and principles contained in the White Paper are intended to provide a lasting settlement for regulation. The enactment of the Health and Social Care Bill in June 2008 provides the legislative base to take forward these reforms. The recently established Confidence in Care Programme Board is the means by which the White paper will be enacted in Northern Ireland.

- 4.18 The Northern Ireland Social Care Council (NISCC) was established on 1 October 2001 with the aim of protecting the public by promoting and supporting confidence, competence and credibility in the social care workforce. Protection includes the registration of the social care workforce. Following the introduction of the 'Protection of Title' of social worker on 1 June 2005, which requires all social workers to register with the NISCC, registration is being rolled out to priority groups in the social care workforce. It is estimated there are over 40,000 social care staff working in the statutory, voluntary and private sectors in Northern Ireland, who work with some of the most vulnerable people in our society and it is the aim that, in time, all of these staff will be registered with the NISCC. Developments reflect the wider government agenda to increase the protection of those using public services, increasing accountability and raising standards and quality.

### **Other Learning and Development Strategies**

- 4.19 Individual professions have taken forward their own learning and development strategies. This strategy seeks to build on those, and reinforce common themes and policy directions. Consequently, when we consider issues of professional education, it is equally important to reflect upon the strategies developed within Nursing and Midwifery<sup>14</sup>, Medical and Dental<sup>15</sup>, Pharmacy, Allied Health Professions and Social Services<sup>16</sup>. The personal social services strategy goes beyond the statutory social care workforce and covers the voluntary and private sectors personal social services workforce as well.

---

<sup>12</sup> Foster Review 14<sup>th</sup> July 2006

<sup>13</sup> Good Doctors, Safer Patients- A Review of the Arrangements for Medical Regulation

<sup>14</sup> The NIPEC Development Framework for Nursing and Midwifery, 2005

<sup>15</sup> Modernising Medical Careers, the Next Steps; The Future Shape of Foundation, Specialist and General Practice Training Programmes, April 2004, DoH

<sup>16</sup> Personal Social Services Development and Training Strategy, 2006-2016

## 5. Core Skills, Standards and Values

### Core Skills

- 5.1 The Strategy supports the development of a core set of skills for all staff within the HSC. These are essential skills for anyone working within health and social care, and necessary to the quality of the services we deliver. The skills are set out in the Knowledge and Skills Framework (KSF) for the service, and the essential skills are identified within the framework as core dimensions (See Figure Five).

<b>Figure Five: Core Dimensions - Knowledge and Skills Framework</b>	
1	Communication
2	Personal and people development
3	Health, safety and security
4	Service Improvement
5	Quality
6	Equality and diversity

- 5.2 The Knowledge and Skills Framework has been formally adopted, as part of Agenda for Change, for the vast majority of staff in the HSC. KSF is a development tool to determine the broad areas and levels of competence required for each post, through the use of KSF outlines. Some progress has already been made in developing KSF post outlines for staff. Within Trust Strategies there will be an expectation that there will be evidence of a planned approach to personal development using KSF.
- 5.3 All staff covered by Agenda for Change are required to have a Personal Development Plan (PDP) underpinned by the knowledge and skill requirements for their post. PDPs will support staff to acquire the skills and knowledge necessary for their current jobs. They will also support a planned approach to career development, allowing staff to look forward and anticipate their next career step. In this way PDPs will support the skills escalator approach and open up career routes for staff.
- 5.4 Within the English NHS, it is proposed that information gathered under the Knowledge and Skills Framework should be used as far as possible as the basis of professional appraisal and revalidation<sup>17</sup> with any additional requirements justified by risk analysis. Scotland, Wales and Northern Ireland are to consider how they wish to take this forward within their particular contexts. We would commend the relevance of the Framework to all groups not currently involved.

<sup>17</sup> Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century, February 2007, White Paper

## Occupational Standards

- 5.5 The Department for Employment and Learning (DEL<sup>18</sup>) have set out in the Skills Strategy for Northern Ireland how the long-term vision for skills will be achieved. Sector Skills Councils (SSCs<sup>19</sup>) are consolidating their presence in Northern Ireland, and are responsible for defining the skills needs and gaps of their sectors and working with employers, other partners and stakeholders to address these needs. A key mechanism for doing this are Sector Skills Agreements which all SSCs have to produce. Amongst other key areas of work SSCs are responsible for the development of National Occupational Standards/National Workforce Competences, Sector Qualification Strategies, Modern Apprenticeship Frameworks, Foundation Degree Frameworks and the provision of robust labour market information for their sector.
- 5.6 Government in Northern Ireland is investing in the Sector Skills Councils (collectively known as the Alliance of Sector Skills Councils), “*to be the definitive representative voice of employers in each sector and would strongly encourage employers and other organisations to engage with SSCs for that purpose*”.
- 5.7 The establishment of the Sector Skills Councils are significant with regard to setting the standards for skills development within Health and Social Care. The NI Social Care Council acts as the Sector Skills Council for Social Care (including children and young people), known as ‘Skills for Care and Development’. ‘Skills for Health’ acts as the UK wide sector skill council for staff in health care. Both SSCs are committed to working collaboratively to ensure the best outcome for our integrated workforce. In addition, given the wide range of occupational groups employed within health and social care, a number of other Sector Skills Councils are involved in standard setting and identification of skill gaps. At a minimum the standards assure employers and staff about safe working practice. At all times the minimum standard set for employment is to protect all service users and staff.
- 5.8 It is essential that the HSC sector continue to engage in the wider employer debate about skill levels in Northern Ireland, and influence the agenda about the levels and volumes of skills required for their workforce.
- 5.9 All HSC organisations should have the Investors in People Award (IIP). IIP should be a minimum standard for HSC employers. IIP provides organisations with a framework to ensure that staff have the right knowledge skills and motivation to work efficiently.

## Values

- 5.10 Service delivery and improvement is underpinned by a strong value base within the HSC. Those values are set out in the plans of HSC organisations as well as various professional codes of conduct. It would be helpful to make explicit a common set of core values and engage in dialogue across professional bodies and staff organisations to ensure common messages for staff. Equality, and respect for diversity and human rights are fundamental values of the HSC.

---

<sup>18</sup> [www.delni.gov.uk](http://www.delni.gov.uk)

<sup>19</sup> [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

- 5.11 The principles set out in Section 3 express values as they relate to decisions about learning and development. The overall value statement is the principle that learning and development should be prioritised to bring improvements in care for the users of our services and ensure competency and fulfilment of HSC staff. Staff appraisal should take into account the requirement for staff to be working in line with the values of service within the HSC, and recognise achievement against core values as well as core skills.

### **Induction**

- 5.12 The standards and values expected of staff are first set during organisation induction programmes. Staff require high quality induction into the HSC, underpinned by an effective introduction to the core values and skills of the organisation. The content and delivery of induction programmes will be a priority for all HSC organisations. Induction will provide an opportunity for individuals to explore their expectations as well as the expectations and standards expected by HSC organisations, and patients/users of our services. Corporate induction programmes should be multi-disciplinary, setting out from the outset the multidisciplinary nature of the service. Such programmes should draw on available guidance such as that for medical staff.<sup>20</sup> Regionally agreed induction standards have been agreed for the social care workforce (NISCC Induction Standards<sup>21</sup>). These set out the first things a new worker needs to know to allow them to do their job safely and effectively. These standards are a registration requirement for social care workers.

### **Key Recommendations: Core Skills and Values**

- ***All HSC staff should have a Personal Development Plan (PDP) underpinned by the knowledge and skill requirements for their post.***
- ***There should be active collaboration between sector skills councils covering health and social care to ensure the best outcome for the integrated workforce.***
- ***All HSC organisations should have the Investors in People (IIP) Award***
- ***Learning and development should be prioritised to bring improvements in care for the users of our services.***
- ***Organisations should review corporate induction programmes to ensure that all staff experience a high quality multi disciplinary introduction to the Service, usually involving other disciplines, and underpinned by the core values and skills of the organisation***

<sup>20</sup> Guidance on Induction for Medical Staff, DHSSPSNI, 2006 (available at <http://www.dhsspsni.gov.uk/index/hrd/htm>)

<sup>21</sup> Induction Standards NI – Standards for New Workers in Social Care NISCC June 2007

## **6. Opening up Learning Opportunities**

- 6.1 A planned approach to the development of staff brings benefits at a number of levels. Staff benefit from an approach that equips them to do their job well, and to prepare for future jobs. Patients and clients benefit from the enhanced skills and commitment of staff. The organisation benefits from a workforce able to achieve the overall objectives set. To realise these benefits we need to open up learning opportunities for all our staff, and indeed to support a range of initiatives to attract individuals to employment within our services.
- 6.2 Learning should be seen as an integral part of life and work, and staff should make full use of the widest range of learning opportunities ranging from formal education programmes to shadowing colleagues etc. Learning opportunities should be as flexible as possible and should create new routes into HSC employment, as well as optimising the potential of staff already employed. Access to these opportunities will be in keeping with statutory equality duties including Section 75 of the Northern Ireland Act, 1998.

### **Skills Escalation**

- 6.3 A key feature of opening up learning opportunities is support for the skills escalation approach. That is, recognising that individuals should be supported to expand their skills in line with individual aspirations and organisation needs. This expansion could be upwards or sideways or even at a level below that which they are working. We have a responsibility for describing possible routes for career progression and the development of opportunities to facilitate appropriate upskilling. The recruitment and retention pressures faced by the HSC require creativity in approaching the development of existing staff, and the opening up of new learning opportunities to provide appropriate bridges into employment within the health and social care sector.

### **Apprenticeships and Foundation Degrees**

- 6.4 We will seek opportunities through Sector Skills Councils in partnership with the Department of Employment and Learning and education providers to progress innovative approaches to raising the skill level within the service and growing our staff in line with service needs. We will explore the contribution to be made by relevant advanced modern apprenticeships (apply to 16-24 year olds), foundation modern apprenticeships (16-18 year olds), all age apprenticeships and Foundation degrees. The foundation degree can, in appropriate circumstances, provide a stepping stone to full degree opportunities or can be a stand alone qualification.
- 6.5 Apprenticeships may be particularly important in redressing skill shortages within the Ancillary and General and Professional and Technical Staff Groups, for example, within the Healthcare estates function, both engineering and building trades. A foundation degree may prepare many young people for further study and a career in one of the care professions.



## Widening Access Routes to Professional Education

- 6.6 Examples already exist of alternative access routes into health and social care professional education.
- 6.7 The regulatory body for nursing, midwifery and public health nursing, the Nursing and Midwifery Council (NMC), stipulates literacy and numeracy as a base line requirement for entry unto Diploma or Degree Programmes. Whilst traditionally, that has been measured by the possession of 5 GCSEs, the way is now open to recognise attainment of NVQ Level 3 or achievement within access programmes run within Further and Higher Education Colleges. The attainment of a National Vocational Qualification (NVQ) in Health Care at Level 3 provides credit towards selection onto nursing programmes.
- 6.8 The Open University have developed a pre-registration programme, which is now well established within the HSC Sector. The programme offers an alternative work-based route to meet the entry criteria for the Diploma in Nursing.
- 6.9 The regulatory body for social work education, the NISCC, stipulates basic numeracy and literacy skills equivalent to GCSE grade C in Mathematics and English alongside the Higher Education Institution academic admissions requirements to study the Degree in Social Work. Achievement of Access Programmes may provide equivalency to traditional academic qualifications such as A levels. Successful attainment of the Open University K101 Module provides 60 credits towards the Degree in Social Work entry requirements. Work is also ongoing to explore how attainment of NVQ Level 4 can be recognised towards the admissions requirements for the Degree in Social Work. All applicants to the Degree in Social Work in Northern Ireland are subject to interview as well as academic selection.

## Modern and Flexible Approaches

- 6.10 The opening up of learning opportunities also requires a discussion about the flexibility of provision, and the need to be innovative in facilitating the access of staff to training courses and education programmes. Modernising learning will involve new learning technologies, including the use of e-learning. Consequently the HSC IT Strategy is central to facilitating new approaches and creating greater access and flexibility for learners. Traditional attendance at courses will be complemented by on-line learning opportunities, with e-learning providing an alternative delivery medium, as well as facilitating a blended approach.

### E-Learning in Pharmacy

The NI Centre for Pharmacy Learning & Development (NICPLD) has 15 years experience with distance learning course delivery, the majority of which is print-based. In recent years NICCPET developed e-Learning courses, using a number of formats (web-based, CD-ROM).

The largest e-Learning programme, to date, is the Postgraduate Certificate in Supplementary Prescribing. The use of web-based delivery enabled the project to be developed in a timely and cost-effective manner. It also enabled updating of content at minimal cost

and facilitated online student support. However, feedback from postgraduate students indicated that their preference is still for print-based material.

We have had a similar experience with our stand-alone 10-hour distance learning programmes, in which some subjects are available in print-based and CD-ROM. Learner preference is still significantly in favour of the print-based courseware, the ratio being at least 10:1.

This preference of learning format may change as more students graduating have a preference for online learning. e-Learning does not replace the need for print-based or direct learning courses. It does have benefits in making use of video, and allowing student interaction, such as submission of answers and immediate provision of feedback. NICCPET is currently progressing their distance learning provision using print-based courseware with input from e-Learning, where appropriate.

The establishment of the NHS European Computer Driving Licence (ECDL) Learning portal is also a useful development, with potential to suit the learning needs of various staff and organisations.

### Essential Skills

- 6.11 As the largest employer within the Northern Ireland economy, it is important that the HSC plays its part in supporting the development of essential skills. The International Adult Literacy Survey (IALS) reported that over 20% of adults in Northern Ireland perform at the lowest levels of literacy competence. The National Skills for Life Survey of the UK Workforce, 2003, suggest that 14% of healthcare staff have literacy support needs at entry level, and 46% have numeracy support needs at entry level. Applied to the HSC workforce, this would equate to approximately 10,000 staff having problems with reading and writing, and over 30,000 staff having problems with numeracy. This lack of essential skills impacts on the capacity of the HSC workforce to realise its full modernisation and service improvement potential, and posing risks in terms of clinical and social care governance (for example, through inaccurate reading of instructions, or wrong calculations).
- 6.12 The 'Essential Skills for Living Strategy'<sup>22</sup> identifies steps to increase literacy and numeracy skills within our population. Whilst the initial focus of Essential Skills was on literacy and numeracy, this has now extended to include computer literacy. The Skills Strategy for Northern Ireland<sup>23</sup>, has set as a key target for essential skills, that: *'By 2007, 18,500 people will have achieved a recognised qualification in essential skills compared to 100 in March 2003'*. We want to support such development within our existing workforce. Investment in developing the essential skills of the HSC workforce is a further enabler in bringing about improved services.

<sup>22</sup> Essential Skills for Living – Equipped for the Future: Building for Tomorrow. A Framework and Consultation Paper on Adult Literacy, April 2002, DEL

<sup>23</sup> Success through Skills - The Skills Strategy for Northern Ireland: A Programme for Implementation, DEL, February 2006

- 6.13 Many HSC support staff left school with few or no qualifications, and may not see learning as important for them. Widening access and increasing participation in learning, and in particular the enhancement of essential skills within the workforce can bring real benefits for staff and service users. The DHSSPS has already established the Widening Participation Unit within the Beeches Management Centre to facilitate widening participation developments (See Figure Six).

**Figure Six: Unleashing the Talent of Support Staff in Health and Social Care Programmes for Support Staff**

**Realise Your Potential** - A programme that helps staff look at learning differently and becomes a stepping stone for further learning.

**Health and Social Care Progression Certificate** - Meets the requirements of KSF and development reviews by embedding essential skills within the programme. Learners can achieve an essential skills qualification as well as an HSC specific Level 2 qualification which can stand alone, or count towards a National Vocational Qualification.

**Supporting Workplace Learning** – A qualification for supervisors and mentors that helps build organisation capacity for learning.

**All of the above programmes have been successfully trialled within HSC Trusts.**

- 6.14 Other initiatives that support opening up learning opportunities include the 'Return to Learn (R2L)' programme developed and led by UNISON. We will continue to support such programmes and seek opportunities to extend such initiatives, and widen access to them.
- 6.15 The government policy on lifelong learning is set out within 'Lifelong Learning – A New Learning Culture for All'. The policy supports the concept of lifelong learning and is aimed at helping people to develop the habit of learning throughout their lives. The strategy declares that:

*“If NI’s businesses are to meet the challenges of the new millennium with better skilled and more adaptable employees; if the basic skills of its people as a whole are to be raised to equal those in other countries; if individuals are to be given the opportunities for personal development and communities are to be helped to respond to social and economic change, then it is essential to create a new learning culture for all where people regard acquiring new skills or updating their existing ones as part of everyday life”*

### **Careers Advice and Information**

- 6.16 A further aspect of development in this area is the need to provide appropriate advice and information for the local labour market about careers within health and social care, the range of access routes into the service, and learning and development opportunities for staff employed within. We will work with Skills for Health, Skills for Care and Development, the Careers Service within the Department for Employment and Learning and other careers bodies to facilitate the sharing of accurate information. We will build relationships with education providers, and in line with the Investing for Health Strategy<sup>24</sup> provide appropriate information for students in schools and colleges. Employers should build on existing good practice to challenge gender stereotypes, and encourage young men

<sup>24</sup> Investing for Health, DHSSPS, March 2002

and women into non-traditional occupations. The Leith Review<sup>25</sup> stated "The population is ageing, technological change and global migration flows are increasing. There is a direct correlation between skills, productivity and employment."

- 6.17 We will seek to maintain strong networks with Further and Higher Education establishments to ensure greater understanding of the needs of the education and skill needs of the service. We will support opportunities for people to have work placements in the service, extending beyond those seeking school/college placements.
- 6.18 We will also encourage the development of learning opportunities for service users and carers. The aim will be to support real involvement in the development of our services, recognising that carers are partners with us in the provision of care.

### **A Career Framework for the HSC**

- 6.19 Skills for Health are currently developing a Career Framework<sup>26</sup> for the NHS. The career framework 'aims to provide a guide for NHS and partner organisations on the implementation of a flexible career and the skills escalation concept, enabling an individual with transferable, competence-based skills to progress in a direction which meets workforce, service and individual needs'<sup>27</sup>. Appendix B, sets out the framework at its current stage of development. The model describes career levels, not pay bands. The DHSSPS would welcome views on its application within the HSC. Separate Career Frameworks are in development for the AHP workforce, the Healthcare Science workforce and the Public Health workforce. There also plans to develop a Career Framework for Nursing in NI as part of the Modernising Nursing Careers agenda.

### **A Competence Framework for Social Services**

- 6.20 The Department are currently developing a draft Competence Framework for Social Services (the Framework) that outlines the appropriate competence and qualification levels for social work and social care staff. Appendix C sets out the Framework at its current stage of development. The Framework is not intended to be prescriptive or exhaustive and should be used as a guide by employees and employers to identify the level of competence appropriate to specific job roles and as a guide to opportunities for job mobility and career progression. The DHSSPS would welcome views on its application within the HSC. The NISCC is developing its guidance on Post-Registration Training and Learning to link specified training and/or qualifications to continuing registration for the social care workforce. The guidance will be informed by this Competence Framework in order to identify the appropriate minimum training or qualification level for registrants on different parts of the NISCC Register.

<sup>25</sup> Prosperity for all in the Global Economy December 2006

<sup>26</sup> Formerly developed by the NHS Modernisation Agency

<sup>27</sup> A Career Framework for the NHS, Discussion Document – Version 2, June 2004

**Key Recommendations: Opening Up Learning Opportunities**

- *All HSC organisations should have a Learning and Development Strategy with clear priorities, and an implementation plan, supported by appropriate policies.*
- *Learning and Development Strategies should include priorities relating to widening access and increasing participation in learning, and in particular the enhancement of essential skills within the workforce. To facilitate such developments the DHSSPS has established a regional Widening Participation Unit.*
- *Staff should be supported to raise their skill levels through a planned approach to development, taking account of mandatory requirements, individual and organisation needs.*
- *The DHSSPS, in conjunction with Skills for Health and Skills for Care and Development, employers and the Department of Employment and Learning to explore the potential contribution of advanced modern apprenticeships, foundation modern apprenticeships and Foundation degrees.*
- *The DHSSPS to work with education providers to widen access routes to professional education.*
- *The DHSSPS to promote an infrastructure that will support e-learning.*
- *The DHSSPS to continue to work with FE sector, Trade Unions and staff organisations to support essential skills development within our existing workforce, including Return to Learn (R2L) initiatives.*
- *All HSC organisations should provide appropriate advice and information for their local labour market about careers within health and social care, the range of access routes into the service, and the learning and development opportunities for staff employed.*
- *The DHSSPS to work with the HSC, Skills for Health, Skills for Care and Development and DEL to facilitate the dissemination of information about careers in the HSC.*
- *Maintain strong network with Further and Higher Education establishments to ensure greater understanding of the needs of the education and skill needs of the service.*

## **7. Vocational Learning and Development**

- 7.1 Accreditation of learning is for many people a desired and essential mark of achievement in learning. This is particularly important with vocational learning and development.

### **National Qualifications Framework and Qualifications and Credit Framework.**

- 7.2 The reform of vocational qualifications has been taking place across the UK. The National Qualifications Framework will be replaced by the Qualification and Credit Framework (QCF) from 2008 in England, Wales and Northern Ireland. (This will be aligned to the new Scottish Credit and Qualifications framework). The new framework will be implemented on a phased basis, with the final systems in place by the end of 2010. During the transitional period government and the regulators will work with bodies that award qualifications, employers, learning providers and sector skills councils to ensure that the framework is suitable for all stakeholders' needs. The QCF is a new way of recognising skills and qualifications and allows for the awarding of credits for units as well as full qualifications. It enables people to gain qualifications more flexibly and at their own pace. Each unit and qualification on the QCF will have a credit value (1 credit =10 hours) and a level from 1-9 representing difficulty. There will be three sizes of qualification on the QCF: an award (1-12 credits), a certificate (13-16 credits) and a diploma (37 credits or more).
- 7.3 It is hoped that the above developments will address concerns that higher education does not always recognise the value of vocational qualifications. This is particularly important if the potential of the skills escalation approach is to be realised, facilitating those with vocational qualifications to progress unto professional academic programmes.

### **National Vocational Qualifications**

- 7.4 National Vocational Qualifications (NVQs) are employment-based qualifications, supporting staff development to meet the occupational standards required in the workplace. NVQs provide a framework for skill development and accreditation. For those who have few or no academic qualifications, the achievement of a National Vocational Qualification provides a transferable qualification relevant to employers.
- 7.5 The HSC currently support a wide range of staff undertaking National Vocational Qualifications, at different levels. Employers should consider the range of NVQs offered and the infrastructure provided to support delivery, including a consideration of partnerships and shared service provision. It is essential that HSC employers recognise the importance of NVQs to the workforce. NVQs have been the cornerstone of developing support services staff and should continue to be so. The DHSSPS has prioritised and supported specific NVQ developments in line with skill and service needs. The development of an Integrated Workforce Plan for the HSC will provide a further strategic framework for the support of NVQ development within the HSC.

### **Sector Skills Councils**

- 7.6 The Sector Skills Councils take the lead in developing the national workforce competences and occupational standards for their work sectors. Councils covering standards relevant to work in the HSC including Skills for Health, and Skills for Care

and Development must ensure effective liaison with the widest range of employers and ensure that national workforce competences/national occupational standards and vocational Qualifications are appropriate to service needs. HSC employers should ensure NVQ work undertaken through Sector Skills Councils is relevant to their needs, and facilitates staff development to meet changing work roles.

### **Other Vocational Programmes**

- 7.7 HSC employers also support vocational programmes other than NVQs to meet staff needs. Employers are responsible for ensuring that programmes have a relevant competence base, and that employees are assessed against clear standards.

### **Accreditation of Prior Experience and Learning**

- 7.8 A further aspect of vocational development and accreditation is the Accreditation of Prior Experience and Learning (APEL). The existing skill levels of staff should be acknowledged through both the knowledge and skills framework, and through formal APEL procedures linked to staff pursuit of NVQ and other qualifications.

### **Skills Escalation and Vocational Qualifications**

- 7.9 Vocational qualifications are important steps in skills escalation. Learners may bridge the gap from second chance and essential skills learning, through vocationally related qualifications (VRQs) to NVQs, and on to foundation degrees, BTEC higher or HND. As such they are key to opening up the pathway to the assistant or associate practitioner role, a role clearly recognised for its potential in improving service delivery, but as yet underdeveloped within the HSC.

### **Key Recommendations: Vocational Learning and Development**

- ***HSC employers should ensure that NVQ development work undertaken through Sector Skills Councils is relevant to their needs, and facilitates staff development to meet changing work roles.***
- ***Employers should consider the range of NVQs offered and the infrastructure provided to support delivery in line with an integrated Workforce Plan for Health and Social Care.***
- ***Employers should provide appropriate fora to ensure that employees have a voice linking to their relevant Sector Skills Council.***
- ***Employers should encourage the wide spectrum of competence based vocational training.***

## 8. Professional Education and Development

- 8.1 Over 50% of HSC staff hold a professional or scientific qualification. The Workforce Learning Strategy supports the role of regulatory and standard setting bodies, as the lead bodies in establishing and upholding standards for professional competence, education and development. This strategy aims to complement the strategic direction of relevant bodies. The UK regulatory bodies include the Nursing and Midwifery Council (NMC), the General Medical Council (GMC) and the Health Professions Council. The Northern Ireland Social Care Council (NISCC) regulates both the social care workforce and social work education. In addition, within Northern Ireland, other key bodies include the NI Medical and Dental Training Agency (NIMDTA), the NI Practice and Education Council for Nursing and Midwifery (NIPEC), and the NI Centre for Pharmacy Learning and Development (NICPLD).
- 8.2 Significant trends for professional staff include the extension of registration and revalidation<sup>28</sup>. The imperative has been the protection of the public, ensuring safe and competent practice. Registration has also extended to include a wider group of health professionals, with ambulance paramedic staff now included as a registered profession. Further priority groups for statutory regulation include applied psychologists, several groups of healthcare scientists and other psychological therapists. Regulation of the social care workforce has been put in place for the first time, with the NISCC Register open to priority groups from 2003.
- 8.3 Partnership is key to realising the potential in this area. That is, partnership between HSC employers, training and development providers, regulatory and professional bodies.
- 8.4 Within social work, qualifying and post qualifying social work education and training is planned and managed by formal partnership arrangements between education and employers approved by NISCC.
- 8.5 The strategy supports the widening of access to professional education through the recognition of alternative qualifications (e.g. vocational) and career routes. Some current initiatives have been described in the previous section, in particular the recognition of NVQ Level 3 in Health Care as an equivalent entry level qualification for the Nursing Degree. However, work remains to be done in assuring places for such students when competing with those holding higher level qualifications. The DHSSPS is currently working with Queens University, Belfast and the University of Ulster, to explore entry criteria and possible measures to enable the skills escalation approach.
- 8.6 Within Nursing and Midwifery, the NI Practice Education Council (NIPEC) has led on the design of a Development Framework for nurses and midwives. Significant components include competency development and enhancement across a range of generic competencies within a clinical and social care governance setting, a role development guide and service focussed career advice and guidance. An electronic resource has also been developed to support the implementation and utilisation of the Development Framework. The Framework complements the Knowledge and Skills Framework developed under Agenda for Change.

---

<sup>28</sup> Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century, February 2007



Within social services, the NI Post Qualifying Education and Training Partnership (NIPQETP) launched a new Northern Ireland post qualifying framework in 2007 which is designed to meet the development needs of professional social work staff at all levels within organisations and at all stages of career development.

- 8.7 Other initiatives being piloted in England are exploring new avenues into medical education, such as opening up access from other professions. The strategy commends the exploration and evaluation of such approaches.

### **Pre-Registration/Pre-Qualification**

- 8.8 Pre-registration education is the basis for professional competency and entry on to the professional registers – medical and dental, pharmacy, nursing and midwifery, allied health professions and the social work part of the social care register.
- 8.9 The expectations of staff, and cultural norms and values are set at pre-registration stage. Therefore, this is the critical stage for personal and professional development.
- 8.10 In considering priorities at pre-registration stage, it is important to take on board learning from major Inquiries such as Shipman<sup>29</sup>, Bristol Royal Hospital for Sick Children<sup>30</sup>, Beverly Allitt<sup>31</sup> and the Climbie Inquiry<sup>32</sup>. These and other Inquiries have raised issues around what constitutes professional competence and the way professionals are selected, educated and trained.
- 8.11 Government has increased the level of intervention in who approves educational standards and how standards are improved. Since 2005, the Postgraduate Medical Education and Training Board (PMETB) has had overall responsibility for setting standards in postgraduate medical education. In addition, PMETB approves programmes of training in postgraduate medical education and quality assures their local delivery including assessment processes. Whilst it is planned that PMETB will merge with the GMC, these responsibilities and roles will remain with the merged organisation.
- 8.12 The effectiveness of inter-professional communication, and indeed communication between different partners within the HSC, has also been highlighted in a number of local inquiries<sup>33</sup>. These and other national inquiries highlight a need for greater inter-professional development to support key areas of competence and understanding across professions. Training programmes supported by Area Child Protection Committees provide one example of multidisciplinary and, importantly multi agency training.
- 8.13 Education providers in partnership with key bodies should review pre-registration curricula to ensure appropriate emphasis is given to core skills which enable an individual to work within a team, communicate effectively and develop an understanding of other staff and the wider organisation within which they work.

<sup>29</sup> Harold Shipman's Clinical Practice 1974-1998, DoH, 2001

<sup>30</sup> Bristol Infirmary Inquiry 2001, "Learning from Bristol: the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984 – 1995"

<sup>31</sup> Allitt Inquiry 1994, 'The Clothier Report', HMSO

<sup>32</sup> Victoria Climbié Inquiry 2003, "Report of an Inquiry"

<sup>33</sup> Review of Health and Social Services in the Case of David and Samuel Briggs (The Lewis Review), 2003

Curricula should take account of the Knowledge and Skills Framework and the requirements of employing organisations.

- 8.14 The development of an agreed core module across all professions should be explored, and the potential for multi-disciplinary learning reviewed. This may mean the development of a Pre-registration module that is common to a number of professions, including an introduction to the roles and responsibilities of other staff and professions. There should be increased opportunities for common learning for pre-registration students.
- 8.15 The changing environment is also marked by the emergence of a number of new qualifications. There are examples nationally of students undertaking dual qualifications. For example, within nursing the completion of a qualification in both mental health and children's learning, or within the allied health professions, the combination of physiotherapy and occupational therapy. Our current view of employment directs people into a single profession, yet a number of posts value alternate qualifications - for example, a care manager, with either a social work or nursing qualification.
- 8.16 The strategy recognises the appropriateness of both uni-professional & multi-professional learning, and the boundaries of competence and confidence in the interest of safe practice. Each profession makes a unique contribution to care, and staff should work confidently within their professional expertise. Appropriate competence based training and development must accompany support for the development of new or extended roles.
- 8.17 Entry to professional education should take into account criteria other than academic achievement. Interpersonal skills, motivation and commitment beyond an educational programme are all relevant to effective performance of the competent professional, and should form part of the selection criteria for programmes of education. Providers, commissioners and regulators of education should keep under review the numbers of students progressing through professional training and taking up posts following completion of education. Where students are not entering employment within the HSC, the number of courses should be reviewed.
- 8.18 The number of student places should reflect the needs of the HSC, and link closely to workforce projections. Workforce projection should acknowledge the numbers of trained staff required for other sectors, such as, those social workers required for education, justice and the voluntary sector. In addition, there should be an ongoing evaluation of education programmes to ensure an effective balance between learning and practice.
- 8.19 Well organised, well managed placements are essential for pre-registration students. During initial consultation concerns were raised about the consistency of placements across HSC employers. It is essential that HSC employers support the provision of high quality placements, where students feel welcomed by colleagues and placements are designed to cover required learning needs. The infrastructure for placements should be clarified within HSC organisations, ensuring that the professional manager has the appropriate training and authority to manage the placement to the standards of the relevant regulatory authorities.
- 8.20 There is a difference between completion of an academic programme for registration purposes and assurance of 'fitness to practise'. The Nursing and

Midwifery Council are currently considering options for assessing 'fitness to practise' in the workplace, following the completion of a Nursing Degree. The pre-registration pharmacy year enables assessment in a supervised environment. In social work, an 'assessed year in employment' (AYE) is mandatory for all newly qualified social workers graduating from an Honours Degree in Social Work, and working in Northern Ireland. This will link a satisfactory appraisal of their performance to continuing registration. The NISCC is currently working on the development of a Fitness to Practice Framework that will link specified training and/or qualifications with continuing registration. The Health Professions Council consulted on "Managing Fitness to Practice" in 2005 for its thirteen registered professions and is due to publish a final report shortly.

- 8.21 The HSC has a diverse workforce with many professional staff from other European and non-European countries. Entry requirements on to professional registers vary between countries and it is essential that regulatory bodies can assure employers of professional competence. Regulatory bodies may be required to introduce selective language testing for applicants to posts<sup>34</sup>. The service values the diversity of its workforce and the contribution made by staff from other countries.

### **Post-registration and Continuing Professional Development**

- 8.22 The maintenance and extension of professional skills is essential to professional practice. Post registration education and Continuing Professional Development (CPD) frameworks need to continually update to reflect developments in health and social care. Professional staff need to develop new skills as the health and social care environment continues to change.
- 8.23 Most professions are considering some form of mandatory Continuing Professional Development or re-validation, or strengthening their current requirements. It is essential that ongoing validation is based on a demonstration of competence perhaps through a review of outcomes.
- 8.24 Professional bodies set the standards for ongoing fitness to practise with regulations set for revalidation of competence. Regulations vary across professional groups with some professions setting compulsory revalidation timescales, protected time for training, and specifying the required continuing professional development learning. Pharmacy introduced mandatory CPD in 2005. Medicine works to a voluntary CPD agenda. Nursing and Midwifery staff have a required number of days to complete every three years as have staff registered with NISCC. The rationale and priorities associated with each approach are part of the professional bodies' responsibilities. The underlying trends are similar for each profession. The White Paper 'Trust Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century' sets out a programme of Reform to the UK system for the regulation of health professionals, and comments on the role of regulatory bodies for the educational standards of the professions they regulate, as well as responsibilities for undergraduate education, postgraduate education and continuing professional development. Application within Northern Ireland is under discussion.

---

<sup>34</sup> Trust, assurance and safety – The Regulation of Health professionals in the 21<sup>st</sup> Century, February 2007, CM7013, The Stationery Office

- 8.25 In common with other staff it is essential that professional staff are appropriately inducted into HSC organisations, and that alongside their clinical skill and expertise, staff develop and apply core interpersonal skills. Effective team working skills will be essential for professionals to realise their potential within multidisciplinary teams.
- 8.26 All staff contribute to effective service delivery and improvement. Real improvement can be secured if staff have the skills to reflect on practice and put into place better ways of providing care. Developing the habits of learning in the workplace will require an understanding of approaches such as reflective practice and action learning, and a willingness to participate in shared learning and practice within the team environment.
- 8.27 Collaboration and partnership are essential to maximise the contribution of professional staff. That partnership will involve service users and carers, practitioners, Institutes of Further and Higher Education, HSC organisations, regulatory bodies, clinical networks, professional bodies and trade unions.
- 8.28 The HSC needs professional bodies with a remit for standard setting and curriculum development in education to work closely with one another, to ensure that professional staff receive consistent messages about the service, and to ensure that strategic developments are joined-up.
- 8.29 The Regulation and Quality Improvement Authority (RQIA) is an independent public body, with overall responsibility for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services. In carrying out its role, the work of RQIA will inform continuing professional development priorities for the HSC.
- 8.30 Different structural arrangements supported by discreet funding streams underpin continuing professional development across the range of professions. This has at times created a practical obstacle to multi-disciplinary learning and development. Against the background of workforce pressures and differentiation of skill it is important that multi-disciplinary initiatives are supported.

### Key Recommendations: Professional education and Development

- ***HSC employers, training and development providers, and regulatory and professional bodies should seek opportunities to work in partnership to realise the best outcomes for students and staff.***
- ***DHSSPS to engage education providers and the regulators in the development of a core module to maximise inter-professional learning at pre-registration stages.***
- ***DHSSPS to work with Higher Education to review entry to professional education taking into account criteria other than academic achievement e.g. interpersonal skills, motivation and commitment beyond an educational programme, that is, the potential to be 'fit for practice'.***
- ***The number of student places should reflect the needs of the HSC, and link closely to workforce projections.***

- ***Education providers and HSC organisations should ensure that all student placements are well managed and in line with the development needs of students.***
- ***The time element of CPD should be built into workforce planning.***
- ***HSC organisations should support staff to learn in the workplace, through reinforcing approaches such as reflective practice and action learning, and a willingness to participate in shared learning and practice within the team environment.***

## 9. Leading and Managing Health and Social Care

- 9.1 Health and Social Care needs excellent leadership and management. Health and social care organisations provide increasingly complex services, requiring highly skilled managers. The pace of change is unrelenting and staff look to their managers for clear direction and support.

### Frameworks to Support Development

- 9.2 A Leadership Qualities Framework (LQF) has been developed for the NHS<sup>35</sup>. The LQF sets out the essential qualities of a high performing leader in the NHS. The framework has been contextualised for use in the HSC, and provides a robust framework for leadership development and succession planning.
- 9.3 The Management Standards Centre (MSC) has developed National Occupational Standards for Management and Leadership. The NIPEC Development Framework has identified generic competencies and indicators for senior nursing and midwifery leadership and management roles within its Generic Competency profile. Within social care the PSS Training Strategy (2006-2016) gives leadership and management training and qualifications an explicit focus in policy. Further development priorities were identified in the 'Strategic Leadership and Management of the PSS Sector' issued in December 2007. These along with the Knowledge and Skills Framework, and the Leadership Qualities Framework provide a robust base for the development of HSC managers, and the design of development programmes and other initiatives. Such frameworks also provide a resource for recruitment.
- 9.4 The majority of managers within the HSC have come through a health or social work professional route. Often the most effective professionals have accepted the managerial challenge and appointment. This critical decision is not consistently supported by an assessment against the managerial skills required and/or appropriate development to enable effective performance in the role. In the future, all staff undertaking managerial roles should have appropriate preparation for the role and ongoing development support. The DHSSPS has commissioned a Professional Leadership Development Programme aimed at developing professional managers with the technical skills to effect service change and the leadership qualities to provide direction for others and enable sustainable change.

### Personal Development Plans

- 9.5 Personal Development Plans should identify how managers intend to support their own professional managerial development. Employers should consider the development needs of managers, and outline opportunities for development in local strategies. Development opportunities are not just about courses. However, given that many staff will not have followed a professional managerial route, there is a rationale for ensuring access to tailored management education and development programmes. Managers should take responsibility for highlighting and supporting development opportunities for the continuing professional development of their staff.

---

<sup>35</sup> NHS Leadership Qualities Framework, developed by the NHS Leadership Centre. LQF now with the National Health Services Institute for Innovation and Improvement.

## Programme Provision

- 9.6 Over the last ten years Northern Ireland HSC has maintained an emphasis on developing the knowledge, skills and understanding of managers through management development programmes and leadership initiatives. Consequently, there has been an effective network of provision including the Beeches Management Centre, in-house training departments and further and higher education establishments, some of which is professionally accredited by relevant regulatory bodies. It is important that such provision is encouraged at this critical time of organisation change.
- 9.7 Management education and development provision should provide a range of learning opportunities, both accredited and non-accredited. It should be work and competence focussed. Programme provision should reflect the different stages of a manager's career; that is, preparing for first-line management, first line, middle management, senior management, and senior/chief executive. Programmes should reflect the needs of employers, encompass, as appropriate, both professional and managerial competence, and be regularly reviewed.
- 9.8 As with all other groups of staff the effective induction of new managers is an essential part of the development journey. Service leadership is underpinned by core values and behaviours, and these should be made explicit in a Managerial Code of Conduct. Equality is integral to decision making in the HSC, underpinning policy development and service improvement.
- 9.9 Northern Ireland has led the way within the UK in the provision of a postgraduate Diploma in Health and Social Services Management, delivered by the Regional Development Consortium (the Beeches Management Centre, in conjunction with the Western and Northern Health and Social Care Trusts. The Diploma is awarded in partnership with the University of Ulster (UU) and many students have gone on to a third year at the UU to attain a Masters Level qualification (previously an MBA now a Masters in Public Administration).

## Team Based Working

- 9.10 Results from research show that the clearer a 'team's objectives, the higher the level of participation in the team, the greater the emphasis on quality and the higher the support for innovation, the more effective is the team in delivering high quality health care'.<sup>36</sup> Team-based working has been a principle of work within the HSC for many years. The integrated nature of the service has created potential for integrated teams at all levels of care. This strategy commends team based working and recommends the development of initiatives to further support and develop high performing teams.
- 9.11 The Healthcare Commission undertakes the annual NHS Staff Survey within England. The aim of the survey is to gather information that will help NHS organisations provide better care for patients and improve the working lives of those who provide this care. The Healthcare Commission also uses the information to develop performance indicators. Within Northern Ireland the Regulation and Quality Improvement Authority (RQIA) has been operational from 1<sup>st</sup> April 2005. RQIA will

---

<sup>36</sup> The reference to the italicised quotation is: Aston Centre for Health Service Organisation Research. Team Working and Effectiveness in Health Care; Findings from the Health Care Team Effectiveness Project

have overall responsibility for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services. We commend the idea of an HSC Staff Survey, under RQIA oversight, to provide benchmark information about the service and the operation of the teams within it.

### **Graduate Entry Schemes**

- 9.12 The DHSSPS will continue to support a number of Graduate Entry Schemes, to ensure that the service attracts and develops highly skilled managers. The Management Training Scheme (MTS) is a national scheme, co-ordinated locally by the Beeches Management Centre. The Graduate Engineering Scheme is aimed at recruiting engineering graduates with the opportunity to develop both their professional and managerial skills. This highly innovative Scheme is now in its sixth year and has been adopted by other parts of the UK as best practice. The Human Resources Graduate Scheme has sought in the past to attract and develop graduates with potential to excel in the professional area of human resource management. Given the extent of organisation change, there have been no intakes to the HR Scheme in the last two years. However, in line with workforce development needs the DHSSPS will keep the need for this scheme under review. All three schemes take account of the workforce planning needs of the HSC and the intent to create a cadre of well-developed managers and professionals with managerial expertise.
- 9.13 Management and leadership development programmes are largely delivered in a multi-professional arena. This reflects the nature of the service and furthers shared learning and understanding. However, there is also a rationale for a number of uni-disciplinary programmes, to allow professional staff to share learning within an understood context and consider unique managerial dilemmas. These programmes should not be a substitute for multi-professional managerial development, but may be an appropriate complement to development. The HSC currently supports a range of uni-professional development programmes.

### **Change Management**

- 9.14 Senior executives within Health and Social Care face significant challenges over the next few years. Leadership through planned and emergent change, achievement of stretching service targets, tightening financial constraints and significant personal change all contribute to a demanding personal development agenda. There is a particular need to invest in the development of this small but critical group of staff, supporting and enabling effective performance in leadership roles. The leadership of change management and organisation development are essential skills for all managers, and particularly senior executives.

### **Raising the Level of Management and Leadership Skills in Northern Ireland**

- 9.15 The Department for Employment and Learning's 'Leading to Success, the Management and Leadership Development Strategy and Implementation Plan'<sup>37</sup> has as its objective "... to improve the managerial performance across all sectors in Northern Ireland by increasing the number and effectiveness of management

---

<sup>37</sup> Leading to ...Success: Management and Leadership Development Strategy and Implementation Plan, DEL,



development activities". This strategy complements initiatives within the wider NI economy to raise the level of management and leadership skills.

### **Key Recommendations: Leading and Managing Health and Social care**

- *All staff undertaking managerial roles should have appropriate training for the role and ongoing development support.*
- *Managers should take responsibility for highlighting and supporting development opportunities for the continuing development of their staff.*
- *Management education and development provision should provide a range of learning opportunities, both accredited and non-accredited and should reflect the different stages of a manager's career.*
- *The HSC should support initiatives to further develop effective team working.*

## 10. Infrastructure

### Providers

- 10.1 A range of providers contribute to the education and development of staff, both in preparation for employment and subsequently in the ongoing development of skills. Providers include the three universities (Queen's University of Belfast, the University of Ulster and the Open University), the further and higher education colleges, contracted training providers, social services training teams, and other employer based organisations (the Beeches Management Centre and local training departments). Providers should work in partnership to realise the full potential of the current infrastructure, increasing co-ordination and collaboration.
- 10.2 The infrastructure should support the development of learning organisations within Health and Social Care. We need to strengthen the capacity and capability of the learning system, that is, all those contributing to the support of learners. Learning and development is not the preserve of professional educators or trainers. Professional expertise should be appropriately targeted, with recognition that the manager is a significant partner in the development of staff. The Knowledge and Skills Framework recognises the role and responsibility of individuals for their own and others learning. Managers clearly have a role in inducting new staff, providing ongoing support and facilitating relevant learning opportunities. Mentoring, coaching, supervising, training and providing accurate and timely feedback are all skills useful to managers. Each Trust has designated a senior manager (at Assistant Director level).

### Library Services

- 10.3 Library services should be accessible to all HSC staff and should not be designated as owned by any one professional group or groups. The DHSSPS currently provides funding for library provision. There is a right of access for all HSC staff. Measures should be taken to inform staff of their nearest library facilities and services on offer. The Health On Line database (HONNI) is commended to all staff.

### Modernising Learning

- 10.4 The modernisation of learning demands that we use a comprehensive range of techniques and media to provide the best learning and development opportunities for our staff. Employers should explore the potential of e-learning to support staff development and consider how staff might access appropriate resources and skills. This strategy recognises the potential of the wide range of resources freely available to staff through the intranet and internet. The DHSSPS will explore the potential of an e-learning strategy in conjunction with the Department of Information Systems (DIS), and in the context of the HSC Information and Communications Technology Strategy<sup>38</sup>.

### Partnership Working

- 10.5 The importance of consistent messages and co-ordinated strategic development has already been referred to in the section on Professional Education and

---

<sup>38</sup> Information & Communications Technology Strategy, DHSS7PS, March 2005

Development. All organisations with an education, training and development remit should consider opportunities for partnership working.

- 10.6 The DHSSPS will work in partnership with DEL, Skills for Health and Skills for Care and Development and employer organisations to develop good labour market information and to support decisions around learning and development plans. Employers will review their management information systems in relation to learning and development, and identify the information required to support the implementation of the Knowledge and Skills Framework and the identification of learning and development of staff.

### **Flexibility of Provision**

- 10.7 Flexible provision of learning opportunities should support family friendly and work-life balance policies within organisations. Delivery of learning opportunities close to the workplace recognises a wide variety of learning opportunities, including job rotation, shadowing, coaching and mentoring etc.
- 10.8 The strategy recognises the tight financial constraints within which the HSC operates. Resources will continue to be constrained and consequently investment decisions should be based on evidence and evaluation of prior practice. Whilst it may be difficult to attract new resources, we should continually review the use of existing resources, and seek to be innovative in our approaches. We should also recognise the cost of ineffective training and development provision, as demonstrated when the service breaks down.
- 10.9 The learning environment influences the learning experience, and gives a message to staff about their value within the organisation. Pressure on HSC resources has led to a reduction in accommodation available for training and education. HSC organisations should review accommodation in line with strategic education and training needs.
- 10.10 The role of professional educators and trainers is essential and valued for the future development of the HSC. The knowledge, skills and competence of this group, as developers of others, requires consideration, and support for ongoing development.

### **Key Recommendations: Infrastructure**

- ***Providers should work in partnership, where appropriate, to realise the full potential of the current infrastructure and increase co-ordination.***
- ***All staff should be made aware at induction, of their right of access to library facilities.***
- ***Employers should explore the potential of, and access to, e-learning to support staff development and consider how staff might access appropriate resources and skills.***
- ***The DHSSPS will work in partnership with SSCs, DEL and HSC organisations to develop good labour market information and to support decisions around learning and development plans.***

- ***Employers will review their management information systems, including HRMS, in relation to learning and development.***
- ***Flexible provision of learning opportunities should support family friendly and work-life balance policies within organisations and recognise a wide variety of learning opportunities, including job rotation, shadowing, coaching and mentoring.***
- ***HSC organisations should review the use of existing resources, and seek to be innovative in approaches to staff training and development.***
- ***HSC organisations should ensure that adequate facilities are available for learning opportunities; plans for new site developments should ensure that training and education facilities are available.***
- ***The capacity and capability of staff involved in the professional education and development of others should be supported through personal development plans and access to appropriate learning opportunities.***

11. Implementation

The following table summarises recommendations from each section of the Report. The table identifies lead roles and timescale.

AREA	KEY RECOMMENDATION	RESPONSIBILITY	TIMESCALE
<p><b>Section 5:</b></p> <p><b>Core Skills and Values</b></p>	<ul style="list-style-type: none"> <li>• <i>All HSC staff should have a Personal Development Plan (PDP) underpinned by the knowledge and skill requirements for their post.</i></li> <li>• <i>There should be active collaboration between sector skills councils covering health and social care to ensure the best outcome for the integrated workforce.</i></li> <li>• <i>All HSC organisations should have the Investors in People (IIP) Award</i></li> <li>• <i>Learning and development should be prioritised to bring improvements in care for the users of our services.</i></li> <li>• <i>Organisations should review corporate induction programmes to ensure that all staff experience a high quality multi disciplinary introduction to the Service, usually involving other disciplines, and underpinned by the core values and skills of the organisation</i></li> </ul>	<p>HSC organisations</p> <p>Sector Skills Councils</p> <p>HSC organisations</p> <p>HSC organisations</p> <p>HSC organisations</p>	
<p><b>Section 6:</b></p> <p><b>Opening up Learning Opportunities</b></p>	<ul style="list-style-type: none"> <li>• <i>All HSC organisations should have a Learning and Development Strategy with clear priorities, and an implementation plan, supported by appropriate policies.</i></li> <li>• <i>Learning and Development Strategies should include priorities relating to widening access and increasing participation in learning, and in particular the enhancement of essential skills within the workforce. .</i></li> <li>• <i>Staff should be supported to raise their skill levels through a planned approach to development, taking account of mandatory requirements, individual and organisation needs</i></li> </ul>	<p>HSC organisations</p> <p>HSC organisations</p> <p>DHSSPS</p>	

	<ul style="list-style-type: none"> <li>• <i>The DHSSPS, in conjunction with Skills for Health and Skills for Care and Development, employers and the Department of Employment and Learning to explore the potential contribution of advanced modern apprenticeships, foundation modern apprenticeships and Foundation degrees</i></li> <li>• <i>The DHSSPS to work with education providers to widen access routes to professional education.</i></li> <li>• <i>The DHSSPS to promote an infrastructure that will support e-learning.</i></li> <li>• <i>The DHSSPS to continue to work with FE sector, Trade Unions and staff organisations to support essential skills development within our existing workforce, including Return to Learn (R2L) initiatives.</i></li> <li>• <i>All HSC organisations should provide appropriate advice and information for their local labour market about careers within health and social care, the range of access routes into the service, and the learning and development opportunities for staff employed.</i></li> <li>• <i>The DHSSPS to work with HSC organisations, Skills for Health, Skills for Care and Development and DEL to facilitate the dissemination of information about careers in the HSC.</i></li> <li>• <i>All HSC organisations to maintain a strong network with Further and Higher Education establishments to ensure greater understanding of the needs of the education and skill needs of the service.</i></li> </ul>	<p>DHSSPS and education providers</p> <p>DHSSPS</p> <p>DHSSPS, FE sector, Trade Unions and staff organisations HSC organisations</p> <p>DHSSPS</p> <p>DHSSPS</p> <p>HSC organisations</p>	
<p><b>Section 7:</b></p> <p><b>Vocational Learning and Development</b></p>	<ul style="list-style-type: none"> <li>• <i>HSC employers should ensure that NVQ development work undertaken through Sector Skills Councils is relevant to their needs, and facilitates staff development to meet changing work roles.</i></li> <li>• <i>Employers should consider the range of NVQs offered and the infrastructure provided to support delivery in line with an integrated</i></li> </ul>	<p>DHSSPS</p> <p>HSC employers</p>	

	<p><i>Workforce Plan for Health and Social Care.</i></p> <ul style="list-style-type: none"> <li>• <i>Employers should provide appropriate fora to ensure that employees have a voice linking to their relevant Sector Skills Council.</i></li> <li>• <i>Employers should encourage the wide spectrum of competence based vocational training.</i></li> </ul>	<p>HSC employers</p> <p>HSC employers</p>	
<p><b>Section 8:</b></p> <p><b>Professional Education and Development</b></p>	<ul style="list-style-type: none"> <li>• <i>HSC employers, training and development providers, and regulatory and professional bodies should seek opportunities to work in partnership to realise the best outcomes for students and staff.</i></li> <li>• <i>DHSSPS to engage education providers and the regulators in the development of a core module to maximise inter-professional learning at pre-registration stages.</i></li> <li>• <i>DHSSPS to work with Higher Education to review entry to professional education taking into account criteria other than academic achievement e.g. interpersonal skills, motivation and commitment beyond an educational programme, that is, the potential to be 'fit for practice'.</i></li> <li>• <i>The number of student places should reflect the needs of the HSC, and link closely to workforce projections.</i></li> <li>• <i>Education providers and HSC organisations should ensure that all student placements are well managed and in line with the development needs of students.</i></li> <li>• <i>The time element of CPD should be built into workforce planning.</i></li> <li>• <i>HSC organisations should support staff to learn in the workplace, through reinforcing approaches such as reflective practice and action learning, and a willingness to participate in shared learning and</i></li> </ul>	<p>HSC employers</p> <p>DHSSPS</p> <p>DHSSPS</p> <p>DHSSPS</p> <p>Education providers and HSC organisations</p> <p>DHSSPS/HSC organisations</p> <p>HSC organisations</p>	

	<i>practice within the team environment.</i>		
<b>Section 9: Leading and Managing Health and Social Care</b>	<ul style="list-style-type: none"> <li>• <i>All staff undertaking managerial roles should have appropriate training for the role and ongoing development support.</i></li> <li>• <i>Managers should take responsibility for highlighting and supporting development opportunities for the continuing development of their staff.</i></li> <li>• <i>Management education and development provision should provide a range of learning opportunities, both accredited and non-accredited and should reflect the different stages of a manager's career.</i></li> <li>• <i>The HSC should support initiatives to further develop effective team working.</i></li> </ul>	<p>DHSSPS</p> <p>HSC organisations</p> <p>HSC organisations</p> <p>HSC organisations</p>	



<p><b>Section 10:</b> <b>Infrastructure</b></p>	<ul style="list-style-type: none"> <li>• <i>Providers should work in partnership, where appropriate, to realise the full potential of the current infrastructure and increase co-ordination.</i></li> <li>• <i>All staff should be made aware at induction, of their right of access to library facilities.</i></li> <li>• <i>Employers should explore the potential of, and access to, e-learning to support staff development and consider how staff might access appropriate resources and skills</i></li> <li>• <i>The DHSSPS will work in partnership with SSCs, DEL and HSC organisations to develop good labour market information and to support decisions around learning and development plans.</i></li> <li>• <i>Employers will review their management information systems, including HRMS, in relation to learning and development.</i></li> <li>• <i>Flexible provision of learning opportunities should support family friendly and work-life balance policies within organisations and recognise a wide variety of learning opportunities, including job rotation, shadowing, coaching and mentoring.</i></li> <li>• <i>HSC organisations should review the use of existing resources, and seek to be innovative in approaches to staff training and development.</i></li> <li>• <i>HSC organisations should ensure that adequate facilities are available for learning opportunities; plans for new site developments should ensure that training and education facilities are available.</i></li> <li>• <i>The capacity and capability of staff involved in the professional education and development of others should be supported through personal development plans.</i></li> </ul>	<p>Education and Training Providers</p> <p>HSC Organisations</p> <p>HSC Organisations</p> <p>Department</p> <p>HSC Organisations</p> <p>HSC Organisations</p> <p>HSC Organisations</p> <p>HSC Organisations</p> <p>HSC Organisations And Department</p>	
---	---	---	--

## 12. Conclusion

The Strategy sets out a challenging workforce learning agenda for the HSC over the next five years and has been widely circulated to key stakeholders.

These challenges must be met to enable staff to deliver a modern patient and client focused service. The strategy recognises that effective learning and development underpins successful organisation performance, and provides a development framework for individuals, teams and organisations.

In the strategy we have set out our vision for the HSC as a learning organisation, supporting a culture of lifelong learning, ably equipping staff for current and future work roles, and supporting improved services to patients and clients.

## A CAREER FRAMEWORK FOR THE NHS

### KEY ELEMENTS OF THE CAREER FRAMEWORK

9

**More Senior Staff - Level 9**

Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.

8

**Consultant Practitioners- Level 8**

Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.

7

**Advanced Practitioners - Level 7**

Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.

6

**Senior Practitioners/Specialist Practitioners - Level 6**

Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.

5

**Practitioners - Level 5**

Most frequently registered practitioners in their first and second post-registration/ professional qualification jobs.

4

**Assistant Practitioners/Associate Practitioners - Level 4**

Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.

3

**Senior Healthcare Assistants/Technicians - Level 3**

Have a higher level of responsibility than support worker, probably studying for, or have attained NVQ level 3, or Assessment of Prior Experiential Learning (APEL).

2

**Support Workers - Level 2**

Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' - probably studying for or has attained NVQ Level 2.

1

**Initial Entry Level Jobs - Level 1**

Such as 'Domestics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.

## KEY ELEMENTS OF THE COMPETENCE FRAMEWORK FOR SOCIAL SERVICES

**9**

**More Senior Staff – Level 9**  
Staff with ultimate responsibility for the discharge of statutory functions, social care governance arrangements and accountability for safe and effective social care provision.

**8**

**Senior Managers – Level 8**  
Staff with responsibility for management of a number of services areas/programmes of care and planning delivery and review of services.

**7**

**Principal Practitioners/Service Managers – Level 7**  
Experienced social work practitioners who have skills and expertise at a very high standard. Practitioners may carry their own caseload. Staff in management posts (or equivalent) will typically manage a service area, programme of care or be a specialist lead. Appropriate competence level PQ Specialist/Strategic Leadership or equivalent.

**6**

**Senior Social Work Practitioners/Social Work Managers – Level 6**  
Senior practitioners who have a higher degree of responsibility and autonomy than social work practitioners or who are managing a team of social workers or a multidisciplinary team. Appropriate competence level PQ Specialist level or equivalent.

**5**

**Practitioners – Level 5 progressing to Level 6**  
Most frequently registered social workers in designated social work posts or posts requiring a social work qualification, across a range of settings and sectors. Will include newly qualified social workers subject to the Assessed Year in Employment and practitioners in their subsequent first and second post-registration/post qualifying jobs. Appropriate minimum competence level PQ Specific level or equivalent..

**4**

**Social Care Practitioners/Social Care Managers/team leaders – Level 4**  
Social care staff working in specialist areas or managing other social care workers. Job titles include 'Senior Day Care Worker', 'Home Care Team Leader', 'Home Care Organiser', 'Personal Adviser', 'Rehabilitation Worker'. Appropriate competence NVQ Level 4 or equivalent.

**3**

**Senior Social Care Support Workers/Social Care Supervisors – Level 3**  
Have a higher level of responsibility than social care support workers or who may have supervisory responsibility for support staff. Job titles include 'Day Care Worker', 'Senior Care Assistant', 'Senior Home Care Worker', 'Contact Worker'. Appropriate competence NVQ Level 3 or equivalent.

**2**

**Social Care Support Workers – Level 2**  
Workers who provide direct or personal care. Job titles include 'Care Assistants', 'Home Care Workers', and 'Drivers with Caring Duties'. Appropriate competence NVQ Level 2 or equivalent.

**1**

**Initial Entry Level Jobs – Level 1**  
Such as domestics, requiring very little formal education or previous knowledge or skills in delivering or supporting the delivery of social services. May also include volunteers or respite carers.

*Please note that this is a framework describing competence levels and not Agenda for Change pay bands.*







# Regional HSC Workforce Planning Framework

March 2015



better **skills** better **jobs** better **health**



# Contents

Introduction

Section 1 – Introduction

Section 2 – Workforce Planning – A Working Definition

Section 3 – Organisational Responsibilities

Section 4 – Moving Forwards

Annex A – Six Step Model



## Section 1

### Introduction

- Effective workforce planning is complex and challenging but is essential in order to contribute to ensuring services across Northern Ireland are both sustainable and delivered to the appropriate standard. The range of challenges faced by the health and social care system has reinforced the need to ensure that the workforce is balanced correctly in terms of numbers and skills.
  
- There are many **drivers** for workforce planning, such as:
  - a. the recognition of the changing nature of health and social care needs and the link to demographic changes in local populations; (greater emphasis on preventative approach and supporting people)
  - b. the need for revised service delivery models to meet the needs of patients and clients and health and social care staff and in meeting the career needs of the health and social care workforce in the wide ranging geography of Northern Ireland;
  - c. patient safety and quality of care;
  - d. affordability of services given the challenging financial context for all organisations; and
  - e. the need to connect workforce issues with the overall strategic direction as set out in documents e.g. Programme for Government Transforming Your Care, Making Life Better, HSC Quality Strategy 2020 and the annual Commissioning Plan Direction.
  
- This Framework aims to support the following **outcomes** for the workforce planning process:
  - a. an adaptive Health and Social Care workforce of the right size with the right skills deployed in the right way;

- b. developing a shared understanding of the core elements of effective workforce planning;
- c. providing greater clarity of roles and responsibilities, process, structures and governance;
- d. providing an understanding of how organisations and individuals can contribute effectively in a mixed economy; and
- e. encouraging partnership working both within and between organisations;
- f. better informed education commissioning decisions.

## Section 2

### Workforce Planning: A Working Definition

- At its simplest, effective workforce planning ensures a workforce of the right size, with the right skills, organised in the right way, delivering services to provide the best possible care for patients and clients within available resources.
  
- The approach to workforce planning as set out in this Framework Document is designed to:
  - a. be centred around the needs of patients and clients;
  - b. embrace complexity;
  - c. recognise uncertainty;
  - d. be open and transparent;
  - e. be flexible and responsive to change;
  - f. whole system approach to workforce planning taking into account impact on changes to one part of the system on another (taking a Programme of Care approach where possible);
  - g. recognise that workforce planning is not just about the numbers but also the competence and deployment of the workforce;
  - h. enable the HSC to anticipate where possible, and respond to, Departmental and Ministerial directions and policies;
  - i. set out the NHS Six Step Model and its underlying principles as the primary model for workforce planning (Annex A), which can be complemented by other regionally agreed methodologies where appropriate;
  - j. make a clear linkage between workforce data, intelligence and projections with decisions on the commissioning of education and training;
  - k. engage with key stakeholders including employers and staff;
  - l. ensure timely, robust and accurate workforce information and analysis is available.

## Section 3

### Organisational Roles and Responsibilities

- Effective workforce planning demands a collaborative, consistent, integrated and proactive approach across multiple stakeholders. No individual, group or organisation can undertake the process unilaterally and as a result, there is a range of responsibilities that lie within and between organisations that contribute to effective workforce planning.
- This section sets out the core roles and responsibilities involved in the HSC workforce planning process. Not every organisation with a role in workforce planning is included in this overview however key stakeholders will be included in the process as appropriate.
- The Framework focuses on the core elements deemed necessary to support effective workforce planning.

### Department of Health, Social Services and Public Safety (DHSSPS)

- The DHSSPS has a range of statutory responsibilities regarding the effective functioning of health and social care service provision across Northern Ireland. As part of these responsibilities, the DHSSPS should ensure that key core responsibilities regarding workforce planning are delivered both in terms of leadership and ensuring effective functioning of the process. It is responsible for:
  - a. setting the strategic vision;
  - b. securing commitment to a high level workforce strategy which will underpin the Department's wider policy objectives;
  - c. providing regional workforce information and trends;
  - d. ensuring a regional approach is taken to workforce planning;
  - e. facilitating of capacity building within the HSC Trusts; and

- f. making decisions on the commissioning of pre- and post-registration education and training across the HSC.

## **Health and Social Care Board/Public Health Agency**

- The commissioning of health and social care services is a crucial function within the wider health and social care economy. The Health and Social Care Board, through Local Commissioning Groups, and the Public Health Agency have a duty to ensure, through the commissioning process, that they are able to:
  - a. meet the current and future health and social care needs of the population of Northern Ireland;
  - b. secure value for money and ensure the appropriate quality of service provision; and
  - c. utilise appropriate processes to develop and reform services.
  
- In relation to workforce, the commissioners' role is to:
  - a. agree the models of service delivery;
  - b. be assured that HSC Trusts and independent practitioners have considered and identified the workforce needed for service delivery, through for example demand/capacity analysis;
  - c. exercise a challenge function where appropriate;
  - d. identify to the Department areas where intervention is required; and
  - e. lead or contribute to workforce reviews as required.

The Public Health Agency has an additional specific role in providing professional advice across the HSC and to the Department

## Health and Social Care Trusts

- HSC Trusts are responsible for:
  - a. ensuring that they have an appropriate and skilled workforce to deliver the services commissioned from them;
  - b. utilising both qualitative and quantitative information to inform operational Workforce Plans ( to include information projection and risk) which are reviewed annually;
  - c. regularly liaise with other stakeholders (including local commissioners) to determine priorities and overcome challenges; and
  - d. agree courses of action and implementation of workforce change.

## Regional Workforce Planning Group

- The Regional Workforce Planning Group, chaired by the Director of Human Resources, DHSSPS, will:
  - a. act as the hub for all workforce planning activity within Health and Social Care;
  - b. provide expert advice to the Department regarding workforce planning matters;
  - c. inform the overall strategic direction for workforce planning;
  - d. agree a programme of workforce reviews; and
  - e. receive, comment on and endorse commissioned Workforce Reviews.

The Table below describes the key roles and responsibilities in relation to regional workforce planning:

<b>DHSSPS</b>	<b>HSCB/ PHA</b>	<b>Trusts</b>	<b>Regional Workforce Planning Group</b>
Set the strategic vision	Agree models of service delivery	Ensure Trusts have an appropriate and skilled workforce to deliver the services commissioned from them	Act as hub for HSC workforce planning activity
Secure commitment to a high level workforce strategy which will underpin the Department's wider policy objectives	Be assured that HSC Trusts have considered and identified the workforce needed for service delivery, through demand/capacity analysis	Utilise both qualitative and quantitative information to inform operational Workforce Plans, which are reviewed annually	Inform overall strategic direction
Ensure a regional approach is taken to workforce planning	Exercise a challenge function where appropriate	Regularly liaise with other stakeholders to determine priorities and overcome challenges	Agree a programme of workforce reviews
Facilitate capacity-building within HSC Trusts	Identify to the Department areas where intervention is required	Agree courses of action and implementation of workforce change	Receive comment on and endorse commissioned workforce reviews
Take decisions on the commissioning of pre- and post-registration education and training across the HSC	Lead and contribute to workforce reviews as required		

**Diagram to Illustrate Workforce Planning process**





## Governance Arrangements

- This Framework Document has been developed under the aegis of the Regional Workforce Planning Group (RWPG). This Group will be re-purposed to oversee the next phase of workforce planning within Health and Social Care. It will have a revised Terms of Reference (including membership), which will be formally submitted by the Chair of the RWPG for approval by DHSSPS.
- Membership of the RWPG will include core representation from the DHSSPS, HSCB, PHA and HSC Trusts, at Senior Executive level as well as other key stakeholders. A list of the members is attached at the Annex B.
- Additional members will be co-opted on an agenda-specific basis or as the work programme dictates.
- Processes will be put in place to ensure that wider stakeholder engagement is facilitated.

## Section 5

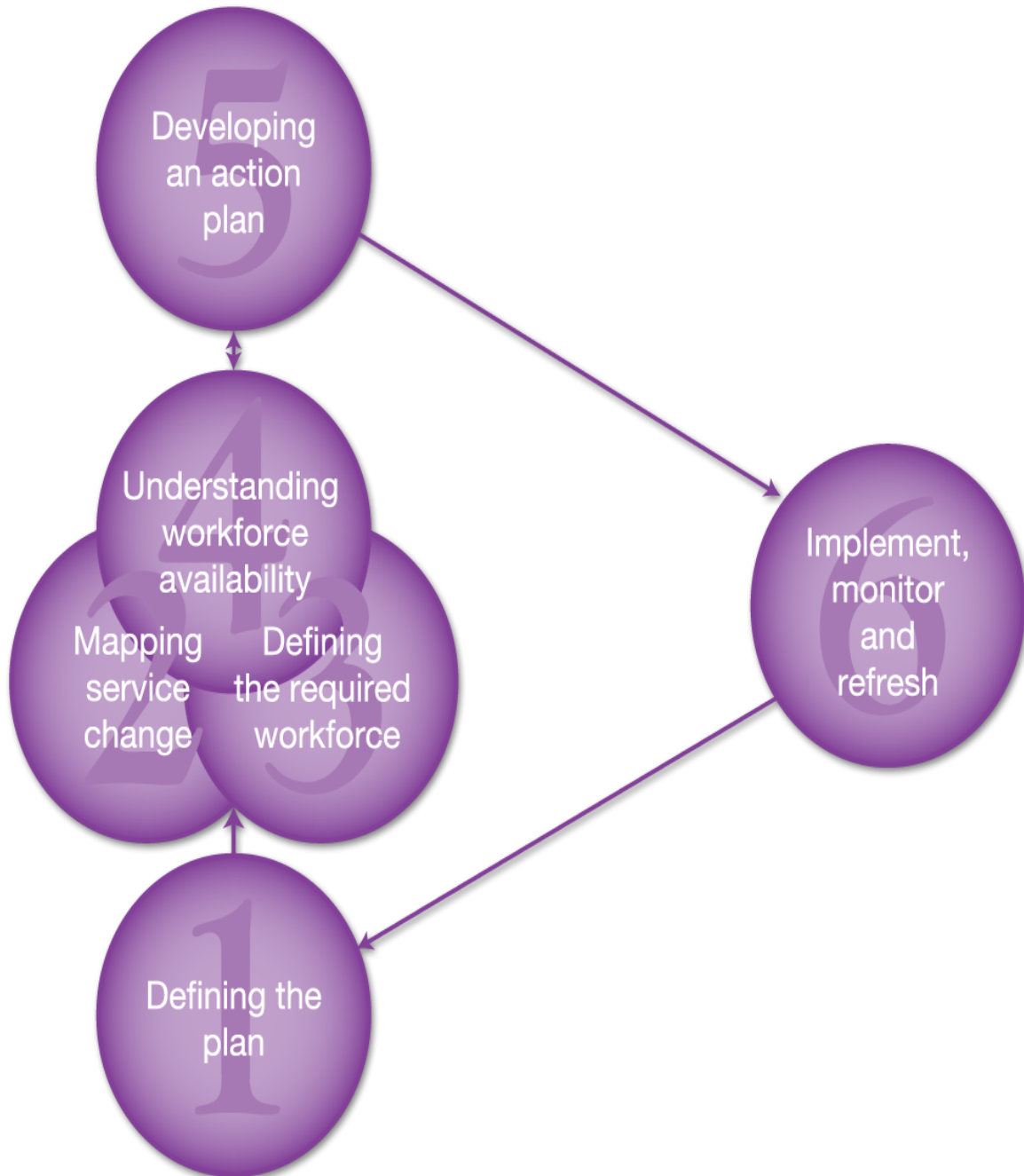
### Next Steps

- This version of the Framework articulates the regional roles and responsibilities envisaged for HSC workforce planning; however it is recognised that this is an evolving process. In view of this, the Framework will be subject to ongoing review and refinement as appropriate.
  
- Implementation of the framework will be led by the DHSSPS, and primarily taken forward through the RWPG. The primary implementation steps shall be:
  - a. development of revised Terms of Reference for the RWPG for approval by DHSSPS;
  - b. reconstitution of the membership of RWPG to fulfill the Terms of Reference;
  - c. to pilot a service area review within a Programme of Care (POC) approach;
  - d. further development of workforce planning capability and capacity across the region.

**For further information regarding this Framework please contact [wpu@dhsspsni.gov.uk](mailto:wpu@dhsspsni.gov.uk)**

Annex A

Adapted from the Six Step Model to Integrated Workforce Planning



### Step 1 – Defining the Plan

Identify why a workforce plan is needed and for whom it is intended:

- Purpose;
- Scope;
- Ownership.

This is the critical first step in the planning process. It is important to be clear why a workforce plan is required and what it will be used for. The scope of the plan should be determined, for example, whether it will cover a single service area, a particular patient pathway or a whole health economy; responsibility for ensuring the plan is delivered and other parties who will need to be involved in the planning process should be clearly stated.

### Step 2 – Mapping Service Change

Identify the purpose and shape of any proposed service change that will impact upon future workforce requirements:

- Goals / benefits of change;
- Current baseline;
- Drivers/constraints;
- Option appraisal;
- Working models.

This is the first of three interrelated steps. It is the process of service redesign in response to service user choice, changes in modes of delivery, advances in care or financial constraints. It is important to be very clear about current costs and outcomes and to identify the intended benefits from service change. Those factors that support the change or may hamper it, should be identified. There must be a clear statement about whether the preferred model better delivers the desired

benefits or is more likely to be achievable, given anticipated constraints.

### **Step 3 - Defining the Required Workforce**

Identify the skills required and the type / number of staff to deliver the new service model (workforce demand):

- Activity analysis;
- Types / numbers;
- Productivity / New ways of working.

This step involves mapping the new service activities and identifying the skills needed to undertake them and the types and numbers of staff required. This will involve consideration of which types of staff could best carry out particular activities in order to reduce costs and improve the service user experience even where this leads to new roles and new ways of working.

### **Step 4 - Understanding Workforce Availability**

Identify current and future staff availability based on current profile and deployment (workforce supply):

- Understanding the current workforce;
- Workforce forecasting;
- Demographics;
- Supply options.

This step involves describing the existing workforce in the areas under consideration, its existing skills and deployment, plus assessing any particularly challenging areas arising from its age profile or turnover. It may be the case that the availability of staff with particular skills, or, alternatively, the shortage of such staff itself contributes to service redesign and steps 2 and 3 will need to be revisited. Consideration should be given to the practicalities and cost of any retraining, redeployment and / or

recruitment activities that could increase or change workforce supply.

### **Step 5 - Developing an Action Plan**

Plan to deliver the required workforce (new skills in new locations) and manage the change:

- Gap analysis;
- Priority planning;
- Action planning;
- Managing change.

This step involves reflecting on the previous three steps and determining the most effective way of ensuring the availability of staff to deliver redesigned services, even if this means some further service redesign. A plan for delivering the right staff, with the right skills in the right place needs to be developed with milestones and timescales. An assessment of any anticipated challenges and how the momentum for change will be created, including staff engagement should be included in the plan.

### **Step 6 - Implement, Monitor and Refresh**

Implement the plan, monitor progress and refresh the plan as required.

- Implementation;
- Measuring progress;
- Revisiting Six Steps.

As the plan is being implemented, it should undergo periodic review and adjustment as appropriate. This should be done by monitoring the agreed indicators of success and by identifying any unintended consequences of the changes.