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IN ASSOCIATION WITH SKILLS FOR HEALTH

URGENT RESPONSE

HOW THE HEALTHCARE WORKFORCE WILL MEET NEW DEMANDS: 8-9

Supplement editor Stuart Shepherd
Production editor Jane Walsh
Sub editor Jessica Moss
Design Judy Skidmore
Picture editor Frances Topp

Change is challenge

The *Leading Local Change* document, published in May as part of Lord Darzi's next stage review, sits on the desk in front of me as I write. Its message is clear – healthcare needs are changing and our sector must respond.

As is the way with change it is ongoing. What applies today may not necessarily apply tomorrow, next week or next year. As this document says, "world class quality of care is a moving target – what was high quality in 1949 or 1998 is often not regarded that way in 2008". How right that is.

'Each individual working in healthcare has his or her particular talents. We must maximise the skills of all staff'

The Darzi review has a strong focus on clinical leadership, but it is also important to drive the transformation of the whole workforce; from entry level through to those at the top. Each person working in the healthcare sector has his or her own particular talents. With the continuing increasing demand on healthcare services, we must maximise the skills and competences of all staff. We need to ensure everyone is given the opportunity to reach their full potential – to their personal benefit, to the benefit of their employers, and, most importantly, to the benefit of patient care.

To realise Lord Darzi's vision we need a healthcare workforce that is agile, flexible and skilled. Only then will we be in a position to respond to new challenges ahead.

In this supplement we showcase some of the ways Skills for Health is already working towards this and, if you are not collaborating with us already, I urge you to contact us. If we work in partnership – at national, regional and local levels – effective change can and will follow. ●

John Rogers is chief executive of Skills for Health.

SUPPLEMENT EDITOR'S COMMENT

All hands to the task

Healthcare providers and employers across the UK face an arduous workforce challenge. Demands on services are growing as numbers of emergency admissions and long-term conditions rise, policy drives the delivery of care closer to home and the age profile of the population rises. With significant numbers of "baby boomer" health professionals approaching retirement, there is more to do and fewer hands to do it with.

Thankfully the call to action has already been sounded. The 2006 Leitch report recognised the need to train and equip adults with higher levels of skills. At least 90 per cent, it recommended, should achieve qualifications at level 2 with funding for these more economically valuable and transferable courses to be shared by employers and the government.

The Department for Innovation, Universities and Skills response – *World Class Skills: implementing the Leitch review* – set out the approach for such a skills revolution.

This *HSJ* supplement highlights the leading part Skills for Health is playing alongside employers and the Department of Health in shaping a healthcare workforce fit for future purpose and capable of meeting the targets outlined in Leitch.

Strategic direction is taking shape in the sector skills agreements, while positive outcomes are already being felt with the joint investment framework in England, support of the information, advice and guidance/careers model to improve access and opportunities for careers in health, and labour market intelligence reports.

The sector qualifications strategy has been designed to help employers develop skills and flexibility in their workforce, while support with the creation of new roles is unlocking talent and adding valuable capacity. ●

Stuart Shepherd, supplement editor.

OPINION

THINK LOCAL

As the final report on Lord Darzi's next stage review draws close, Cynthia Bower examines how Skills for Health is already helping to drive change at a local level

Being a Skills for Health board member has brought an added dimension to my reflections on the Darzi review. The importance of locally led change is emphasised throughout and it strikes me this is mirrored in the approach Skills for Health has adopted ever since its inception in April 2002.

Four years on, following intensive consultation with employers and stakeholders, the first sector skills agreements for health, which identify and prioritise future skills and workforce needs, were published for England and Scotland. Constantly evolving to reflect the pace of change, these comprehensive agreements between employers, stakeholders and Skills for Health set out a blueprint for addressing skills needs across the UK healthcare sector.

With these solid foundations, work has continued in the regions to build on the agreements locally. The East of England has already published its own agreement and the consultation process is under way and/or nearing completion across the rest of England. Each agreement will examine local skills needs; outline existing education and training provision; and put forward strategies for transforming the healthcare workforce in line with patient need.

The importance Skills for Health places on this type of local approach is highlighted in its organisational structure, which was changed at the beginning of this year to give more support to employers and to strengthen local influence. The refocused structure reflects Skills for Health's shift of emphasis from developing products and services into supporting their implementation and giving local employers a stronger voice in determining programmes of work.

Regional role

Skills for Health's regional directors have a central role in supporting initiatives such as the regional joint investment frameworks, which have already resulted in £100m of additional funds being delivered annually into the health service in England to tackle skills gaps and shortages.

Under the new structure – in addition to the directors already in place in Northern Ireland, Scotland and Wales – a director is now based in each English government region. The overarching remit for each one is to build relationships with stakeholders in health, education and economic development; strengthen partnership working; and respond to employer need in order to help deliver improved services and better patient care.

There is an element of "spreading the word" too. Having spent the past few years building the tools and frameworks necessary to help create a flexible, competence-based healthcare workforce, Skills for Health's future emphasis will be on helping employers make the most of these tools. Regional directors and their teams will play a critical role in helping to make this happen.

This is good news indeed for those of us in the NHS who are involved in workforce development. Frankly, we need all the help we can get. The NHS is characterised by its increasing complexity and constant change. By drawing on a nationally recognised bank of competences we can start to reconfigure the NHS workforce and help build the infrastructure needed to flexibly address future patient need.

'Transparency and transferability are the key words, which is why a competence-based approach is best'

As health minister Lord Darzi identifies: "Meeting the challenge of being a universal service means the NHS must meet the different needs of everyone. Universal is not the same as uniform. Different places have different and changing needs – and local needs are best met by local solutions."

However, local needs and local solutions require local skills. First and foremost, we need to know where to find those skills within a workforce. Transparency and transferability are the key words, which is why a competence-based approach to workforce development is the best way forward – nationally, regionally and locally. It is consistent, it is flexible, and it works.

I speak from experience. In my own strategic health authority, Skills for Health has been supporting us in our efforts to develop a competence-based workforce. As a result, four exemplar projects are already well under way (see page 8). And we are not alone. There are examples across the country. In Manchester, waiting times in certain diagnostic areas have been reduced from 35 to 19 weeks. In Berkshire, patient safety at night has been improved. In the Forth Valley, the balance of care in rehabilitation and intermediate has been shifted from acute to community hospitals. The list goes on.

Perhaps, by this time next year, your organisation could be added to that list.

The building blocks are in place. By strengthening its regional presence, Skills for Health will be able to work more closely with stakeholders and employers to help develop practical solutions to workforce issues; solutions that will benefit their organisations, the individuals working for them, and the communities they serve.

I will be doing everything I can to support them. I hope you will too. ●

Cynthia Bower is workforce development lead for the strategic health authorities; chief executive of NHS West Midlands and a member of the Skills for Health Board.

TOGETHER WE'RE SMARTER

The sector skills agreement is the mechanism by which employers, stakeholders and funding will be harnessed together to raise workforce standards. We look at how this is happening in health

Health is everybody's business: the wide range of stakeholders is just one facet of its complexity. The government-led sector skills agreements are designed to assist every employment sector to secure the skills for increased productivity at internationally competitive levels.

In health, sector skills agreements between stakeholders are promoting a strategy for transforming the workforce, using nationally recognised competences to support improved healthcare services.

In getting the agreement strategy off the ground in the UK, the task for Skills for Health has been to engage systematically with NHS employers, independent and voluntary organisations, professional bodies and unions – before starting to plan for the flexible workforce the sector requires.

"That was a big challenge," says policy and planning director Helen Fields. "We needed to make contact and send out a clear message about our purpose to a lot of groups. At times the process all seemed very lengthy and bureaucratic – but it gave us a direction of travel for determining the strategic plan for the future."

The need for flexibility and change is driven by increases in long-term conditions, remodelling of service provision and more care closer to home, greater responsiveness to public expectation, and workforce, career and regulatory changes.

To produce the agreements, current and future skills needs in the UK countries have been assessed interactively over five stages: reviewing existing education and training; a supply and demand gap analysis; a stakeholder assessment of opportunities for collaboration to tackle skills deficits; development of an agreements action plan; and agreement between partners.

In England and Scotland the agreements are now published and in place. The process in Wales and Northern Ireland is taking a little longer.

"The agreements are about what Skills for Health can do to set the strategic direction for workforce change," says Ms Fields, "as well as what we can broker on behalf of organisations looking to take that change forward. The outcomes of the agreement, its objectives, are embedded into strategic and operational plans with the emphasis on robust intelligence and evidence, and strong partnerships."

Now Skills for Health is implementing the agreements through initiatives of its own and with partners. These include a workforce solutions team, which will assist regional authorities and employers to systematically use the competences identified by Skills for Health, and application tools it has created for this.

Action plan

Skills for Health is also, in Ms Fields' view, committed to producing labour market intelligence reports for the sector, at both country and regional level, in a manner that makes it more digestible not just to employers but to those in education, commissioning and workforce development too.

Also, an information, advice and guidance service model for learning and careers in health is being introduced regionally across the UK to consolidate and improve routes into the sector (see box, page 4).

"In England we have also started to develop regional agreements, not duplicating but rather translating the national sector skills agreements to fit with local workforce needs and plans," says Ms Fields. "The momentum of good stakeholder engagement is being maintained and while the England-wide agreement gave the overall direction and objectives, what is now emerging, two years down the line, are the nitty-gritty actions." (See box, opposite.)

Another feature of the agreements' outcomes is the joint investment framework. This came into effect in September 2007 and upholds the agreements' central aims to develop a skilled workforce for raising the quality of care. It is a major step towards the demand-led skills system the Leitch report called for.

The framework pulls together the strategic health authorities, Skills for Health and the Learning and Skills Council, who bring in a promise of up to £50m per year to match equal investment by the health sector during the three-year agreement. It focuses on skills development and qualifications at levels 2, 3 and 4 across *Agenda for Change* bands 1-4 or equivalent.

"The new framework allows for the necessary flexibility we didn't have in the past. The problem until recently has been that the LSC, while it brought lots of money to education, had its own government-set targets to meet for people without a level 2 NVQ," says Fionnuala Palmer, joint framework programme manager at Skills for Health. "But what the health sector has been needing is unit based qualifications where funding is available for units as well as full NVQs, or support for level 3 qualifications and above."

A lot of people come to health having worked in another sector, she continues, with a level 2 NVQ, in a area which, even though it might have little bearing on their new job requirements, has left them ineligible for LSC funding. "Now though we have a real partnership and each body – health or the LSC – will fund what the other cannot, to give the average employee a much more complete funding picture."

Ms Palmer says the programme has been able to do things like flag up the increase in the drive

‘We needed to make contact and send out a clear message about our purpose to a lot of groups, but it gave us a direction of travel’

for apprenticeships in the health sector, “as well as the need to offer targeted support with skills for life – language, literacy and numeracy – to this pre-professional section of the workforce.”

Extra funding

The East of England regional sector skills agreement for health was launched in November 2007, describing the skills gaps in the sector and how stakeholders could tackle them. This agreement gives direction to the joint investment framework programme – which over three years will bring in £22.2m of training investment for bands 1-4 – in a region where investment has been extremely scarce over an extended period.

Furthermore, extra funding brought in by the framework in the North West has seen more than 6,700 additional training places being agreed.

“While the funding has been approved for three years, we always emphasise the rolling nature of the deal,” says Ms Palmer. “This is not a case of ‘here today, gone tomorrow’. This is the start of a long-term process and the great thing is that having got used to so much short-term ➔4

EAST MIDLANDS AGREEMENT

In early April, Pippa Hodgson, regional director for Skills for Health in the East Midlands, hosted an event to launch discussions on a regional version of the national sector skills agreement.

During the morning session, attended by minister for the East Midlands Phil Hope and several NHS chief executives, Ms Hodgson spoke about Skills for Health, implementing the national agreement and some of the national strategy work. Later in the day local participants voted on what should be included in an action plan for the region.

“What I don’t want to do is replicate the weighty national agreement,” says Ms Hodgson. “Better to have a three or four page plan that shows what joint pieces of work we have agreed to take forward in order to benefit the health sector. The voting gave me some pointers for that, and what was superb was that throughout the day people made the links between the national initiatives, which went on to be validated by the regional solutions they themselves came up with.”

Part of Ms Hodgson’s work over the next 12 months will be developing the actions with partners so everybody knows what it means when, for example, they talk about more involvement for the voluntary and independent sectors.

“It is really important for health to engage with all of its providers,” says Ms Hodgson. “Government initiatives are going to see the workforce belonging to an increasingly diverse employer group. This, as well as the voting particularly on new roles and career pathways and the high level of commitment shown to skills transformation, has all given me a lot of information to go and talk about and plan with senior people and partners.

“Another key lesson for me on the day,” she continues, “was discovering employers hadn’t realised that for virtually all the national initiatives I showcased we had at least one regional pilot site – such as the work in Derbyshire looking at assistant practitioners in mental health and stroke rehabilitation.

“All in all this is the beginning of what should be an interesting and iterative process.”

MILESCOLE

'Although you should be doing good practice all the time, it doesn't hurt to have things emphasised'

3← money, some regions are now looking at how they embed framework funding."

Health employers – NHS, independent or voluntary – are strongly advised to sign up to the skills pledge. This is a voluntary commitment to workforce development across an entire organisation. By signing up, employers agree to support all employees to develop basic skills to at least level 2 – the same as five good GCSEs – with some support available at level 3.

Employers first demonstrate their pledge commitment to the employees through a statement of intent. Then they assess the skill needs and workforce priorities before moving on to an action plan, highlighting the skills and qualifications needed, numbers and a timetable for progress. With this in place the employer signs the pledge and then gets on with meeting the commitment. Progress is reviewed and reported on annually.

Making the pledge at Surrey and Borders Partnership foundation trust was seen as a focused way of bringing its large numbers of bands 1-4 staff into the learning and development strategy. Basic skills and support with language and literacy were identified as early priorities. "Skills for life" were embedded in an NVQ that incorporated on-the-job learning.

Trust support worker Margaret Emmerson recently completed her NVQ level 2 in health and social care. She was glad of the chance to learn more about food and nutrition and refresh her familiarity with health and safety.

"Although you should be doing good practice all the time, it doesn't hurt to have things emphasised," she says. "The course highlighted why things are done the way they are."

The trust has had some good feedback about its approach to the skills pledge and won the recruitment and retention category of the 2007 Healthcare People Management Awards.

One thing Skills for Health does not have is huge sums of money for workforce development. That is all held with the funding bodies and agencies. But the sector skills agreement has provided some evidence for influencing change.

"We can already see evidence of success in some initiatives," says Ms Fields, "but we need to work with partners in the longer term to understand the real difference this makes – and that will be about better evaluation and impact measures.

"Now that we have the national skills strategies across each of the UK countries the sector skills agreement has to stay alive and dynamic. There are differences in each of the national strategies and the skills landscape keeps evolving so our SSAs must remain flexible and able to respond." ●

INFORMATION AND ADVICE ON CAREERS IN HEALTHCARE

For younger people and adult learners alike good access to information is sometimes the only difference between choosing one career path or another.

It was this realisation that initiated Skills for Health's work in partnership with learndirect scotland to ensure all appropriate learning provision in the sector is available on its national database of learning opportunities.

It has been made as simple as possible for individuals and employers to easily identify appropriate training opportunities in the sector.

The idea is reinforced in the Scottish government's skills strategy, *Skills for Scotland*, which highlights that the database can become a more effective national resource to promote lifelong learning.

"There are over 300 different jobs in the sector and the relevant courses are not always health related," says Annette Clark, Skills for Health information, advice and guidance manager. "The online database will allow individuals to search through thousands of courses and training providers throughout Scotland to best meet their needs."

The partners are also looking at launching a response service, so that people can access the database through mobile phones and ask for more details to be sent. This could be ready this summer.

MARKET RESEARCH

As the rapidly changing face of healthcare provision presents new challenges for workforce planners, Skills for Health has created labour market intelligence manuals, constantly updated online

Workforce planning managers such as Elizabeth Hodgson of the Northamptonshire health community workforce team are finding the scope of their activity is expanding.

Traditional aspects of workforce planning – based on an analysis of factors influencing the demand for personnel, their potential supply routes and the gap between the two – continue to play a pivotal role in maintaining an adequately staffed NHS. But the rapidly changing face of provision is bringing new dimensions to the work of the planning team.

"This will see us working more closely with service managers and heads of departments as they become more involved in their own workforce planning," says Ms Hodgson. "There are patient-centric models, such as one developed by NHS North West, that break this activity down to determining the skills and competences required for the delivery of their services now and the redesigned roles that respond to that need. The most familiar example is the introduction of the assistant and advanced practitioner roles, with a much more flexible skill-mix for things like the Hospital at Night [hospital out-of-hours clinical cover] project.

"The challenge is so many departments are still working with teams composed of traditional posts or jobs that do not necessarily reflect the most efficient or productive methods for providing care," she says.

Modernisation as a priority

Modernisation is very much to the fore however, as Ms Hodgson points out, with the recent launch of a regional project to consider introducing more assistant practitioners across a wide range of care venues and pathways.

Closer to home, in the north of the county, the PCT's intermediate care team has put together a portfolio of skills and competences as part of a role redesign scheme for band 3 support staff.

"The support workers are acquiring the skills – fully referenced against the knowledge and skills framework and linked into NVQs – as part of taking on a new generic rehabilitation assistant role," says Ms Hodgson. "This will equip them to provide an effective home care package for people coming out of hospital.

"Rather than there being a physiotherapy assistant going in one day, an occupational therapy assistant the next and a dietician assistant the day after that, the roles have been combined in the new generic worker, improving continuity and efficiency," she says. "The new role also brings the opportunity for career progression with the introduction of a band 4 co-ordinator post. This will free up capacity within the specialist professional team and introduce further efficiencies."

Both of the modern roles, at generic and co-ordinator level, have been developed using a skills and competences approach set to become increasingly familiar to workforce planners.

Considering and interpreting the numerous drivers – national and sub-regional – that bring about the need for new posts such as the rehabilitation assistant is complex and time-consuming. The task has been made somewhat easier with the publication of Skills for Health's regional labour market intelligence manuals.

"When I first started in workforce planning," says Ms Hodgson, "I used to scrabble around trying to bring together all kinds of datasets about the current workforce and the broader Northamptonshire population – features such as age, birth rate, percentage of full-time and part-time staff, migration trends, educational levels, shortages in professional groups, disease prevalence. This in addition to policy and other drivers from a whole range of various websites."

Information in one resource

"What Skills for Health has done is bring all of this together in the one place," she explains. "The labour market intelligence manual for the East Midlands for instance provides easily manageable narrative detail and bullet points on all the data and drivers for the region. It is extremely useful to be able to reference that at a high level, benchmarking what is happening with us in the county against what is going on across the East Midlands."

So what does current data suggest health services in Northamptonshire might be facing?

Clearly inward migration has been an issue. As much as 40 per cent of the translation services provided to the PCT between March 2007 and March 2008 were to Polish people.

"This was a massive increase unmatched by anything else," Ms Hodgson notes. "What we now have to do is better understand what specific health needs they might bring with them and also consider how we might offer them language skills where needed so that they are not excluded from the labour pool."

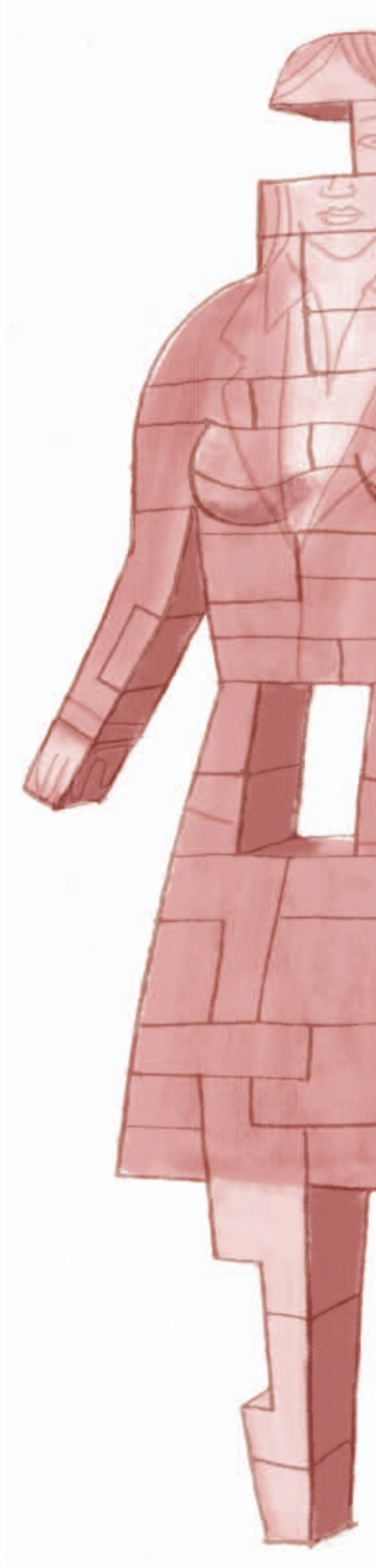
The regional manuals are complemented by an online resource offering constantly updated information and will assist regions and counties in responding more promptly to demographic changes and other drivers.

"A lot of the work we are doing now focuses on engaging service managers and people in professional development to look at how they can use workforce planning in the future," says Ms Hodgson. "Some of this will involve setting up training for these managers so that they can learn how to embed workforce planning into all other aspects of running their services. An open, easily accessible intelligence resource will greatly help such development." ●

SECTOR QUALIFICATIONS STRATEGY

Action plans for each UK country are building up the formal recognition for people seeking to enhance their work prospects, and this includes the rebirth of apprenticeships

YOU'RE HIRED



The qualifications available to the health sector are under review. The process is prompted both by a wider government-led programme of reform, and changes in the sector as a result of new policies, priorities and roles. At its heart is the desire to ensure qualifications meet the needs of UK health employers for a skilled and flexible workforce.

The *Sector Qualifications Strategy*, a national document completed in 2007 following lengthy consultation with partners and stakeholders, sets out the approach to developing and improving qualifications to meet those changing needs. These are described in annual action plans for each UK country, written by Skills for Health on the basis of what the sector tells it and taking account of local differences.

Deriving from the direction set by the sector skills agreements and the Skills for Health strategic plan, the strategy focuses on qualifications for staff in NHS bands 1-4 or equivalent.

"This is about how people gain entry into the sector and then progress, sideways or upwards, through it," says Vicky Yearsley, programme manager, qualifications development. "The part we as a sector skills council play is setting out priorities on behalf of the sector, so that health employers are able to influence what the qualification and education providers offer."

Ms Yearsley says: "There are a huge number of qualifications aimed specifically at this level of the workforce. Many qualifications cover the same ground and it makes it very hard for people to distinguish one from another and decide which is best. So as part of the strategy action plans we have been working with the awarding bodies to facilitate the development of common units, as a means of improving transferability and transportability of qualifications."

It is not Skills for Health's intention to get rid of much-valued existing qualifications. Rather, it seeks to make sure that those available are fit for purpose. Staff should be able to build up a portfolio of units towards a qualification that supports employability and is recognised by higher education so that they can progress if they want into higher level roles or go into higher education.

The strategy supports a number of different established and new developments in training and education.

Apprenticeship opportunities

Skills for Health is responsible for the management and development of four apprenticeship frameworks – healthcare support, dental nursing, pharmacy support and health and social care.

As well as doing an NVQ – at level 2 or 3 – in their chosen sphere, apprentices also take technical certificates, which underpin the NVQ, and key skills in the application of numbers and communication.

Known as modern apprenticeships in Scotland, traineeships in Northern Ireland and apprenticeships across England and Wales, as a training option they have traditionally been available to 16 to 24-year-olds. Adult apprenticeships are becoming increasingly available in England, however, while the programme in Wales is open to all ages.

"There are a number of potential benefits to healthcare organisations that can offer

apprenticeships," says Dawn Probert, programme manager, (qualifications provision). "Adult apprenticeships are a good means of providing training and support for existing members of the workforce and offer them a progression route into higher education. Many apprentices move to nursing or health professional roles."

"Bringing in apprentices in the 16-24 age range could help many trusts currently facing the challenges that come from having an ageing workforce," says Ms Probert. "It is also good for succession planning. Statistics show that retention levels are better with people who have done apprenticeships."

There are several flexible models already being successfully delivered in the UK. While apprentices drawn from the workforce tend to be placed on individually tailored programmes, younger apprentices often undertake training at a local college, as one of a cohort of 15 or 20, with placements in the health sector.

"A Level 3 apprenticeship – the advanced apprenticeship in England – lasts two years. Once achieved it can be a route into a number of specialised healthcare roles, such as assistant in physiotherapy, clinical imaging or radiotherapy," says Ms Probert. "It can also be a route to a range of diploma courses and foundation degrees."

Diploma entitlement

Teaching for the diploma in society, health and development starts in September at 39 teaching consortia across England, with numbers of centres to rise to 110 in 2009. It is one of 17 different diplomas to be offered by 2013, at which time it will be a national entitlement.

The diploma is targeted at 14 to 19-year-olds and is available at foundation, higher and advanced levels, the higher level equating broadly to GCSE qualifications.

Three core elements exist in any diploma – generic learning, which includes functional or key skills of language, literacy and numeracy, personal learning, and thinking skills such as communications, team work and reflective learning and a project; principal learning, which is sector related; and specialist learning, a choice for learners to further specialise or choose another qualification that supports their progression into the sector.

"When we consulted with employers about what they wanted in the diploma," says Sharon Ensor, programme manager (14-19), "their primary focus was almost always employability skills, the features that will bring people with maturity into the health sector."

Ms Ensor says the diploma offers a route for young people to make an informed choice about coming into health and equips them with the skills and learning in context to be able to work effectively once they arrive. "An 18-year-old with an advanced diploma would, if they wanted, be a good candidate for an advanced apprenticeship and in the long term this will have a positive impact on retention. The three core elements also mean that young people doing other courses would not be ruled out from joining the sector as well," she says.

The diploma covers four sectors – health, social care, children and young people's workforce, and community justice. National occupational standards in those four areas were used as one of the resources for the core principle learning.

At diploma level 3, principle learning also has a UCAS higher education entry tariff. A young person choosing to do the diploma with chemistry A-level as an element of it, for example, would be well prepared for a higher education dietician programme.

Higher education

The *Sector Qualifications Strategy* and the *Higher Education Strategy* were developed as distinct approaches to tiers of education meeting different levels of workforce need.

Steps are now being taken to merge the two strategies to ensure a seamless approach to educational pathways including progression into professional awards.

Skills for Health has been looking at ways of improving the interface between employers, further and higher education through its work at a number of funded demonstration sites.

"These pilot projects study how we can most effectively bring key stakeholders in higher education and employment together into partnership to use competences in the construction of award pathways at higher education level," says Paul Blakeman, divisional manager (qualifications).

"We facilitate the partners' use of our awards/qualifications process document in order that employers can express workforce needs through roles and underpinning competences," Dr Blakeman explains. "As a result, higher education can better understand the need and match it to the educational requirement.

'Adult apprenticeships are a good means of providing training and support for existing members of the workforce'

"The awards/qualifications process document itself sets out a strategic vision based around learning design principles. Degree courses are set around a three-year programme but these principles break learning down into smaller units that make it easier to feed learners along educational pathways and mean it is much harder to lose them to the system."

Skills for life

Another strategic objective is to improve participation in learning and employability through better language, literacy, numeracy, and information and communication technology skill levels. These skills are fundamental in ensuring the healthcare workforce is competent, flexible and able to deliver safe and effective healthcare.

Skills for Health works closely with a number of key stakeholders and external agencies, including the Department for Innovation, Universities and Skills and the National Institute of Adult Continuing Education and health departments across the UK on encouraging organisations to engage with these aims.

The sector skills council is developing resources, including tools to assess skills and identify language, literacy and numeracy requirements, the adoption of a whole organisational approach to skills for life and building capacity through continuing professional development. ●

MALCOLM WILLETT

NEW ROLES

TINKER, TAILOR, SOLDIER, SCRUB ASSISTANT

A series of projects under the Skills for Health banner is developing new roles to support the ever-changing health service

Much of the work of Skills for Health supports healthcare employers and strategic organisations in meeting rapidly changing demands in service provision and balance. This is being achieved by a competence-based approach to developing skills in new and extended roles, while introducing flexible working and new career pathways at all levels of the workforce.

It entails a mix of project streams, dedicated teams and competence frameworks and application tools. Some specific projects have already enhanced roles, responded to changes in models of care or met gaps in service provision.

Exemplar projects

In the West Midlands, Skills for Health has been supporting the strategic health authority in developing a competence-based workforce. Four exemplar projects are under way, reporting on their first phase by the spring of 2009.

One project is developing a career framework for the theatre workforce, from porter and operating department assistant to theatre manager. The SHA is examining the environmental features of theatres across the region to understand how departments work, issues of quality and practice and competences needed to optimise productivity.

Another is based on work started at Worcestershire Acute Hospitals trust, extending the healthcare assistant role to allow them to act as scrub assistants during caesarean sections. This freed up 75 hours of midwifery time each week, which was put back into improving continuity of care.

Support for workers making the transition from secondary to primary care is being designed in the shape of a career framework for long-term conditions. Competence-based education and training will be developed to support the framework being trialled across two trusts – one rural, one urban – once the skills gaps have been identified.

The fourth exemplar project in the West Midlands will bring together a skills-based career framework for non-medical clinical staff in emergency and unscheduled care. The early stages are examining the competences required to develop transferable roles that enable emergency care professionals to move across different care environments – walk-in centres, ambulance and paramedical, accident and emergency units.

Nationwide solutions

Skills for Health has now formed a workforce solutions team to work on similar projects and is keen to explore how it can provide services to organisations in all areas of health – primary care, acute and foundation trusts and the independent sector. Using Skills for Health competences and other products such as career frameworks, application tools and processes, workforce solutions will assist these employers on service redesign and development challenges.

In addition, the new ways of working team examines opportunities for workforce innovation. This can be both the creation of new roles and the evolution of existing roles, through additional competence-based training.

"At the moment we have strong links with the 18 weeks programme," says new ways of working divisional manager Kathryn Halford. "Alongside the Department of Health we are looking at pathways where changes to traditional role boundaries might facilitate the ease of movement of patients through the service. This is not just about clinical staff and acute care. It covers a wide spectrum that encompasses people working in every kind of post across the whole of health."

'This is not just about clinical staff and acute care. The new ways of working team covers a wide spectrum of people in all kinds of posts'

The new ways of working team is also keen to learn from the voluntary and independent sectors. Developments in support for surgeons in the private sector may offer some interesting solutions. Ms Halford says: "Nursing roles for example, where the practitioner has skills in psychologically preparing patients for reconstructive surgery, are proving very effective and could transfer well to the public sector."

The National Workforce Project was established in 2006 and principally assists NHS organisations in England to develop techniques, tools and resources to build capability and capacity through improved workforce planning.

"*Maternity Matters* and 18 weeks have been among our priorities this year," says national project associate director Sue Dean, "but where we have perhaps done most of our work on flexible working and where trusts have been made to think more creatively is with the European working time directive, for which we are the NHS lead organisation."

Projects across organisational and wider health economies have ranged from handover and team working to feasibility studies of diagnostic services.

"We have about 20 pilot sites, some with the royal colleges and senior clinicians, dedicated to separate work strands," says Ms Dean. "These are all described on our website. We also run a range of conferences, workshops and exhibitions to showcase what's happening – such as the work in Scarborough where, in order to help meet the directive, local GPs have been working alongside A&E consultants and junior doctors."

COMPETENCE APPLICATION TOOLS

There are now around 2,500 competences on the national database and it is important Skills for Health's partners understand the variety of ways they can be used, which is where the competence application tools come to the fore.

Project manager Nathan Laxton explains the tools are grouped into three main areas: finding, storing and assessing competences, and there are three tools for finding the competences people might need – a search engine, the Knowledge and Skills Framework mapping tool and the health functional map, which looks at the sector footprint.

To store competences, you register for free with the site. An individual would need to have a role profile stored to go on to use the self-assessment tool.

The team assessment tool is useful for viewing skill-mixes, succession planning and upskilling. They can be particularly helpful in five main areas: role development and redesign, team and service development, skill-mix and strengths appraisal, personal development and planning.

Thames Valley University also runs a workforce planning certificate programme under the national project, underpinned by Skills for Health competences.

New ways of working

Data from a soon-to-be-completed large-scale evaluation by the new ways of working team could help see the physician assistant role becoming more widespread in primary and secondary care.

The new role – a healthcare professional delivering care and treatment under supervision within the medical team model – was first introduced in the UK in 2002 when three physician assistants were recruited from the US to support a group of GPs in the West Midlands. Adapted and successfully piloted within hospital and primary care teams – the first UK-trained physician assistants completed their training in 2007 – a two-year post-graduate diploma will now be offered at two centres.

"We took on one of the first 'home-grown' PAs at our practice in South London after she did some placement work with us," says Nav Chana, who in his senior lecturer post is helping to develop the new diploma programme at St George's Hospital medical school in London.

"The PA sees patients who turn up without appointments wanting to be seen for headaches, back pain, chest infections etc and, within their scope of competence, deal with whatever they can," Dr Chana continues. "This helps greatly with access and on-the-day demand."

He adds: "I think the role has great potential for supporting healthcare reform, particularly in pressure points such as emergency and acute primary care settings."

Case studies

Two projects provide interesting case studies. One, jointly funded by Skills for Health and NHS Education for Scotland, combined data methodology and Skills for Health assessment tools to produce a detailed picture of service provision for older people in the Highlands region.

Feedback on care being delivered in remote and rural areas highlighted the importance of interpersonal skills, autonomy and prioritisation. Using Skills for Health competences to meet identified service gaps, the new role of rural support worker was created, combining a range of health, home and support care.

This model of more accessible provision means older people are more likely to continue being cared for at home.

In a second project, managers at the Nuffield Hospital Guildford first used competences to develop an effective and error-reducing training package for setting up, monitoring and dismantling syringe pumps.

A similarly successful approach to training for specimen labelling prompted managers to look at how competences could be used to support role development and improve service delivery.

Competences related to monitoring and maintaining people from theatre to ward were used to devise a training package that has helped a Level 3 NVQ healthcare assistant upskill and extend her role, support the recovery team and free up other members of the nursing team.

"We like the Skills for Health competences because they are evidence based, relevant and ready to put in to practice," says Nuffield Hospitals clinical effectiveness nurse Carol Ingleby. ●

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