



Making the Connections:

**Connecting the Workforce:
The Workforce Challenge
for Health**

A Consultation by the Welsh Assembly Government on the establishment of the Workforce Development, Education and Commissioning Unit as part of the National Leadership and Innovation Agency for Healthcare, incorporating identified functions from Health Professions Wales and the NHS Human Resources Division

July 2005



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

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FOREWORD BY THE MINISTER FOR HEALTH AND SOCIAL SERVICES

On 30th November 2004, the First Minister announced that Health Professions Wales would be wound up and its functions transferred by April 2006. The First Minister stated that *"The agenda has moved on since Health Professions Wales was conceived as an executive ASPB"*. He recognised that *"the functions were still needed, but I have concluded that they would be strengthened and more simply delivered through existing health organisations"*. This statement, together with the announcements of 14th July 2004, constituted a major step forward in the simplification of government and the services provided.

The winding up of HPW, together with the proposed transfer of some of the functions from the NHS Human Resources Division and supporting functions from the finance division, to a new Workforce Development, Education and Commissioning Unit, would present many opportunities to ensure that the workforce agenda is owned and driven by the Service.

The incorporation of the Workforce Development, Education and Commissioning Unit into the National Leadership and Innovation Agency for Healthcare would provide a service, which would:

- Be owned and managed within the NHS
- Be part of a National resource to support the modernisation of the NHS in Wales
- Work in partnership with all employers, local government, voluntary, private and independent sectors, education providers and trade unions
- Be an essential driver for:
 - Workforce planning
 - Education commissioning
 - Education and training
 - Development of standards in education and training
 - Changing the workforce
 - Working with social care

In addition, it is expected that the WDEC Unit would provide strategic leadership and action in ways which would support the development of the workforce. Over the next 5 years, this workforce would be equipped to eliminate long waiting times permanently, and provide high quality care, fashioned to reflect and meet the individual needs of patients and clients.

We are well on track to achieve these changes by 1st April 2006, and now is the time to report on the progress so far and set out our plans for the future.

I want to thank everyone from the organisations involved, and those affected by these changes for the constructive way they have worked together to advise the Project organisers how best to implement the setting up of the new WDEC Unit. They have responded very effectively to a challenging agenda.

We have already sought and received a broad range of views and comments on the Vision for the WDEC Unit, which has been invaluable to the success of our work.

You will see that the views and comments we have received so far have shaped our deliberations and are reflected in the direction of travel set out in this paper.

We very much welcome your ideas on how the proposed structures can meet your needs. Key questions are set out in the document to enable our stakeholders to shape the future of the WDEC Unit's functions and key activities.

Your input is essential, and it is my intention that further discussions will be held with stakeholders and customers to add to comments received in response to this document.

Many thanks for your interest and contribution.



Dr Brian Gibbons AM
Minister for Health and Social Services



1 INTRODUCTION AND PURPOSE

On July 14th 2004, the First Minister announced the reorganisation of three major executive quangos, which constituted a major step forward in the simplification of government and the process of devolution in Wales. This was followed by the announcement on 30th November 2004, that other executive ASPBs would also be reorganised, which included Health Professions Wales (HPW). It was stated that HPW would be wound up and its functions would be strengthened and more simply delivered through existing health organisations. As part of the ongoing merger processes within the Assembly Government it was also decided that some of the functions of HPW's Sponsor Division, that is, the NHS Human Resources Division (HRD) and the finance functions which support them, would also be relocated to a new Workforce Development, Education and Commissioning Unit (WDEC), to be set up as part of the National Leadership and Innovation Agency for Healthcare (NLIAH).

Integrating the WDEC Unit into NLIAH would ensure that the NHS and its workforce drive the agenda for the Unit. It would also make explicit the connection between innovation/best practice in service delivery and educators who are able to respond and offer modern teaching, learning, and career development solutions. The establishment of the WDEC Unit would be at the heart of driving service transformation, ensuring synergy with pay modernisation and Agenda for Change, Knowledge Skills Framework implementation.

A Project Board and Project Team have been established (see Appendix 1 for membership), to outline the organisational, operating and implementation of these new arrangements, incorporating the interests of all stakeholders. One of the functions of the Project is to issue a consultation document as part of the process for implementing the First Minister's decisions and to engage with stakeholders in taking forward the other proposed changes.

The work of the team so far, has been informed by a substantial degree of informal consultation, seeking the views of users of HPW and HRD together with the financial supporting functions, and considering how best to reform the workforce planning, workforce development, education commissioning and quality standards and assurance activities for the benefit of the health and social care workforce in Wales. The purpose of this document is to seek the views of a wider audience to help shape how these changes are now implemented.

Section 10 sets out the arrangements for responding to the issues raised in this consultation paper and summarises all the questions. This process is not passive. The Assembly Government will continue to work with the NHS Partnership Forum and all main stakeholders when implementing these proposed changes. The success of this proposed change ultimately depends on continuing engagement with staff and with health and social care service providers and educationalists on the way in which the new WDEC Unit would work.

2 KEY OUTCOMES OF THE MERGER PROCESS

The bringing together of identified functions from HPW, HRD and the Finance Division (FD), together with the establishment of the WDEC Unit, would generate a range of benefits consistent with the Assembly Government's intentions set out in Making the Connections (2005), its agenda for improvements in public services. These include:

1. **Accountability and external advice** – external advice to inform and challenge thinking would be built into new working arrangements. The WDEC Unit would be incorporated into the Accountability and Governance arrangements that exist for NLIAH.
2. **Improving Customer and Stakeholder service** – the WDEC Unit would create a strong delivery arm of Government, linked with policy development, providing more coherent services based on the principle of a first-stop-shop approach for customers and stakeholders. These changes would need to demonstrate value for money in terms of overhead savings and new ways of working which would enable redirection of resources to frontline services. The WDEC Unit would offer a significantly improved holistic service to the NHS and its partners by being focussed solely on the workforce development and educational requirements of the current and future healthcare workforce as part of the implementation process for service change. Improvements would be brought about by:
 - Enhancing the processes for workforce forecasting and modelling
 - Being part of the NHS, responsive to, and supportive of the needs of employers
 - Involving a range of education providers in all aspects of workforce planning, development and commissioning, mindful of their agenda
 - Being integrated with NLIAH, as a national resource for promoting service improvements and best practice and supporting leadership development

- Working closely with Skills for Health and having a remit for the whole workforce (professional, non professional and support staff)
- Fulfilling a strategic leadership role in the commissioning of all education and training, pre and post registration and in-service learning
- Ensuring that clinical learning environments are able to support learners, having appropriate experiences to match a reconfigured service and sufficient supervisors and assessors of practice.

3. *Demonstrating results and applying best practice* – robust performance and benchmarking data would be gathered to monitor progress and compare performance. The WDEC Unit would provide the opportunity to adopt best practices from HPW, HRD, FD, and NLIAH and to underpin their work with evidence of modernisation processes from within and outside Wales. The WDEC Unit would form part of the overall approach being developed by NLIAH applying the Balanced Scorecard Framework as part of its evaluation processes. Combining the expertise and remit from HPW, HRD and FD would offer a holistic approach to workforce development, education commissioning and contracting, and quality assurance. As part of NLIAH this provides the strategic alignment with service provision.

4. *Streamlined Delivery* – shortening the decision making process and moving resources from administration to delivery would allow the WDEC Unit to respond more quickly to the needs of health and social care providers and education providers. As part of NLIAH, delivery would ensure that the NHS and its workforce drive the workforce development agenda by being connected to innovation and service improvements. The WDEC Unit would work with and build upon the experienced networks which already exist for the current provision of healthcare professional education and would aim to develop upon this.

Establishing the WDEC Unit as part of NLIAH is consistent with the original intent for HPW. This was to provide the Assembly Government with a source of advice on the quality and provision of education, training and practice of healthcare professions and health care support workers, working closely with the education and health service outwith the central processes of Government. The need for such a voice from outside the Assembly has been a view expressed by HPW and others as part of the

informal consultation processes. This would be strengthened by combining the functions from HPW with those of its sponsor division, to offer a streamlined service closely linked to and accessible by the customers and stakeholders it serves.

This paper devotes a chapter to each of these four core principles and sets out plans and proposals for how the WDEC Unit, as part of NLIAH, would improve service delivery, achieve efficiency savings and generate opportunities for staff development. It also sets out how the Statutory Functions undertaken by HPW will be managed in the future.

The improvements in the delivery of all public services will enhance the ability of the Assembly Government to meet the strategic objectives in *Wales: A Better Country*. In particular, within Health and Social Care, the *Wanless Review (2003)* provided the blueprint for action which will be implemented through the 10 year strategy for health and social care, *Designed for Life (2005)*. Together with a forthcoming social care and social services framework, these changes will take forward the Health and Social Care contribution to fulfil the vision for public service reform in Wales. Enhanced capacity to join up policy and delivery across the public sector, will further promote the Assembly Government's sustainable development responsibilities, with the Spatial Plan providing the overarching framework at local, regional and all-Wales levels.

Improving Health in Wales: A Plan for the NHS with its partners (National Assembly for Wales 2001), identified a need for a strategic approach to workforce issues, sustained by partnership working and joint ownership. NLIAH is a national, strategic resource for NHS Wales, designed to assist the service in accelerating the delivery of world-class health services for the people of Wales. It does this by:

- Searching, sourcing, testing and customising the best in the world to speed up service transformation
- Growing leadership talent to deliver the service transformation agenda
- Majoring on innovation and the optimum use of technology.

Clearly, the NHS Wales workforce is the key to delivering the vision of world-class services. Therefore, it is essential that we ensure there are enough staff with the appropriate skills and training in the right place to deliver the best possible service.

We need a workforce that:

- Always looks to put the best practice into use on an everyday basis
- Always looks to developing new ideas to deliver better services and better patient/client experiences
- Is motivated to adopt a lifelong learning approach
- Has access to methods of teaching and learning that will help make the greatest impact.

In addition we need educators that give the NHS the best return on the investment, which is facilitated through:

- Being connected to the fast moving service transformation agenda and the implications that it has for the workforce
- The rapid adoption of methods of teaching and learning that provide the greatest impact on innovation and improvement
- Reflecting the emergent need of the service quickly and responsively in curricular design and delivery
- Opening up access to NHS employment opportunities for wider participation.

The establishment of the WDEC Unit, provides the opportunity to make a real difference to how issues relating to workforce capacity and capability in health and social care are planned and implemented across Wales. The outcomes from this consultation will inform how this will be achieved.

3 ACCOUNTABILITY AND EXTERNAL ADVICE

It is the intention of all the re-organisations of ASPBs, that clear lines of accountability to Ministers will be established. Making the Connections, Delivering Better Services for Wales (2005), sets out the intentions for how this will be achieved.

Proposed accountability and advice processes for the WDEC Unit

3.1 Accountability and Governance

The WDEC Unit would be incorporated into the accountability and governance arrangements in place for NLIAH, which is hosted by the Bro Morgannwg NHS Trust.

The Bro Morgannwg NHS Trust Chief Executive is the Accountable Officer for the corporate governance of NLIAH and the Trust has established a sub committee of the Trust board to oversee corporate governance issues – this would include corporate governance oversight of the WDEC Unit. There is an Accountability Agreement between the Trust and the Welsh Assembly Government, setting out the expectation of each party. This would be adjusted to incorporate the WDEC Unit.

The Trust, in supporting the NLIAH ensures compliance with the Trust standing orders and standing financial instructions, enters into contracts in relation to NLIAH functions and applies resources provided by the Welsh Assembly Government in accordance with the instructions of the NLIAH Chief Executive.

The NLIAH Chief Executive is directly accountable to the Chief Executive, NHS Wales/Head of the Health and Social Care Department, for the performance of NLIAH. The Welsh Assembly Government undertakes the performance management of the organisation through the setting of an

annual Service Level Agreement (SLA), which is translated into the NLIAH Work Programme/Delivery Plan. Performance against the SLA is monitored by an internal Welsh Assembly Government Performance Management Group, chaired by the Chief Executive NHS Wales/Head of the Health and Social Care Department. Membership of this internal Group includes all relevant policy leads and would be expanded to include professional advisors, to reflect the inclusion of the WDEC Unit within the SLA, and the performance management issues associated with it.

The NLIAH Board would incorporate the functions of the WDEC Unit within its considerations. The NLIAH board has the following role:

- to contribute to the dialogue with Health and Social Care Department policy leads on the priorities for the work programme for the Agency
- to advise on and guide the Agency Operational Plan, including the proposed evaluation frameworks
- to oversee progress against the Operational Plan and the key performance measures set out in the Service Level Agreement
- to develop and continuously review the Agency's Stakeholder Engagement Strategy and advise on key communication issues, together with feedback mechanisms to ensure the "fitness for purpose" of the Agency's products/services.

Policy leads and professional advisors within the Assembly Government would continue to work closely with other Government Departments, regulatory bodies, professional bodies, national trade union organisations and professional representatives throughout the United Kingdom and the European Community. Included in the Welsh dimension would be communication and consultation with the All-Wales NHS Partnership Forum, Professional Advisory Committees and other Welsh organisations as appropriate.

3.2 Commissioning Forum

A strategic level forum chaired by the Chief Executive NHS Wales/Head of Health and Social Care Department would be required to complete the decision making processes, based on recommendations from the WDEC Unit and reports on the quality assurance and performance management of commissioned education.

Quality assurance of all commissioned programmes is essential both to ensure value for money and fitness for purpose, as part of contract monitoring and performance management. There is also a need to ensure fitness for practice, which to a great extent is the remit of the regulatory and professional bodies. The WDEC Unit would ensure that quality assurance activities are not duplicated. An independent Quality Assurance panel could be convened that would feed into the Commissioning Forum process.

Membership of the Commissioning Forum would ensure representation from relevant Assembly policy leads and professional advisors.

3.3 External Advice

The WDEC Unit would advise the Commissioning Forum on the level of commissioning of education and training and would assist in the translation of new policy and service developments. Recommendations would be informed by regional workforce plans supporting skills development in new and changing work roles across health and social care. The WDEC Unit would produce commissioning figures based on all-Wales translation of workforce strategies (see section 4) and workforce plans into the process of contract setting and monitoring.

Whilst the relative size and population of Wales is acknowledged, it is apparent that regions in Wales do have variations in their local workforce requirements. *'Designed for Life'* 2005, recognises that health services in Wales will in the coming years be more explicitly organised around three regional networks to focus upon the delivery of care services, based on models of managed clinical networks. It is intended that by April 2006, all three regional offices of the Health and Social Care Department, will have finalised their overall programme for re-organising the secondary care sector. The redesign of health and social care will therefore be a major product of the 2005-2008 Strategic Framework.

Creating radically different models of care will require both close working and agreement across a wide range of partners and major changes to the workforce. Discussions will need to involve other government and local government services, including housing, leisure, education and lifelong learning, and environmental services to achieve the shift required in balance of care across all client groups. Each region will require a mechanism to bring

together local employers (from health, social care, independent and voluntary sectors) professionals, educationalists and trade unions to provide a forum to discuss, review and agree local workforce development requirements and inform the WDEC Unit accordingly.

Regional networks would provide an overarching framework to validate local workforce plans in line with regional requirements. It would also enable focus across the health economy rather than individual organisations. They would build upon and share the good practice which exists within organisations, whilst having the support of the WDEC Unit to provide strategic leadership and action for all-Wales planning and commissioning of education.

The Regional Offices would play a key role in ensuring alignment of the workforce plans to any other regional planning or service reconfiguration plan currently in development or implementation.

It is proposed that the mechanisms within regional networks would replace existing workforce planning and commissioning groups, therefore speeding up decision-making processes. It would streamline the process of alignment of service reconfiguration and changing roles, into a workforce planning and commissioning process, promoting an employer led service, in partnership with education providers and other stakeholders.

It would be helpful to have your views on the following questions;

- 3a *What are your views on the accountability and governance mechanisms proposed?*
- 3b *How would you see a QA panel operating?*
- 3c *How could the WDEC Unit engage effectively with regional processes as outlined in Designed for Life, ensuring access to public health advice and working with all employers and stakeholders?*

4 IMPROVING CUSTOMER AND STAKEHOLDER SERVICE

A key component of all the ASPB re-organisations and the establishment of the WDEC Unit, is delivering improved customer satisfaction through the delivery of high quality services. The service provided by the WDEC Unit would be more responsive to employers, because it would be situated within the NHS dedicated to fulfilling the requirements of health and social care employers, informed by regional processes.

It is against a backdrop of radical reform and service reconfiguration in health and social care and the intent to strategically support the work ongoing at a local level that the critical imperative of establishing the WDEC Unit emerged. Indeed, in 2003 the Review of Health and Social Care in Wales (Wanless) recommended that -

“The Welsh Assembly Government should review the current workforce planning mechanisms and put in place alternate methodologies which will ensure that the services are able to deliver the ambitious service strategy. There is a need to build on and improve relationships with education and training institutions so that the required number of training places are commissioned and the changing skills and competencies that health professionals will need in the future are developed” (4.56)

4.1 The Workforce Challenge

The NHS is competing in a shrinking labour market with other employers. To ensure service sustainability, investment in the workforce is essential. Therefore, not only does the NHS need to ensure that information is available, but also must actively market itself as an employer that supports the development and career progression of its staff, recognising the contribution of professional and non professional staff and ensuring that education providers are involved with taking the new agenda forward.

The workforce challenge to meet the requirements of the *Review of Health and Social Care for Wales* (Wanless 2003), the 10 year Strategy for Health and Social Care, '*Designed for Life*', and *Making the Connections* (WAG 2005), are considerable. The transition to a new pattern of health services will require a restructuring of the workforce, new ways of working, changes in practice, and improved efficiency, as well as greater support for carers and for supporting service users to do more for themselves. This will impact upon education provision and the role of educators and trainers. These key changes must be brought together in a process of managed change and innovation in employment practices, skills, job definitions, education and training and staff location to support reconfiguration and service improvement.

Handling these issues competently and confidently to secure real improvements in services, efficiency and staff satisfaction will require concerted action at local, regional and national levels ensuring the right leadership, education and training opportunities are available. Although much good work has been done in education commissioning and defining new roles, there is currently no integrated strategy for action that aligns the new workforce agenda to the strategic operational plan for Wales.

The vision is that *Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century, a 10 year Strategy*, will be underpinned by two major Human Resource Strategies;

- An overarching and integrated HR/OD Strategy that will link HR to the modernisation agenda, and
- An underpinning Workforce Strategy that will establish the strategic vision for the workforce. This will be developed by a focus on:
 - Nurses, Midwives and Specialist Community Public Health Nurses
 - Scientific, Therapeutic and Technical Staff
 - Medical and Dental Staff, including professions complementary to dentistry
 - Health Care Support Workers (supporting all professions)

Whilst there will be a need to focus on the staff groups identified above, the overall workforce strategy will need to support the modernisation agenda and therefore will need to consider cross professional and cross sectoral roles, ensuring that the whole workforce is brought together, to maximise opportunities for access and progression through the career framework.

See Appendix 2

Workforce planning for the medical profession, whilst a smaller proportion of the total workforce, does provide the central hub to any major service expansion or reconfiguration. Initially it was proposed that the WDEC Unit would continue to undertake integrated workforce planning across all professional groups, but that the commissioning of medical and dental education should remain, for the time being, a function of the Department of Health and Social Care and the Deanery. However, following informal consultation on the vision statement and during the development of the consultation document, support was expressed for all education commissioning to transfer to the WDEC Unit and the Deanery to become closely linked to the changes proposed. This was deemed particularly important as roles and responsibilities of healthcare professionals are changing in response to the need to address working practices following the introduction of the European Working Time Directive and Modernising Medical Careers. This would also facilitate future workforce development activities to be integrated across all professions so that workforce plans would be cross cutting. It would provide the opportunity to critically review existing roles and the potential for role substitution including the impact this would have on learning environments.

It is also acknowledged that different processes currently exist for managing workforce issues in social care. The WDEC Unit would therefore concentrate on the healthcare sector and in areas where there is existing interface between health and social care. Development of a comprehensive social care and social services framework will build upon the policy direction for seamless provision of health and social care services and will set the direction of travel for partnership working on workforce issues for the future.

The key workforce strategies referred to above, will be critical to the success of delivering a sustainable integrated service for patients and clients. The workforce strategies will set the vision for a primary care led service and scope the requirements for pre and post registration education and training requirements. There will be a need to focus on the learning needs of the whole workforce, including health care support workers and the development of new or extended roles and resulting demands that will be placed on education providers. In addition, the strategies will identify new innovations to meet workforce skill shortages and promote new ways of working to support best practice.

It is also envisaged that the work currently in development by Skills for Health, to align occupational standards to the Knowledge Skills Framework (KSF) and career framework would be utilised. Project work in HPW is also currently focused on some of these developments. As a result there would be an integrated pay, performance, education, training and learning framework that establishes transparent career progression and is supported by coherent qualification frameworks. These developments and others will form an integral part of a forthcoming UK Sector Skills Agreement being developed by Skills for Health, (see section 5.4).

4.2 Establishment of the Workforce Development, Education and Commissioning Unit

The 10 year Strategy '*Designed for Life*' (2005), makes it explicit that there is a real requirement to establish a new process for workforce planning and commissioning of education. Recommendations from the report of the Workforce Planning Project – *Improving Workforce Planning in Wales* (2003) and the *Review of Health and Social Care in Wales* (as advised by Derek Wanless), highlight the requirement for a strengthened, integrated and more streamlined model of whole system workforce redesign, aligned with the service.

Whilst learning from different models such as Workforce Development Confederations in England and latterly, the transfer of functions to Strategic Health Authorities, it is the intention in Wales to develop a model which uniquely meets the requirements of Wales, rather than reproduce existing systems.

An integrated model of whole system workforce redesign as part of the National Leadership and Innovation Agency, would enable improved alignment between the strategic direction of the service and the development of workforce capacity and capability in Wales. The modernisation agenda must be reflected in, and drive workforce plans as workforce issues are a key driver for service reconfiguration. These must be generated locally to reflect local needs and opportunities, whilst developed with strategic support. The commissioning of increased training places should also increasingly reflect the modernisation agenda and needs to be managed centrally.

This integration of workforce development, education and commissioning into the NLIAH would ensure harmonisation and alignment with the priorities of NHS Wales, as well as ensure governance and accountability through existing processes.

By bringing together more closely the modernisation, workforce development, education and commissioning agendas, we would:

- catalyse modernisation in workforce planning
- improve the ability to identify and share good practice
- identify and evaluate innovation in the workforce context
- assess workforce implications of service improvement programmes to ensure that work redesign is integral to their design and outcome
- support NHS organisations in planning and implementing change resulting from service improvement programmes
- advise commissioners and policy makers of the competence and capacity development issues arising from policy development and service improvement programmes.

The purpose of NLIAH is to provide strategic support to NHS Wales in building leadership capacity and capability, to secure continuous service improvement underpinned by technology, innovation, leading edge thinking and best practice to deliver the service change agenda. This also requires the strategic development of the workforce.

The NLIAH Strategic Framework will set out how NLIAH intends to achieve its current purpose, outlining the principles and enablers of delivery, detailing a three year map and critical work programme for the coming year, based on NHS Wales's priorities and objectives. More detail on this year's work programme can be seen in Section 5.

NLIAH works closely with healthcare organisations and education providers throughout Wales, and with other partners in Wales, UK and international levels. The work programme will meet the needs of individuals, teams, networks, organisations and the broader health and social care system, ensuring the development of world-class services and leaders, aligning with Public Service Management Wales and *'Making the Connections'*.

The functions undertaken by the WDEC Unit both support and underpin this work, and it is within this context that the functions would be integrated.

This would strengthen the links between service modernisation, improvement and workforce development, education and commissioning. It would also allow for the development of strategic support capability on workforce re-modelling and redesign of roles, clearly aligned with service modernisation.

It is proposed that the WDEC Unit would include the following key components;

- Workforce Development (including workforce planning, workforce modelling, workforce redesign/remodelling requiring robust analysis of data and interpretation) See 4.2.1
- Partnership work with Skills for Health and Skills for Care and Development to support robust UK wide and Wales workforce data and labour market intelligence and the development and implementation of the Sector Skills Agreement, which will include, mainstreaming the agenda for occupational standards and the skills escalation concept
- Recruitment and retention including a careers information service in partnership with the Careers Wales Service
- Education and Training Commissioning, Contracting and Student Support. See 4.2.2
- Encouraging lifelong learning for the whole workforce, encompassing in-service learning and development, qualification and career frameworks and post graduate frameworks
- Financial Planning & Contract Monitoring
- Quality assurance of professional programmes, working with health regulators
- Facilitating development of quality standards and quality assurance processes for the education and training of the health workforce, working with health service, education providers, Skills for Health and other relevant bodies
- Quality audit of commissioned health programmes to ensure standards are maintained and value for money
- Provision of advice and guidance to the Welsh Assembly Government

4.2.1 Workforce Development Function

“Workforce Planning is an area where there is a powerful case for a central lead, because of the overarching strategic nature of the issues and to establish economies of scale. The resource involved in workforce planning is currently dissipated. It is important that it is concentrated and that sufficient human and financial resources are devoted to the task. Local health and social care organisations will also need to increase the resources allocated to workforce planning to make sure that their conclusions are robust” (Wanless 2003:4.55)

The WDEC Unit would provide a central lead to support the successful implementation of *Designed for Life*. The WDEC Unit would utilise the same regional level processes that will develop the strategic service changes as described in *Designed for Life*, to establish all-Wales workforce development requirements.

Workforce development is a broad term that can be used to encompass a number of activities, which increase the capacity of individuals to participate effectively in the workforce, including;

- ‘Workforce planning’ - which is the strategic alignment of an organisation’s human capital with its business direction. It involves analysing the current workforce, determining future workforce needs, identifying the gap between the present and future and implementing solutions. The focus is on the immediate to short term
- ‘Workforce forecasting’ and ‘workforce modelling’ – this includes workload projections, which focus on medium to longer term requirements, including the needs from a demographic and epidemiological perspective, legislative changes, turnover analyses etc.
- ‘Workforce redesign’ or ‘remodelling’ – which is a process for analysing workflow in terms of customer needs and expectations, providing recommendations for new roles and lifelong learning opportunities to enable progression for the whole workforce

The main purpose of workforce development is to ensure a sustainable workforce that meets the needs of a 21st Century health service. One important aspect of which is commissioning of education and training. The WDEC Unit would be required to make strategic assessment of the factors that influence the supply of the workforce (including demographic forecasting and knowledge of the existing workforce) alongside the demands for the

future workforce (based on redesign and remodelling), which would inform the future commissioning of education and training/re-training requirements.

The workforce development function of the WDEC Unit would use up-to-date customised software technology for data modelling of future workforce commissioning and information synthesis. The information extrapolated from the Regional workforce strategies and plans would form the basis for a new style commissioning that would more accurately reflect predicted trends, skills/competencies and other key workforce requirements. The workforce planning requirements for future educators and trainers in practice would also be identified through the WDEC Unit processes, to ensure that existing and future educators are equipped to prepare learners for the future.

As a national resource the WDEC Unit would work towards raising the profile of workforce planning and workforce development. The WDEC Unit would support Trusts and LHBs on a practical level. This could include the provision of bespoke training sessions utilising the Skills for Health National Workforce Information Planning Projects and competency framework for workforce planners to ensure that there are more skilled workforce planners in Wales, who all work to a consistent standard, thus improving the accuracy and robustness of data submitted. The NLIH is also a national resource for leadership preparation, which is essential in developing and supporting effective learning environments within clinical settings.

4.2.2 Education and Training, Commissioning and Contracting Function

Commissioning and contracting arrangements would need to build on the good practices that currently exist. However, there is a need for a model of commissioning which more adequately ensures parity of access for all staff and considers the needs of the whole workforce, including professional and support staff. Education and training commissioning must be able to meet clinical pathway needs, address the variations that exist in primary care, as well as address profession specific requirements.

The full implementation of Agenda for Change and the Knowledge Skills Framework (KSF) will require access to appropriate education and training to support a career management framework and lifelong learning. This would also incorporate a need for a level of research awareness that is essential to promote evidence-based practice. This will require a more strategic view to be taken on the commissioning of all education and training, including pre

and post registration professional education and education and training for support roles.

Contract performance management would need to ensure outcomes link directly to the needs of the service and that the quality of the education and training provided meet fitness for purpose and value for money requirements.

Commissioning needs would also consider the impact that the changes in service demand places upon the education sector in terms of requirements for new teachers and updating for the existing workforce.

4.2.3 Quality Assurance (QA) and Quality Standards Function

HPW currently has a remit to promote standards that ensure the quality of education and training, and facilitate the development and measurement of those standards to reflect the needs of a changing workforce. They ensure that for new or changing roles, there is a common understanding of the nature of each role and commonly applied training standards.

Specifically, HPW delivers the Nursing and Midwifery Council (NMC) UK-wide QA framework, within the context of Wales, assuring and enhancing the quality of both practice and campus-based learning across all programmes, which lead to registration or recording on the Professional Register. Quality assurance activity includes institutional approval; programme approval, modification, re-approval and endorsement. This function is provided via a Service Level Agreement (SLA) on behalf of the NMC, that terminates 31st March 2006. There is however provision within the contract for a six-month extension if required. In Autumn 2005, the NMC will be inviting tenders to provide this function for Wales from April 2006. The WDEC Unit would be required to demonstrate how the quality assurance activities undertaken on behalf of the NMC would be separate to the other functions of the Unit, for a prospective tender to be considered.

Quality Assurance of all health education and training is an essential component of protecting the public. Maintaining this function within the WDEC Unit would therefore be essential. Future arrangements would support processes to identify gaps in provision, and promote standards and transferability of learning. In addition, the development of consistent standards being driven by Skills for Health and the application of National Occupational Standards as part of the KSF would form part of the partnership working arrangements for the WDEC Unit. The maintenance of objectivity and

avoidance of conflict of interest between all quality assurance activities and the other functions of the Unit would be essential.

Learning and supervision within the clinical environment is also an essential component of health related education, which benefits from a strategic overview and monitoring of provision and standards.

4.2.4 Other Functions

Underpinning the functions related to workforce development, education and training commissioning and contracting, and quality assurance and quality standards, would be a range of other activities including, recruitment and retention, a careers information service and finance and accounting services. In addition, NLIAH would host the Student Awards Unit which provides bursary payments and other allowances to students undertaking NHS courses.

The WDEC Unit would fulfil an advisory role to the NHS providing support at local and regional levels to develop robust workforce plans. The WDEC Unit would also work in partnership with education providers ensuring that they have timely advice to develop the learning requirements for the future, addressing the need for educators and trainers in service and education settings.

In providing an advisory function to the Assembly Government, the WDEC Unit becomes a national resource working between the service and the Assembly, ensuring that effective communication and synergy of policy direction and implementation is assured.

In providing this advice and guidance function, the WDEC Unit would work closely with UK regulators and Professional Bodies to ensure that the needs of Wales are explicit within UK policy development and can be appropriately interpreted and implemented across Wales.

It would be helpful to have your views on the following points;

- 4a *What are your suggestions on how the WDEC Unit could address and meet whole workforce training requirements?*
- 4b *How can the functions currently undertaken by HRD in relation to undergraduate and postgraduate medical and dental education best be brought together with the plans for the WDEC Unit?*

- 4c *What are your views on the current workforce planning arrangements and the extent to which they meet the workforce needs of Trusts/LHBs and primary care?*
- 4d *What are your views on the current provision for post-registration education and training in the light of requirements for new roles and KSF requirements?*
- 4e *The NMC are planning to undertake a tendering process in Autumn 2005 for the provision of their quality assurance requirements for Wales post April 2006. You are invited to comment upon the desirability for HPW, in conjunction with the WDEC Unit to proceed with the tender process, or the desirability of another organisation delivering quality assurance on behalf of the NMC in Wales.*
- 4f *What proposals would you suggest to demonstrate how quality assurance functions carried out on behalf of the NMC can be shown to be conducted separate to other activities of the WDEC Unit?*

5 DEMONSTRATING RESULTS AND APPLYING BEST PRACTICE

At the start of this change process it was important to spell out all the current functions of HPW, HRD, FD and to explore how they best align together and with the existing work within NLIAH. It was also important to see where there were service gaps and where functions could be delivered more effectively or efficiently to improve the overall service.

This section therefore summarises that work before asking key questions about how best these functions could be provided in the future.

5.1 Health Professions Wales

HPW was established in 2004 in order to undertake certain functions on behalf of the Assembly Government in respect of; promoting and advising on quality and provision of education, training and practice of health care professions; to act as the local supervising authority for midwives and to undertake functions under section 63 of the Health Services and Public Health Act 1963. HPW was also enabled to undertake certain functions on behalf of bodies such as the Health Professions Council (HPC) and the Nursing and Midwifery Council (NMC).

The current functions undertaken by HPW on behalf of the Assembly Government are to;

- Monitor changes in the UK regulatory frameworks and advise on the implications and applications of these changes for NHS Wales;
- Identify current or potential significant gaps in education and training provision, raising awareness of these and bringing together the main players to initiate change, and supporting them to ensure quality education and training is not compromised;
- Facilitate the supply and leading the development of those who teach clinical staff within the remit of HPW, by contributing to the funding of

- initial teacher training, continuing professional development, and research training fellowships;
- Ensure that, for new or swiftly changing roles, there is a common understanding of the nature of each role and commonly applied training standards throughout Wales. For example, HPW manages and co-ordinates the scrutiny of nurse, midwife, specialist community public health nurse, therapist and radiographer consultant posts against all-Wales standards. This has ensured a common understanding and the maintenance of standards in the use of the consultant role;
 - Promote consistency of occupational and training standards and transferability of skills through the creation and provision of an accreditation service. For example, HPW works with education providers to develop CPD frameworks relevant to service needs, e.g. the Framework for Professional Practice for nurses, midwives and specialist community public health nurses; sets standards for the education and training of support workers and assistant practitioners; conducts quality reviews of commissioned programmes on behalf of the Assembly Government;
 - Act as the Local Supervising Authority for the statutory supervision of midwives in Wales, including preparing, appointing and developing supervisors of midwives. This statutory function is to protect the public and includes the power to suspend midwives from practice (see section 5.1.1);
 - Author careers information literature and provide a careers information service for the general public, schools, prospective students, new entrants and overseas enquiries. HPW also supports healthcare staff seeking advice on career development by offering bespoke career guidance. HPW works with employment, careers and educational services and with publishers and media to ensure information and advice is within the public domain and promotes NHS careers to schools, job centres, careers fairs and via NHS open week. HPW works closely with the Assembly Government's recruitment and retention team and supports initiatives such as Return to Practice;
 - Manage the NHS Wales Student Award Unit which implements the NHS Wales Bursary Schemes providing funding for healthcare students on NHS funded courses in Wales and Welsh domiciled medical and dental students within the UK (see section 5.1.2);

- Contract with the Nursing and Midwifery Council (NMC) to quality assure programmes leading to registration or recording on the NMC professional register. This involves approving, re-approving and on-going monitoring of all NMC programmes in Wales. The current agreement runs until April 2006. The NMC will be tendering for this service this year.

Health Professions Wales (HPW) has a remit for the following staff groups:

- Arts Therapists
- Audiologists & Clinical Physiologists
- Biomedical Scientists (MLSO)
- Clinical Scientists
- Dietitians
- Health Care Support Workers
- Medical Technical Officers
- Midwives
- Nurses
- Occupational Therapists
- Operating Department Practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Podiatrists/Chiropodists
- Prosthetists & Orthotists
- Radiographers
- Specialist Community Public Health Nurses
- Speech & Language Therapists

5.1.1 Local Supervising Authority Function (LSA)

Legal framework

The statutory requirements for the LSA function are contained within The Nursing and Midwifery Order 2001 and were undertaken by Health Authorities until April 2003. On abolition of the Health Authorities and the transfer of their functions to the Assembly Government, by operation of law, this function became exercisable by the Welsh Assembly Government. Article 3 (2)(a)(ii) of the Health Professions Wales (Establishment, Membership, Constitution and Functions) Order 2004 (S.I. 2004/551) provided that the functions of HPW should be such as to enable it to undertake from 1 April 2004 the functions of a local supervising authority pursuant to article 42(1)(b) and article 43 of the Nursing and Midwifery Order 2001 on behalf of the Assembly. Upon abolition of HPW the LSA function therefore by default, continues to be exercisable by the Welsh Assembly Government.

Discussions will begin to work out how this decision will be implemented and the implications for the Midwifery profession.

Since the authority to designate the LSA in the Nursing and Midwifery Order is retained by the Secretary of State for Health, the Department of Health will need to be engaged in relation to any future proposals.

5.1.2 NHS Student Bursary Scheme: Student Awards Unit Function

Legal Framework

The statutory underpinning of the NHS Bursary Scheme is contained within Section 63 of the Health Services and Public Health Act 1968 which empowers the Assembly Government to pay travelling and other allowances to persons availing themselves of NHS training and education. Article 3(2)(a) of the Health Professions Wales (Establishment, Membership, Constitution and Functions) Order 2004 (S.I. 2004/551) provided that the functions of HPW shall be such as to enable it to undertake functions under section 63 of the 1968 Act on behalf of the Assembly Government.

Upon abolition of HPW the SAU function therefore by default, continues to be exercisable by the Welsh Assembly Government.

The following key principles informed early consideration of the options for transfer of this statutory function;

- The need to deliver an all-Wales function by an organisation legally enabled to undertake the function
- The requirement for independence of management from the Higher Education Institutions, and preferably from Service providers who may be directly associated with an HEI.

The options considered included;

1. Hosted by the Business Service Centre
2. Hosted by a Trust
3. An alternative ASPB

Following on from an option appraisal, the preferred policy option was for the function to be hosted by a Trust. Due to the current function being part of the remit of HPW, and as part of the change programme of establishing the WDEC Unit, Project Board agreed that this function be transferred to Bro Morgannwg Trust using a Section 41 Agreement under the Government of Wales Act 1998, to be undertaken by NLI AH. This will ensure business continuity during and after the closure of HPW.

It would be helpful to have your views on the following questions;

5.1 *Focussed work will be undertaken to determine the future provision of a careers service, your views are welcomed.*

5.1.1 *What are your views regarding the future delivery of the LSA function?*

5.1.2 *What are your views regarding the future delivery of the SAU function?*

5.2 NHS Human Resources Division (HRD)

HRD comprises three branches and one unit. That is, the workforce management branch, the education, training and development branch, the employment policy branch, and the NHS Public Appointments Unit. These proposals only relate to the workforce management and the education and training branches. Both branches work alongside a dedicated finance division and link closely with the NHS communications team and other departments within the Assembly. The remaining functions together with the policy lead on education, training and employment remain with the Welsh Assembly Government.

5.2.1 Workforce Management Branch

This branch has two major roles;

- (i) To provide workforce planning data to the Assembly to enable Health Professions education purchasing decisions to be made and to set and monitor staffing targets.
- (ii) To facilitate and enable NHS Wales to improve the recruitment, retention and return of its staff.

The workforce planning process is an annual cycle consisting of the issuing of circulars, guidance and forms, followed by training in Trusts and LHBs. Final plans are checked and queries amended prior to analysis of data and consultation with professions. Final decisions are taken at the All Wales Workforce Development Steering Group.

In addition to this work the branch supports Ministerial processes as well as giving advice and guidance to other parts of the Welsh Assembly Government Health and Social Care Department on workforce issues and workforce

development groups in Wales. The branch also maintains the links with the Department of Health on all UK matters.

The Recruitment and Retention team is responsible for the monitoring and implementation of the Recruitment and Retention Strategy; including developing and co-ordinating E-recruitment for NHS Wales, raising the profile of NHS Wales including working with the communications team on new publicity literature etc, International Recruitment; Work Experience; Return to Practice; NHS Careers and NHS Open week.

It would be helpful to have your views on the following questions;

5.2.1a How could the current workforce planning arrangements be improved?

5.2.1b How can the recruitment and retention function currently provided by the workforce management branch, best support the work of the health service in the future?

5.2.2 Education, training and development branch

This branch has responsibility for the development and implementation of policy regarding education and training of all healthcare professions. They liaise with professional regulatory bodies and ensure that the interests of Wales are recognised. They are currently the sponsor division of HPW.

The education and training function includes the commissioning of pre-registration education for nurses, midwives, specialist community public health nurses, allied health professions, healthcare scientists, clinical psychologists, dental hygienists and therapists and pre registration placements for pharmacy graduates in hospitals and also clinical diploma placements for pharmacists within the hospital service as well as some pharmacy technician training places. The branch manages contracts with education providers within the overall budget.

The branch also supports and develops undergraduate medical and dental expansion and develops policy and allocation of funding for medical and dental sift including supporting dental benchmarking with England, Scotland and Northern Ireland. Post graduate education and training for medicine and dentistry is managed through a service level agreement with the post graduate

deanery, including the allocation and management of specialist registrar numbers.

In addition to this work, the branch is responsible for the expansion of education and training for all healthcare professions including the introduction of alternative routes to gaining qualification and inter-professional learning opportunities. The branch supports ministerial processes and the development of policies for continued professional education for all healthcare professions. They have a responsibility to work with the service and education providers to ensure appropriate education provision is developed to support service needs. The branch also maintains links with the Department of Health and the other two UK Departments and professional and regulatory bodies on all UK matters. They are supporting the regulatory reforms for healthcare professions, the development of national standards and the introduction of Individual Learning accounts for support workers.

Current functions in relation to the sponsorship of HPW will cease at 1st April 2006.

It would be helpful to have your views on the following questions;

5.2.2a Do you agree that all functions currently provided by the education, training and development branch should transfer to the WDEC Unit?

5.2.2b Taking into account Question 4b, do you have a view on whether the commissioning of medical and dental education should or should not be included in the WDEC Unit?

5.2.2c What are your suggestions for improving current education and training commissioning arrangements?

5.3 Finance Division

HRD work very closely with a dedicated financial support team. This provides an integrated approach to the processes of workforce planning, commissioning and contracting. The finance functions that directly support these processes would need to be included in the change arrangements to ensure continuation of existing arrangements, which enable synergy of activity.

The finance division deals with approximately 60 education contracts in Wales. They are responsible for agreeing and signing off the Deanery Business plan

and monitoring progress against the plan from a performance perspective. Support to HRD involves budget setting (i.e. costing workforce plans), monitoring of budgets on a monthly basis and forecast/adjust year on year spends. They maintain a student information database and produce and analyse benchmark reports across universities and courses.

They currently undertake contract performance reviews and negotiate contracts in conjunction with the education and training branch. The finance division then pay invoices and carry out audit checks. In addition they provide the support to the Ministerial processes and policy formulation.

It would be helpful to have your views on the following question;

5.3 *What are your views on the inclusion of the financial functions that directly support workforce planning and commissioning being transferred to the WDEC Unit?*

5.4 National Leadership and Innovation Agency for Healthcare

The National Leadership and Innovation Agency for Healthcare (NLI AH or the Agency) was launched formally in March 2005. The purpose of the Agency is to provide strategic support to NHS Wales in building leadership capacity and capability to secure continuous service improvement underpinned by technology, innovation, leading-edge thinking and best practice to deliver the service change agenda.

The Agency works closely with healthcare organisations throughout Wales, and with other partners at Wales, UK and international levels. The work programme meets the needs of individuals, teams, networks, organisations and the broader health and social care system, ensuring alignment with Public Service Management Wales and 'Making the Connections.'

5.4.1 Principles

Based on service priorities for NHS Wales as set out in the SaFF targets, and in the Strategic Framework "*Designed for Life*", the Agency is one of the key strategic enablers to support NHS Wales in delivering the service modernisation agenda. The Agency work programme is underpinned by the following principles:

- identifying innovative technologies and practice, speeding up their adoption by making sure that worldwide best practice is available to the NHS in Wales
- accelerating leadership learning in NHS Wales to deliver significant improvements in health, healthcare, and patients' experiences
- concentrating on the developmental and supportive roles, rather than being part of the performance management or regulatory systems
- providing an integrated approach, bringing together leadership learning, innovation in service practice and technology, using modern learning solutions
- multi-professional in focus, unless there is a clear need for uni-professional development
- focusing on developing the commissioning role of the Agency, building the capability to commission from accredited providers, against nationally agreed standards where applicable
- based on the principle of a cost sharing approach within the service
- ensuring collaboration with the other UK home countries where applicable, to promote shared learning and to ensure value for money
- evidence-based with built-in evaluation measures from the outset, through a formally agreed Evaluation Framework
- aligning development and delivery of initiatives with local, regional and national organisational development plans
- having a standard setting role, providing access to accredited suppliers and ensuring alignment with national competency frameworks.

5.4.2 Work Programme 2005/2006

Over the next three years the National Leadership and Innovation Agency for Healthcare will act as a national resource in:

- building leadership
- bringing service improvement
- embedding innovation
- securing leading edge practice
- workforce planning, education commissioning, education, training and development and changing the workforce (subject to the outcome of consultation)

The focus of the work programme will be on the integration of leadership, organisational development and service development, all underpinned by

optimum use of technology. All activities will be mapped back to service priorities, as reflected in the SaFF targets and associated requirements, and will reflect the role of the Agency as set out in *“Designed for Life”*. The Work Programme will meet the needs of individuals, teams, networks, organisations and the broader health and social care system (through alignment with PSMW and *Making the Connections*).

Leadership Development

The Agency will support NHS Wales in developing leadership capacity and capability routed through service improvement. Over the next three years, there will be a focus on the leadership challenges facing NHS Wales during its continued programme of transformational change including the development of clinical leadership to ensure that leadership is linked firmly to clinical work, is multi-disciplined in focus and brings managers, clinicians and patients/clients together, focusing on clinical outcomes. Leadership development priorities include:

NHS Wales Chairs and Chief Executives

- Using the Performance, Development and Accountability Frameworks, to look at individual needs and design specific development opportunities, including underpinning support
- Launch of the Executive Coaching Network
- Peer mentoring
- 360° feedback for individuals, teams and Boards based on the Leadership Qualities Framework
- Access to national and international development opportunities e.g. Kings Fund, The Health Foundation

Clinical, General and Functional Executive Directors

- To review the skills' gap and identify appropriate development opportunities. Including the Kings Fund *“Realising your Potential”* programme
- Launch of the Executive Coaching Network
- Peer mentoring
- 360° feedback for individuals, teams and Boards based on the Leadership Qualities Framework
- Review of NHS Medical and Clinical Directors' Leadership Qualities Framework
- Design of a clinical leadership symposium in November 2005, aligned with the NLIAH conference

- Development of a Performance, Accountability and Development Framework for Executive Directors in line with the Chief Executive framework.

Clinical, General and Functional Future Leaders

- Launch of the Gateway to Leadership Scheme in May 2005 for a Sept 2005 intake
- Launch of a Gateway to NHS Wales scheme for a Sept 2006 intake, to include general management, finance and professional groups
- Development of Top 100 Club and Talent Bank as part of the succession planning process
- Development of a Clinical Champions' network
- Scoping of possible modern apprenticeship/A level management programme
- Access to coaching and 360° feedback
- Development of succession planning for lead nurses
- Development of an Allied Health Professions alumnus
- Review of the Specialist Registrars Development Programme

Primary Care

- Development of a 'Two at the Top' programme for Practice Managers and General Practitioners
- Support the implementation of the Pharmacy Contract through a series of workshops and production of a support guide

Service Development

NLIAH will work with NHS Wales and its partners prioritising support in the delivery of more effective, modernised services, focusing on strategic and performance priorities. These include the use of evidence-based techniques such as collaboratives and learning sets to accelerate the spread of best practice across complex systems, targeting services having strategic and/or operational priority. Service development priorities include:

Teams and Networks

- Focus on leadership for clinical directors of networks, and ensure network based development, to incorporate team-based learning to secure service improvement and workforce redesign
- Have a specific focus on the existing cancer and cardiac networks
- Roll-out of the OD Practitioner Development Programme across Wales
- Development of an OD Practitioner Network resulting from the development programme

Organisations

- Design and implement a Board Development Programme, incorporating all aspects of Board effectiveness, evidence based with diagnostic tools used to assess development needs
- Update the Board members handbook 'Setting the Direction' for all Board Members
- Provide support for health communities in delivering the service improvement/reconfiguration/waiting list targets including the continuation of 2004/2005 programmes on emergency care, elective care, medicines management
- Mental health and primary care collaboratives
- Baseline modernisation assessment of all NHS organisations
- "Skilling up" on commissioning and setting commissioning framework
- Building up capability on a range of service improvement tools and techniques
- Supporting the roll-out of the Balanced Scorecard.

Systems

- Focus on using the new primary care contracts to facilitate whole system change, and service modernisation
- Design of new approaches to health and social care development programmes including the use of electronic learning where appropriate
- Develop a system-wide support framework, ensuring that the roles of the Agency, BSC, Regional Offices, Teaching LHBs, WCH, etc, are clear and complementary
- Review the possibility of a system-wide development initiative to take forward the NSF for Children's Services
- Develop an agreed PSMW Work Programme, to reflect NHS Wales corporate membership of PSMW.

Health Technologies

The optimum use of health technologies is a key enabler to ensure the delivery of the NLIAH agenda and there will be a focus on the change management capability needed to shorten the adoption of new technologies curve, including a "futures/leading edge" component and majoring on the development of online programmes and other modern learning solutions.

The work programme will complement and support the requirements of the Informing Healthcare Programme with close links also being developed with the Tele-Health Programme, “Informing Social Care” and ICT developments in the home countries, Europe and beyond. Priorities include:

- promoting the role of new technologies amongst stakeholders
- developing communities of practice
- delivering learning laboratory and provide gateway to evidence and best practice from Wales, UK, Europe and beyond
- field-testing innovative developments and deliver modern learning solutions
- implementing e-recruitment and e-assessment where cost effective
- leading on technology partnership arrangements with Informing Healthcare, Informing Social Care and the Tele-Health Programme.

5.5 Skills for Health

Skills for Health (SfH) are the licensed Sector Skills Council (SSC) for Health.

SSCs have responsibility to;

- Identify and articulate sector skill needs
- Help develop more responsive provision
- Provide the business case for skills
- Engage employers in skills development and
- To influence skills policy

SfH has a key role in;

- Profiling the UK workforce
- Identifying changes and trends
- Driving forward and managing national workforce competencies
- Improving workforce skills and influencing provision of education, training and development.

Work is currently ongoing in Wales to have the main elements of a UK Sector Skills Agreement, incorporating the above, in place by December 2005.

Many of the functions currently carried out by existing arrangements will be co-ordinated strategically by SfH. The WDEU would work in collaboration with SfH.

6 STREAMLINED DELIVERY

The establishment of the WDEC Unit as an integrated part of NLIAH is central to delivering the vision of creating a dedicated strategic resource. This would enable benefits to be gained from integrating with the current functions of NLIAH, including building leadership, bringing about service improvement, embedding innovation and securing cutting edge practice. This integration would ensure harmonisation and alignment with the priorities of NHS Wales, as well as ensure governance and accountability through existing processes without the need for a multitude of workforce groups. Combining all the functions that support the development of the healthcare workforce would enable the WDEC Unit to focus solely on achieving the objectives and targets needed by the service to deliver the change agenda.

Several key enablers have been identified in support of delivering the NLIAH work programme, which aid the decision making process and help move resources from administration to delivery. These would help support the WDEC Unit in responding quickly to the needs of health, social care and education providers.

The key enablers include;

- Development of service connections by working with and utilising the best in Wales, the rest of the UK and beyond
- A systematic approach to identification and acceleration of spreading good practice, so that it becomes the norm
- The mapping of improvement and development initiatives against national strategies, and targets to meet service priorities
- Supporting the establishment of multi-professional networks using National Service Frameworks and the ten strategic enablers to underpin sustainability
- Accelerated and improved use of technologies to drive service improvement and workforce redesign

- Enhancement of organisational development skills and building capability across Wales to support service improvement, workforce redesign and development
- Employment of evidence based techniques to accelerate the spread of current service improvements.

Together with the identified functions of HPW, HRD and FD, as outlined in this paper there are also a number of other areas of project work that HPW is currently undertaking as part of its remit for 2005/6. For example:

- Developing best practice guidelines for Wales on the delivery of education and training programmes for health care support workers (employed at levels 2 & 3 – Agenda for Change, NHS Career Framework)
- Facilitating agreement of all-Wales definitions of role titles for health care support workers/ assistant practitioners, with agreed role responsibilities and core competencies linked to these titles (in line with Agenda for Change and KSF)
- Developing best practice guidelines for Wales for the education and training of Radiography Assistant Practitioner; and Speech & Language Therapist Assistant Practitioner (Acute sector and Special Education sector).

It would be helpful to have your views on the following points;

- 6a *Given the examples provided of HPW's project work for 2005/6, what would be your priorities for this type of work in the future?*
- 6b *Please outline any additional issues related to workforce development and/or education and training commissioning that you feel should be addressed.*

7 OPPORTUNITIES FOR STAFF

The establishment of the Unit offers staff the exciting opportunity to be part of taking forward world class service for the people of Wales, by supporting NHS organisations at all levels to develop the capacity and capability to deliver the agenda set out in *Designed for Life*. Staff working in the WDEC Unit would help to develop and embed workforce development, education and commissioning in the context of effective leadership development and service modernisation, underpinned by technology, innovation, leading-edge thinking and best practice to deliver the service change.

All staff groups would be engaged in designing and delivering the work programme for the Unit, focussing on best practice in workforce development, and breathing life into the Lifelong Learning Strategy.

Short, medium and long-term benefits would be apparent for all staff in terms of improved capability to support the broader agenda and opportunities to strengthen further effective partnership working and networking.

Blending its functions to deliver a unified purpose that is delivered to the expectations of critical stakeholders would draw significantly upon the skills and expertise of staff working within the new organisation. Training opportunities and the personal development of all staff would be key and a development programme would support all staff in implementing the changes, providing stretch and challenge.

The success of this change depends on personnel being fully engaged and continuing to deliver while coping with organisational change. All staff will be treated fairly and consistently throughout the transition, with their TUPE and employment rights respected.

A joint trade union, ASPB and Assembly Government group has been set up to consider and respond to staff issues across all the Merger Programmes. The establishment of the WDEC Unit differs in that the majority of staff are

being transferred into the NHS. For this reason a dedicated People and HR workstream has been established to develop a common framework to open up opportunities for staff to become part of the WDEC Unit.

Over the next three months the People and HR group will;

- Develop protocols e.g. on recruitment policy
- Compare policies and procedures identifying best practice
- Compare terms and conditions of service and pension schemes
- Formulate options, cost and design a timetable for implementation
- Consider pay and grading structures
- Identify and provide training needs for staff
- Provide regular updates to keep staff informed of progress
- Identify skills gaps.

Within a similar timeframe, the Finance and Resources workstream will undertake an option appraisal of accommodation.

Further consultation with staff will follow the conclusion of this consultation period, when the full remit for the WDEC Unit has been agreed, the location confirmed and organisational structures can be identified.

8 ORGANISING TO DELIVER

To achieve the full benefit of the changes, services in the future may need to be organised in a different way. This will depend upon the outcomes from this consultation.

Currently, it is proposed to set up the WDEC Unit as part of NLIAH, to encompass the existing functions undertaken by HPW¹; the workforce planning function for all workforce groups; recruitment and retention; the education and training commissioning functions for non medical/dental education, and the underpinning services provided by the finance division. A workforce development policy making and ministerial support function would be retained within the Assembly. The LSA function will continue to be exercised by the Assembly Government and mechanisms to enable a seamless transfer of this function put in place. It may also be necessary to address the mechanisms required to deliver a quality assurance function on behalf of the NMC, if commissioned to do so.

To deliver these functions from 1st April 2006, a working assumption to enable the process to proceed, is to set up the WDEC Unit as a separate directorate of NLIAH. The functions transferring to the WDEC Unit would initially lend themselves to an organisational structure, which allows focus on each of the functional areas transferring in. However, these structures would need to be developed following this consultation process and on completion of the location option appraisal. They will therefore be consulted upon separately with staff in Autumn 2005.

To allow for systems and processes to be in place by 1st April 2006 ensuring a seamless transition, whilst maintaining business continuity, it is expected that a period of shadow working would be necessary. The ongoing integration within NLIAH would continue after April 2006 to ensure synergy of activities.

8 *Please provide any additional comments not asked about in any other section of this document*

¹ Excluding the LSA Function

9 BENEFITS AND INVESTMENTS

The work on the Merger process included an initial financial analysis, which is being further developed as part of the Merger Project. Whilst much work remains to be undertaken on the costs, benefits and investment required, initial estimates indicate the totality of ASPB mergers could produce ongoing recurring savings of some £10 million per annum from 2009. Some of these savings will come from removing ASPB boards, reducing the number of senior management posts and integrating corporate support services and systems. Benefits realisation will form part of the overall project to set up the WDEC Unit. Although it would be essential to invest in and strengthen the existing workforce planning and commissioning arrangements these changes would need to be achieved maintaining resource neutrality, and savings would need to be derived from working differently.

A summary of expected benefits include;

- Ownership of the processes within the NHS
- The bringing together of NHS and non NHS employers to plan and develop the whole workforce
- The bringing together of related functions to produce economies of scale
- Infrastructure savings
- An all-Wales commitment to visioning the future healthcare workforce
- Strategic overview of all education commissioning linked to service modernisation
- The development of an integrated approach to workforce planning for roles that include work across the health and social care interface
- Fewer workforce groups and bureaucracy
- Role redesign work identified by NLI AH service development division can be shared as good practice and supported by the work of the WDEC Unit
- Workforce plans align across care pathways, education commissioning would support plans
- Effective use of resources including ICT systems

- Investment in setting up new arrangements would raise the profile of workforce planning, and put workforce development higher on the agenda
- Regional networks would help expedite decision making and provide for better advice on policy development from within the service
- New ways of working would facilitate a more robust and scientific approach to workforce development through the use of software technology for data modelling.

10 HOW TO RESPOND

You are invited to send your comments on the proposals in this paper by Monday 26 September 2005.

In accordance with its policies on openness, the Welsh Assembly Government intends to publish the responses to this consultation. Normally the name and address of its author are published along with the response, as this gives credibility to the consultation exercise. If you do not wish to be identified as the author of your response, please state this expressly in your response.

Please send or email comments to;

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SUMMARY OF QUESTIONS

Section 3: Accountability and External Advice

- 3a *What are your views on the accountability and governance mechanisms proposed?*
- 3b *How would you see a QA panel operating?*
- 3c *How could the WDEC Unit engage effectively with regional processes as outlined in *Designed for Life*, ensuring access to public health advice and working with all employers and stakeholders?*

Section 4: Improving customer and stakeholder service

- 4a *What are your suggestions on how the WDEC Unit could address and meet whole workforce training requirements?*
- 4b *How can the functions currently undertaken by HRD in relation to undergraduate and postgraduate medical and dental education best be brought together with the plans for the WDEC Unit?*
- 4c *What are your views on the current workforce planning arrangements and the extent to which they meet the workforce needs of Trusts/LHBs and primary care?*
- 4d *What are your views on the current provision for post-registration education and training in the light of requirements for new roles and KSF requirements?*
- 4e *The NMC are planning to undertake a tendering process in Autumn 2005 for the provision of their quality assurance requirements for Wales post April 2006. You are invited to comment upon the desirability for HPW, in conjunction with the WDEC Unit to proceed with the tender process, or the desirability of another organisation delivering quality assurance on behalf of the NMC in Wales.*
- 4f *What proposals would you suggest to demonstrate how quality assurance functions carried out on behalf of the NMC can be shown to be conducted separate to other activities of the WDEC Unit?*

Section 5: Demonstrating results and applying best practice

- 5.1 *Focussed work will be undertaken to determine the future provision of a careers service, your views are welcomed*
- 5.1.1 *What are your views regarding the future delivery of the LSA function?*
- 5.1.2 *What are your views regarding the future delivery of the SAU function?*
- 5.2.1a *How could the current workforce planning arrangements be improved?*
- 5.2.1b *How can the recruitment and retention function currently provided by the workforce management branch, best support the work of the health service in the future?*
- 5.2.2a *Do you agree that all functions currently provided by the education, training and development branch should transfer to the WDEC Unit?*
- 5.2.2b *Taking into account Question 4b, do you have a view on whether the commissioning of medical and dental education should or should not be included in the WDEC Unit?*
- 5.2.2c *What are your suggestions for improving current education and training commissioning arrangements?*
- 5.3 *What are your views on the inclusion of the financial functions that directly support workforce planning and commissioning being transferred to the WDEC Unit?*

Section 6: Streamlined delivery

- 6a *Given the examples provided of HPW's project work for 2005/6, what would be your priorities for this type of work in the future?*
- 6b *Please outline any additional issues related to workforce development and/or education and training commissioning that you feel should be addressed*

Section 8: Organising to deliver

Please provide any additional comments not asked about in any other section of this document.

WORKFORCE DEVELOPMENT, EDUCATION AND COMMISSIONING UNIT MEMBERSHIP OF PROJECT BOARD

<i>Name</i>	<i>Organisation</i>
Ann Lloyd , Chief Executive NHS Wales	Health and Social Care Department, WAG
Christine Bamford , Director Organisational Development	Health and Social Care Department, WAG
Owen Crawley , Chief Scientific Officer	WAG
Tina Donnelly	NHS Partnership Forum (RCN Wales)
Peter Finch	Chair, NHS Partnership Forum (CSP)
Dave Galligan	NHS Partnership Forum (Unison)
Ruth Hall , Chief Medical Officer	OCMO WAG
David Jenkins , Chair	Health Professions Wales
Rosemary Kennedy , Chief Nursing Officer	OCNO WAG
Stuart Marples , Regional Director	Mid & West Wales Region (until May 2005)
Geraint Martin , Head of Division	Health and Social Care Strategy, WAG
Tracy Myhill , HR Director	Human Resources, Gwent
Hilary Neagle , Chief Executive	Health Professions Wales
Judith Paget , Chief Executive	Caerphilly Local Health Board
Stephen Redmond , Director, Human Resources Division	Health and Social Care Department, WAG
Steve Sloan	NHS Partnership Forum (Amicus)
Lorna Tinsley ,	NHS Partnership Forum (RCM Wales)
Jan Williams , Chief Executive	National Leadership and Innovations Agency for Healthcare
Paul Williams , Chief Executive	Bro Morgannwg NHS Trust

WORKFORCE DEVELOPMENT, EDUCATION AND COMMISSIONING UNIT MEMBERSHIP OF PROJECT TEAM

<i>Name</i>	<i>Organisation</i>
Christine Bamford (Chair), Project Director	Organisational Development, WAG
Barbara Bale , Project Manager	Organisational Development, WAG
Parvaiz Ali	Welsh Scientific Advisory Committee
Keith Cox	Public Health Protection WAG
Sue Cromack , Head of Branch	Human Resources Division WAG
Tina Donnelly , Director RCN	NHS Partnership Forum
Val Doyle , Nurse Executive	Nurse Executives (Wales)
Julie Fall , Senior Physiotherapy Manager	Welsh Therapies Advisory Committee
Wendy Fawcus , Director	Health Professions Wales
Peter Finch	Chair, NHS Partnership Forum (CSP)
Dave Galligan	NHS Partnership Forum (Unison)
Mary Gilbert , Head of Branch	Human Resources Division WAG
Julie Grant , HR Advisor	Human Resources, WAG
Brian Green , OD&T Regional Head	Regional OD&T
Huw Llewellyn , Finance Directorate	Bro Morgannwg Trust
Sheelagh Lloyd Jones , Deputy Chief Executive	Bro Morgannwg Trust
Claire McDonald , Deputy Programme Manager	Change Programme Team WAG
Margaret Provis , Social Services Inspector	Social Services Inspectorate Wales
Martin Riley , Head of Directorate	Resources Directorate, WAG
Steve Sloan	NHS Partnership Forum (Amicus)
Simon Smail , Post graduate Dean	Medical Deaneries
Lorna Tinsley , RCM	NHS Partnership Forum
Ann Tucker , Head of School	Cyngor
Vicky Warner , Nursing Director	LHB Nursing Directors
Jean White , Acting Director	Health Professions Wales
Alan Willson , Director	National Leadership and Innovation Agency for Healthcare
Representative	Welsh Nursing and Midwifery Committee

BUILDING WORKFORCE CAPACITY AND CAPABILITY

Policy Objective: Delivery of the Review of Health and Social Care in Wales (2003) Wanless

<p>Strategic Direction</p>	<p>Workforce Strategies Workforce Re design; Changing Roles, Service Improvement, KSF Career Framework</p>	<p>NLIAH: Workforce Development, Education and Commissioning Unit National Resource for advice and guidance to the Welsh Assembly Government and the Health & Social Care and Education Services</p>
<p>Designed for Life; Creating World Class Health and Social Care for Wales in the 21st Century (2005)</p> <p>Development of HR/OD Strategy</p> <ul style="list-style-type: none"> • Building-up local and regionally facilitated workforce planning function • Incorporate New Ways of Working Agenda & Agenda for Change and Career Framework • Incorporate Primary & Community Care Developments and Joint Partnership Working with Social Services • Introduce Model employer – new access schemes • Link workforce planning to modernisation and Clinical Networks 	<p>Overall focus on the development of new/extended roles which may be cross professional and/or cross sectoral and new ways of working</p> <p>Nurses, Midwives, Specialist Community Public Health Nurses Workforce Strategy</p> <ul style="list-style-type: none"> • Pre-registration Workforce Strategy incorporating Agenda for Change issues • Post-registration Workforce Strategy incorporating new regulations & New Ways of Working • Health Care Support Workers Strategy to complement above • Lifelong learning 	<p>Workforce Development</p> <ul style="list-style-type: none"> • Workforce Planning data collection management • Workforce forecasting and modelling including analysis & synthesis • Workforce redesign/remodelling • Advice to Trusts, LHIBs, NSF groups and Networks • Recruitment and retention and careers service <p>Education and Training Commissioning and Contracting</p> <ul style="list-style-type: none"> • Education & Training Contract negotiations, financial planning & sign-off • Contract Performance Management & budget/out-turn reconciliation procedures.

<p>Strategic Direction</p>	<p>Workforce Strategies Workforce Re design; Changing Roles, Service Improvement, KSF Career Framework</p>	<p>NLIAH: Workforce Development, Education and Commissioning Unit National Resource for advice and guidance to the Welsh Assembly Government and the Health & Social Care and Education Services</p>
	<p>Medical & Dental Workforce Strategy (including professions complementary to dentistry)</p> <ul style="list-style-type: none"> • Medical Workforce Agenda – EWTD, new Consultants Contract & Modernising Medical Careers • GPs Workforce Agenda – GPs/Special Interests, new GMS Contract & Primary Care Teaching Organisations • Medical and Dental Undergraduates Strategy & Modernising Medical Careers • Medical and Dental Postgraduate education and training developments/strategy • Lifelong Learning 	<ul style="list-style-type: none"> • Supporting financial processes, including planning proposals, budget reconciliation & risk management • Pre and Post registration education commissioning • Links with HEFCW and Assembly Education Division • Links to Sector Skills Councils and Sector Skills Agreement developments incorporating KSF, NOS and lifelong learning • Establishment of career management framework and underpinning occupational standards and education provision to support lifelong learning • Student Awards Unit

<p>Strategic Direction</p>	<p>Workforce Strategies Workforce Re design; Changing Roles, Service Improvement, KSF Career Framework</p>	<p>NLIAH: Workforce Development, Education and Commissioning Unit National Resource for advice and guidance to the Welsh Assembly Government and the Health & Social Care and Education Services</p>
<p>Scientific, Therapeutic and Technical Staff Workforce Strategy</p> <ul style="list-style-type: none"> • Therapists & Support Workers Workforce Strategy – pre & post registration streams • Pharmacists & Optometrists – Post-graduate Workforce Strategy • Applied Psychologists – Pre and Post-graduate Workforce Strategy Programmes • Healthcare Scientists and Radiographers –pre and post registration streams • Lifelong Learning <p>Health Care Support Workers Workforce Strategy</p> <ul style="list-style-type: none"> • To support KSF career framework • Access and progression to career levels • Lifelong learning 		
<p>Quality Assurance and Quality standards</p> <ul style="list-style-type: none"> • Establishment of Framework and infrastructure to quality assure contracts • Establishment of an independent QA Panel 		