



**Beverley Bustin**

Thursday 8<sup>th</sup> June, 2006

**Benvenuto !!!!**



# Welcome and Introduction

- Job Purpose:
  - To be innovative in creating and developing new approaches to lifelong learning
  - To support NHS HR function, to develop policy and practice in order to become:
    - A model employer
    - Motivated workforce that is customer focused

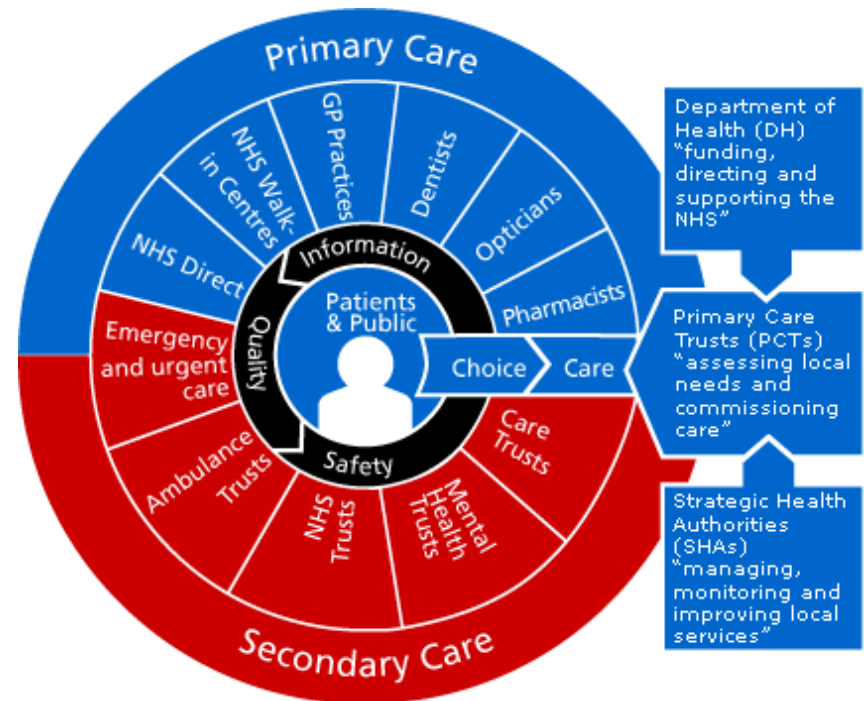


# What is the NHS ?

- Interesting facts about the NHS
  - 3<sup>rd</sup> largest employer in the world
  - 1.3 million staff
  - Budget: £70 billion,  
£5 billion Education (Health),  
£9 billion Education (Social Care)
- Corporate social responsibility

# How does the NHS work?

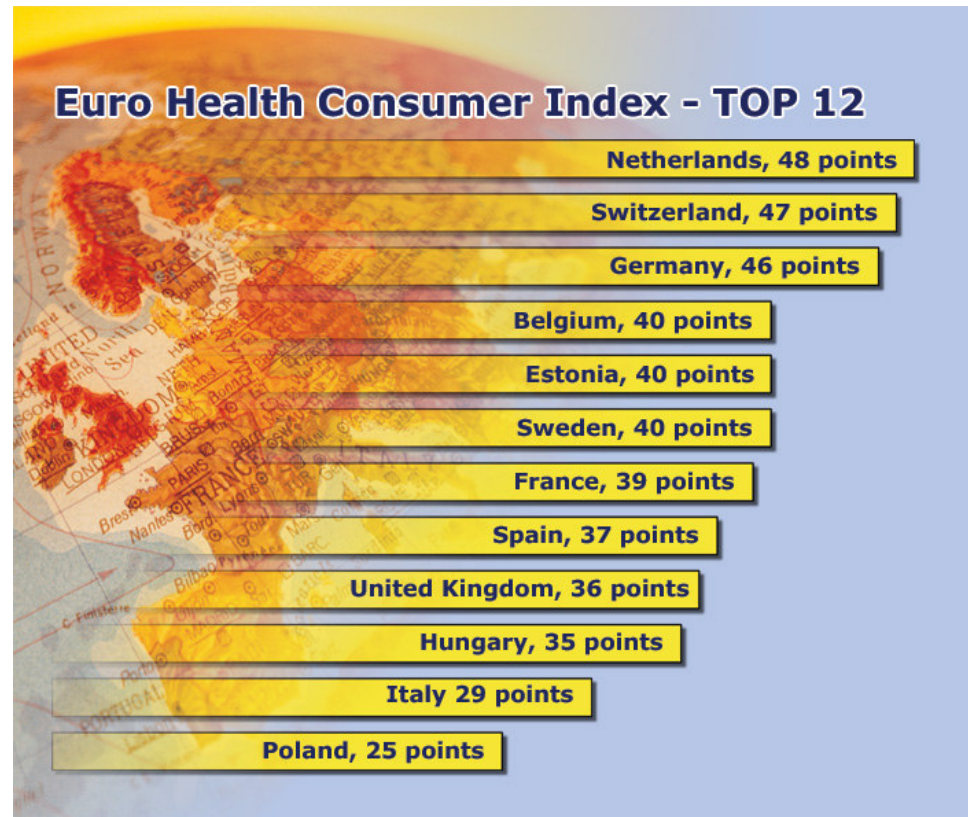
- The NHS was set up in 1948 and is now the largest organisation in Europe. It is recognised as one of the best health services in the world by the World Health Organisation but there need to be improvements to cope with the demands of the 21st century. The NHS is changing the way it works to make sure patients always come first. This has brought about some fundamental changes in the way the NHS is structured and the way in which the different organisations within the NHS relate to each other.



Source: [www.nhs.uk](http://www.nhs.uk)

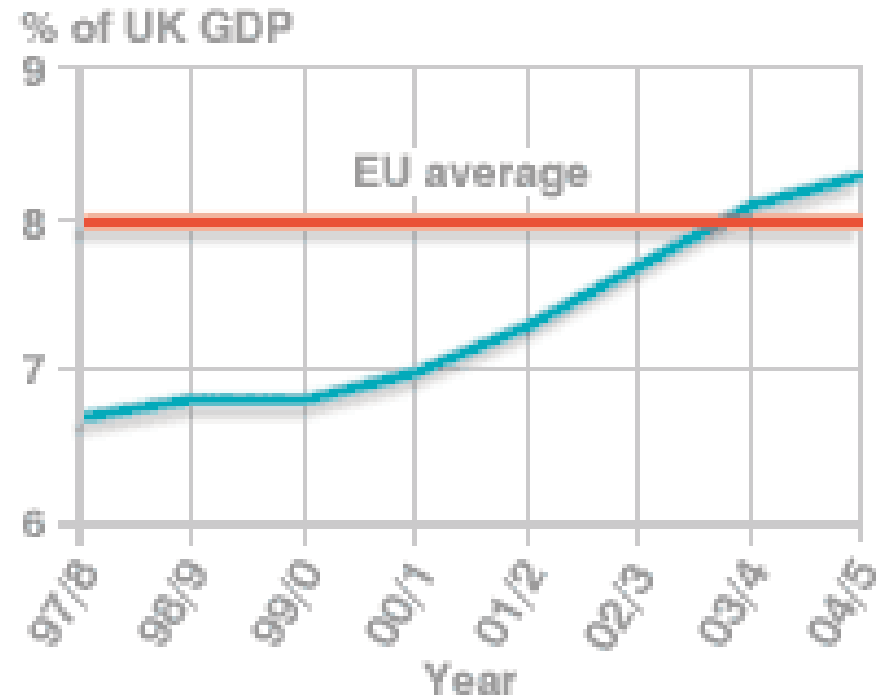
# Euro Health Consumer Index

- The Euro Health Consumer Index ranks the national health care systems across the EU in areas that are key to the consumer – patients' rights and information, waiting times for common treatments, care outcomes, customer friendliness and access to medication. The Index is compiled from a combination of public statistics and independent research.



# NHS Spending

## ALL HEALTH SPENDING (% OF GDP)

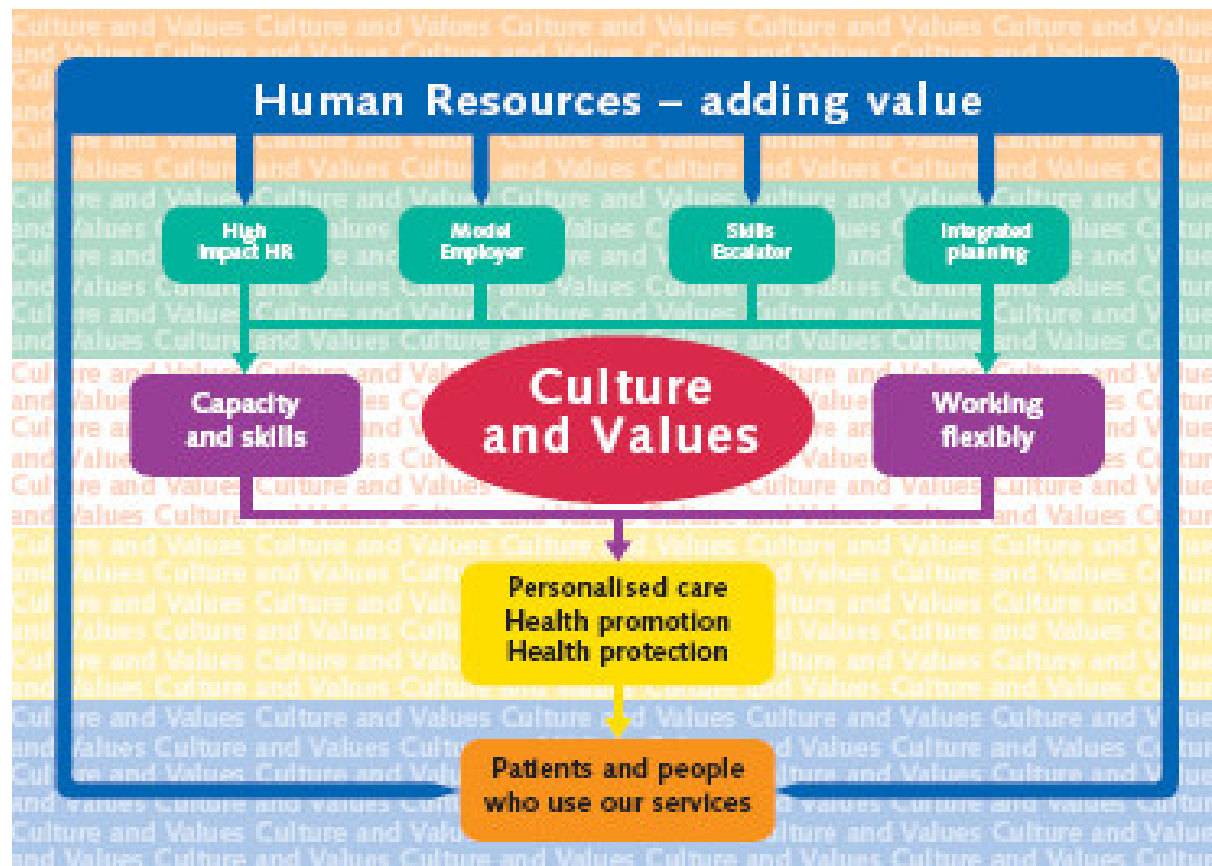


SOURCE: DoH/HM Treasury

# Workforce Reform



# The 'Line of Sight'







# The 'Line of Sight'

- a) The Human Resources (HR) function can add value through its policies and practices
- b) HR policies and practices have a direct effect on the sort of workforce we develop
- c) The sort of workforce we have directly impacts on the quality of service we deliver
- d) The quality of services we deliver benefits patients and people who use our services



# Agenda for change

- Pay Reform
- Terms and Conditions
- Knowledge and Skills Framework  
(Development)



# High Impact HR changes

- 10 Key Changes for HR in the NHS
  - Need for change:
    - Social and environmental e.g. ageing workforce
    - New roles
    - Demography
    - Technology
    - Politics



# The 10 High- Impact Changes

1. Support and lead effective change management
2. Effective recruitment, good induction and supportive management
3. Develop shared service models and effective use of IT
4. Manage temporary staffing costs as a major source of efficiency
5. Promoting staff health and managing sickness absence
6. Job and service re-design
7. Appraisal policy development and implementation
8. Staff involvement, partnership working and good employee relations
9. Championing good people management practices
10. Effective training and development

# Skills Escalator

- The main objectives of the skills escalator are:
  - To attract a wider range of people to work within the NHS
  - To help people at all levels of the workforce to achieve their potential
  - To encourage all staff, through a strategy of lifelong learning to renew and extend their skills and knowledge
  - To provide opportunities for staff to work more flexibly and take on new roles
  - To offer a variety of career and training step-on and step-off points
  - To develop competence-based career management and qualification structures.

(Skills for Health)



# Key elements of the career framework

The careers framework provides a guide for NHS and partner organisations in implementing the flexible career and Skills Escalator concepts. It enables an individual member of staff with transferable, competency-based skills to progress in a direction that meets workforce, service and individual needs.

- 9 MORE SENIOR STAFF – LEVEL 9**  
Staff with the ultimate responsibility for clinical care and decision making and full on-call accountability.
- 8 CONSULTANT PRACTITIONERS – LEVEL 8**  
Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.
- 7 ADVANCED PRACTITIONERS – LEVEL 7**  
Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at level 7 will typically be managing a number of service areas.
- 6 SENIOR PRACTITIONERS/SPECIALIST PRACTITIONERS – LEVEL 6**  
Staff who would have a higher degree of autonomy and responsibility than @Practitioners in the clinical environment, or who would be managing one or more service areas in their non-clinical environment.
- 5 PRACTITIONERS – LEVEL 5**  
Most frequently registered practitioners in their first and second post-registration/professional qualification jobs.
- 4 ASSISTANT PRACTITIONERS/ASSOCIATE PRACTITIONERS – LEVEL 4**  
Probably studying for foundation degree, BTEC Higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.
- 3 SENIOR HEALTHCARE ASSISTANTS/TECHNICIANS – LEVEL 3**  
Have a higher level of responsibility than support workers; probably studying for, or have attained HNC level 3, or Assessment of Prior Experiential Learning (APEL).
- 2 SUPPORT WORKERS – LEVEL 2**  
Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' – probably studying for or has attained HNC Level 2.
- 1 INITIAL ENTRY LEVEL JOBS – LEVEL 1**  
Such as 'Domestic' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.



# Key elements of the career framework

## **4 – ASSISTANT PRACTITIONERS/ ASSOCIATE PRACTITIONERS- LEVEL 4**

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

## **3 – SENIOR HEALTHCARE ASSISTANTS/ TECHNICIANS – LEVEL 3**

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

## **2 – SUPPORT WORKERS – LEVEL 2**

Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' – probably studying for or has attended NVQ Level 2

## **1 – INITIAL ENTRY LEVEL JOBS- LEVEL 1**

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



# Key elements of the career framework

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## 8 - CONSULTANT PRACTITIONERS – LEVEL 8

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

## 7 - ADVANCED PRACTITIONERS- LEVEL 7

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

## 6 - SENIOR PRACTITIONERS/ SPECIALIST PRACTITIONERS- LEVEL 6

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

## 5 – PRACTITIONERS – LEVEL 5

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





# Bradford Formula Project

- It helps to measure an employee's irregularity of attendance
- Helps to address in particular recurrent short spells of absence, which can have greater costs and be more disruptive than occasional longer periods of absence; it assists in reducing the need for temporary staffing engagement, as this one of the main reasons for booking staffing due to sickness absence.
- Bradford scores have a role to play in organisational monitoring and triggering managers to think about where action may be necessary in individual cases.

- (NCLSHA, Best Practice in Workforce)



Any questions ?

Grazie molto per il vostri tempo ed attenzione. Speriamo che godiate il resto del vostro viaggio!