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HEALTH AND WELLBEING 2026

DELIVERING TOGETHER

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

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FOREWORD

The World Health Organisation defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". That is the health outcome I want to deliver for all our people.

But without new approaches and in the face of ever growing demand - often driven by successful interventions and improving life expectancy - we will increasingly struggle.

Change is quite simply essential to deliver the world class service - free at the point of delivery and based on need - that is our collective commitment.

We must move beyond simply managing illness and instead ensure that our health service supports people to stay well; physically, mentally and emotionally.

In other words, we need to rethink how we deliver our health and social care service.

My predecessor, Simon Hamilton, asked a panel led by the internationally recognised expert, Professor Rafael Bengoa, to help us identify how to tackle the challenges in our Health and Social Care system.

Their report tells us clearly that we need to re-organise how we do things - and that we need to do this in partnership with the people who use the service and those who work in it. Critically, we must prioritise prevention and early intervention to ensure that people stay well. This approach will produce better health and wellbeing outcomes and it will reduce demand on our over stretched acute services. It will also help us tackle what the Expert Panel Report calls "striking health inequalities" in our society.

This document, Health and Wellbeing 2026: Delivering Together, is the outworking of the Expert Panel's recommendations. It sets out a commitment to tackle the issues we face in our Health and Social Care system through decisive political leadership. We are determined to move beyond short-term approaches and crisis management.

This Executive is united as never before in its commitment to take the right, perhaps difficult, decisions. But we know this is the only way to deliver better outcomes for our people.

We are facing into a time of change for our health system but it is change that must happen. This document sets out a direction of travel that I hope all of our society can embrace and support in the challenging but exciting time ahead.

Michelle O'Neill, MLA
Minister of Health

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My desire for world class health and social care is based on firm foundations - we have a health and social care system staffed with many talented and dedicated people working extremely hard to deliver high quality services to those in need. But increasingly those efforts are frustrated by a system which is clearly under mounting pressure. This is impacting on both those within the system and those it serves. Without radical change there is no doubt the situation will further deteriorate. That is why I am convinced that change is needed now.

Before I set out the case for change, it is important to acknowledge and celebrate where Health and Social Care, in collaboration with wider government, is making a real difference to our health and wellbeing.

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Standardised
CIRCULATORY DEATH RATE
in under 75s
decreased by a fifth over the last 5 years

ENGAGEMENT WITH EDUCATION TRAINING OR EMPLOYMENT FOR THOSE AGED 16-21 WHO ARE IN CARE OR HAVE LEFT CARE HAS RISEN 5.7% IN THE PAST YEAR

SMOKING PREVALANCE FELL
from 26% in 2004/05
to 22% in 2014/15

7677 CARERS RECEIVED SUPPORT FROM TRUSTS IN 2015 COMPARED TO 1414 IN 2011

Over **1 in 3** adults (36%) reported that they ate the recommended
5 PORTIONS
of fruit & veg a day (2014/15)
increased by a third over the last 10 years

FAMILY SUPPORT HUBS

In 2015/16, **4522 families with children** were referred to Family Support Hubs, a **72% increase** on the previous year. Of the 5346 children referred to Hubs in 2015/16, **around 18% were children with a disability**

BOWEL CANCER DECREASE

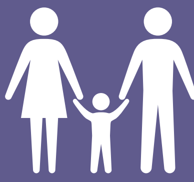
Since **bowel cancer screening** was introduced, the percentage of people diagnosed with early stage disease has increased from **14% to 22%** thereby **improving their life chances**

LOOKED AFTER CHILDREN

achieving Key Stage 1: Level 2 or above

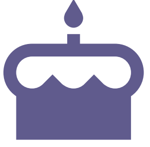
in English
7.5% INCREASE

in Maths
7% INCREASE



INCREASE IN ADOPTIONS

Between 2014/15 and 2015/16, there has been a **24% INCREASE** in the adoptions of Looked After Children



LIFE EXPECTANCY

over the last 5 years life expectancy has increased

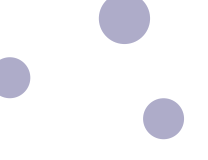
1.3 YEARS
for males
(78 years)

1 YEAR
for females
(82.3 years)

Standardised
RESPIRATORY DISEASE DEATH RATE
in under 75s
decreased by a fifth
over the last 5 years

MMR VACCINE

over 95% of children received the MMR Vaccine which means we have not seen the outbreaks of measles that have occurred elsewhere



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At the heart of the many successes of the Health and Social Care (HSC) system is the hard work and dedication of all staff, in every grade and role, who are delivering care at higher levels than ever before.

However, while there is much to celebrate, we must recognise the challenges in the current system. The reality is that we increasingly cannot properly meet people's needs with our current structures. In the past, and for a range of reasons, it has not been possible to achieve the whole system transformation at the scale and with the pace we need to meet the evolving health needs of our people. More and more the impact of this is felt on a daily basis and takes its toll on both those who use services and those working in the sector.

Our Health and Social Care System faces a number of significant challenges:

Organisational

In many past reviews, professionals and staff have expressed their frustration at the limitations of our current arrangements and their desire for change, most recently in the Expert Panel report. The 20th century configuration of our services is simply not optimised to meet the needs of 21st century care.

The point has now been reached where maintaining the current delivery models is having increasingly negative impacts on the quality and experience of care for many service users, while constraining the ability of the system itself to transform to meet today's health needs.

While staff work increasingly hard to mitigate these structural issues, the overall impact is experienced by service users and their families every day, in every part of the system. Regrettably, delays in accessing services and unacceptable waiting times for treatment are commonplace. The quality of our service, and the experience of those providing and receiving it, is not as good as it should be.

Modern research shows that outcomes for patients requiring complex or specialist treatment improves where high levels of specialist expertise is available and these teams are able to keep pace with innovation. The current spread of such HSC resources, too often committed to buildings rather than outcomes for patients, is a central challenge we must address.

If we persist with our current models of care, even with the best efforts of all staff and more investment year on year, waiting lists will continue to grow, our expertise will continue to be diluted, and the best possible outcomes for patients will not be realised. This is both unsustainable and unacceptable.

In addition, the way we are organised means that opportunities are being missed to create sustainable employment, drive economic investment, and maximise the contribution of the HSC to the economic goals of the Executive. For example, the life and health sciences sector provides 10% of all of the North's exports. Closer working between the HSC, our world class universities and life and health science organisations and maximising the potential for growth in this high value sector, is fundamentally dependent on centres of clinical excellence with the right level of expertise and the necessary capacity.

Workforce

A further challenge relates to the workforce itself. People who work in health and social care are its greatest strength, working ever harder to provide the care needed by patients and service users. Year on year, investment has been directed to front line services in an effort to meet the ever growing need for treatment and care.

However, if we accept, as a whole range of reviews have, that our services are not best configured for our needs, then it follows that recruiting additional staff alone to prop up outdated service models, is not the answer. We must be able to provide safe and high quality care which keeps up with the fast pace of innovation and health and social care developments. I recognise that staff need the opportunity to develop their skills and expertise in an environment which allows for a greater degree of specialisation, whilst maintaining personalised compassionate care.

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It has also become clear that even when resources are made available to recruit additional staff, it has simply not been possible to fill all vacant posts. This in turn puts additional pressure on already hardworking staff and has seen our service become increasingly reliant on short term solutions such as locums and agency staff. This creates additional expense with negative implications for the quality of care. It has become a vicious circle which we must stop.

We must invest in our staff and provide the environment to allow them to do what they do best - provide excellent high quality care. This means providing opportunities to develop their skills and find suitable career paths at all levels. Where necessary, we will increase the numbers we train and consider ways of delivering care more effectively through the development of new roles and skills.

I am determined that we will make the health and social care system an employer of choice in the north of Ireland.

The Needs of a Rapidly Changing and Ageing Population

Our society is getting older: people are living longer, often with long-term health conditions, and we are having fewer children. Estimates indicate that by 2026, for the first time, there will be more over 65s than under 16s.

By 2039, the population aged 65 and over will have increased by 74% compared to the position in 2014. This will mean that one in four people will be aged 65 and over.

Similarly, the population aged 85 and over will increase by 157% over the same period, which will see their share of the population increase from 1.9 % to 4.4%.

By any analysis, this is a massive success to which our health and social care service has made a significant contribution. That said, it does present a huge and growing challenge in terms of the demands and pressures on health and social care services.

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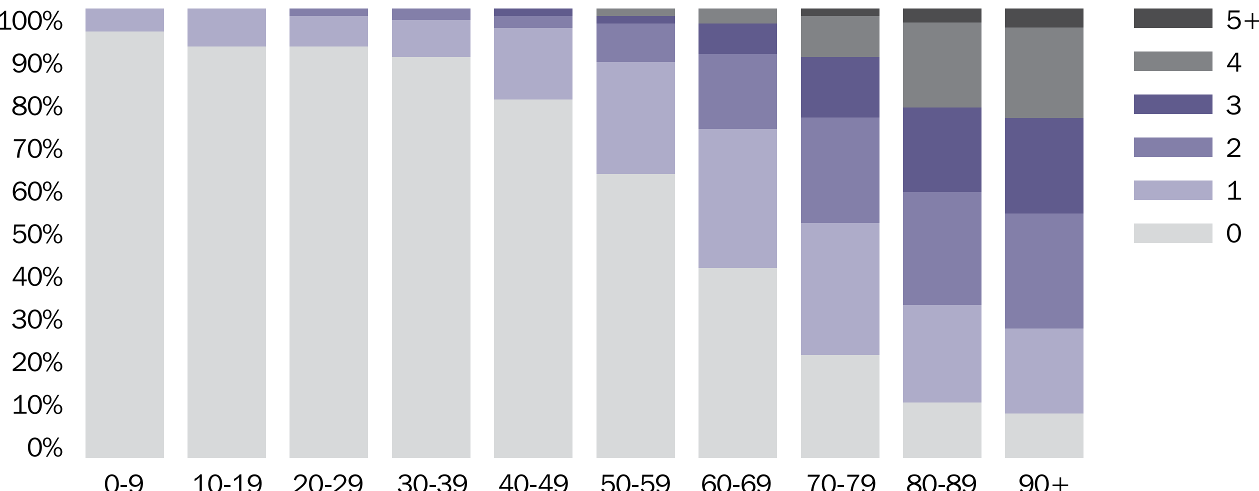

Developments in how conditions can be treated and managed mean that as we get older we are much more likely to develop and live with one or more long term conditions. The table above demonstrates that as we get older, the likelihood of having more than one condition at the same time increases dramatically, and with that the care and treatment that we require becomes much more complex.

Furthermore, people's health and social care needs have changed, and their expectations are rightly higher than at any other time before. In the past, for many conditions, where there was an effective treatment available, it often required hospital attendance or an in-patient stay. Increasingly, such treatments are available in the community, or can be provided on a day care basis; which in many instances is more appropriate to the needs of people with longer-term chronic conditions.

People today want to lead full and productive lives, staying independent for longer. In line with wider societal changes, we all expect improved access, choices and control when it comes to public services.

Health Inequalities

Despite people living longer, health inequalities continue to divide our society. The differences in health and wellbeing outcomes between the most and least deprived areas are still very stark, and completely unacceptable.

For example, men in the least deprived areas live 7.5 years longer than men in the most deprived areas. For women, the difference is over four years. In the most deprived areas, 30% of people report a mental health problem - double the rate in least deprived areas. Rates of suicide are also higher, and leave a devastating impact on people, families and those communities.

Birth weight is an important indicator of foetal and neonatal health, and a low birth weight has a strong association with poor health outcomes in infancy, childhood and throughout someone's life. Between 2010 and 2014, the proportion of babies born at a low birth weight was 44% higher in the most deprived areas than in the least deprived areas.

In 2013/14, the rate of obesity among children in Primary 1 was 71% higher in the most deprived areas than those in the least deprived areas. 42% of Looked After Children (LAC) come from the most deprived areas in the North. Being looked after is associated with poorer socio-economic outcomes in adulthood.

It is clear that economic, social and environmental factors, and experiences early in life, play a major role in determining not just the health outcomes at an individual and community level, but also their social, educational, economic and other outcomes. There is also growing evidence that children who experience adversity in childhood are far more likely to experience health issues in adult life. Specifically, these children are more likely

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to adopt health harming behaviours during adolescence which can lead to mental health illness and diseases such as cancer, heart disease and diabetes later in life. Adversity in childhood also means that children are more likely to perform poorly in school, more likely to be involved in crime and more likely to experience poverty and disadvantage in adult life.

Our future health and social care system needs to not only treat people who become sick or need support now, but also needs to do much more to ensure that the next generation is more healthy with more equitable life opportunities for all.

Our Opportunity

The problem and the compelling case for change is not in itself new, and has been made repeatedly by experts, staff and patients over many years. The Expert Panel's Report "Systems, not Structures: Changing Health and Social Care" once again reaffirms this. But despite the overwhelming evidence, the opportunity has thus far not been grasped. However, both as Minister and as an Executive we believe there is now no alternative but to transform how we design and deliver health and social care services.

The political summit hosted by the Expert Panel in February 2016 secured a political mandate for the need for change and the principles to underpin it, and I look forward to all parties engaging with and supporting the HSC to make the difficult decisions required to improve our population's health, and build a sustainable health and social care system. This is the time for political leadership.

The advent of a new outcomes based approach in the draft Programme for Government puts an onus on us all to work together, across traditional silos and boundaries to deliver the best outcomes for the people of the North. Now is the time for us to work collectively to deliver a world class health service.

Across this island, the health and social care fabric of both jurisdictions face the same challenges. We have the opportunity to work more collaboratively with colleagues to address those challenges, and deliver services in a way that improves care for our population as a whole. There are many good examples of where this is already working well, such as cancer and cardiac services in the north west or the partnership with Dublin for children's heart surgery. There are many more such opportunities, including the transplantation of organs and rare diseases, and we have developed a programme of work with the Department of Health in the South to identify areas of mutual benefit.

Staff, clinicians and professionals from right across our health and social care system are telling us loud and clear that change is now necessary. If we do not grasp this opportunity change will happen anyway but in a reactive and unplanned way, with more potential for detrimental impacts on those who use and deliver our services.

In addition, the HSC itself is a huge contributor to the economy in many ways, through skills development, spending power and employment practices.

As the single biggest employer in the North, we have a real opportunity and responsibility to make a tangible and positive contribution to the health and wellbeing of our staff, and society as a whole. We will be an employer of choice, leading by example and investing in the wellbeing of our staff. Despite the demand, resource and service pressures being experienced, I am committed to ensuring the wellness dimensions of being an employer of this scale will be better achieved across the HSC.

In the way we operate, we have the opportunity to promote a new way of working with the community and voluntary sectors through the innovative use of social procurement clauses, and commissioning services based on social value rather than simply on the basis of lowest cost.

Working with our world class universities, skilled graduates and world leading companies, we can grow our life and health sciences sector, creating new jobs. This will mean access to cutting edge technology and therapies, and the dual benefit of improving care and economic growth. To do so requires further collaboration between HSC, academia and industry. The HSC can only play its part if it can provide the centres of expertise and excellence that will continue to attract partners, and support the recruitment and retention of experts in their fields.

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THE AMBITION

Health is a human right. I am deeply committed to the principle of universal health care, free at the point of delivery to those in need.

Aligned with the aspirations the Executive set out in the draft Programme for Government, my overarching ambition is for every one of us to **lead long, healthy and active lives**.

Improving the health of our people

Supporting and empowering staff

Improving the quality and experience of care

Ensuring sustainability of our services

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Therefore, we want to see a future in which:

- people are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing;
- when they need care, people have access to safe, high quality care and are treated with dignity, respect and compassion;
- staff are empowered and supported to do what they do best; and
- our services are efficient and sustainable for the future.

All of these aims are of great importance and must be addressed if we are to meet the future needs for our population.

They will underpin a new model of **person-centred care** focussed on prevention, early intervention, supporting independence and wellbeing. This will enable the focus to move from the treatment of periods of acute illness and reactive crisis approaches, towards a model underpinned by a more holistic approach to health and social care.

We will create the circumstances for people to stay healthy, well, safe and independent in the first place. We will anticipate the needs of individuals for support and care and this new model of person-centre care will intervene early to avoid deterioration.

This model will be designed for and with people and communities rather than by organisations and services. Instead of thinking about buildings and hospitals as the only place to deliver services, we will deliver care and support in the most appropriate setting, ideally in people's homes and communities. In most instances people should only have to go to hospital when they need treatment that can't be provided in their community.

The way we design and deliver services will be focussed on providing continuity of care in an organised way. To do so we will increasingly work across traditional organisational boundaries, to develop an environment characterised by trust, partnership and collaboration.

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THE CHANGE NEEDED

If we are to support everyone to lead long, healthy, and active lives, we need to change the focus of our services, and how and where those services are delivered. The Expert Panel has clearly said that 'something very different has to happen at the delivery of care level'.

We must:

- **Build capacity in communities and in prevention** to reduce inequalities and ensure the next generation is healthy and well;
- **Provide more support in primary care** to enable more preventive and proactive care, and earlier detection and treatment of physical and mental health problems;
- **Reform our community and hospital services** so that they are organised to provide care when and where it is needed;
- **Organise ourselves to deliver** by ensuring that the administrative and management structures make it easier for staff to look after the public, patients and clients.

Build capacity in communities and in prevention

We will work with communities to support them to develop their strengths and use their assets to tackle the determinants of health and social wellbeing.

We will support the development of thriving and inclusive communities, through the work of the HSC working closely with Executive colleagues and other providers such as councils, schools, police, housing and transport.

In particular, the HSC will become better at tapping into the innovative ideas and energies in communities themselves, and in the community and voluntary sectors. In all communities, every child and young person should have the best start in life, people should have a decent standard of living, and all citizens should be supported to make healthier and better informed life choices.

We will invest in HSC community development resources to work alongside all communities to enable social inclusion and tackle health inequalities and the underlying contributory factors including poverty, housing, education and crime.

It will take time to realign and grow the community development resource, and as a first step we will review existing capacity and then invest to meet any gaps, including a programme of training.

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Alongside this, we will link social care more strongly with improving and safeguarding the wellbeing of individuals, families and communities. We will strengthen the social work profession by fully implementing my Department's Improving and Safeguarding Social Wellbeing Strategy.

To give every child and young person the best start in life, we will further increase the support we provide to children, young people and families from before birth to adulthood. The universal Health Visiting and School Nursing service will enable and support children and young adults to be successful healthy adults through the promotion of health and wellbeing; this will include the full delivery of the Healthy Child, Healthy Future programme. This will support the implementation of the Executive's Public Health Framework "Making Life Better" and its ambition to give every child the best start.

I will work with other Ministers to build on the success of the Early Intervention Transformation Programme and enhance early intervention services and the Family Support Hub network by exploring ways to build on the capacity of the hub model. This would include both better coordination of existing early intervention services and increasing the assessment capacity of the Hubs. This will enable us to respond quickly and flexibly to meet the needs of families early on before the problems they face become more intractable and severe. By increasing our early support to families we will reduce the need for later intervention, such as the need for children to come into care.

For children who are in the care system we will work to improve their life chances. Looked After Children experience much worse health, social, educational, and employment outcomes than other children. We will honour our corporate parenting responsibilities to the fullest extent and will be as ambitious for children in care as we are for our own children.

The range of placement options available to Looked After Children will be expanded. Through service redesign and, if necessary, new legislation we will better meet the individual needs of each child and put in place more effective supports for their caregivers, including kinship carers and families who adopt children from care. By working with the courts we will secure permanence for them more quickly helping their mental and emotional wellbeing, educational attainment and health in particular. Support will also be extended so that they are better prepared for independent living in adult life.

FAMILY SUPPORT HUBS

Family Support Hubs provide an accessible, flexible and responsive point of contact for families in need of support.

As of June 2016, 29 family support hubs were operational, providing full regional coverage across the North.

The engagement of local communities in the planning and commissioning of local services has been a key component to the successful delivery of Family Support Hubs.

In 2015/16 there were 4522 families referred through family support hubs, an increase of 1887 compared with 2014/15.

In 2015/16 a total of 5346 children were referred, 953 of which were children with a disability.

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PRACTICE BASED PHARMACISTS

This initiative will see pharmacists working as an integral part of the GP surgery practice team. This means we can use their skills and experience to improve patient outcomes through reviewing their medication and reducing errors.

Practice Based Pharmacists (PBP) can help to alleviate some of the pressures faced by general practice through triaging patients to appropriate services and in some instances undertaking the diagnosis and initiation of treatment and follow-up appointments in patients with long term conditions.This will enable GPs to spend more time with patients with complex needs.

By December 2016, it is anticipated that 54 PBPs will have been placed in GP practices across the North with further PBPs appointed and in place over the period January-May 2017.

Enhancing support in primary care

Primary care is the bedrock of our health and social care system and provides around 95% of the care people need throughout their life. General Practitioners (GPs) and multidisciplinary primary care teams have a key role to play in improving population health and wellbeing, as well as developing care pathways and services to meet the population needs.

Our primary care service is still largely based on GPs working independently with some input from other disciplines. In future, the focus of our system will be increasingly on keeping people healthy and well in the first place. The World Health Organisation defines good health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. In the future we need a model that provides fully integrated multidisciplinary care, not just medical or nursing care.

Our future model of primary care is to be based on multidisciplinary teams embedded around general practice. The teams will work together to keep people well by supporting self management and independence, providing proactive management of high risk patients. They will identify and respond earlier to problems that emerge whether related to health or social circumstances or the conditions in which people live, providing high quality support treatment and care throughout life.

These teams will include GPs, Pharmacists, District Nurses, Health Visitors, Allied Health Professionals and Social Workers, and new roles as they develop, such as Advanced Nurse Practitioners and Physician Associates. There will be capacity and skills to proactively support individuals to address the lifestyle choices that impact upon their health and wellbeing. They will have the right tools and skills to diagnose, treat and coordinate the majority of care for their practice. They know the people they serve, and understand their needs better than anyone.

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These teams will work in a more integrated way with all other community services and development work in their area, including Community Pharmacy. Community Pharmacy is an important part of primary care and can help to reduce pressure on other parts of the HSC. We must use them better, especially to support improved public health and engaging in with the public to ensure medicines are being used appropriately.

This model is radically different from what we have at present. It will require significant change in the way staff across the HSC are organised and deployed, and in the way GPs and other members of the new teams work together. This new model will therefore be rolled out incrementally over the next 5 years, learning and addressing gaps in staffing as we proceed. The roll-out of Practice Based Pharmacists will be completed by March 2021. GP surgeries will have named health visitors and named district nurses to work with by the end of March 2017. In addition, the way that core district nursing is delivered will be transformed, and a District Nursing Framework will be published by the end of this year.

We will maximise the potential for developing social prescribing models in the multidisciplinary primary care teams, through the embedding of social workers and building linkages to the range of early support services available to service users, such as Mental Health Hubs and other early help initiatives.

Additional funding for primary care will be focussed on developing these teams, with more funding for mental health interventions in primary care and funding to test the impact that specialist allied health professionals, such as physiotherapists, can have when working alongside the primary care team. Training for the first Advanced Nurse Practitioners for primary care and a new Physician Associate post-graduate degree programme have been developed and will start in early 2017. We will work closely with GPs and other professionals on the roll-out and evaluation of this model.

Together, the enhanced community capacity, the focus on prevention based approaches and the multidisciplinary teams in primary care will provide much greater capability to keep individuals and communities well.

Reforming our community and hospital services

Sometimes, the primary care or community care teams cannot fully meet a patient's needs but it isn't appropriate for them to be admitted to a hospital.

With developments in treatments and technology, we are able to do so much more without the need to admit people to hospital. Therefore in future we want to build on new services and models which are already emerging, and ensure that these are implemented across our health and social care system, working in partnership with those who deliver and use these services.

Acute Care at Home is an example of this type of service. Patients, often frail and elderly, are treated in their own homes by doctors, nurses and other staff. Conditions such as chest infections, urinary tract infections and dehydration can all be safely treated without the need to go to hospital, which can be a worrying and anxious experience for many. Patients have, within their own home environment, the same access to specialist tests as hospital inpatients and receive consultant led assessment and treatment.

We will make Acute Care at Home available to the whole population. We will better integrate it with social care and ensure it is supported by other services, including short stay hospital services, GPs and palliative care. This new model of care will be rolled out to all areas within the next three years.

We are committed to the further development of **Ambulatory Assessment and Treatment Centres**, to provide a more joined up, 1-stop service. Evidence from here and elsewhere shows there are significant benefits to be gained from this approach. Our current model is based on the traditional outpatient model of care where a GP refers a patient to the specialty the GP believes most closely relates to the possible cause of the person's symptoms. But as people live longer and develop more problems, diagnosis and treatment becomes more complex. So the traditional model is no longer fit for purpose.

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Over the next 12 months, we will start to design these centres in partnership with clinicians and patients. They will provide simpler and easier access to the healthcare professionals and diagnostic equipment (such as X-Rays, CT scanners) needed to assess and diagnose conditions. Importantly, if a treatment or procedure is needed this will be possible on site with the aim of getting patients safely home the same day.

This avoids multiple outpatient visits and enables earlier diagnosis and appropriate treatment, and is therefore much better for those who use our services, and makes better use of our resources. Staff will have all the facilities they need to make the right diagnosis there and then, and to provide high quality care.

Elective Care Centres will be established to provide a dedicated resource for less complex planned surgery and other procedures. Evidence from elsewhere shows that such centres can reduce waiting times for planned care, and provide a better experience for both patients and staff. The current approach of delivering both planned and unplanned care using the same facilities and the same resources, means that waiting times can be adversely affected when the demand for urgent and emergency care is very high.

By making better use of our existing resources, and organising these in a different way, we will be able to provide larger volumes of activity, to a higher quality and in a more timely manner. The centres will be a resource for the region and the way they operate will be designed around the needs of patients. The number and location of these centres will be developed in partnership with clinicians and patients, and I expect proposals to be brought forward in the next 12 months.

Acute inpatient care will change. By changing the way preventive care, primary, community and less complex elective care is provided, and by looking after people in settings that are more appropriate to their needs, the nature of acute inpatient care will change.

Acute inpatient care will therefore focus on complex planned surgery and emergency care of patients who need an acute inpatient setting, for example, patients who have had a stroke, heart attack, or trauma, and those needing obstetric, neonatal or paediatric services or those with a significant worsening of a long term health condition. Multidisciplinary working will be a key feature of good quality inpatient care.

Across many different services there is very strong evidence that concentrating specialist procedures and services in a smaller number of sites produces significantly better outcomes for patients, as well as a much better and more supportive environment for staff

The role of our hospitals will therefore fundamentally change as they will focus on delivering the highest quality of specialist and acute care. However, not every service will be available in every hospital.

In the past few years we have seen the successful development of region-wide and cross-border **networks for highly specialist services** such as cancer, neonatology or cardiology as well as the development of the first truly all-island service in children's congenital cardiology. These are delivering innovative, world class services and we will seek to maximise opportunities to expand this approach and deliver more services on an all-island basis, where clinically appropriate to do so.

This is about changing the way that services are delivered, improving safety and quality, and making the best use of the resources we have. The Expert Panel, working with clinicians, has developed criteria which will help us to assess the sustainability and future of how services are provided, and this provides us with a route-map to work in partnership with those who use and deliver our services.

Mental Health

The North has a particular challenge with mental health, having the highest rates of mental illness in these islands. There are many talented and hardworking professionals in the system and the voluntary and community sector, who do excellent work in the services they provide. It is clear that our services need to continue to evolve and improve, building on the Bamford reforms from the last decade.

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Mental health is one of my priorities as Minister of Health, and it is an issue that I will champion at every opportunity. I want better specialist mental health services. This would include further support for perinatal mental health and inpatient services for mothers, with potential to address the need that exists across the island. We will expand services in the community and services to deal with the trauma of the past. Underpinning all of this, I am committed to achieving a parity of esteem between mental and physical health to ensure that we are tackling the true impact of mental health on our communities.

Carers

Families and friends take on most of the caring responsibilities for their loved ones and this makes an enormous contribution both to the HSC and to society as a whole. I fully recognise that carers are an equal partner in providing care, and they need our support to be carers. They also need support to enable them to do the things that those without caring responsibilities take for granted such as working, going out socially, having a break or going on holidays. In the case of young carers, they need help and support just to do the things that young people do. I am committed, along with other government departments and their agencies, to providing that support.

We know that the needs of carers are changing, this means the type of support we need to give them is also changing. We need to encourage greater take up of carer's assessments and expand the options for short breaks, as well as enabling the greater use of personalisation and personal budgets where appropriate. We need to ensure carers can access up to date information and crucially consider how we can support carers to live their own lives. The role of carers and how we can better support them will be central to the Review of Adult Care and Support and I encourage everyone to make their views known when we bring proposals forward for consultation in spring 2017.

DELIVERING ACUTE CARE AT HOME

This service enables this vulnerable patient group to retain their independence and dignity and prevents unnecessary and stressful hospital admissions.

It was designed and implemented by East Belfast Integrated Care Partnership (ICP) and subsequently rolled out across Belfast. Similar services are available in some other Trust areas.

In the Belfast area, the average length of stay for Acute Care at Home patients is 6 days compared to 11 days in hospital. Over 1084 referrals have been received for the extended service in the Southern area.

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Organising ourselves to deliver

To deliver care in a different way, it is clear that the way we plan and manage health and social care will also need to change. Therefore, in line with the recommendations of the Expert Panel's Report, we need to empower local providers and communities to work in partnership, including health and social care trusts, independent practitioners such as GPs and voluntary providers.

Embracing new models of care has the potential to harness the strengths of different parts of the system, across traditional organisational boundaries, across sectors and beyond what is traditionally considered to be the health and social care sector.

Working together, they will be expected to plan integrated and continuous local care for the populations they serve. I will set the outcomes we expect them to deliver, and the frameworks within which they need to operate, and hold them to account accordingly. For the first time, they will have the autonomy to make rapid and sustainable changes to improve services and address health inequalities in their area.

Where services are highly specialised, they will be planned and delivered on a region-wide basis. Building on the programme of work currently underway with Department of Health counterparts in Dublin, we will continue to explore opportunities to plan and deliver services on an all-island basis.

The recent consultation on HSC structures supported the need to reduce bureaucracy and put in place a more effective streamlined mechanism for how we plan health and social care services.

Starting now, we will work with the wider HSC system to design the new partnership approaches to the planning and management of HSC services, which moves away from competition towards collaboration, integration and improvement.

PRIMARY PERCUTANEOUS CORONARY INTERVENTION (pPCI)

This service, based in Belfast and in Derry, means that patients having a particular type of heart attack are taken from anywhere across the North straight to a specialised centre which can undertake this life saving procedure on a 24/7 basis.

On average a total of 66 pPCI procedures are being carried out per month and from May 2016, Donegal patients have access to the Derry based service.

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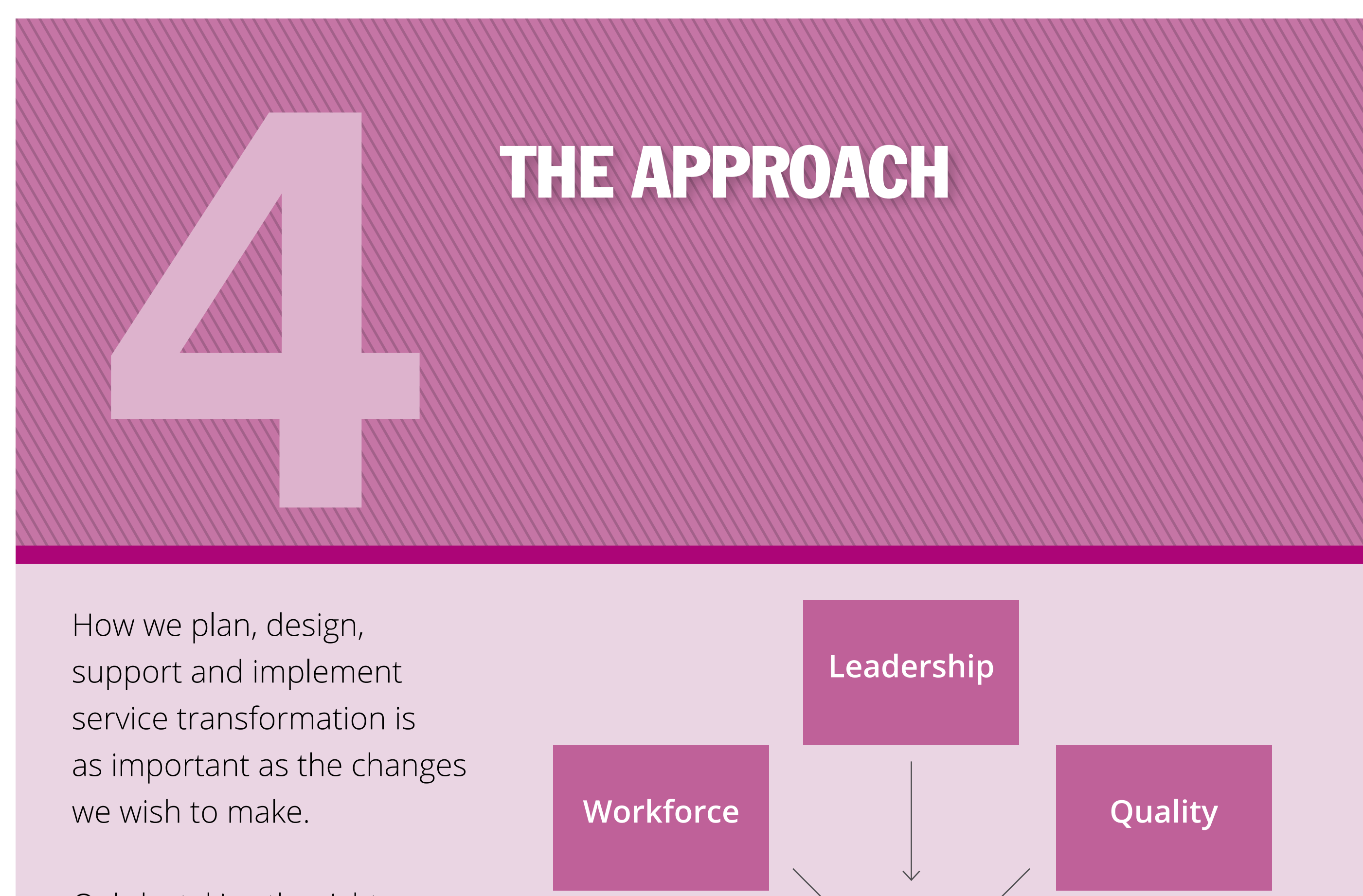
4 THE APPROACH



How we plan, design, support and implement service transformation is as important as the changes we wish to make.

Only by taking the right approach will these changes be the best ones for our population as a whole, and be sustainable in the long run.

Partnership Working

With people who use and deliver services

Our Health and Social Care system belongs to all of us and we all bring valuable insights to how it can improve. We must work in partnership - patients, service users, families, staff and politicians - in doing so we can co-produce lasting change which benefits us all. Everyone who uses and delivers our health and social care services must be treated with respect, listened to and supported to work as real partners within the HSC system.

Building on the good practice which already exists in the HSC, such as the Mental Health Recovery Colleges, we will work collaboratively in the spirit of openness and trust to deliver agreed outcomes.

When we embark on a change to our system or services, all relevant individuals or groups will be brought together, including those who use and those who deliver our services. A clear terms of reference will be developed collaboratively, ensuring all parties are clear about the task at hand, and how we will work together.

We will adopt creative and innovative ways to maximise involvement. All views and opinions will be received with equal merit. In the past the system has been criticised for delays in bringing forward change, we will support teams to work at pace.

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Co-production will empower patients, service users and staff to:

- **design the system** as whole to ensure there is a focus on keeping our population well in the first place and ensuring that when people need support and help they receive safe and high quality care;
- work together to **develop and expand specific pathways of care and HSC services** which are designed around people and their needs, including setting outcomes to measure impact;
- be partners in **the care they receive** with a focus on increased self-management and choice, especially for those with long-term conditions.

A move to this model will not happen overnight. However, I am fully committed to this approach and will support this new way of working across the HSC. In order to start this process in November I will embark on a period of engagement about my proposals for the model of health and care for the future.

I am making a commitment that the design of new and reconfigured services will be taken forward on the basis of co-production and co-design.

We will strengthen the capacity of both those who use our services and those who deliver them to bring about positive change for and by themselves. This includes continued investment in initiatives such as Expert-by-Experience programmes, which provides training and development for users who work with the HSC to improve our services. We will also train staff to support the continued roll-out of the Quality 2020 Attributes Framework.

In addition, I intend to maximise the patient voice across our system, and align it much more closely to the quality improvement, and inspection and regulation. I also want to hear the voice of staff particularly those on the ground closest to those who use our services. In early 2017, I will consult and design a new feedback platform open to all those who both use and deliver our services. This will enable users and staff to tell us what matters to them in terms of their health and social care and to raise issues in as timely a manner as possible, so that they can be addressed early before they escalate to a complaint.

Co-production - a new approach to the design and development of mental health services

An example of how co-production can make a big impact on our services is the design and delivery of Mental Health Recovery Colleges. This is an innovative model that assists individuals in their personal and collective journey of recovery. This recovery focussed approach creates opportunities for those with lived experience to contribute as volunteers and in paid roles. These peer educators assist those with mental health problems to discover personal talents and develop life skills which can help them enter the labour market.

A number of people with lived experience have and continue to be developed to become peer educators and are now making a contribution to care delivery. Over 236 sessions of peer education have been delivered.

An alternative ladder of participation

Level	Category
Co-producing	doing with
Co-designing	doing with
Engaging	doing for
Consulting	doing for
Education	doing to
Informing	doing to
Involving	doing to

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With other providers
Partnership with other providers of care and other service providers is key to improving and safeguarding social, emotional and physical wellbeing. Health and social care has a strong tradition of working with other professions and sectors including the voluntary, community, criminal justice, education, housing and private sectors. These partnerships will be maintained and strengthened to maximise the impact we can make on improving people's health, social wellbeing and quality of life, as well as making the best use of resources.

Improving Quality and Safety

In the design and delivery of health and social care, quality and safety will always be a fundamental priority. The Expert Panel said "any system that aspires to be world class must take a strong position on quality improvement, with the patient and service user represented as part of this".

It is clear to me that, in order to achieve our ambition for health and social care, we need to establish an infrastructure capable of supporting, enabling and driving the improvements we seek, with people at its heart. There needs to be a greater alignment between quality improvement, partnership with those who use our services, and how we regulate those services.

Like many healthcare systems, there has been a gradual increase in improvement capability across our health and social care service. One example is the Regional Mortality and Morbidity Review System, which supports the review of all hospital deaths by multidisciplinary 'frontline' teams to identify learning to improve the quality and safety of care. The system is well embedded in two Trusts at present and will be fully embedded across all Trusts by April 2017. Another example is the Medicines Optimisation Quality Framework which is supporting improvement by scaling up good practices for the appropriate, safe and effective use of medicines across health and social care.

We now need to fully integrate quality improvement into the work of every HSC organisation and provide real support for local and regional improvement work. That will mean improving our capacity to foster local innovation and to implement what works at scale. It also requires us to be able to proactively detect hazards in care settings and implement solutions to reduce risk before harm occurs. Developing the science of improvement can be done at the same time as making improvements.

To deliver a sustainable and world class service into the future will require of all of us to work together very differently. We need an infrastructure that makes this possible.

For that reason, I intend to establish an Improvement Institute that will better align existing resources to enable improvement in our system of care. These include resources currently devoted to patient safety, regulation, evidence gathering, data analytics, information and, critically, those with experience of using our services. My aim is to establish a strong and integrated infrastructure to support improvement wherever it needs to happen across our system of care. This aim will only be achieved with the support and engagement of all leaders across the HSC system.

I have asked my Department to convene a group of local clinicians, professionals and service users with experience in improvement to advise on the design of that infrastructure. This will not be a new HSC organisation but will align existing resources and functions. The design work will be complete by February 2017 and I expect the Institute to begin to test how it will operate by May 2017.

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Investing in our Workforce

The Expert Panel has re-affirmed that effective workforce engagement and planning are key enablers to HSC transformation. I believe the far-reaching transformation journey we are about to embark on needs the commitment and engagement of workers across the HSC at every grade if it is to succeed. I am confident that working together we can succeed.

The increasing pressure on services has contributed to difficulties in attracting and retaining experienced staff and the vacancy rate in a range of disciplines continues to grow. These factors have led to an escalation in the costs of maintaining safe service provision through the use of expensive agency and locum staff, as well as longer hospital stays than necessary.

Clearly, this is unsustainable and workforce planning cannot continue to be used simply as an exercise to ensure that existing rotas are filled. It has to be a vehicle for supporting the implementation of a new and sustainable model of care. It has to take account of increasing demand as a result of demographic trends, be informed by robust and accurate workforce information and analysis, and map to the new configuration of services in secondary care and the increased focus on primary care. It also has to address the factors that enhance the attractiveness of key jobs, such as domiciliary care.

However, effective workforce planning is only one aspect of what is needed. We want to ensure that we are harnessing the skills and experience of the 72,000 individuals working in the wider HSC family.

As stated earlier, I want the HSC to be an employer of choice, leading by example and investing in the health and wellbeing of its staff. We will explore ways to build on and consolidate the health and wellbeing services we provide for our staff.

I recognise the fears and anxieties about job security, role and job location that any change process will create. Based on their lived experience, HSC staff at all grades are all too well aware of the unintended day to day impact on their own teams of previous change initiatives. Too many of these experiences to date have not been positive.

I am determined that the unique store of knowledge, commitment and public service ethos that the HSC workforce represents will be listened to, engaged and nurtured at all levels. It is the single most important resource we have to achieve lasting change.

In collaboration with stakeholders, we are committed to ensuring a Workforce Strategy is developed by spring 2017 which will cover all aspects of the HSC workforce, including retention and recruitment; opportunities for introducing new job roles and of reskilling and upskilling initiatives. This will require investment but we are convinced that investment in every area of our workforce is critical in delivering this new model of sustainable care.

But it is clear that some action needs to be taken now to address current workforce challenges. Therefore, we will continue to invest in training by expanding GP and nurse training places. I have asked for a number of areas to be looked at in detail, including the appointment of a Nursing and Midwifery Task group which will report within 12 months with recommendations for how we can maximise the contribution nursing and midwifery can make to improved outcomes for the population.

The forthcoming Reform of Adult Social Care and Support will consider the nature, size and skills of the social care workforce needed to deliver social care in the future. I will consider carefully the findings of the Domiciliary Care Workforce Review, which is due to be completed by the end of 2016. I am committed to taking steps to improve the recruitment and retention of this critically important group of staff.

Leadership and Culture

If we are to develop a culture of quality improvement and partnership working, this must be underpinned by a new approach to collective and system leadership. We are fortunate to have some of the most capable, committed and enthusiastic people making up our health and social care workforce. Many leading edge research and reports provide evidence that having continuous learning cultures and team working in health and social care organisations is crucial to ensuring safe high quality care.

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Rather than concentrating power at the top, I want all those working in health and social care to feel able to effect change and improvement in care. This means developing leadership at all levels, a truly collective leadership model. I will flatten and remove unnecessary hierarchy, eliminating those policies which inhibit innovation and improvement. If we are to move towards a model of care powered by multidisciplinary teams, we need to empower all teams to deliver care, not micro-manage them. Working in partnership with our staff, I believe this is achievable.

This will require a major programme of cultural change and it will not happen overnight. But we need to start now.

As part of this we need to enhance our clinical leadership. The Expert Panel said that change *"will be more successful if… implemented in a setting which encourages clinical and professional engagement"*. I want to see our structures have more professionals directly engaged in the management and leadership of our services, effecting the change supported by skilled and able managers.

I have recently re-established the Strategic Health Partnership Forum and see this as an important contribution to the development of a new culture of partnership, involvement and listening.

Over the next 6 months, an HSC-wide Leadership Strategy will be developed to support this aim. Resources will be directed over the next 3 years and beyond to develop the right staff and leaders, with the skills, behaviours and values that will be so crucial in developing the compassionate, collaborative and high performing culture we seek.

eHealth and Care

Making better use of technology and data is essential if we are to move to a model focussed on service users, on improving the health and wellbeing of the population and on getting beyond organisational and professional silos. I am determined to realise the potential and opportunities presented by modern information technology to improve outcomes for service users and free up time for front line staff. To do so, co-production must underpin our approach, and we must learn the lessons and build on the experience of current and past HSC IT initiatives.

We will expand the range of information and interaction available to citizens, service users and those providing services both online and through apps. This will include building a new patient portal which will allow secure online access to their own health and care information where service users want this. This new patient portal will be in place for dementia patients next year and rolled out across the North by 2021.

To ensure our staff can focus on supporting individuals, the right information must be available to the right professionals, at the time they need it. Our award-winning approach to sharing information across different IT systems (the Electronic Care Record) has significantly changed the way care is delivered and improved safety. However, we still have too many different systems across the HSC making it difficult to join up data and focus on the service user.

We are currently assessing the best way to achieve a much more consolidated and common patient and user record, with fewer separate IT systems. This will be a major undertaking. We will aim to liberate time for care by equipping our community based workforce with new technology that will increase the time that doctors, nurses, therapists and social workers have to spend with patients. If we can realise a 15-minute increase in care time by reducing bureaucracy this equates to over 1,000 additional care professionals working with service users. These initiatives will also allow more staff in the HSC to work remotely, saving travel to and from hospitals, care centres and offices.

Moving to a more consolidated health record across the North will allow us to make better use of information about our population - designing new ways to intervene early and support people in managing their conditions. A programme of work to improve our use of health analytics, focussed on dementia patients, will start in 2017.

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5 THE ACTIONS

In this document I have set out my commitment to change but I recognise that much work is needed to develop, design and deliver the building blocks that will enable sustained improvement. I am committed to achieving the change required using a process of co-production.

The task is challenging and will take sustained and incremental effort over the next ten years to achieve real transformation.

But we start now. In the next section I have set out my actions for the next 12 months. These will be taken forward to make a positive and ambitious start towards stabilisation, reconfiguration and transformation.

As I have said, to deliver real and meaningful change will require an extension of the political goodwill and cooperation given to the Expert Panel. Moreover significant investment will be required. I believe this shared investment will not only improve people's health and wellbeing but have a positive impact on every aspect of their lives.

I fully believe that it is only by working together we can deliver a world class health and social care system.

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Stabilisation

1 Develop a comprehensive approach for **addressing waiting lists** which takes account of the ongoing work of the Health and Social Care Board, as well as the recommendations from the Expert Panel. — *January 2017*

2 To improve access and resilience, and support the development of new models of care, make **significant investment in primary care** to ensure there is a multidisciplinary team focussed on the patient and with the right mix of skills. This will be supported by: — *March 2017*

- increased GP training places;
- continued investment in Practice Based Pharmacists;
- ensuring every GP practice has a named District Nurse, Health Visitor and Social Worker to work with;
- supporting the development of new roles such as Physician Associates and Advanced Nurse Practitioners; and
- further roll-out of the AskMyGP system.

Bring forward a public consultation on the role of GP Federation and whether they should become HSC bodies.

3 Bring forward proposals relating to the extension of placement options for **Looked After Children**. — *October 2017*

4 Following the completion and evaluation of a pilot project, roll-out access to the electronic care record (NIECR) to **community pharmacists** and establish a pilot to test access to the record for **independent optometrists.** — *October 2017*

5 Begin development of a new framework to fully realise the potential of **community pharmacy services** to support better health outcomes from medicines and prevent illness. — *November 2016*

Reconfiguration and service change

6 Embark on a consultation on the criteria set out in the Expert Panel Report and start a programme of **service configuration reviews**. These will be clinically led, working in partnership with those that use the services. — *November 2016*

7 As part of this process, my immediate priorities are:

- following extensive review and engagement, launch a public consultation on proposals to modernise and transform **Pathology** services designed to improve service and workforce sustainability ensuring a high quality pathology service for the future; — *November 2016*
- move forward with the implementation of the new **Diabetes** Strategic Framework, which has been, and will continue to be, developed through partnership with patients and their representative groups; — *November 2016*
- launch and commence implementation of the **Paediatric Strategies** (2016-2026) designed to modernise and further improve the standard of treatment and care provided in hospital and community settings, and palliative and end of life care for children and their families; and — *November 2016*
- launch a public consultation on proposals to develop sustainable **Stroke** services and further improve the standard of treatment and care provided to stroke patients. — *February 2017*
- following a recent review, launch a public consultation on the configuration of **Imaging** services, taking account of advances in technology, demographics and demands, and looking to both national and international best practice; — *February 2017*

8 Bring forward proposals for the location and service specification for **Elective Care Centres**, and **Assessment and Treatment Centres.** — *October 2017*

9 Develop design for new structures and approaches to support the **reform of planning and administration** of the HSC — *March 2017*

10 Identify current **innovative HSC projects** at the local level and develop a rolling programme and implementation plan to scale up these projects across the region. — *April 2017*

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Transformation

11	Embark on a **period of engagement** with staff and service users to build a collective view of how our health and social care services should be configured in the future, and encourage a much wider public debate.	*November 2016*
12	Establish and seek members for a **transformation oversight structure** with membership drawn from within and outwith the HSC.	*November 2016*
13	Consult on proposals for the reform of **adult social care and support**, to consider different approaches to ensuring the long-term sustainability of the adult social care system.	*April 2017*
14	Consult on proposals for, and complete design of a **new user feedback platform** open to all those who both use and deliver our services.	*October 2017*
15	Complete the initial design work for the **Improvement Institute.**	*February 2017*
16	Develop a **Workforce Strategy** covering all aspects of the HSC workforce, including retention and recruitment; opportunities for introducing new job roles; and upskilling initiatives.	*May 2017*
17	Develop a **HSC-wide Leadership Strategy** to consider a 5 year approach and plan for development of collective leadership behaviours across our system.	*May 2017*
18	Expand the range of information and interaction available to citizens online and development of a **patient portal** for dementia patients.	*October 2017*

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HEALTH AND SOCIAL CARE WORKFORCE STRATEGY 2026

DELIVERING FOR OUR PEOPLE

HSC Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Nurse
HSC

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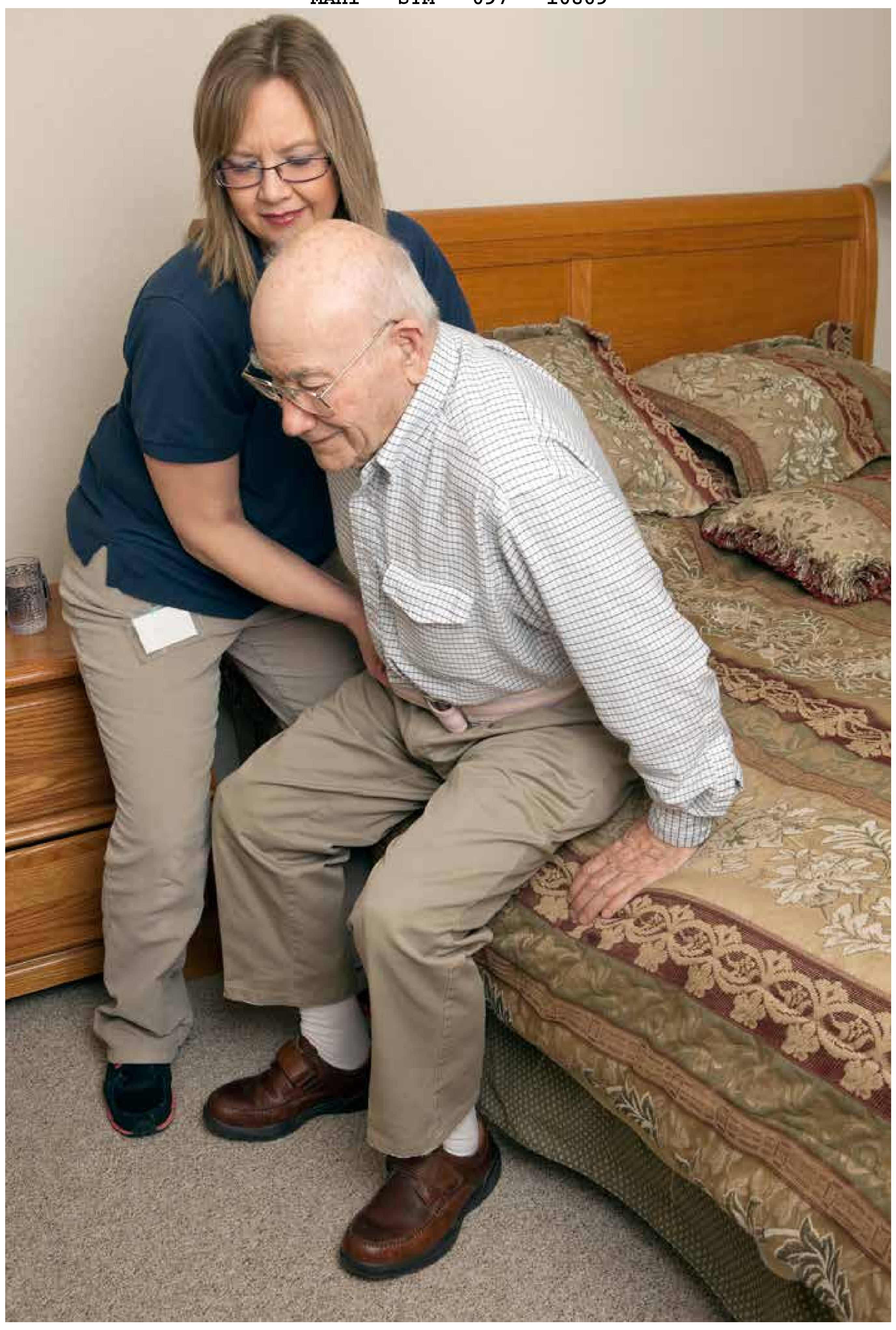

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FOREWORD

Health and Wellbeing 2026 – Delivering Together, was the outworking of the recommendations of the Expert Panel on transforming health and social care, chaired by Professor Rafael Bengoa. It acknowledged that our health and social care services were designed to meet the needs of the 20th century population, and therefore transformation of health and social care services is essential if we are to meet the challenges of the future.

The people who work in health and social care – whether employed by the statutory Health and Social Care (HSC) organisations, independent contractors, or as our partners in the voluntary and community sector – are the system's greatest strength, working ever harder to provide the care needed by patients and service users. The system could not run without the skill, dedication and commitment of our talented, hard-working colleagues, across all disciplines, professions and levels.

We therefore owe it to them, and to the people of Northern Ireland, to address the workforce issues that need to be fixed, in order to transform health and social care. These issues place additional pressure on an already hard-working workforce, which has resulted in an increasing use of unsustainably expensive locums and agency workers. But recruiting additional people alone to prop up outdated service models is not the answer.

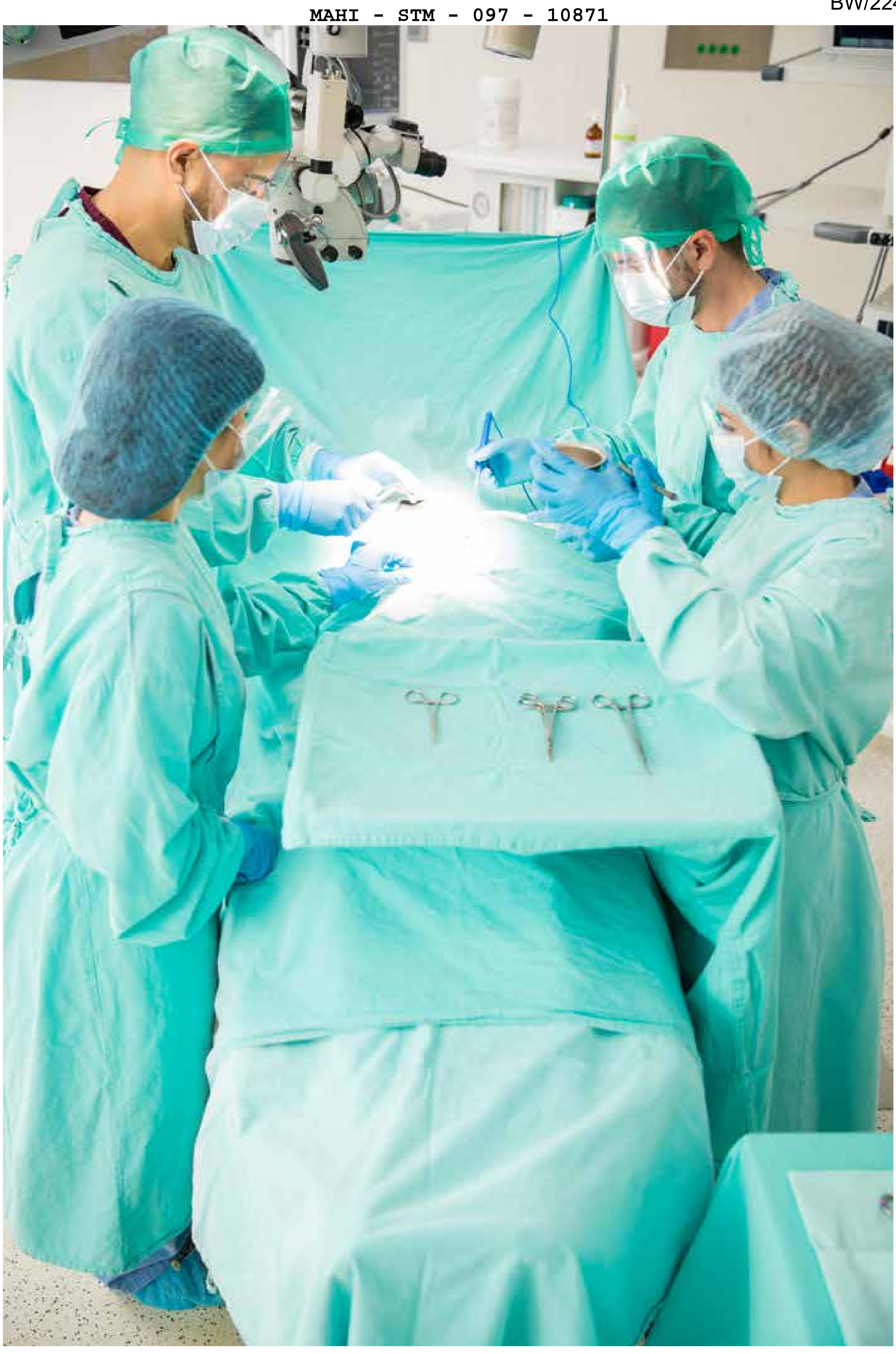
Instead, we need to resolve fundamental problems with supply, recruitment and retention of the health and social care workforce. We need to recognise that our highly-trained, skilled people are much sought-after across the world. We need to up our game as employers, to attract and retain the best talent.

Colleagues across health and social care need the opportunity to develop skills and expertise, whilst maintaining the provision of personalised, compassionate care. We need more investment in people, and effective workforce engagement and planning. We need to support our people.

This strategy has been developed through detailed engagement with colleagues across health and social care sectors. It reflects their views on how to create an environment in which excellent, high-quality care can continue to be provided. Skills development, career pathways, increased numbers of trainees, the development of new roles, investment in the wellbeing of the workforce and empowering and supporting the workforce to do what they do best, were all identified as necessary if we are to make employers within the local health and social care system the first choice for the best people.

This workforce strategy outlines a number of actions which, when implemented, will support our people to deliver world class health and social care.

The Transformation Implementation Group



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There is no option but to transform how we deliver health and social care in Northern Ireland.

Demand for services has never been so high, and will only increase. Our population is growing. Thanks to healthier lifestyles, and advances in medical science and technology, people are living longer. Increasing numbers of people are living with more than one health condition.

As the system is currently structured, funding levels cannot keep pace. If we accept a conservative estimate of inflation at 1%, new medical developments at 1% and demand rising at 4%, then the health and social care system as currently configured would require at least a 6% budget increase each year simply to stand still.

This workforce strategy is just one of the components required for successful transformation; central to it will be how services are reconfigured. Other workstreams within the transformation process will play their role in moving towards a sustainable health and social care system for the 21st century.

This strategy needs the commitment and engagement of workers and management across all health and social care providers to implement change successfully.

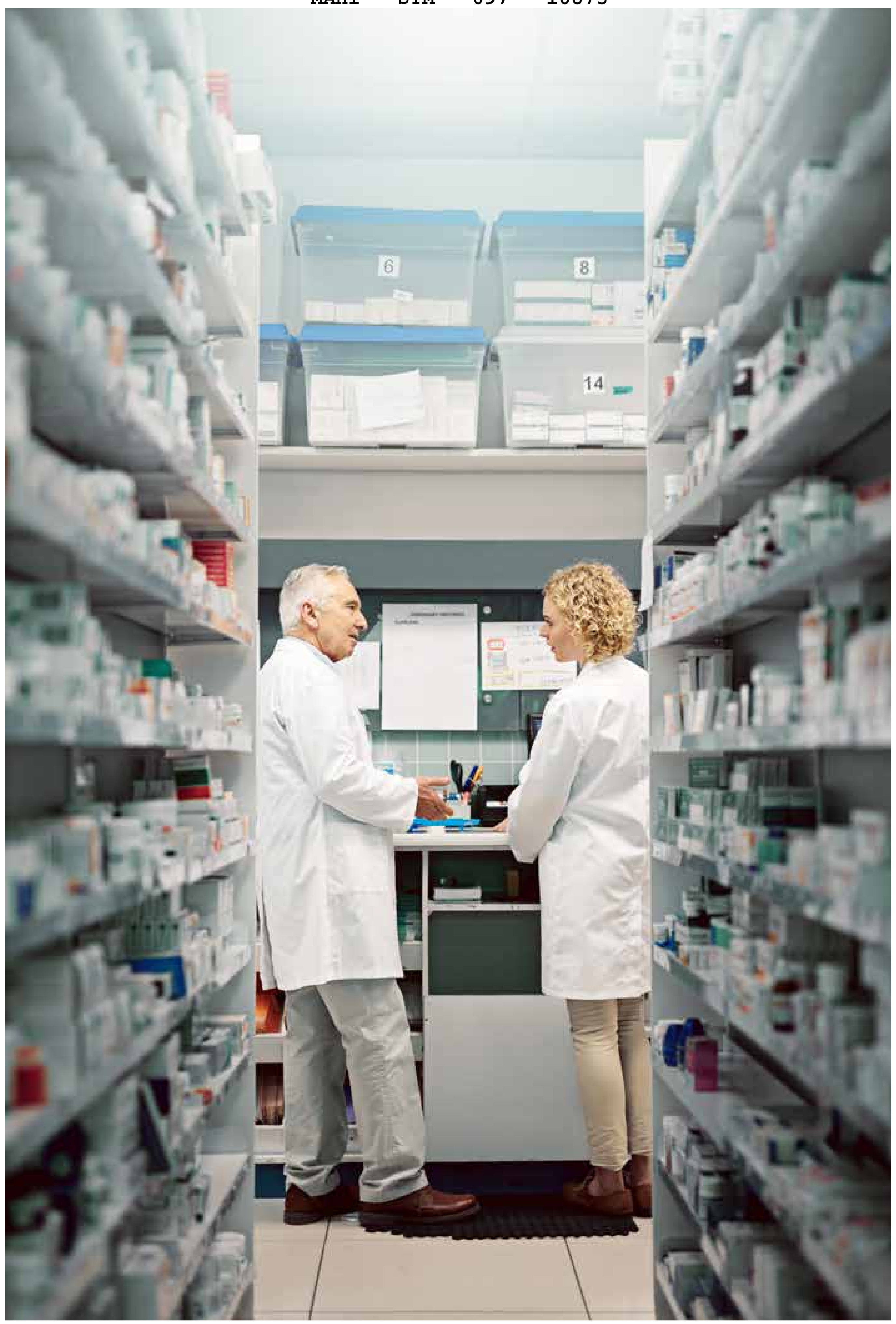
Ultimately, our aim is, by 2026, to meet our workforce needs – and the needs of our workforce.

In this document, we set out details about:

- our current workforce;
- the aim and objectives of the strategy;
- achieving our objectives and meeting our aim;
- the first of three action plans ‘Action plan 2018-20’;
- conclusion and;
- appendix: Current problems and future challenges.

We are also publishing alongside this document:

- an analysis of the workforce (https://www.health-ni.gov.uk/publications/workforce-strategy-workforce-information); and
- a report of the engagement process leading to this strategy (https://www.health-ni.gov.uk/publications/workforce-strategy-initial-engagement-findings).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The Department of Health is required by law to provide, or secure the provision of, health and social care in Northern Ireland. This strategy therefore includes those who are directly employed by HSC organisations, and those employed as and by independent contractors such as general practitioners (GPs), dentists, pharmacists and ophthalmic practitioners. It also recognises the contribution, challenges and future needs of the independent and voluntary health and social care sectors which support the HSC, and without which, it could not function.

As at March 2017, the Northern Ireland Statistics and Research Agency estimated the total size of the 'human, health and social work activities' sector at 122,560 jobs, covering public and private sectors (includes those known as independent and voluntary sectors).[1]

The public sector covers those directly employed by the 16 HSC bodies, namely the:

- Health and Social Care Trusts – Belfast, Northern, Southern, South Eastern, Western and Ambulance Service; and

- the Public Health Agency, Health and Social Care Board, Business Services Organisation, Regulation and Quality Improvement Authority, Patient and Client Council, Social Care Council, Medical and Dental Training Agency, Blood Transfusion Service, Guardian Ad Litem Agency, and Practice and Education Council for Nursing and Midwifery.

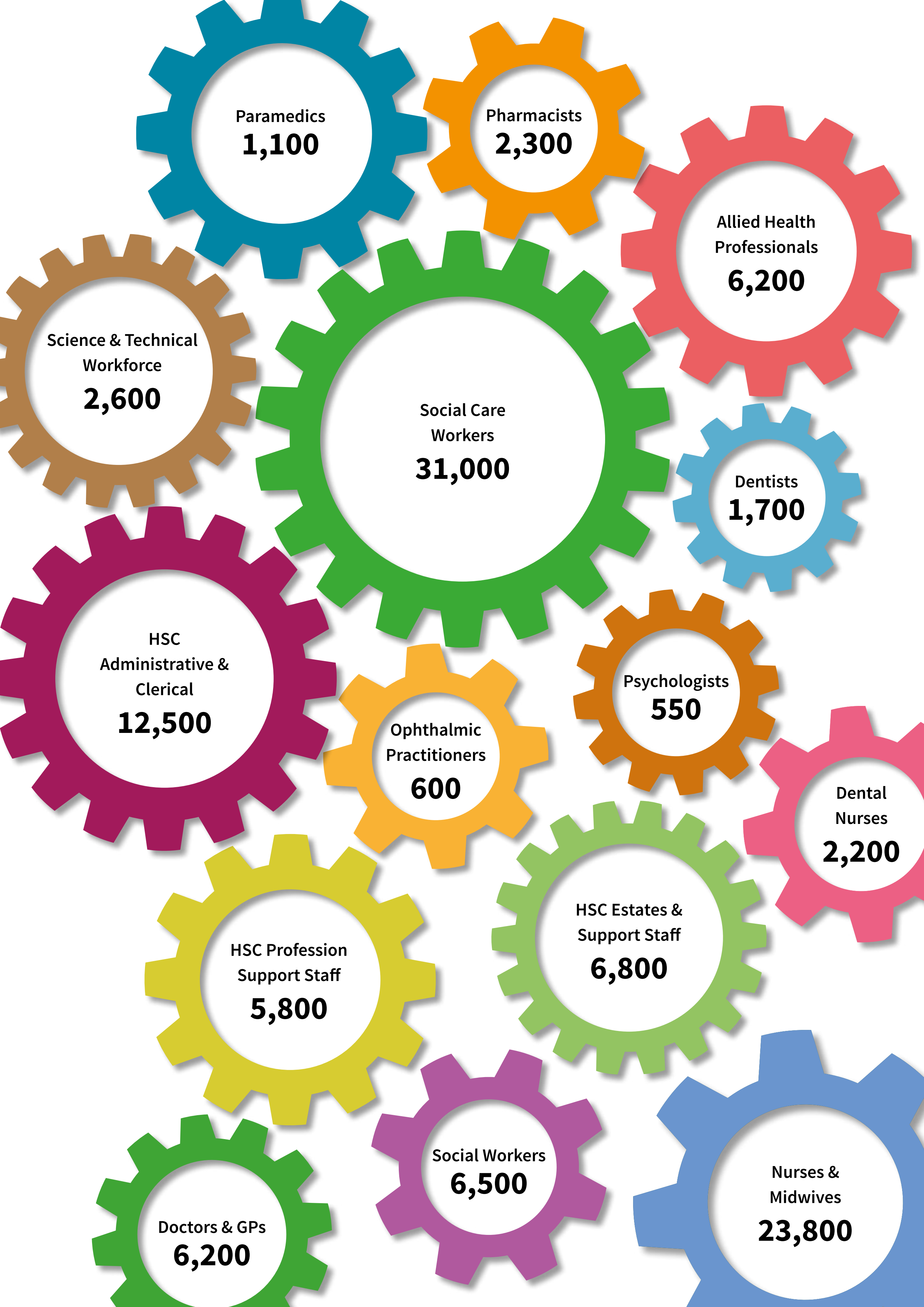
Further information about each organisation can be found at https://www.health-ni.gov.uk/

The Department also secures the provision of health and social care services from independent contractors, including GPs, dentists, pharmacists and ophthalmic practitioners, which are collectively known as Family Health Services or Primary Care Services.

Social care and health care have been integrated in Northern Ireland for decades. A large proportion of social care is delivered by independent and voluntary sector organisations.

The workforce that the Department knows most about is the one directly employed by the HSC organisations. Combining this information with other sources, such as professional regulation registers, gives an overview of the majority of the whole health and social care sector.

1. Quarterly Employment Survey March 2017.



Paramedics
1,100
Pharmacists
2,300
Allied Health Professionals
6,200
Science & Technical Workforce
2,600
Social Care Workers
31,000
Dentists
1,700
HSC Administrative & Clerical
12,500
Ophthalmic Practitioners
600
Psychologists
550
Dental Nurses
2,200
HSC Estates & Support Staff
6,800
HSC Profession Support Staff
5,800
Social Workers
6,500
Doctors & GPs
6,200
Nurses & Midwives
23,800

- We know there are over 31,000 social care workers registered in Northern Ireland, with the majority working in the independent sector (adult residential care, day care and domiciliary care for example) in the areas of older people's services, children's services, learning disability services, physical disability services and mental health services. Social care services are therefore reliant on the independent sector for the delivery of effective and efficient social care. In addition, there are 6,500 registered social workers, around two thirds of which work for HSC organisations. *Source: NI Social Care Council*

- There are over 23,800 nurses and midwives registered, mostly employed by the HSC Trusts but also in the independent sector in the likes of nursing homes, hospices and GP practices. *Source: Nursing & Midwifery Council*

- The number of doctors licensed to practice is over 6,200. The majority are employed by the HSC Trusts, but around 1,700 are GPs (with most working as independent contractors). *Source: General Medical Council*

- There are 1,700 dentists registered, with around two thirds providing at least some HSC general dental services and there are 2,200 dental nurses. *Source: General Dental Council*

- We have over 2,300 pharmacists registered in Northern Ireland, with a majority working in local pharmacies, around 580 working in HSC Trusts, but now also a growing number employed in general practices. *Source: Pharmaceutical Society of NI*

- There are 600 ophthalmic practitioners (optometrists and dispensing opticians) working as or for independent practitioners and providing HSC services. Around 6,200 people are registered as allied health professionals (AHP), with around 70% working for HSC Trusts. *Source: General Optical Council and Health & Care Professions Council (HCPC)*

- Almost 2,600 people are registered clinical scientists and biomedical scientists or HSC-employed medical technical officers, assistant technical officers or science support staff. *Source: General Optical Council and Health & Care Professions Council (HCPC)*

- There are around 550 registered practitioner psychologists with over 60% working for HSC Trusts. In HSC organisations, the administrative and clerical workforce is over 12,500 and the estates and support services workforce is almost 6,800. *Source: HCPC and HRPTS*

- There are many other support staff, with HSC-employed nursing/midwifery support numbering just under 5,000 people and over 800 HSC-employed AHP/psychology support staff. *Source: HRPTS*

- The total number of paramedics plus other NI Ambulance Service roles (e.g. emergency medical technician, control staff and ambulance officers) is over 1,100 workers. *Source: HRPTS*

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Brief profile of the workforce

- Overall, the health and social care workforce is predominately female, though some staff groups have a majority of male employees.
- The average age of directly employed HSC staff has increased slightly in the last 10 years from 40 years to 43 years.
- Some of the HSC staff groups with younger and majority female profiles also show high levels of maternity leave.
- There are also HSC staff groups with older age profiles who therefore experience higher leaving rates.
- Around 40% of the HSC workforce are part-time staff.

Apart from age and gender profiles, workforce intelligence on the working patterns, leave and absence profiles of all of the independent sector workforce are not centrally available. Workforce diversity across all dimensions should be encouraged and understood, not only for the purposes of understanding the needs of staff and workforce planning, but also to ensure that the benefits associated with having a diverse workforce in place are realised.

Expenditure

Information on workforce expenditure is most readily available for HSC organisations, which spent over £2.3 billion on directly employed staff in 2015/16 and an additional £92 million on agency workers to fill HSC posts.

Areas of pressure

Sickness absence remains a priority area of focus, with mental health and musculo-skeletal issues being the largest contributing factors.

Addressing the HSC's increasing use of agency workers/locums is also a priority area. HSC expenditure on agency workers has doubled in the last five years. The largest proportion of agency worker expenditure is on doctors.

Whilst overall workforce numbers have been increasing in recent years, there is still a need for additional people. The March 2017 HSC vacancy rate (of posts being actively filled) was around 5% for posts currently in the system. Drilling down into this figure highlights key areas of concern, including within nursing, midwifery and medical staffing.

A more detailed workforce profile is available at:
https://www.health-ni.gov.uk/publications/workforce-strategy-workforce-information

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The World Health Organisation[2] highlights the importance of developing workforce strategies:

> ***"Health systems can only function with health workers; improving health service coverage and realising the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability and quality. Mere availability of health workers is not sufficient: only when they are equitably distributed and accessible by the population, when they possess the required competency, and are motivated and empowered to deliver quality care that is appropriate and acceptable to the sociocultural expectations of the population, and when they are adequately supported by the health system, can theoretical coverage translate into effective service coverage."***

The workforce is also the most valuable asset in social care, and can, at its best, be at the forefront of empowering people's independence and choice and improving their social inclusion, participation and social wellbeing. Delivering this vision requires a confident, capable and well-trained workforce.

This strategy sets the objectives and actions to ensure that in Northern Ireland, we **meet our workforce needs – and the needs of our workforce.**

First, however, it is worth setting the workforce challenges in context.

Strategic issues in Northern Ireland

Inevitably, any discussion on reform of health and social care begins with the amount of money invested in the system. At present, over £5 billion is spent on commissioned health and social care services in Northern Ireland, with £2.3 billion of this on directly employed HSC staffing. Whilst total cash spending continues to increase every year, significant unmet need remains.

We must ensure that the resource we spend on the workforce is spent in the best way possible, not only with an emphasis on value for money, but also on improving services and achieving better outcomes for patients and service users. This strategy does not automatically assume that a certain amount of new money will be needed for it to succeed, although a number of proposals are being taken forward under Transformation funding. In addition, we will make the best use of the money we already have, and when new needs are identified over the course of implementing the strategy, we will make the best case possible for these to be funded, in line with other strategic reforms.

The future

We must also take into account the future shape of health and social care provision. Delivering Together set out a number of actions to stabilise, reconfigure, change services in, and transform the HSC. These include actions to address waiting lists, make significant investment in primary care, carry out a number of service configuration reviews, and bring forward proposals for Elective Care Centres. We do not yet know how

2. Global Strategy on Human Resources for Health: Workforce 2030

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the system will be configured by 2026 in terms of sites and models of care; nor can we fully anticipate the technological advances that will happen by 2026.

Future e-Health solutions will both improve patient and client experience and make life easier for our workforce. This will include significant investment in mobile working solutions which will allow those on the frontline to work more effectively, spending more time working directly with patients and clients.

As we consolidate the different IT solutions used across the wider health and social care sector it should be easier for staff to view a joined-up care record, to move between different sites and different providers, and to draw out information to help improve the services we provide. The Encompass programme, which will be replacing the core patient administration systems and a number of other key systems, will be central to driving this consolidation.

Technology

The support that technology can provide to people who work in health and social care will continue to grow. In the best health and care systems, health analytics are shaping and improving the way services are delivered, while those working on the frontline are using IT systems which provide decision support tools, helping to improve the quality of clinical and professional decision making. In time, artificial intelligence is likely to make a significant impact in health and social care. Technology can provide a rich source of information to health and social care professionals – for instance with telemonitoring solutions supporting early intervention and prevention and allowing for more refined diagnoses.

Technology can also form part of the solution where individuals need treatment or support to live independently in their own homes – with apps and wearable technology helping individuals to understand and monitor their health. All of these developments will have an impact on the way that health and social care professionals do their jobs in the future.

We have taken care in this strategy to ensure that we are not trying to solve the problems of 2006 or 2016. Instead, the strategy identifies the objectives which need to be achieved to ensure that we have the optimum number of the workforce, with the best mix of skills, for the issues that will exist in 2026. The objectives therefore allow for flexibility in how they will be implemented over the next nine years.

Policy and planning

In line with the draft Northern Ireland Programme for Government, this strategy focuses on outcomes which set a clear direction of travel, enable continuous improvement, and depend on collaborative working between organisations and groups, whether in the public, voluntary, or private sectors.

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The outcomes-based approach of the draft Programme for Government 2016 -2021, recognises that health and social care services do not operate in isolation. Workers regularly operate across a variety of settings that require collaboration, with a wide-range of bodies, spanning sectors such as education, housing, the emergency services and the criminal justice system. As such, the development of the performance indicators for each of the actions within this strategy will give due regard to the need for cross-sectoral and cross-government working.

Policy decisions and planning exercises must be based on robust evidence. Improving and acting upon the workforce intelligence gathered is therefore a key area of focus within this strategy. For example, previous nursing and midwifery workforce planning exercises have identified the need for baseline information on the independent nursing sector. The same could be said for all private, voluntary and community sectors, on which we rely to provide health and social care services. The final stage of the rollout of registration of social care workers with the Social Care Council will help provide more accurate information about the profile of the social care workforce across all sectors.

Other reports and strategies

The outcomes in the strategy will ultimately be focused on the health and wellbeing of our population, and these have obvious workforce implications. The King's Fund report, Population health systems – going beyond integrated care (February 2015) states that: "population health means different things to different people, but can be broadly defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group[3]".

"While access to traditional health and care services plays an important part in determining the health of a population, evidence suggests that this is not as important as lifestyle, the influence of the local environment, and the wider determinants of health – that is, the conditions in which people are born, live and work[4]. This means that improving population health requires efforts to change behaviours and living conditions across communities. It also means that accountability for population health is spread widely across these communities, not concentrated in single organisations or within the boundaries of traditional health and care services."

There is also a series of other Departmental strategies, for example, the Quality Strategy 2020 (a 10-year strategy designed to protect and improve quality in health and social care in Northern Ireland), Making Life Better 2012–2023 (a 10-year public health strategic framework), and Improving and Safeguarding Social Wellbeing 2012–2022 (a 10-year strategy for social work), which run concurrently with this workforce strategy, the purposes and aims of which must be taken into account throughout the transformation process.

Early intervention

The workforce strategy also needs to take account of the continuing drive for early intervention and prevention. It needs to enhance ongoing multidisciplinary efforts to

3. Kindig and Stoddart 2003
4. Canadian Institute for Advanced Research et al, cited in Kuznetsova 2012; Booske et al 2010; Marmot et al 2010; McGinnis et al 2002; Bunker et al 1995

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ensure that a flexible workforce specialising in public health is trained, developed and strengthened to meet the health needs of employers and the population of Northern Ireland in the future, and ensure that core public health competencies are embedded in undergraduate and postgraduate training.

Mental health

We must also continue to recognise that we are not simply talking about physical health care. The Department is committed to moving towards parity of esteem for mental health. This is not a call for 50/50 funding between the two; rather, that mental health should receive its fair share of health education, attention and resource, including staffing.

Achieving parity of esteem for mental health will require sustained investment in care and the development of a flexible, fit-for-purpose mental health workforce to deliver modern effective care. The establishment and integration of multi-disciplinary teams and the development of integrated practice models for all condition-specific and high-intensity teams will be important.

Social care

In December 2017, the report of the Expert Advisory Panel on Adult Care and Support was published, 'Power to People: proposals to reboot adult care and support in NI'. It outlines a broad programme of reform, with specific proposals relating to the terms, conditions and status of the social care workforce. Implementing these proposals will have significant workforce impacts.

Approximately 31,000 people in Northern Ireland are registered social care workers, including 12,000 domiciliary care workers. An estimated 75% of the workforce is employed by the independent sector, with 25% employed by HSC Trusts. The Northern Ireland Social Care Council estimates that an additional 1,400 care workers are needed every year to meet growing demand.

However, recruitment and retention are major challenges. We will need to ensure that there is a sense that social care is a profession with clearly developed and recognised career pathways so that we have the workforce to match the very challenging nature of demand in that sector and the increasing levels of complex need in the community.

Brexit

Finally, we need to be aware that the potential effects from the UK's exit from the European Union, scheduled for March 2019, are still being defined, and are subject to the provisions of any exit agreement to be negotiated by the UK and the EU. However, we know that there are potential impacts on workforce supply from EU countries into Northern Ireland, particularly health and social care workers who live and work

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around the Irish border and with the mutual recognition of professional healthcare qualifications. The workforce strategy will need to be flexible to take account of the emerging picture.

What the workforce thinks

To understand the concerns and issues facing the health and social care workforce in Northern Ireland, we gathered feedback from across the HSC, independent practitioners, the independent, voluntary and community sectors, trade unions and employer organisations.

Full details of the engagement process are available at https://www.health-ni.gov.uk/publications/workforce-strategy-initial-engagement-findings, but in summary, the consistent messages we heard were:

- **Recruitment challenges**, in terms of the numbers of training places available, planning for retirements, and the processes by which vacancies are managed.
- **Increasing workloads**, and in particular administrative tasks being transferred to frontline workers.
- The need for job plans and roles which reflect an **ageing workforce**, in response to increases in State Pension Age and the desire of individuals to work longer.
- The need to consider different **skills mixes and different roles** for the workforce of the future, taking changes in the complexity of conditions and patient outcomes into account.
- A workforce increasingly seeking **flexible working patterns**, for a variety of generational and practical reasons.
- The importance of having clearly defined **career pathways** for all workforce groups.
- The increasing attractiveness of **agency work** de-stabilises teams, and can have a demoralising impact upon the directly employed permanent workforce.

Other issues raised

Those who deliver health and social care also raised the following issues:

- Innovation should be actively encouraged more, or recognised, for example by sharing the learning from positive changes across organisations.

- Frustration with the differences in pay across the UK, and that this contributed to the appeal of agency work to augment pay and provide more flexible terms and conditions.
- Frustration at a perceived lack of communication about ongoing reform.
- A desire for more upskilling opportunities, and the ability to use newly acquired skills after training.
- There is a perceived lack of information gathered from those leaving the system, and suggested that an independent third party carrying out exit interviews would encourage open and honest discussions.
- There are potential opportunities to advertise health and social care services more effectively, and raise awareness amongst young people in particular, for example by offering more volunteering and work experience placements to those at GCSE level.
- A frustration at perceived lack of opportunities for people living in rural locations to gain employment in local HSC organisations, and also with the perception that rural services were struggling to continue to provide the depth of training and work required to sustain services.
- Frustration about being expected to navigate several software packages at once to access one set of patient records, and staff felt that they were not properly engaged during development.
- A desire for a more long-term, consistent view of HSC transformation taken by decision-makers, with a balance struck between political/public expectation and what was realistically deliverable in the context of resourcing pressures.
- It was questioned whether the guidelines issued by royal colleges on staff-patient ratios were relevant for the system of today, and some suggested that these ratios might have frustrated innovation and multi-disciplinary working.
- Concern was expressed that the health and well-being of the workforce was not properly addressed and supported by existing occupational health policies, which could be more person-centred and less focussed on managing attendance.
- It was suggested that health and social care workforce could receive ‘fast-track’ health and social care to help them to recover more quickly from illness or injury, which may result in them being able to return to work as soon as possible, thereby cutting sickness leave rates and agency and locum costs.

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AIM AND OBJECTIVES OF THE STRATEGY

The **aim** of this strategy is that **by 2026, we meet our workforce needs – and the needs of our workforce.**

To achieve this aim, we need to meet three **objectives:**

1. **By 2026, the reconfigured health and social care system has the optimum number of people in place to deliver treatment and care, and promote health and wellbeing to everyone in Northern Ireland, with the best possible combination of skills and expertise.**

2. **By 2021, health and social care is a fulfilling and rewarding place to work and train, and our people feel valued and supported.**

3. **By 2019, the Department and health and social care providers are able to monitor workforce trends and issues effectively, and be able to take proactive action to address these before problems become acute.**

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Thanks to the involvement of colleagues working across health and social care, we have a good understanding of the main themes that the workforce strategy needs to tackle. They are outlined below.

1. **Attracting, recruiting and retaining**
    - Attracting people from an early age to want to pursue a career in health and social care.
    - Recruiting enough of the right people, with the right skills, into health and social care.
    - Ensuring that they want to keep working in health and social care.
    - Provide opportunities to return to work for experienced colleagues who have left service.

2. **Sufficient availability of high-quality training and development**
    - Development opportunities are properly planned and sustainably provided.
    - Training needs are recognised as dynamic and constantly need to be reviewed at a strategic level.

3. **Effective workforce planning**
    - Have an optimum workforce model developed, agreed and in place.
    - Have optimum numbers of appropriately skilled people working in every setting and in every specialty, now and in the future to populate the model.
    - All necessary posts and vacancies are filled quickly.

4. **Multidisciplinary and inter-professional working and training**
    - Health and social care teams have the right skills mix to provide the right care and support efficiently, effectively and with compassion.
    - Successful multidisciplinary working can be promoted by effective multidisciplinary training.
    - Each profession recognises the value and contribution of other professions to health and wellbeing.
    - Postgraduate healthcare education forum.

5. **Building on, consolidating and promoting health and wellbeing**
    - Promoting support.
    - Developing occupational health services for health and social care workers, which can be used as a model for the rest of the Northern Ireland workforce.

6. **Improved workforce communication and engagement**
    - Between strategic bodies and delivery partners.
    - Between management, the workforce and workforce representatives.
    - Between the HSC, independent and voluntary sectors.

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7. Recognising the contribution of the workforce

- Valuing the contribution that all make to delivering excellent, compassionate care and to improving the health, quality of life and wellbeing of the people of Northern Ireland.
- Protecting and developing terms and conditions in a time of reform.
- Devolving decision-making to the appropriate levels, including locally where possible.

8. Work-life balance

- Recognising that people have different needs and obligations outside of work, whilst balancing service needs.
- Responding to the changing needs and expectations of the workforce over time.

9. Making it easier for the workforce to do their jobs

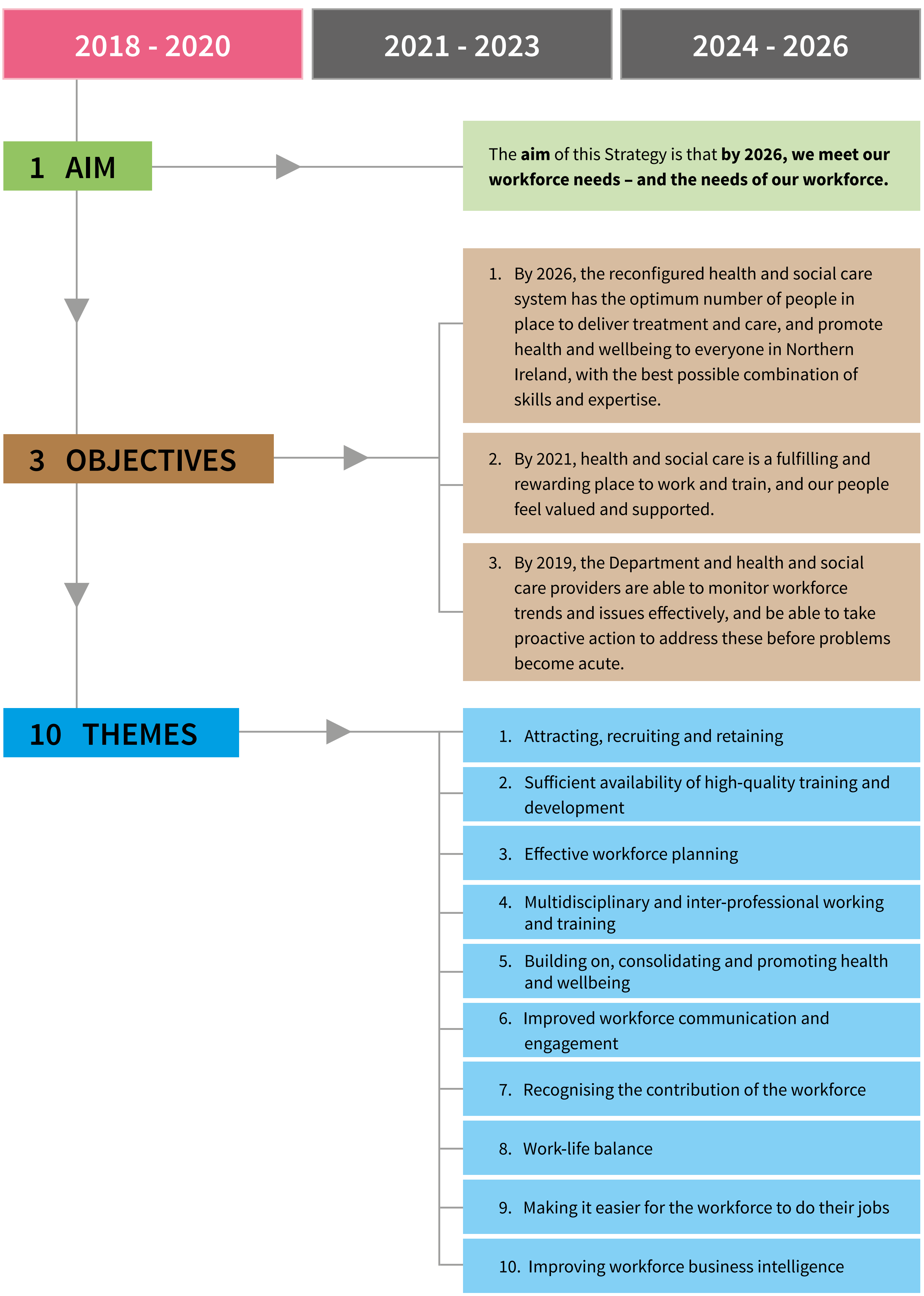
- Simplifying the employment relationship.
- Eradicating unnecessary duplication and bureaucracy.
- Improving IT infrastructure and staff capacity.

10. Improving workforce business intelligence

- Identifying and addressing gaps in workforce data/intelligence/statistical information, thereby improving the ability to take proactive action using business intelligence findings

These ten themes fit within one or more of the three objectives.

Action Plans



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Action plans

This is a long-term strategy, to be implemented over a nine-year period. The eventual configuration of health and social care in Northern Ireland is not yet known. It is impossible in 2018 to be definitive about the impact of technological advances in 2026. The shape of the UK's exit agreement from the EU has, at this point, to be determined.

This strategy therefore needs to be flexible. That is why we propose **three** consecutive action plans over the life of the strategy, for:

- **2018-2020;**
- **2021-2023; and**
- **2024-2026.**

This will allow for formal review of progress every three years, to take account of global, national and local developments - political, economic, social and technological - and chart a path of cumulative action to achieving our objectives.

The draft action plan for 2018-2020, which is subject to further co-production and Departmental approval, is included in this document.

Oversight and accountability

- A programme board will be established by the Department of Health to plan and formally monitor and manage implementation. Progress will be informally reviewed periodically.

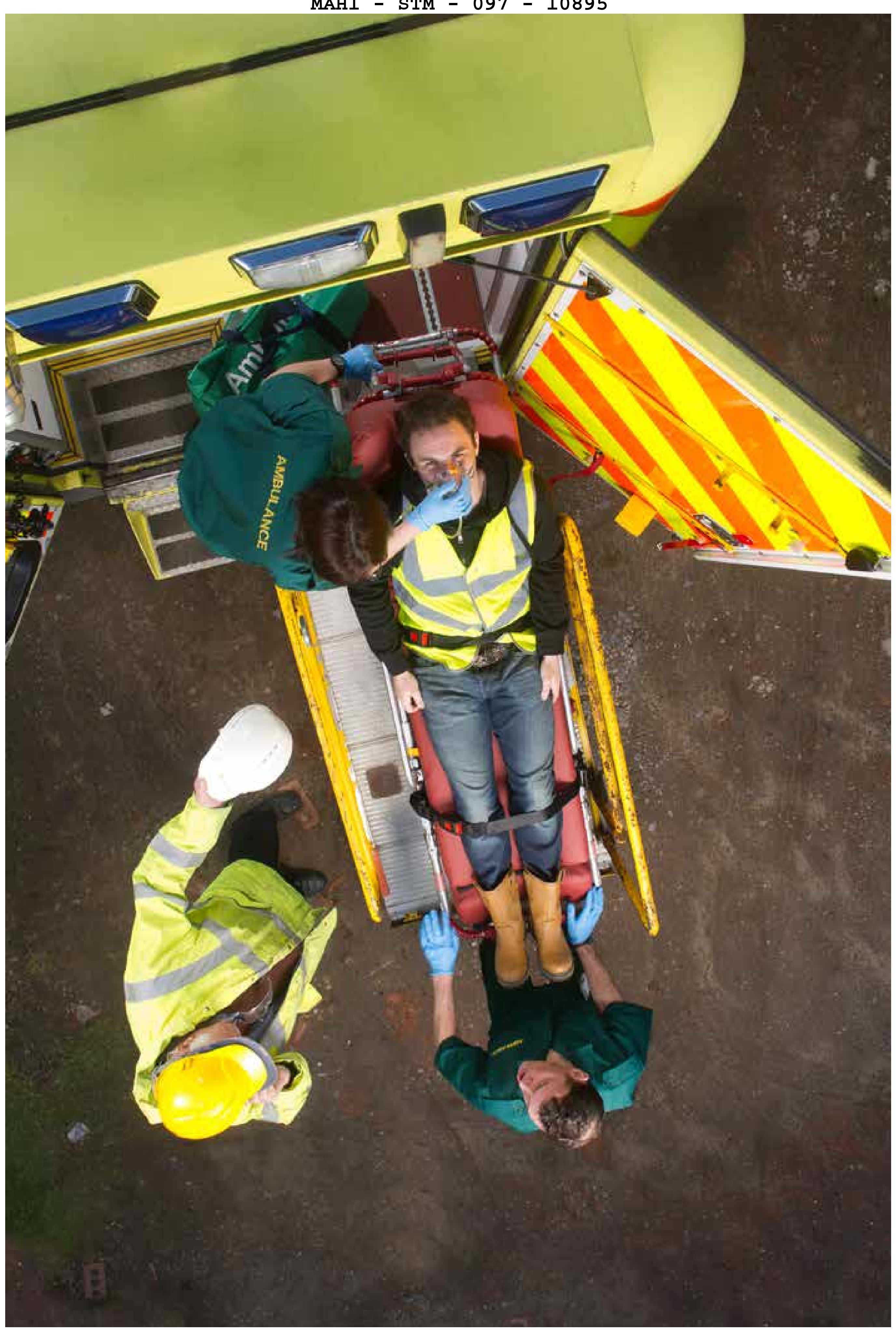
- A reference group, with representation from relevant employers, trade unions and others will provide advice and assurance to the programme board on progress, and act as the key body for resolution of any issues.

- Individual project teams and/or task and finish groups will be commissioned by the programme board, with input from the reference group, to take forward certain tasks.

Measuring success

Achieving the actions in each action plan will be a good indicator of success in meeting our aim and objectives. But we must also take an evidence-based approach. The first task and finish group to be set up will therefore produce and agree the performance indicators for the strategy.

This work will be completed by the end of June 2018. The performance indicators may include a mix of quantitative evidence, such as reductions in job/training vacancy rates and agency/locum spend, and qualitative measures such as those in staff surveys, etc.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OBJECTIVE 1

By 2026, the reconfigured health and social care system has the optimum number of people in place to deliver treatment and care, and promote health and wellbeing to everyone in Northern Ireland, with the best possible combination of skills and expertise.

THEME 1

Attracting, recruiting and retaining

ACTION 1

Set up and roll out a regional health and social care careers service targeted at the existing workforce, young people from the age of 14, and possible returners to service.

WHY?

- To help ensure a good supply of people in the future.
- To inform and excite people on the range of jobs and professions.
- To publicise health and social care as a career option, with properly mapped career pathways, developed in partnership with existing members of the workforce.
- Focus on the skills developed within areas and locations which have recruitment difficulties.
- To provide volunteering and work experience opportunities.
- Will act as a single point of contact for new recruits and experienced returners.

OUTPUT

By 31/12/2020

Regional Health and Social Care careers service established.

ACTION 2

Explore and establish non-salary incentive programmes as a means of recruiting and/or retaining people and/or dealing with pressures in less popular specialties and locations.

WHY?

- We are experiencing difficulties in filling certain posts.
- Need new innovative ways to recruit and retain.
- Addressing supply and location issues should ultimately reduce reliance on agency and locum workers.
- Such a policy can be linked to return of service obligations – establishing a new two-way commitment between HSC employers and trainees.

OUTPUT

By 31/12/2020

Non-salary incentive programmes finalised for various professions in health and social care.

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THEME 2

Sufficient availability of high-quality training and development

ACTION 3

Commissioning of sustainable training programmes that are aligned to meet current and future health and social care requirements for multidisciplinary service delivery.

ACTION 4

Commissioning of time-protected, appropriately located, sustainable post-registration training programmes, and development opportunities for more experienced people, including consideration of preceptorship arrangements to smooth the transition from training into practice.

WHY?

- Values the needs of students and workers.
- We need a sustainable approach to planning for, and funding, training for pre-registration students, to ensure that health and social care is fit for purpose by 2026.
- This will take account of revisions to the various curriculums – for example, resulting from findings of the Nursing and Midwifery Task Group in relation to mental health nursing.
- Smooth the transition from education environment to the realities of delivering health and social care, and the characteristics/skills required to do so.
- Reduce reliance on agency and locum workers.
- We need a sustainable and transparent approach to planning for, and funding, training for post-registration students, to ensure that health and social care is fit for purpose by 2026.

OUTPUT
By 31/12/2020

Rolling, prioritised programme of workforce plans aligned to health and social care service delivery requirements.

Policy on departmental commissioning of training and development for health and social care.

Multidisciplinary working and training to be a key principle.

Align to Leadership Strategy.

THEME 3

Effective workforce planning

ACTION 5

Develop and, by 2026, sustainably fund, an optimum workforce model for reconfigured health and social care services.

WHY?

- We need a strategic, coherent, dynamic workforce model that clearly outlines the people and skills required to meet service and population needs across the region in 2026. This should take account of population needs and demographic trends.
- We need a product that collates and coordinates the findings from the various prioritised workforce reviews that are regularly carried out for every profession and discipline. The optimum workforce model will be this product.
- We can also take account of, for example, the findings of the Nursing and Midwifery Task Group which is due to report in 2018.
- The optimum workforce model will adopt a number of key principles, including the need for multidisciplinary and inter-professional working.

OUTPUT
By 31/12/2020

Review of required medical training places completed by June 2018.

Progression of all recommendations arising from workforce planning reviews.

Optimum Workforce Model framework in place, co-designed with clinical leads, which will take account of reconfiguration plans, current and future drivers and pressures.

ACTION 6

By fully implementing and embedding the Regional HSC Workforce Planning Framework (six-step methodology), ensure that this is supported by necessary resources and underpinned by a multidisciplinary ethos across all providers.

WHY?

- Consistent, evidence-based regional approach to workforce planning.
- Need to review adequacy of training across all HSC providers.

OUTPUT
By 31/12/2020

By re-establishing a group to take forward regional workforce planning to ensure that the six-step methodology is fully embedded into workforce planning practices, including use of population health, disease profile data etc.

THEME 3

Effective workforce planning

ACTION 7

We take account of, and plan for, the workforce implications arising from the UK's exit from the EU and the subsequent implications for the EU/EEA and non-EU/EEA workforce

WHY?

- Need to take account of the implications for workforce supply, frontier workers, mutual recognition of professional qualifications, international recruitment, borders agency, immigration quotas and shortage occupation lists.

OUTPUT
By 31/12/2020

Terms of reference for EU exit workforce group, comprising (among others) worker and management representation to be agreed.

Regular meetings in 2018-19.

THEME 4

Multidisciplinary and inter-professional working and training

ACTION 8

Planning for and introducing new roles.

WHY?

- Need to develop and integrate new ways of working and jobs across health and social care.
- Need to ensure that the appropriate skills mix is in place.
- New roles need to be evidence-based, with clarity on outcomes of what new roles will contribute and achieve.

OUTPUT
By 31/12/2020

Needs analysis of new roles required.

Pilot and evaluation of physician associate (PA) students trained at Ulster University.

Recruitment of PAs into newly created posts.
Ongoing training programme in Northern Ireland to provide a supply of PAs into HSC.

Assess actions for other potential new roles.

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THEME 4

ACTION 9

Multidisciplinary and inter-professional working and training

Develop multi-disciplinary, cross-sector working that will characterise the delivery of collective, compassionate care in the future

WHY?

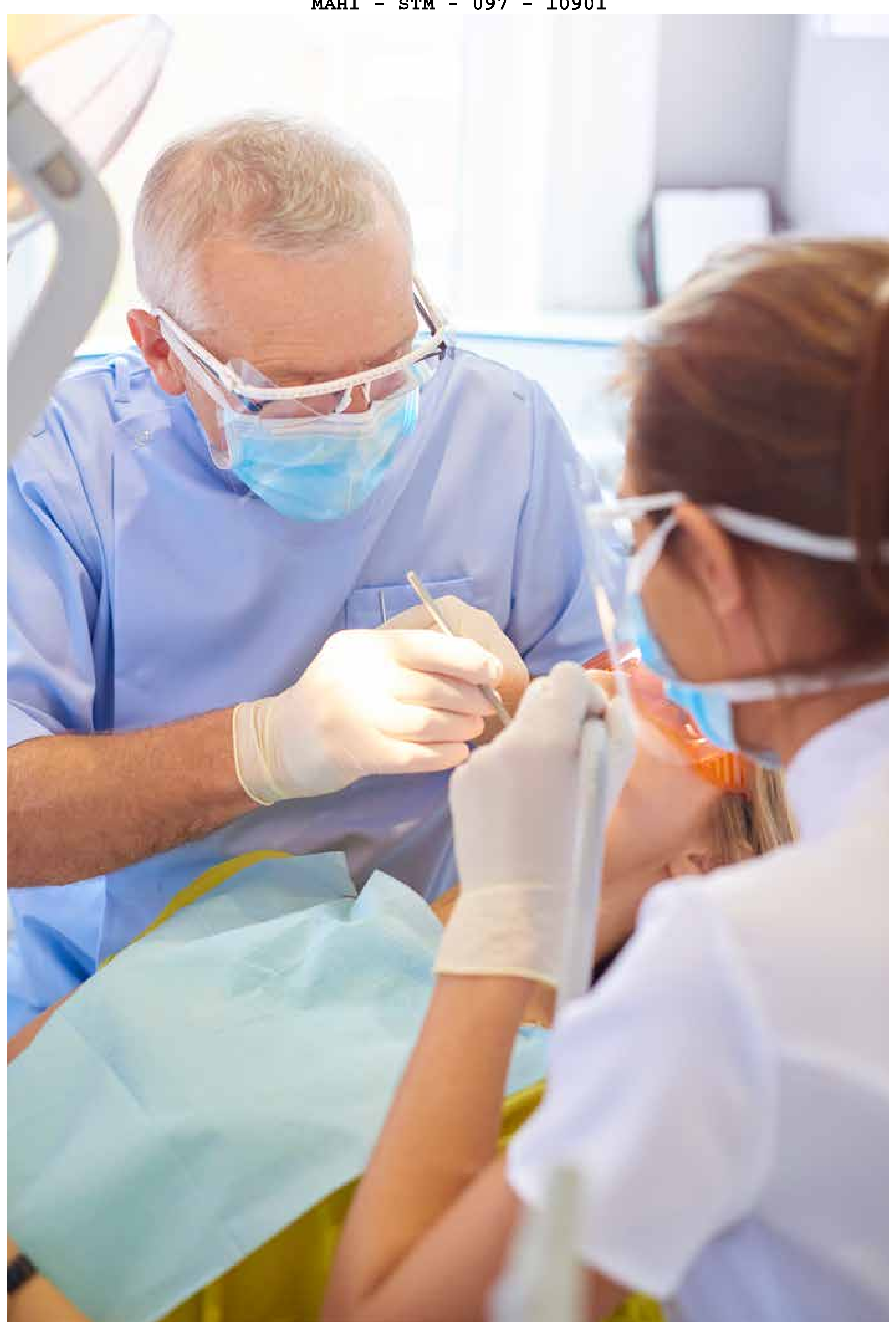
- Effectively utilising skills and resources.
- Streamlining care pathways across locations and teams.
- Addressing increasing incidence of co-morbidities in an ageing population.
- Need to ensure that role of multidisciplinary teams in transformation of delivery of health and social care services is clear and embedded in all undergraduate health and social care courses.

OUTPUT

By 31/12/2020

Cross reference the work of and seek input from (among others):

- **Postgraduate Health and Social Care Education Forum**
- **Nursing Strategic Workforce Development Group**
- **Primary Care Multi-disciplinary Working Group**
- **Paramedic Steering Group**
- **Imaging Review**
- **Adult Social Care Review**
- **Assistive technology commitments, learning and development programmes.**



OBJECTIVE 2

By 2021, health and social care is a fulfilling and rewarding place to work, and our people feel valued and supported.

THEME 5

Building on, consolidating and promoting health and wellbeing

ACTION 10

Working with employers, and all those who work in the health and social care sector and trainee representatives, the Department and commissioners will produce an HSC staff health and wellbeing framework, with the aim of assisting staff to remain resilient, and physically and mentally well at work.

WHY?

- Investment in health and wellbeing services for the workforce reduces sickness absence, improves ability to recruit and retain staff (with corresponding savings on agency and locum expenditure).

OUTPUT
By 31/12/2020

Audit of existing services and procedures.

Adopt and roll out new regional staff health and wellbeing policy.

ACTION 11

Commissioning and establishment of sustainable occupational health services.

WHY?

- Investment in occupational health services for the workforce reduces sickness absence, improves ability to recruit and retain staff (with corresponding savings on agency and locum expenditure).
- This will also act as a model for new occupational health services for use by the wider public and private sectors.

OUTPUT
By 31/12/2020

Audit of existing services.

Completion and implementation of multidisciplinary occupational health workforce plan.

Establish group to appraise options for the more effective delivery of occupational health services to the wider health and social care sector, and subsequently other Northern Ireland industry sectors.

THEME 6

Improved workforce communication and engagement

ACTION 12

Establish processes and procedures to ensure that information flows freely across organisations/systems and that employees are kept abreast of developments.

WHY?

- Addresses concerns raised in previous staff surveys and in the fieldwork for this strategy.
- Allows for staff networks/forums to discuss such matters which are common across all sectors and bands.
- Allows for coherent messages on health and social care developments, including transformation and industrial relations.

OUTPUT
By 31/12/2020

Audit of existing services.

Processes and procedures co-produced and fully embedded.

ACTION 13

Co-produced staff appraisal and engagement project, and rollout of recommendations.

WHY?

- Allows for coherent action to address staff concerns in relation to:
  - Team working
  - Appraisal
  - Personal development
  - Knowledge and Skills Framework
  - Organisational / leadership culture (address high pressure cultures and how these can create high stress cultures and ultimately low morale).

OUTPUT
By 31/12/2020

Audit of existing services.

Completion and rollout of project and recommendations.

THEME 6

Improved workforce communication and engagement

ACTION 14

Design and implementation of co-produced policy on recognition initiatives.

WHY?

- Supporting the workforce to achieve success, and to feel valued and supported.
- Allows for coherent action on possible introduction/use of:
  - Advanced Information and Communication Technology
  - Co-production leading to greater staff involvement in decision-making.
  - Sufficient freedom to display initiative and make decisions.
  - Proper supervision.
  - Opportunities for training and development at all grades, and not just tied to promotion.
  - Agreed job rotation.
  - Opportunities for educational leave, etc.

OUTPUT
By 31/12/2020

Audit of existing services.

Completion and rollout of agreed co-produced policy.

ACTION 15

Working with employers, and the workforce and trainee representatives, the Department and commissioners will produce a set of standards that all HSC staff can expect in terms of facilities.

WHY?

- Addresses staff concerns in relation to food/drink/rest break facilities.

OUTPUT
By 31/12/2020

Agreed and updated HSC staff facility policy.

Recognising the contribution of staff

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THEME 7

ACTION 16

Recognising the contribution of the workforce

Develop a regional system of workforce recognition, based on the policy developed under action 14 and existing areas of best practice.

WHY?

- Valuing the contribution that all make to delivering excellent, compassionate care.
- Devolving decision-making to the appropriate levels, including locally where possible.

OUTPUT

By 31/12/2020

Policy published by 31 December 2018.

THEME 8

ACTION 17

Work-life balance

Co-produce a regional work-life balance policy for health and social care workers.

WHY?

- Recognises the needs of the workforce such as those with dependent relatives and/or caring responsibilities, whilst balancing the requirements of the service.
- Support the workforce to access their work remotely where appropriate.
- Also will provide clarity around working time regulation/sleepover duties/working hours in 24-hour service.

OUTPUT

By 31/12/2020

Regional policy design group established and work under way.

THEME 9

Making it easier for the workforce to do their jobs

ACTION 18

Simplification of employment arrangements, for example, explore whether a single employer for all HSC staff is feasible and will produce benefits for staff/patients/clients.

WHY?

- To provide clarity and remove duplication and possibility for error/confusion in relation to payroll, generic training, etc.

OUTPUT
By 31/12/2020

Completion of lead employer project for doctors in training.

Learning from doctors in training, lead employer project applied to planning for possible single HSC employer.

ACTION 19

Continue to develop workforce engagement projects for the introduction of new technologies and systems, including e-health initiatives, Encompass, etc. , which are designed to support the workforce in doing their jobs.

WHY?

- Some parts of the workforce do not feel sufficiently involved in design and roll-out of new technology and systems.

OUTPUT
By 31/12/2020

Comprehensive workforce engagement plans to be developed as part of design and implementation of new technologies and systems.

ACTION 20

Develop a policy which more effectively outlines a process for devolving the selection of 'new team members' to line management/team members (with support of central HR function) who have knowledge of the skills/attributes and individual qualities required for the post.

WHY?

- Eradicate unnecessary delays in filling vacancies

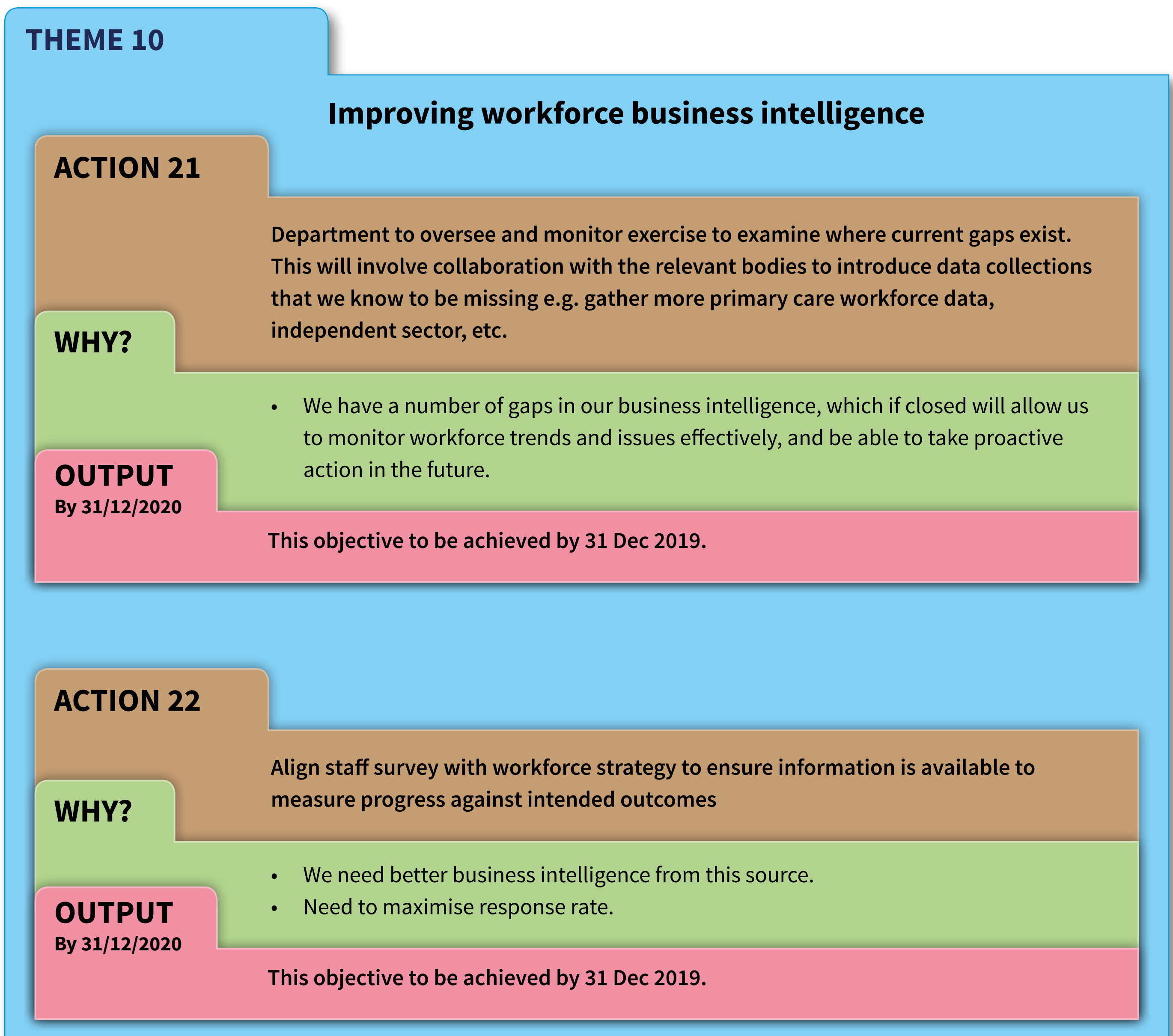
OUTPUT
By 31/12/2020

Policy in place by 31 Dec 2018, with first two-year evaluation about to begin in January 2021.

MAHI - STM - 097 - 10908

OBJECTIVE 3

By 2019, the Department and health and social care providers are able to monitor workforce trends and issues effectively, and be able to take proactive action to address these before problems become acute.



THEME 10

Improving workforce business intelligence

ACTION 21

Department to oversee and monitor exercise to examine where current gaps exist. This will involve collaboration with the relevant bodies to introduce data collections that we know to be missing e.g. gather more primary care workforce data, independent sector, etc.

WHY?

- We have a number of gaps in our business intelligence, which if closed will allow us to monitor workforce trends and issues effectively, and be able to take proactive action in the future.

OUTPUT
By 31/12/2020

This objective to be achieved by 31 Dec 2019.

ACTION 22

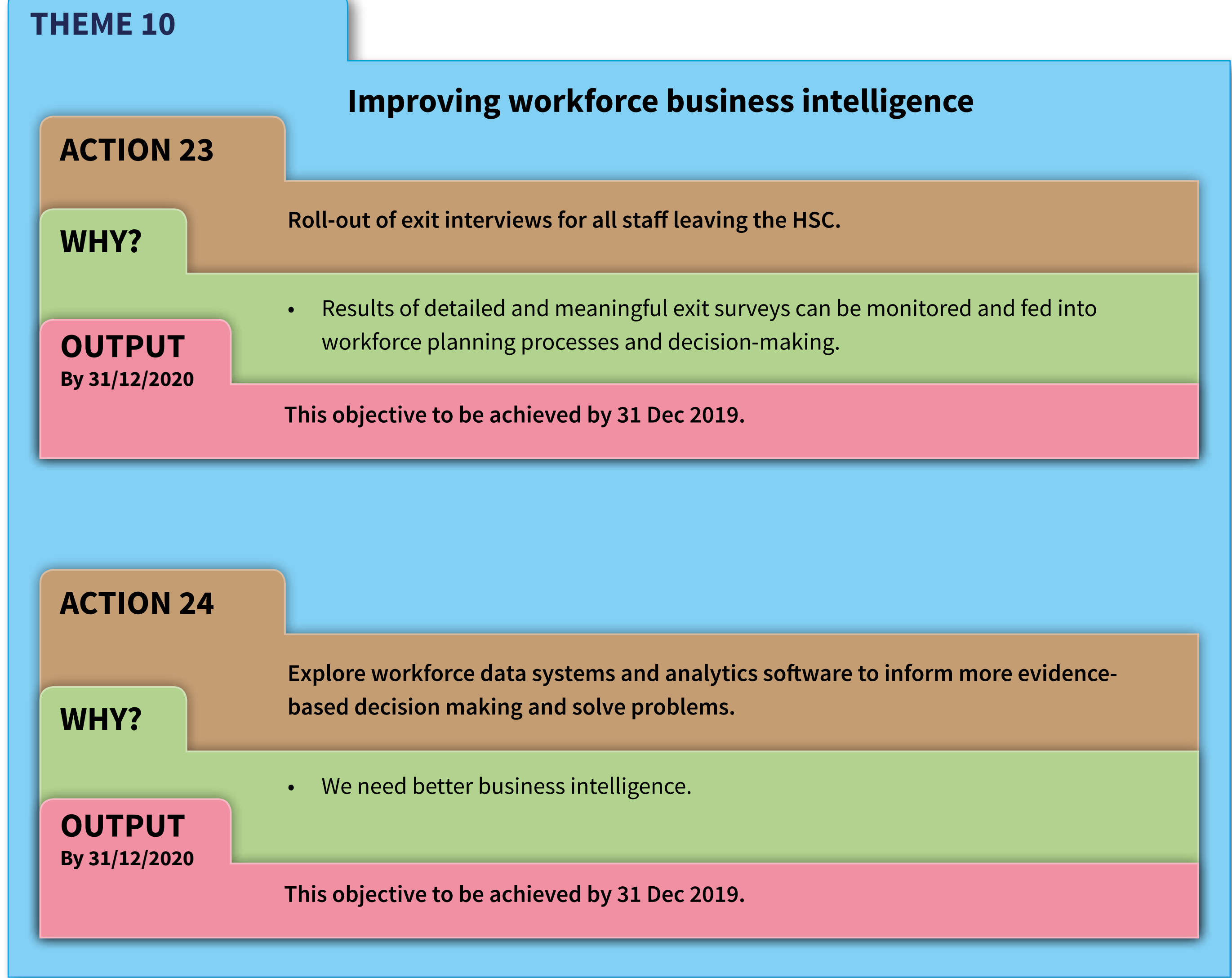
Align staff survey with workforce strategy to ensure information is available to measure progress against intended outcomes

WHY?

- We need better business intelligence from this source.
- Need to maximise response rate.

OUTPUT
By 31/12/2020

This objective to be achieved by 31 Dec 2019.



THEME 10

Improving workforce business intelligence

ACTION 23

Roll-out of exit interviews for all staff leaving the HSC.

WHY?

- Results of detailed and meaningful exit surveys can be monitored and fed into workforce planning processes and decision-making.

OUTPUT
By 31/12/2020

This objective to be achieved by 31 Dec 2019.

ACTION 24

Explore workforce data systems and analytics software to inform more evidence-based decision making and solve problems.

WHY?

- We need better business intelligence.

OUTPUT
By 31/12/2020

This objective to be achieved by 31 Dec 2019.

CAUTION
WET FLOOR

BW/224
MAHI - STM - 097 - 10912

CONCLUSION

This is a deliberately ambitious strategy. We do not underestimate the task at hand. In the first half of this strategy we set out the significant challenges facing health and social care in Northern Ireland. These combine to create a complex environment in which to transform.

However, there are already very positive examples of the fantastic work carried out by the health and social care workforce on a daily basis to transform and improve services, which showcase the dedication, innovation and caring approach so evident to anyone in Northern Ireland.

Perhaps more fundamentally, they offer evidence that the wide-ranging transformation envisaged by this strategy can be achieved. A selection of these examples can be found at: https://www.health-ni.gov.uk/topics/health-policy/transformation-programme#toc-0.

The strategy seeks to contribute to deep and wide transformation of health and social care in Northern Ireland by establishing a long-term, sustainable and sensible approach to meeting our workforce needs, and the needs of our workforce. The success of the strategy will rely on cooperation between employers and workers, professions and disciplines, and across all sectors.

The consequences of failure to achieve the aims and objectives of this strategy are grave. The already unsustainable rate of agency and locum expenditure will continue to increase. Waiting lists for treatment will continue to rise. Health and social care services will become unsustainable, and the longer this continues, the more difficult it will be to transform these services.

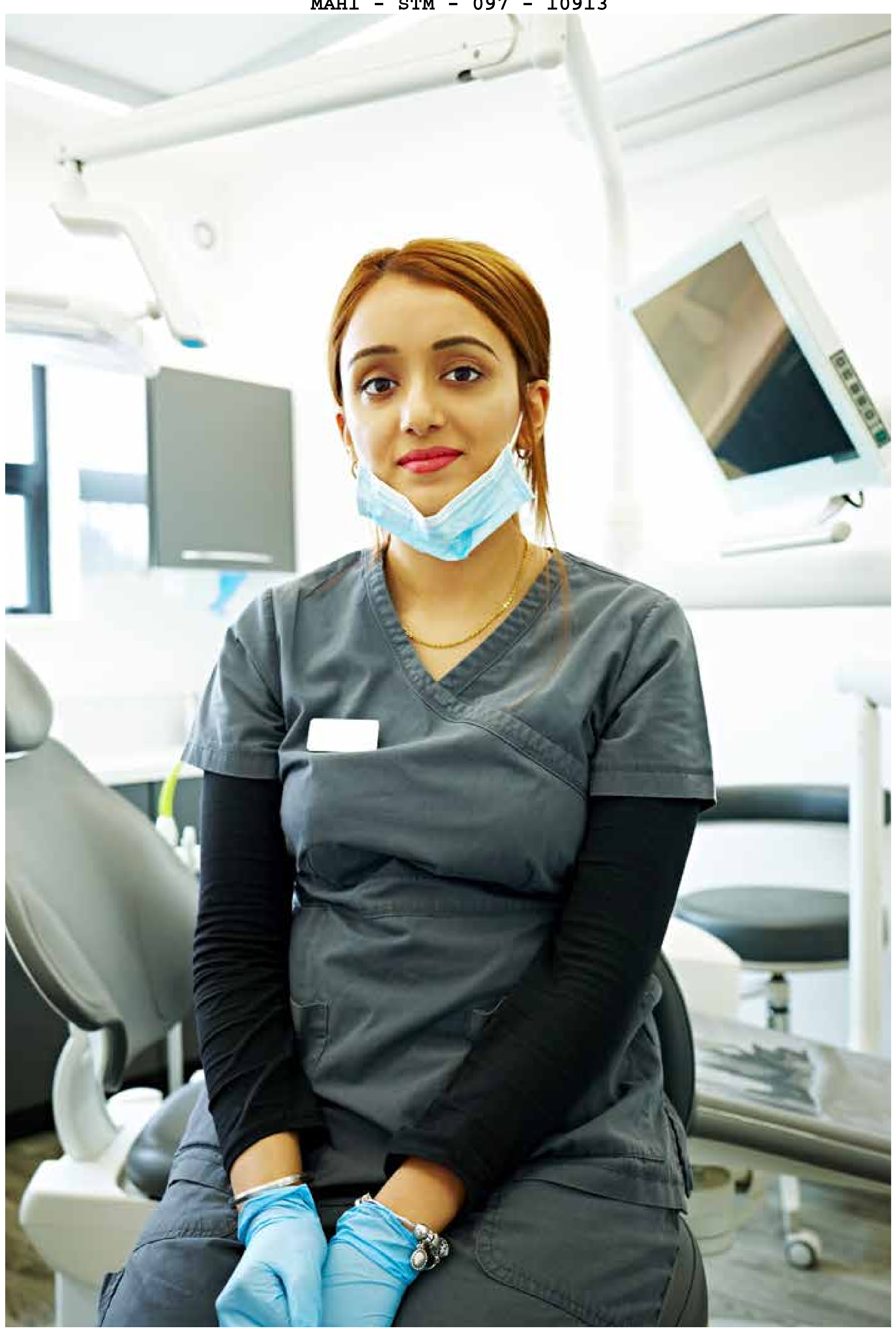
This strategy not only seeks to tackle issues in the present, but looks forward to health and social care as it will be in 2026. It is designed to be flexible enough to respond to issues that will arise in the future.

To make sure the strategy achieves its objectives, the Department will develop three consecutive action plans, with oversight mechanisms (programme board, reference group and project teams) designed to hold the Department accountable for their success. Annual progress updates will be published on the Departmental website, along with regular highlight reports showing the progress of each action.

The first task and finish group to be set up under the strategy will determine and agree the performance indicators to measure success. This work will be completed by the end of June 2018.

This strategy is not an isolated document. Many of the actions contained in the plan will be dependent on a number of other enablers and actions on the health and social care transformation agenda.

Throughout the development and co-production of this strategy, the most important focus has been to ensure that everyone has the opportunity to have their say, and shape policy for the next decade. We look forward to working together to ensure that we meet our workforce needs, and the needs of our workforce.



APPENDIX

CURRENT PROBLEMS AND FUTURE CHALLENGES

MAHI - STM - 097 - 10915

SOCIAL CARE

There can be considerable differences between the terms and conditions of employment for social care workers in statutory organisations and those employed within the independent sector. Lower pay, less favourable conditions, temporary or zero-hours contracts and a perceived lack of recognition of their value to society, have all contributed to low morale and a high turnover of the workforce.

Investment in learning and improvement for social care workers tends to be more limited in the independent sector. There are also fewer promotion opportunities in some areas of social care such as domiciliary care which may also discourage people from choosing social care as a long-term employment option.

The domiciliary care workforce needs should be an early priority in recognition of the particular vulnerabilities we face in social care. The Department is finalising a domiciliary care workforce review which has demonstrated that services at present are stretched, with the result that there is already a gap in the supply and demand chain, with unmet need already existing.

There is a need to build in robust and cohesive systems of communication, analysis and joint workforce planning between social care and nursing for example, and between the HSC and independent social care sectors. Analysis needs to look not only at spend, but also output and efficiency.

For the first time, anywhere in the UK, Northern Ireland social care workers are now required to register with the Northern Ireland Social Care Council, which is responsible for the regulation of the social work and social care workforces. Regulation requires social workers and social care workers to maintain the skills they need to perform their tasks effectively with the support of their employers.

Alongside this, a code of practice and code of conduct has been introduced for all social care workers, together with common induction standards and a regional framework for the delegation of tasks to social care workers. A continuous learning and development framework is also under development.

SOCIAL WORK

At present, there are significant pressures on social workers in several areas within HSC, including adult mental health, child protection and services for looked-after children. Other factors which will increase the demands on social work services in the coming years include the Northern Ireland Executive's target to improve social wellbeing through person-centred care, community development, self-directed support and co-production.

New legislation such as the Mental Capacity Act and the Adoption and Children's Bill will also mean additional statutory roles and responsibilities for social workers in the future. In the next five to 10 years, social workers will be expected to have more specialist knowledge and skills.

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MEDICAL WORKFORCE

Upon graduation, provisionally registered doctors enter a two-year foundation programme, becoming fully registered at the end of year one. Effectively, all local graduates enter the UK programme and all but a small number complete it, making them eligible for the next stage of medical training.

The next stage of training is specialty training (core training, higher specialty training or run through training). A number of vacancies exist at this level, particularly in core medical training and emergency medicine. There are multiple factors that impact on trainee medics' career choices, including location of posts, work-life balance and career prospects.

This is compounded by the fact that posts are sometimes designated as training posts when they should more appropriately be service posts. Medical trainees also have concerns[5] about:

- staff shortages and resultant pressure on the workforce;
- high workloads and emotional demands;
- lack of autonomy and appreciation of their role;
- emphasis on service provision at the expense of training;
- too frequent job rotation;
- unsustainable and expensive locum positions;
- irregular working hours impacting on work-life balance;
- lack of social and supervisory support;
- disconnect between trainees and management; and
- uncertainty over the junior doctor contract.

Medical vacancies

In addition to the existing vacancies in the NI training programmes, the HSC has been experiencing a growing number of medical vacancies at consultant and specialty doctor/associate specialist level. Whilst a small number of specialties feature on the UK shortage occupation list, a growing number of grades and specialties not on this list are being reported as 'hard to fill'. This not only has an impact on waiting lists, but also on the overall cost of elective care.

Postgraduate training

There is also a differential pattern of recruitment at specialty training level. Ideally all recruitment into specialty training should be into programmes (i.e. a series of postings leading to the completion of specialty training). However, approximately a fifth of training posts are of one year duration and these are continually difficult to recruit into.

Some training programmes are becoming more difficult to recruit into, most notably in the medical specialties. This impacts on the availability of consultant applicants, both now and in future years, in areas such as general and acute medicine, cardiology, diabetes, gastroenterology, rheumatology and oncology.

5. HSC/NIMDTA Valued Strategy 2016

Specialty and associate specialty (SAS)

Specialty and associate specialist (SAS) doctors can play a key role in delivering the aspirations of Health and Wellbeing 2026 – Delivering Together, through leadership and developing innovative solutions, if the right support is put in place. Motivated SAS doctors, with the requisite planned training will continue to be able to work at a consistently high level, contributing clinically, educationally, in management, clinical governance, appraisal and innovation.

An infrastructure is required with accountability and support to ensure that a SAS doctor role is an attractive role and one which makes a significant contribution to the delivery of high-quality patient care. The Department continues to work with the BMA and HSC employers to support and develop the role of SAS doctors as a valued and vital part of the medical workforce.

Consultants

There remain significant consultant vacancies in some specialties, notably radiology; not as a result of recruitment issues to the training programme but rather the output from the programmes does not meet the current and future service demand for consultants.

The inability to recruit to postgraduate training programmes in NI, as outlined above, will result in increasing levels of locum cover being required to meet the service demands of a consultant led service.

Medical workforce representatives state that a combination of lower remuneration, workload, lack of autonomy and underinvestment in services has made working as a consultant a less attractive role in Northern Ireland than in other parts of the UK and Ireland.

General Practice

Demand for services led by GPs has increased significantly recently – with a 76% rise between 2004 and 2014 in consultations and a 217% rise in test results being dealt with over the same period.

At the moment, 39% of the GP workforce in general practice is aged 50 and over. There is anecdotal evidence of a shift towards more part-time working in the general practice workforce and of a preference for portfolio careers mixing a range of roles with an increasing emphasis placed on work-life balance.

Anecdotally we have heard of an increasing preference for salaried GPs, though surveys by BMA in recent years have indicated that younger GPs are more likely (73%) to say they envisage looking for a GP partnership in the future.

Premises infrastructure limitations are a real barrier to the utilisation of skills mix opportunities (the funding schemes for premises are no longer attractive to some).

For some GPs, they consider that the role is at 'tipping point' – the job has become undoable; expectations are too high, with too much to do in too little time.

Work is ongoing to deliver multidisciplinary primary and community care teams.

PHARMACY

The pharmacy workforce is expanding, with a range of careers for pharmacists, pharmacy technicians and other pharmacy staff. This reflects the increasing need for pharmaceutical expertise within multi-professional teams in all settings, helping to optimise the benefits of medicines and transform services.

Medicines

Medicines are the most commonly used healthcare intervention within health and social care. Increasing demands present challenges in terms of affordability and complexity of care. The current cost of medicines within HSC is £600 million however, despite this significant expenditure, medicines are over used, under used and misused to the extent where outcomes are sub-optimal.

There is therefore a need to secure the important contribution that pharmacy professionals bring to the transformation of health and social care in the areas of improved quality in (a) patients' outcomes, (b) valued interventions and (c) effective integration.

Challenges

By 2026, we need to deal with the following workforce challenges:

- the professional development of the clinical prescribing role of pharmacists in general practice. While all general practice pharmacists train as prescribers, it is important that they are supported in their ongoing professional development. For example, they should have the opportunity to develop in line with the advanced practice framework;
- embedding clinical leadership in the profession through the recruitment of consultant and specialist pharmacists in hospital and federation leads in primary care. However, it is recognised that leadership applies at all levels and this should be embedded in career development frameworks;
- the continued development of clinical pharmacy services and consultant roles in secondary care;
- the integration of prescribing skills into the roles of clinical pharmacists in all settings;
- the regulation of pharmacy technicians and development of the workforce to provide a better skill mix, particularly in community pharmacy. This is an important factor to increase capacity, if pharmacists are to deliver more clinical service;
- the expansion of the role of pharmacy workforce in all settings, and
- embedding of seven-day working.

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Future developments

Enhanced deployment of pharmacists' clinical skills and collaborative working with other health and social care professionals should support patients' appropriate, safe and efficient use of medicines, improve economic health gain and reduce pressures on health care systems.

Emerging new models of care and new technologies will support people to manage their own health and gain the optimal benefit from treatment with medicines. Such system redesign and scale up should be underpinned by foundation and advanced postgraduate training to support inter-professional working and professional leadership. These are standard training pathways for secondary care pharmacists, which should be replicated in the primary care and community pharmacy sectors.

DENTAL WORKFORCE

General dental practitioners, as independent contractors, spend almost three quarters of their time on health service dentistry. However this has been decreasing in recent years, leading to a corresponding increase in private dentistry.

Dental nurses

Turnover of dental nurses can be high and there is little or no career progression currently available. There is a reliance on the availability of relevant courses through the network of Further Education colleges. The current experience within the dental workforce is that the courses necessary to train dental nurses are becoming difficult to access due to lack of availability.

Community dental service

The Community Dental Service, which is the main provider for special needs groups, has reported challenges in filling posts, particularly in the western region. Also, significant numbers of the most experienced community dentists are approaching retirement, with up to 40% reported to be potentially retiring by 2025.

Dental hospital/school

The Dental Hospital/School has reported some challenges in filling posts for particular dental specialties and it is understood that this is a problem in other parts of the UK too as the market is competitive for the relatively small numbers who have completed training.

Providing work experience for young people is much harder to do nowadays, with increased insurance costs, complex administration and onerous patient permission processes. Access NI checks for new staff can take up to 10 weeks (although this time period is quite variable). Practice owners are finding that there are additional costs associated with dental nurses due to indemnity and General Dental Council registration fees.

There is a recognised tendency for new graduates to remain close to the city in which they trained. This makes it harder to recruit to rural practices.

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The dental technician workforce is ageing and unless new workers are attracted we will soon run out of skilled technicians, particularly those who are able to make dentures.

The ongoing Dental Services Workforce Review is considering these issues.

CLINICAL PSYCHOLOGY

There has been an unprecedented increase in recognition of the relevance and need for psychological interventions in health and social care. This is reflected in NICE guidance for physical, as well as mental, health presentations and in numerous regional and national strategies in relation to particular population and service needs.

Psychological interventions have been recognised as not only relevant to improved health and well-being, but as beneficial from a healthcare economics point of view in reducing costs associated with disability, healthcare dependence and social exclusion. Future legislative and associated policy changes, such as the implementation of the Mental Capacity Act, will also impact on demand for clinical psychologists within the health and social care workforce.

Clinical Psychologists are employed in a range of specialisms including adult mental health, adult physical health, neurology services, learning disability, children's mental health, paediatrics and child disability, autism services for adults and children, services for looked after children, older adult, forensic and addiction services.

Over recent years, consistent with NICE guidelines, there has been an increased diversification of the areas of employment and especially within staff wellbeing, Autistic Spectrum Disorder services, health, disability and early intervention services. Northern Ireland has the lowest rate of clinical psychologists per head of population across the four nations of the UK and in comparison with the Republic of Ireland.

Clinical Psychologists are trained through a doctoral clinical psychology training programme and contribute to the HSC workforce throughout training. NI has the lowest number of training commissions per head of population across the UK and Ireland. There is a 100% employment rate for graduates of the regional training programme currently delivered at Queen's University Belfast with approximately 19% of the workforce being recruited from outside Northern Ireland.

The British Psychological Society 2015 Workforce Review identified a 19% vacancy rate across Trusts with supply of clinical psychology graduates not keeping pace with need and demand. Regional priorities for new psychological services and the increased role of clinical psychology in governance and training of others, means that demand for clinical psychologists continues to grow.

Moreover, the profession is a female dominated profession (77%) and part-time working has increased from 25% in 2008 to 39% in 2015. This demography and pattern of working has created significant workforce pressures especially in the absence of any viable locum pool to cover maternity leave and family friendly work policies. 17% of the Clinical Psychology HSC workforce are over 50 years of age with early retirements available through mental health officer status for this cohort.

Following on from the DHSSPS Strategy for the Development of Psychological Therapy Service (June 2010) there have been very significant developments in recruitment of other professions, across a skill mix, into psychological services. These include psychological therapists, behaviour support workers, autism workers and rehabilitation assistants.

Effective governance arrangements are required for these other professionals delivering psychological or psychology informed interventions. Clinical Psychologists are well placed to contribute to the transformation agenda by supporting the development of psychological mindedness across the workforce and delivering a safe, effective and well governed stepped care approach to the provision of psychologically informed health and social care.

NURSING AND MIDWIFERY

Nurses and midwives are critical to health service delivery, accounting for 35% of the HSC workforce. They have the most contact time with patients and service users, and provide a diverse range of services across all settings. As members and coordinators of inter-professional teams, they help promote and maintain health and wellness, bringing person-centred care closer to communities, and improving outcomes.

Challenges and opportunities

The professions have embraced the challenges and opportunities placed on their practice by growing demands and changing service needs with a corresponding increase in workforce knowledge, skills and expertise. There is significant evidence that the development of innovative new roles such as advanced nurse practitioners and consultant nurses and midwives have advanced autonomous practice and embedded strong clinical leadership.

The potential of these roles needs to be maximised. Family nurse partnerships are an example of early intervention models that deliver positive outcomes.

The development of clinical specialisms, and treatment advances, have increased demands on the specialist nursing workforce, in particular cancer specialists. Further examples of nurse-led initiatives include nurse endoscopists and models involving minor surgery (such as dermatology).

Rising demands on community and primary care services, and the prevalence of long-term conditions, have placed a significant burden on community nursing services. Alongside the focus on advanced and specialist practice, is the need for adequate investment in post-registration education and development of the generalist nursing workforce.

In response to ‘Delivering Together’ and the increasing demands on the workforce, a Nursing and Midwifery Task Group was established to identify how the contribution of nurses and midwives can be maximised to improve population health outcomes. The task group’s work is underpinned by a public health approach that promotes health and wellbeing.

It will identify best practice, evidence-based innovations which build on work already undertaken here. Indications emerging from extensive engagement with the workforce include a concerning picture of a pressurised, under-resourced service, curtailing the capacity to deliver safe, effective care.

Recruitment and growth in demand

The nursing and midwifery workforce has risen by 8% since 2008 but this has not kept pace with demand, and there is a significant shortfall in the number of nurses available to take up vacant posts in both the statutory and independent sectors. The same picture is emerging for midwifery, and the independent sector.

The impact of vacancies is compounded by high levels of maternity leave and sick absence in some areas. Maintaining service delivery incurs high bank and agency costs. Continued growth in demand has impacted on Trusts' ability to recruit at entry level.

There is a global shortage of registered nurses and midwives, and this impacts on Northern Ireland. Contributory factors include demographic changes with rising healthcare needs, changing service requirements, growth in nursing and midwifery-led services, and the expanding scope of practice with new roles emerging.

A further significant local factor is that investment in pre-registration nurse training between 2010 and 2015 did not keep pace with demand, resulting in a significant shortfall of nurses and midwives to fill vacancies. The Department has increased investment in undergraduate nurse training, commissioning an additional 100 places each year from 2016/17 and a further 100 new places for 2017/18. To help maintain safe staffing levels, an international nurse recruitment campaign commenced in 2016 as a short-term measure.

The implementation and progression of Delivering Care: Nurse Staffing in NI has highlighted the disparity that exists between current staffing levels across a range of specialities and those needed for optimum delivery of safe, effective care. Phase 1 investment has strengthened the workforce in acute medical/surgical areas.

Children's nursing

Advances in care and technology mean that many more children are living better, or more comfortably, with complex health care needs. Children's nurses have the expertise to care for and support children and their families in a variety of settings, both community and hospital based.

The intention with A Strategy for Children's Palliative and End of Life Care 2016–26 is to improve children's lives in real terms. The children's nursing workforce has to reflect changing population health needs, increasing complexities of conditions, the opportunities of innovation in healthcare alongside similar demographic workforce issues to the other fields of nursing.

Mental Health nursing

A mental health nursing review is underway, to enhance the contribution of mental health nurse to population outcomes. As the largest mental health workforce, mental health nurses are a core asset in the delivery of services and are central to workforce development.

There is a need to revise the mental health nursing undergraduate curriculum, strengthen the provision of psychological therapies and promote the development of advanced practice roles. All nurses and advanced nurse practitioners will have a critical role to play with the implementation of the Mental Capacity Act.

Learning Disability nursing

'Strengthening the Commitment' sets the strategic direction for learning disability nursing and recognises the important contribution learning disability nurses make in providing effective person and family centred care.

Recruitment, retention and replacing vacant posts are challenges, and it is within this context that a new career framework is being developed to further enhance the roles of learning disability nurses.

The aim is that they will be able to make a more significant contribution in improving physical, psychological, behavioural and social outcomes across primary care, community care, and acute and specialist learning disability services. This will also include the development of advanced and nurse consultant roles including specialist practice roles in Forensic Care Services.

Nursing Assistants

The current HSC nursing workforce model, where a Band 2 and 3 nursing assistant works under the delegated supervision of a registered nurse, is optimal in delivering safe, effective nursing care across all clinical settings. This skill mix model provides clarity and distinction between the role of a registered graduate nurse and that of a nursing support worker/assistant.

Development of the Band 3 role, with a wider skillset, has proved invaluable in supporting the graduate workforce to deliver effective care.

The Department has launched mandatory Standards for Nursing Assistants and other linked resources, including an Induction and Development Pathway, to endorse and strengthen the vital role undertaken by this cohort of staff.

The resources recognise and value the important contribution to nursing care made by Nursing Assistants and further enhance governance, oversight and patient safety.

New legislation such as the Mental Capacity Act will also mean additional statutory roles and responsibilities for nurses and midwives in the future.

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Midwifery

The scope of practice of the midwife is clearly described and demarcated. The role has developed to meet changing population needs and the changing context of healthcare delivery. The birth rate in Northern Ireland has stabilised at approximately 24,500 births per year, however the complexities surrounding women giving birth has increased.

Evidence shows that it is in the interests of women to receive the majority of their care from a small group of midwives they know and trust, and the principle of “right care for the right woman in the right place by the right professional” is key.

Current service developments are in line with the 2012 Maternity Strategy, and include the development of midwifery-led care services, the acquisition of enhanced skills and competencies and development of maternity support workers.

Midwives have increasingly taken a major role as the lead professional for straightforward pregnancies, whilst developing roles as the key coordinator of care within the multidisciplinary team for complex cases. There is increasing recognition of the impact on the workforce of increasing midwife-led care, the shift to community based services and the development of freestanding birth centres.

The wide-ranging scope of midwifery practice to include increased safeguarding measures and public health responsibilities, and the impact of new initiatives such as the Early Intervention Transformation Programme adds strain to the service.

Changes to superannuation schemes and the potential impact of revalidation mean it is likely that a significant proportion of those eligible will chose to leave the service over the next five to 10 years. Current data indicates that in 2017, 21% of midwives in Northern Ireland are over 55 and eligible to retire.

The loss of more experienced midwives will potentially result in a skill mix imbalance in some areas. As younger midwives enter the profession, the challenges will relate to part-time working and maternity leave needs.

ALLIED HEALTH PROFESSIONALS[6]

Key to successful innovation and modernisation will be capitalising on the knowledge, expertise and professional experience of the AHP workforce, and communicating and sharing good practice, particularly in areas such as public health, diagnostics and re-ablement. Demand for AHP services continues to rise and this requires a review of the current workforce including supply and demand pressures.

There are several significant challenges for AHP recruitment and these vary across the professional groups. Regional recruitment for HSC Band 5 posts is coordinated through BSO for several of the professions. This requires further development to ensure a responsive recruitment process.

Further work is required to support the development of advanced practice across the AHP professions, as some professionals have highlighted issues with succession planning for the future at higher bands. An advanced practitioner framework is being developed to support this practice.

The services of all AHP professions are under pressure with capacity and high levels of maternity leave. This impacts on services and reduces the ability to respond to waiting lists in a timely way.

Temporary staffing is difficult to address through regional recruitment or agency working as there are not the clinical skills available for specific roles.

Due to the very diverse nature of clinical areas there is not the ability to use a bank system to backfill some posts.

There are many opportunities for the skills of AHPs to contribute to the transformation agenda, but this requires specific specialist training and competences. In respect of upskilling, for example, AHP staff have received training to allow them to act as independent prescribers.

However, issues exist with executing this role after training as operational matters need to be addressed to maximise the new skills into clinical practice.

6. The AHP (allied health professional) workforce group encompasses a variety of roles under the umbrella term. Seven of the AHP professions (speech and language therapists, physiotherapists, radiographers – diagnostic and therapeutic dieticians, occupational therapy, podiatrists and orthoptists – are directly employed through HSC and the five other professions (art drama and music therapists, orthotists and prosthetists) are subcontracted into Trusts through various local arrangements.

SCIENTIFIC SPECIALISMS

Scientists work across health and social care in life sciences, physical sciences, physiological sciences and clinical bioinformatics. They deliver care directly to patients and also provide essential supporting and diagnostic services. Over 50 separate scientific specialisms are recognised nationally.

Increasing demand for healthcare science work has led to challenges in managing workloads in many areas. There is almost no area of clinical care which does not rely on scientific support for the delivery of services.

Scientific advances are a key driver of innovation in health and social care, leading to improved patient outcomes. It is essential to have a fully trained and sufficient scientific workforce in all areas to ensure that these benefits can be delivered in a timely way, particularly in the face of continued growth in demand.

Genomics will impact on a number of disciplines in the future. There will be a need for highly trained biomedical scientists and clinical scientists to implement and run the technology, and for bioinformaticians to interpret the results.

Best practice elsewhere points to the need for the development of regional subspecialist teams supported by effective technology, such as digital imaging. However, separate consideration will need to be given to the evolving roles of each specialism when developing a future workforce plan.

Pathology is one of the key areas in need of reform, as the current pathology service model does not lend itself to effective regional workforce planning. The lack of medical and scientific staffing in some Trusts, disparity in resource across the HSC pathology service and variable distribution of workload across the region, all present a risk to provision of equitable health services across the region including delays in the provision of cancer pathology diagnostics.

New technology, for example digital pathology can help alleviate problems with consultant shortage as part of a wider strategy and should be adopted by the HSC.

There is a need for new expert, advanced and consultant-level scientific roles for clinical and biomedical scientists to alleviate the pressure caused by consultant shortages and to maximise new technology; new training programmes are required to facilitate this. Northern Ireland currently has no funded training programme for clinical scientists, advanced biomedical scientists, or epidemiologists in public health.

OPHTHALMIC SERVICES

Throughout the UK, ophthalmic hospital departments are struggling to provide the service required by their population. Around a half of the units have unfilled consultant and/or SAS positions.

Over 90% are undertaking waiting list initiative surgery or clinics, with a similar proportion estimating that they require between one and five additional consultant ophthalmologists over the next two years.

The Royal College of Ophthalmologists predicts a 20–30% increase in workload over the next 10 years for the common ophthalmic conditions of the elderly.
Ophthalmology is a high demand specialty, typically accounting for 10% of all outpatient and 5% of all inpatient/day case activity.

This demand is particularly susceptible to demographic pressures, new and emerging treatments and technologies, and a historical reliance on additional in-house and independent sector activity.

The Health and Social Care Board and Public Health Agency have undertaken exploratory discussions around ophthalmology workforce planning, intended to reflect significant developments in service provision, including the expansion of capacity and capability in primary care (optometry), already evidenced in community-based acute eye and glaucoma referral refinement schemes, and the expanded use of multi-disciplinary teams in secondary care.

AMBULANCE SERVICE

Annual turnover of Emergency Medical Technicians (EMTs) and trainees, and ambulance care attendants and trainees has traditionally been low, but is beginning to rise. External application rates for non-registered trainee posts are healthy, with no associated recruitment difficulties.

However, external application rates for registered posts (i.e. HCPC qualified paramedics) are relatively low. While the majority percentage of staff in paramedic and rapid response vehicle paramedic posts are currently below the age of 55, a significant percentage of paramedic line managers are 55 or over.

The Northern Ireland Ambulance Service HSC Trust (NIAS) has partnered with the Ulster University to develop a paramedic education programme of a level 5 Foundation degree in Paramedic Practice, with an anticipated commencement for the first cohort of October 2018. Initially, this programme will draw on existing NIAS EMTs as candidates. The Trust will continue to work with DoH in respect of the further developments in Paramedic Education which may potentially include a BSc qualification.

Consideration is also being given to the impact of the publication of a new Agenda for Change national profile for the role of Paramedic which reflects developments in the role in recent years.

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Paramedics

There has been significant development in the Paramedic role including in terms of additional clinical skills and decision making. Paramedics make a valuable contribution to the wider health and social care system including through the introduction of Alternative Care Pathways, where patients may be referred to a more appropriate alternative path to transportation to Emergency Departments.

In continuing to transform and modernise its service, NIAS has also introduced new Paramedic services and roles including:

- The creation of a Clinical Support Desk, staffed by Paramedics, within Emergency Ambulance Control to triage lower acuity calls in order to consider suitability for emergency ambulance response or an appropriate alternative.
- The creation of HEMS (Helicopter Emergency Service) Paramedic roles for Paramedics who operate alongside clinicians on the new Northern Ireland Air Ambulance.
- The piloting of a new Community Paramedic role.

There are also potential opportunities for further benefits to be derived from Paramedics working in other settings such as emergency departments, out of hours centres, GP surgeries, in minor injury/illness centres, in remote medicine and a varied range of other environments.

Workforce Review

Workforce considerations for Paramedics and other ambulance roles will be considered in the DoH, newly initiated Workforce Review for the service, established in partnership with trade unions.

Ambulance response times

A demand and capacity review has been undertaken to determine the underlying capacity required to deliver ambulance response time performance for Northern Ireland, designed to meet Ministerial targets and the Trust's own performance objectives.

The review was structured to include the identification of internal efficiencies designed to optimise performance using existing resources against an accurate demand analysis projected forward to 2020. The review also considered detail on the optimal rostering and deployment of that additional resource.

The modelling assessed the best performance that can be achieved with existing resource against current and projected response targets. After the consideration of all efficiencies, the remaining gap was identified and a detailed examination given of the resource required to bridge that gap.

This identified a requirement to significantly increase the numbers of Paramedics and EMTs, which in turn will have a significant impact on recruitment and training needs in the short term. The results of the demand and capacity analysis are now being considered by NIAS in partnership with Department of Health and Commissioners.

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HSC ADMINISTRATIVE AND CLERICAL WORKFORCE

Administrative and clerical staff occupy roles both in direct and indirect frontline services, for example reception services, patient records and business support functions such as finance, HR and IT. Within HSC organisations this group of staff is often targeted with regard to efficiency savings and therefore, despite increases in most other HSC staff groups to meet increased demand for services, staff numbers had changed little in recent years.

As with many other staff groups, administrative and clerical staff report not being able to meet the conflicting demands of their work. A high portion of administrative and clerical staff also report working additional unpaid hours. At March 2017 HSC organisations had around a 4% vacancy rate in the administrative and clerical workforce and, as such, agency workers are being utilised.

HSC ESTATES AND SUPPORT SERVICES

Estates services staff (e.g. electricians, plumbers, engineers etc.) are a mostly male (97%) workforce, with little part-time working currently and over half aged 50+. The staff survey responses highlight issues with lack of appraisals and feedback from managers, not feeling valued, conflicting demands of work, issues of having inadequate materials and supplies to do their jobs and not having enough staff in teams. This staff group also report a high proportion working additional paid and unpaid hours.

The Support Services staff (e.g. catering, cleaning, drivers, porters etc.) are comprised of around 60% females and 40% males, with almost half aged 50+. Two thirds work part-time. This workforce also experiences high levels of sickness absence with injury, fracture and musculoskeletal issues being prevalent reasons for absence. Staff survey results also highlight low levels of appraisals, management feedback and engagement with staff about decision-making.

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Health and Social Care Workforce Strategy 2026 - Delivering for our People

Second Action Plan (2022-23 to 2024-25)

The 'Health and Social Care Workforce Strategy 2026 – Delivering for our People' was published in May 2018. It acknowledged that the people who work in Northern Ireland's health and social care system – whether employed by the statutory Health and Social Care (HSC) organisations, independent contractors, or as our partners in the voluntary and community sector – are the system's greatest strength, working ever harder to provide the care needed by patients and service users.

The experiences of the last two years has demonstrated to me that the system simply could not function without the skill, dedication and commitment of our talented, hard-working colleagues, across all disciplines, professions and levels.

The aim of the Workforce Strategy is that by 2026 "we meet our workforce needs, and the needs of our workforce". In practice, this means ensuring that a transformed health and social care system has the right numbers of appropriately-trained staff, with the right skills mix; and that the Department and employers create the conditions so that health and social care becomes an employer, and a trainer, of choice.

The Strategy's first action plan, while impacted by the pandemic, has delivered significant progress in a range of areas. However many of the challenges previously identified remain and further challenges have emerged as a result of the pandemic's effects. This second action plan, covering the three year period from 2022/23, has been developed in partnership with colleagues and stakeholders from across the health and social care system. It seeks to address our workforce challenges through an ambitious series of actions that will be taken forward over the next three years.

I have often said that an increased and sustained investment is necessary to support our ambitions for the health and social care workforce and to ensure full implementation of this second action plan. The Department of Health currently faces a very challenging financial position and I am on record as warning that funding pressures in health may be significant by the second half of 2022/23 with the

financial situation undoubtedly being constrained whatever the final budget settlement.

My ability to plan strategically is being significantly impaired by the ongoing budgetary uncertainty and my Department does not currently have the funding necessary to deliver all of the actions which have been identified as necessary by stakeholders. My Department will continue to do the best it can to deliver on these actions with the resources available, however, in the absence of significant additional funding a further process to identify actions of the highest priority for progression will be required.

Health Minister Robin Swann

Introduction

The ‘Health and Social Care Workforce Strategy 2026: Delivering for Our People’ was published in May 2018. The aim of the Strategy is that ‘**by 2026, we meet our workforce needs and the needs of our workforce’.**

To achieve this aim, we need to meet three objectives:

1. The reconfigured health and social care system has the optimum number of people in place to deliver treatment and care, and promote health and wellbeing to everyone in Northern Ireland, with the best possible combination of skills and expertise;
2. Health and social care is a fulfilling and rewarding place to work and train, and our people feel valued and supported; and
3. The Department and health and social care providers are able to monitor workforce trends and issues effectively, and be able to take proactive action to address these before problems become acute.

The Strategy was developed by the Department of Health through detailed engagement with colleagues from across the HSC and independent, voluntary and community sector healthcare providers and trade unions, and covers the period 2018 to 2026.

To enable flexibility in delivery over the life of the Strategy, three consecutive action plans will be developed. The first action plan which covered the period 2018 to 2020, despite being impacted by the pandemic, delivered progress in a number of significant areas. These included:

- commissioning by the Department of the highest ever number of pre-registration nursing and midwifery places at 1,325;
- delivery of an international nurse recruitment process which by December 2020 had recruited a total of 647 nurses, of which 593 remain in post;

- the delivery of an ongoing programme of workforce reviews, each utilising the Regional HSC Workforce Planning Framework six step methodology;
- the move to a Programme of Care approach to workforce planning in these reviews;
- the introduction of the Physician Associate role across the HSC;
- delivery of measures by each HSC Trust to support health and wellbeing of staff;
- movement of doctors in training to a single employer arrangement;
- introduction of processes that have reduced the time taken during recruitment from point of receipt into the HSC Recruitment Centre until final offer; and
- alignment of the HSC staff survey with the Workforce Strategy to ensure information is available to better measure progress against intended outcomes.

Our response to the pandemic has delayed the formal development of the second action plan with the Department completing an internal review of progress in the autumn of 2020 which identified a series of actions for progression from the beginning of 2021 with a view to them being incorporated into the formal second action plan.

The Department has worked collaboratively with colleagues from across the health and social care sector in recent months in the development of this second action plan with a particular focus on:

(i) building on the first action plan, continuing to address issues contained in the first action plan that remain relevant while ensuring these are refreshed where necessary to accurately address the current situation;
(ii) considering new actions specifically arising from the experiences of the pandemic; and
(iii) assessing additional actions relevant to an ever evolving health and social care system.

The result of this collaborative engagement is the second action plan outlined below which identifies actions for delivery over the next three years (2022/23 to 2024/25).

The second action plan identifies an ambitious range of strategic actions for progression over the next three years which is reflective of the breadth and content of feedback received from stakeholders, providing the mechanisms, strategic context and flexibility within which the objectives of the Strategy can be progressed.

It is recognised that the full implementation of this second action plan will require additional funding over the next three years at a time when we face a very challenging financial position. Securing this funding will not be easy or straightforward but the Department is committed to exploring every opportunity going forward to secure additional funding as the costs of implementation become clearer.

Health and Social Care Workforce Strategy: Delivering for Our People – Second Action Plan (2022-23 to 2024-25)

Timescales for delivery 2022/23 | 2023/24 | 2024/25

Ongoing actions to be delivered across the period to 31/03/25

Objective 1 - The reconfigured health and social care system has the optimum number of people in place to deliver treatment and care, and promote health and wellbeing to everyone in Northern Ireland, with the best possible combination of skills and expertise

Theme/Action	Outputs	Lead organisation	Funding position
Theme 1 – Attracting, recruiting and training Action 2.1 - Invest and establish a robust infrastructure within the HSC which promotes health and social care careers and supports future workforce planning WHY? • To help ensure a good supply of people in the future. • To inform and excite people on the range of jobs and professions. • To publicise health and social care as a career option, with properly mapped career pathways, developed in partnership with existing members of the workforce. • Focus on the skills developed within areas and locations which have recruitment difficulties. • To provide volunteering and work experience opportunities. • Will act as a single point of contact for new recruits and experienced returners.	HSC organisations will work collaboratively with schools and the further education sector with a prime aim to actively promote and encourage students to join the HSC family and become our workforce for the future. This will be achieved by:	HSC Employers	
	(i) using a blended approach including showcasing HSC at targeted career related events/conferences and campaigns including the use of virtual platforms (ongoing to 31/03/25)		can be partially implemented but will also require additional funding to ensure full implementation
	(ii) development and roll out of an agile marketing campaign with consistent HSC wide branding [Approximately 6 months from funding being identified to development of campaign]		requires additional funding
	(iii) developing links with other interested partners and stakeholders in the use of their digital space and develop profession specific materials and resources to increase awareness		can be partially implemented but will also require additional funding to ensure full implementation

	and promotion of the wide range of HSC roles (ongoing to 31/03/25)		
	(iv) investing further in the development of jobs.hscni.net to enhance its presence and improve the impact [Approximately 12 months from funding being identified to implementation of this output]		requires additional funding
Theme 1 – Attracting, recruiting and training Action 2.2 - Development and rollout of specific campaigns to showcase particular professions and support recruitment WHY? • To promote opportunities within specific professions that require focussed recruitment initiatives.	Focussed campaigns to showcase and support recruitment into a career in social care including healthcare support workers [Approximately 9 months from funding being identified to implementation of this output]	Social Care Directorate (DoH) / NI Social Care Council	requires additional funding
	Focussed campaign to support recruitment into Children and Family social work as a way of addressing the increasing challenges of recruiting and retaining social workers within this sector [Approximately 12 months from funding being identified to implementation of this output]	Social Care Directorate (DoH) / NI Social Care Council	requires additional funding
	Identify other professions suitable for similar focussed campaigns through recommendations arising from workforce reviews (ongoing to 31/03/25)	Workforce Policy Directorate (DoH) and Chief Professional Officers (DoH)	can be partially implemented but will also require additional funding to ensure full implementation

Theme 1 – Attracting, recruiting and training Action 2.3 – Explore new and alternative opportunities that may provide a recruitment and training pathway to a career in the health and social care system WHY? • To broaden the potential supply of people. • To provide career progression and development pathways to both new recruits and also existing HSC staff.	Convene cross HSC apprenticeship working group to scope health and social care and business support professions and roles that may be suitable for (i) Level 2/3 and (ii) Higher Level Apprenticeship programmes with view to also establishing career development pathways (by 30/06/22)	HSC Employers	can be fully implemented without additional funding
	Liaise with relevant stakeholders to explore most appropriate funding models for HSC apprenticeship programmes (by 31/03/23)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Scope potential application of existing apprenticeship frameworks i.e. pharmacy services, dental nursing and social care (by 31/03/23)	HSC Employers	can be fully implemented without additional funding
	HSC apprenticeship working group to engage with Healthcare Sectoral Partnership established by DfE to develop new (i) apprenticeship frameworks and (ii) apprenticeship programmes for identified professions, subject to appropriate funding models being established [Ongoing development once funding secured]		requires additional funding
	Develop proposals to harness the supply of psychology graduates to support the Clinical Psychology workforce (by 31/03/23)		can be partially implemented but will also require additional funding to ensure full implementation
	Examine opportunities to support and utilise employability academies		can be fully implemented without additional funding

	designed to facilitate the recruitment of staff i.e. social care (by 31/03/23)		
	Examine opportunities to develop and utilise existing trainee schemes to provide Level 1 entry into healthcare and business support professions with view to establishing career development pathways (by 31/03/23)		can be fully implemented without additional funding
	Develop a social work trainee scheme [Approximately 24 months from funding being identified to implementation of this output]	Social Care Directorate (DoH)	requires additional funding
Theme 1 – Attracting, recruiting and training Action 2.4 – Develop innovative approaches to support the recruitment and retention of social workers to address the workforce challenges within this sector WHY? • We need to deliver sufficient numbers of social workers to meet identified demand and ensure compliance with statutory functions. • Recruitment pressures within Children and Family social work services remain acute, impacting upon the delivery of delegated statutory functions. • There is a need to create adequate capacity within front line teams to meet increasing demands for services.	Establish a Social Work Workforce Implementation Board to progress initiatives to support the recruitment and retention of social workers (ongoing to 31/03/25)	Social Care Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Develop a strategy to secure and retain a stable, skilled and motivated Children and Family social work workforce to ensure the appropriate mix of staff with the appropriate skills to deliver safe and high quality social work services (ongoing to 31/03/25)	Social Care Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation

Theme 1 – Attracting, recruiting and training Action 2.5 – Establish structures to oversee the implementation of recommendations arising from workforce reviews WHY? • Ensures focus is retained on recommendations arising from workforce reviews with view to developing implementation frameworks for delivery.	Oversee implementation of the recommendations of the 2020 Pharmacy Workforce Review (ongoing to 31/03/25)	Pharmaceutical Advice and Services Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Establish structures to oversee recommendations arising from rolling programme of workforce reviews (ongoing to 31/03/25)	Chief Professional Officers (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 1 – Attracting, recruiting and training Action 2.6 – Explore opportunities to recruit health and social care professionals from other jurisdictions WHY? •Provides an additional source of registered health and social care professionals.	Undertake international nurse recruitment programme to complement workforce (ongoing by 31/03/25)	Business Services Organisation	can be partially implemented but will also require additional funding to ensure full implementation
	A project to scope potential for international recruitment in other health and social care and social work professions including Pharmacy, Allied Health Professionals and Children and Family social workers [Project will complete within 12 months once funding is identified]		requires additional funding
	Develop initiatives to attract NI domiciles trained in GB to pursue a career in the HSC [Project will complete within 12 months once funding is identified]	Workforce Policy Directorate (DoH)	requires additional funding
	Scope feasibility of a streamlined	Strategic Planning and	can be fully implemented

	process for recently trained GPs from ROI obtaining entry onto the NI Primary Medical Performers List (ongoing to 31/03/25)	Performance Group (DoH)	without additional funding
	Developing an agreed regional process, including guidance documentation, to facilitate the creation of an approved employer to enable retention of recently qualified international GP graduates (ongoing to 31/03/25)	Strategic Planning and Performance Group (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 1 – Attracting, recruiting and training Action 2.7 – Provide opportunities for former staff to return to the HSC WHY? •Provides an additional source of registered health and social care professionals.	Establish focussed process to facilitate recruitment of staff returning to the HSC (by 31/12/23)	Chief Professional Officers (DoH) / Strategic Planning and Performance Group (DoH) / HSC Employers	can be partially implemented but will also require additional funding to ensure full implementation
Theme 1 – Attracting, recruiting and training Action 2.8 – Explore and establish non-salary incentive programmes as a means of recruiting and/or retaining and/or dealing with pressures in less popular specialties and locations WHY? • We are experiencing difficulties in filling certain posts. • Need new innovative ways to recruit and retain. • Addressing supply and location issues should ultimately reduce reliance on agency	Undertake focussed consultation with HSC staff to establish non-salary incentives attractive to specific professions and locations (by 31/03/23)	Workforce Policy Directorate (DoH) / HSC Employers	can be partially implemented but will also require additional funding to ensure full implementation
	Utilise the findings of the above consultation to explore feasibility of implementing identified non-salary incentive programmes [Project will complete within 9 months once funding is identified]		requires additional funding
	Development of Return on Service obligation initially for BSc paramedics course with extension to other professions (commencing with an		can be fully implemented without additional funding

and locum workers. • Such a policy can be linked to return of service obligations – establishing a new two way commitment between HSC employers and trainees.	assessment of the feasibility of a Return on Service commitment for doctors) (by 31/03/23)		
	Cross HSC working group to develop agile, flexible and hybrid working people strategies (by 31/12/23)		can be fully implemented without additional funding
	Continued engagement on Agenda for Change terms and conditions (ongoing to 31/03/24)		can be partially implemented but will also require additional funding to ensure full implementation
Theme 1 – Attracting, recruiting and training Action 2.9 – Explore and establish incentive programmes as a means of recruiting and retaining across health and social care with a particular emphasis on less popular specialties and locations WHY? • We are experiencing difficulties in filling certain posts. • Need new innovative ways to recruit and retain. • We need to provide a particular focus on our existing staff with view to creating the conditions that maximise retention.	Establishment of a Fair Work Forum for Social Care which will consider how pay and conditions of the social care workforce can be improved across all sectors (by 31/12/22)	Social Services Policy Group (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Develop & deliver initiatives to support the specific retention of experienced health and social care professionals [Project will complete within 12 months once funding is identified]	Workforce Policy Directorate (DoH) / HSC Employers	requires additional funding
	Develop initiatives to support retention within all health and social care professional groups [Ongoing initiatives once funding is identified]	Workforce Policy Directorate(DoH) / Chief Professional Officers (DoH) / HSC Employers	requires additional funding
Theme 2 – Sufficient availability of high-quality training and development Action 2.10 - Commissioning of sustainable training programmes that are aligned to meet current and future health and social	Undertake a review of funding arrangements required to support workforce reviews undertaken to inform the process of strategic workforce planning (by 31/12/22)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Undertake review of Supplement for		can be fully implemented

care requirements for multidisciplinary service delivery; and Action 2.11 - Commissioning of time-protected, appropriately located, sustainable post-registration training programmes, and development opportunities for more experienced people, including consideration of preceptorship arrangements to smooth the transition from training to practice WHY? • Values the needs of students and workers. • We need a sustainable approach to planning for, and funding, training for pre-registration students, to ensure that health and social care is fit for purpose by 2026. • This will take account of revisions to the various curriculums. • Smooth the transition from education environment to the realities of delivering health and social care, and the characteristics/skills required to do so. • Reduce reliance on agency and locum workers. • We need a sustainable and transparent approach to planning for, and funding, training for post-registration students, to ensure that health and social care is fit for purpose by 2026.	Undergraduate Medical and Dental Education (31/12/23)		without additional funding
	Ongoing development and delivery of a rolling, prioritised programme of workforce reviews to inform the process of strategic workforce planning with an increased focus on planning by Programme of Care and integrated care pathways aligned to the health and social care Transformation Programme. This should address multidisciplinary and inter-professional aspects of service delivery and training, including paramedics, with costed implementation plans for recommendations (ongoing to 31/03/25)		can be partially implemented but will also require additional funding to ensure full implementation
	Produce a policy on departmental commissioning of training and development for health and social care (i) with emphasis on the requirement for multi-disciplinary service delivery and (ii) within a three year training budget plan (by 31/03/24)		can be fully implemented without additional funding
	Undertake review of medical training places (by 31/12/23)		can be fully implemented without additional funding
	The Department will undertake a review of post registration education and training arrangements to include Medical, Pharmacy, Social Work, Nursing and Midwifery and Allied Health Professionals (by 31/03/23)		can be fully implemented without additional funding
	Produce a costed implementation plan		can be partially

	for recommendations contained within existing workforce reviews with view to commissioning (i) additional pre-registration training programmes and (ii) additional post-registration and Medical Specialty Training within a three year training budget plan (by 31/03/23)		implemented but will also require additional funding to ensure full implementation
	Working with employers, the Department will review the potential of maximising the contribution of vocational learning, commencing with the existing nursing and social care workforce, to ensure the workforce develop and retain necessary skills (ongoing to 30/06/24)		can be partially implemented but will also require additional funding to ensure full implementation
	Examine the feasibility of developing preceptorship arrangements within professions (ongoing to 31/03/24)	Chief Professional Officers (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Continue to align and support a collective leadership culture within the HSC through the full implementation of the HSC Collective Leadership Strategy (ongoing to 31/03/25)	HSC Employers	can be fully implemented without additional funding
Theme 2 –Sufficient availability of high–quality training and development Action 2.12 – Develop a system-wide innovative approach to enhance the attractiveness of the HSC medical education programmes as a way of addressing the increasing challenges of	Undertake assessment of attrition rates from medical foundation training to medical specialty training in Northern Ireland (by 31/12/23)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Working with employers and medical training partners, the Department will develop innovations to make the HSC an attractive place to train and remain		requires additional funding

attracting doctors into specialty training programmes after completion of their foundation training <u>WHY?</u> •We need to ensure there are sufficient doctors available to meet identified demand across all specialties and services.	[Ongoing initiatives once funding is identified]		
	Develop focussed initiatives to attract Northern Ireland domiciled students who have completed undergraduate training elsewhere to return for post graduate training [Ongoing initiatives once funding is identified]		requires additional funding
	Undertake review of GP training programme with view to enhancing retention of trainees in Northern Ireland (by 31/12/23)		can be fully implemented without additional funding

Theme 3 – Effective Workforce Planning Action 2.13 – Develop, and by 2026 sustainably fund, an optimum workforce model for reconfigured health and social care services that utilises the findings of our strategic workforce planning to provide a system wide view of workforce requirements WHY? •We need a strategic, coherent, dynamic workforce framework that clearly outlines the people and skills required to meet service and population needs across the region in 2026. This should take account of population needs and demographic trends. • We need a product that collates and coordinates the findings from the various prioritised workforce reviews that are regularly carried out for every profession and discipline and as part of transformation initiatives that are ongoing. The optimum workforce model will be this product. • The optimum workforce model will adopt a number of key principles, including the need for multidisciplinary and inter-professional working.	Working with clinical leads and other relevant stakeholders, the Department will design a robust methodology for an Optimum Workforce Model. This will utilise outputs from the workforce reviews undertaken for the purposes of strategic workforce planning to provide a system wide view of workforce requirements across the reconfigured health and social care system (ongoing to 31/12/23)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Utilise outputs from the prioritised workforce reviews undertaken for the purposes of strategic workforce planning on an ongoing basis to populate the agreed Optimum Workforce Model with view to developing a system wide view of workforce requirements (ongoing to 31/03/25)	Workforce Policy Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 3 – Effective workforce planning Action 2.14 - By fully implementing and embedding the Regional HSC Workforce	Continue to ensure that the six-step methodology is fully embedded into workforce planning practices, including use of population health, disease profile	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding

Planning Framework (six-step methodology), ensure that this is supported by necessary resources and underpinned by a multidisciplinary ethos across all providers <u>WHY?</u> • Consistent, evidence-based regional approach to workforce planning. • Need to review adequacy of training across all HSC providers.	data etc. (ongoing to 31/03/25)		
Theme 3 – Effective workforce planning Action 2.15 – Development of proposals to reduce agency dependency across the HSC <u>WHY?</u> •Reduce reliance on agency/locum workers leading to reduced agency/locum expenditure. •Redirect resources to the delivery of permanent HSC staff.	Implement a new procurement framework for agency staff (by 30/9/2022)	Business Services Organisation (BSO)	can be fully implemented without additional funding
	Working with HSC employers and stakeholders, the Department will identify a range of additional mechanisms to support a significant reduction in 'off contract' agency expenditure (by 30/9/2022)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Implement agreed mechanisms with a view to these activities contributing to a commencement of savings (from October 2022)	Organisations across HSC	can be partially implemented but will also require additional funding to ensure full implementation
Theme 3 – Effective workforce planning Action 2.16 – Development of legislation and consider the resource required to ensure safe staffing within health and social care settings	The Department in partnership with Trade Unions and Key Stakeholders to discuss and agree appropriate legislative options including appropriate primary legislation for safe staffing across all Health and Social Care settings (by 31/12/22)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding

WHY? •Ensure safe staffing levels are maintained across all health and social care settings including paramedics. •Provide increased assurance for patient safety.	Develop a safe staffing policy that is inclusive for those working in Health & Social Care settings including the NI Ambulance Service (by 30/06/23)	Workforce Policy Directorate (DoH) / Chief Professional Officers	can be fully implemented without additional funding
	Develop appropriate secondary legislation including staff calculation methods that can be implemented in specific Health & Social Care settings (by 30/06/24)		can be partially implemented but will also require additional funding to ensure full implementation
Theme 3 – Effective workforce planning Action 2.17 - We take account of, and plan for, the workforce implications arising from the UK's exit from the EU and the subsequent implications for the EU/EEA and non-EU/EEA WHY? •Need to take account of the implications for workforce supply, frontier workers, mutual recognition of professional qualifications, international recruitment, borders agency, immigration quotas and shortage occupation lists.	Consider appropriate arrangements for the regulation of healthcare professions delivering services or undertaking training on the island of Ireland (by 31/12/23)	Workforce Policy Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 4 – Multi- disciplinary and inter-professional working and training Action 2.18 - Planning for and introducing new roles WHY?	Support UK wide work to secure statutory regulation and prescribing rights for Physician Associates (by 31/03/24)	Workforce Policy Directorate (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
	Complete full review of the Physician Associate pilot programme (by 31/12/23)		can be fully implemented without additional funding

• Need to develop and integrate new ways of working and jobs across health and social care. • Need to ensure that the appropriate skills mix is in place. • New roles need to be evidence-based, with clarity on outcomes of what new roles will contribute and achieve. • Strategic development of new roles facilitates transfer of best practice across professions.	Develop of a NI-wide strategy for utilisation of Physician Associates, along with the associated funding stream (by 31/12/24)		can be fully implemented without additional funding
	Support UK wide work to secure statutory regulation and prescribing rights for Pharmacy Technicians (by 31/03/24)		can be partially implemented but will also require additional funding to ensure full implementation
	Cross HSC working group to develop a formal process and criteria for the identification and development of new roles (by 31/12/22)	Workforce Policy Directorate (DoH) and Chief Professional Officers (DoH)	can be fully implemented without additional funding
	Undertake a needs analysis of new roles required across all health and social care professions commencing with Advanced Practitioner (Paramedic), Assistant Practitioner (Radiography) and Social Work Assistant (by 31/12/23)		can be fully implemented without additional funding
	Development of appropriate models for delivery of recruitment, training and practice frameworks for identified new roles, including identification of associated funding [Ongoing development once funding secured]		requires additional funding
Theme 4 – Multi- disciplinary and inter-professional working and training Action 2.19 - Develop multi-disciplinary, cross-sector working that will characterise the delivery of collective, compassionate	Cross reference the work of and seek input from relevant forums, working groups and reviews being undertaken in this area across health and social care to ensure alignment with the Workforce Strategy (among others):	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding

care in the future WHY? • Effectively utilising skills and resources to deliver collective compassionate care. • Streamlining care pathways across locations and teams. • Addressing increasing incidence of co-morbidities in an ageing population. • Need to ensure that role of multidisciplinary teams in transformation of delivery of health and social care services is clear and embedded in all undergraduate health and social care courses.	- Reshaping Stroke Care - Review of Neurology Services - Review of Urgent and Emergency Care - Regional Medical Imaging Board - Mental Health Strategy - Future Planning Model - Cancer Strategy for NI - Children Services Review (ongoing to 31/03/25)		
Objective 2 - Health and social care is a fulfilling and rewarding place to work, and our people feel valued and supported			
Theme 5 - Building on, consolidating and promoting health and wellbeing Action 2.20 - Working with employers and all those who work in the health and social care sector and trainee representatives, the Department and commissioners will produce an HSC staff health and wellbeing framework, with the aim of assisting staff to remain physically and mentally well at work	Complete audit of existing health and wellbeing services and procedures (by 31/09/22)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	Establish working group, aligned to the Regional Health and Wellbeing Network to produce a HSC staff health and wellbeing framework that will support employers in planning and implementing effective processes and resources for improving staff health, wellbeing and safety at work (by	HSC Employers / Workforce Policy Directorate (DoH)	can be fully implemented without additional funding

WHY? • Investment in health and wellbeing services for the workforce reduces sick absence, improves ability to recruit and retain staff (with corresponding savings on agency and locum expenditure).	31/12/22)		
	Ongoing development and implementation of initiatives to proactively support staff across health and social care to remain physically and mentally well at work (ongoing to 31/03/25)	HSC Employers	can be partially implemented but will also require additional funding to ensure full implementation
	HSC Employers will work to develop and support sustainable initiatives to build a diverse and inclusive workforce where all colleagues are valued, listened to and through active involvement can contribute to decision making (by 31/12/23)		can be partially implemented but will also require additional funding to ensure full implementation
	HSC employers will work with Trade Unions to co-produce a regional policy for dealing with disciplinary matters in accordance with a just culture approach (by 31/12/22)		can be fully implemented without additional funding
Theme 5 - Building on, consolidating and promoting health and wellbeing Action 2.21 - Commissioning and establishment of sustainable occupational health services WHY? • Investment in occupational health services for the workforce reduces sickness absence, improves ability to recruit and retain staff (with corresponding savings on agency and locum expenditure). • This will also act as a model for new occupational health services for use by the	Complete audit of existing occupational health services (by 30/09/22)	Workforce Policy Directorate (DoH) / Chief Nursing Officer	can be fully implemented without additional funding
	Complete an occupational health workforce review with view to the creation and implementation of a multidisciplinary occupational health workforce plan across the HSC that addresses the impact and learning from the Covid 19 pandemic (by 31/03/23)		can be partially implemented but will also require additional funding to ensure full implementation
	Re-instate the occupational medicine speciality training programme [Project will complete within 12 months once funding is identified]		requires additional funding
	Scope the requirements for an occupational nurse training programme		requires additional funding

wider public and private sectors.	[Project will complete within 12 months once funding is identified]		
	Establish working group to appraise options for the more effective delivery of occupational health services to the wider health and social care sector, and subsequently other Northern Ireland industry sectors (by 31/12/24)		can be fully implemented without additional funding
Theme 6 – Improved workforce communication and engagement Action 2.22 - Establish processes and procedures to ensure that information flows freely across organisations/systems and that employees are kept abreast of developments <u>WHY?</u> • Addresses concerns raised in previous staff surveys and in the fieldwork for this strategy. • Allows for staff networks/forums to discuss such matters which are common across all sectors and bands. • Allows for coherent messages on health and social care developments, including transformation and industrial relations.	Complete audit of existing processes for communication with staff across the HSC (by 31/12/22)	HSC Employers	can be fully implemented without additional funding
	Processes and procedures co-produced and fully embedded (by 31/12/24)		can be partially implemented but will also require additional funding to ensure full implementation
	HSC organisations will co-produce formal mechanisms with staff and Trade Unions to ensure consistent communication and engagement mechanisms embedded across the HSC (by 30/06/24)		can be fully implemented without additional funding
Theme 6 – Improved workforce communication and engagement Action 2.23 - Co-produced staff appraisal and engagement project and rollout of recommendations	Complete audit of existing staff appraisal and engagement processes (by 31/12/22)	HSC Employers	can be fully implemented without additional funding
	Working with staff and Trade Unions, HSC organisations will undertake a review of staff appraisal and engagement practices with view to		can be fully implemented without additional funding

WHY? • Allows for coherent action to address staff concerns in relation to: -Team working -Appraisal -Personal development -Knowledge and Skills Framework -Organisational / leadership culture (address high pressure cultures and how these can create high stress cultures and ultimately low morale).	developing and implementing a regional staff appraisal and engagement framework that formally incorporates health and wellbeing within the appraisal process (by 31/12/23)		
Theme 6 – Improved workforce communication and engagement Action 2.24 - Working with employers and the workforce and trainee representatives, the Department and commissioners will produce a set of standards that all HSC staff can expect in terms of facilities WHY? • Addresses staff concerns in relation to food/drink/rest break facilities.	Develop and implement an updated HSC staff facility policy [Policy will be developed within 12 months once funding is identified. Implementation of policy will be dependent on funding being available]	Infrastructure and Investment Directorate (DoH) and HSC Employers	requires additional funding
Theme 7 – Recognising the contribution of the workforce Action 2.25 - Design and implementation of	Complete audit of existing recognition initiatives (31/12/22)	HSC Employers	can be fully implemented without additional funding
	Working with staff and Trade Unions, HSC organisations will develop and		requires additional funding

co-produced policy on recognition initiatives WHY? • Valuing the contribution that all make to delivering excellent, compassionate care. • Devolving decision-making to the appropriate levels, including locally where possible. • Supporting the workforce to achieve success, and to feel valued and supported. • Allows for coherent action on possible introduction/use of: -Advanced Information and Communication Technology. -Co-production leading to greater staff involvement in decision-making. -Sufficient freedom to display initiative and make decisions. -Proper supervision. -Opportunities for training and development at all grades, and not just tied to promotion. -Agreed job rotation. -Opportunities for educational leave, etc.	implement a regional framework on recognition initiatives [Development will complete within 12 months of funding being identified; implementation of framework will be dependent on funding]		
Theme 8 – Work-life balance Action 2.26 – As part of a four nations approach, HSC organisations will carry out a HSC wide review of flexible working practices in Northern Ireland, in partnership with staff and Trade Unions WHY?	Adopt Section 33 Agenda for Change Handbook arrangements within HSC (from 01/04/22)	Workforce Policy Directorate (DoH) / HSC Employers / Trade Unions	can be fully implemented without additional funding

• Recognises the needs of the workforce such as those with dependent relatives and/ or caring responsibilities, whilst balancing the requirements of the service. • Support the workforce to access their work remotely where appropriate. • Also will provide clarity around working time regulation/sleepover duties/working hours in 24-hour service. • There is a need to develop working patterns which are reflective of the demographics of the workforce.			
Theme 9 – Making it easier for the workplace to do their jobs Action 2.27 - Simplification of employment arrangements, for example, explore whether a single employer for all HSC staff is feasible and will produce benefits for staff/patients/clients WHY? • To provide clarity and remove duplication and possibility for error/confusion in relation to payroll, generic training, etc.	Completion of lead employer project for doctors in training (by 31/03/23)	Workforce Policy Directorate (DoH)	can be fully implemented without additional funding
	The Department and relevant stakeholders will complete a formal evaluation of the lead employer project for doctors in training and produce recommendations on the feasibility of creating a single HSC employer for doctors (by 31/12/23)		can be fully implemented without additional funding
	Produce a costed implementation plan for recommendations contained within evaluation [Plan will be developed within 3 months once funding is identified]		requires additional funding
	Scope feasibility of a possible single HSC employer [Project will complete within 12 months once funding is identified]		requires additional funding
Theme 9 – Making it easier for the	Comprehensive workforce engagement	Business Services	can be fully implemented

workplace to do their jobs Action 2.28 - Continue to develop workforce engagement projects for the introduction of new technologies and systems, including e-health initiatives, Encompass etc., which are designed to support the workforce in doing their jobs WHY? • Some parts of the workforce do not feel sufficiently involved in design and roll-out of new technology and systems.	plans to be developed as part of design and implementation of new technologies and systems (ongoing to 31/03/25)	Organisation / Project Leads	without additional funding
Theme 9 – Making it easier for the workplace to do their jobs Action 2.29 – Establish processes and procedures to ensure the design and delivery of learning, development and training in a comprehensive, accessible and timely manner WHY? • Ensure modern technologies are utilised in the delivery of comprehensive and accessible learning, development and training to staff across all HSC settings.	Establish a cross HSC working group to scope the feasibility of developing a new Learning Management System, utilising learning from the pandemic and modern learning technologies, to deliver modern and responsive learning and training needs across the HSC (by 31/03/23)	HSC Employers	can be fully implemented without additional funding
	Produce a costed implementation plan for recommendations [Plan will be developed within 9 months of resources being identified]		requires additional funding
Theme 9 – Making it easier for the workplace to do their jobs Action 2.30 – Establish processes and procedures to ensure safe recruitment practice is managed in as short a time as possible engaging the candidate throughout	Cross HSC working group to develop and design a replacement for the HRPTS system (EQUIP programme) ensuring the HSC adopts best practice and fully utilises modern technology opportunities (ongoing to 31/03/25)	Business Services Organisation (EQUIP)	can be partially implemented but will also require additional funding to ensure full implementation
	HSC Employers and BSO Shared	HSC Employers /	can be fully implemented

the journey WHY? Eradicate unnecessary delays in filling vacancies.	Services will complete a full review of the HSC recruitment model and process to scope the opportunities for improvement and inform the subsequent implementation programme. This review will align and support the business change required to support implementation of the EQUIP Programme (by 31/12/22)	Business Services Organisation	without additional funding
	Develop and progress the implementation plan for improvement of the HSC recruitment model and process to achieve an improved experience for candidates and recruiting managers (by 31/12/24)		can be partially implemented but will also require additional funding to ensure full implementation
	Scope and procure necessary adaptions required to enhance existing HRPTS system in line with identified actions to improve timeliness and maximise candidate experience of the recruitment journey [Ongoing development once funding secured]	HSC Employers	requires additional funding
	Continue to develop streamlined approaches to recruitment of Health and Social Work students on the basis of learning acquired from pilot exercises completed during 2021 (ongoing to 31/03/25)	HSC Employers	can be partially implemented but will also require additional funding to ensure full implementation

Objective 3 – The Department and health and social care providers are able to monitor workforce trends and issues effectively, and be able to take proactive action to address these before problems become acute.			
Theme 10 – Improving workforce business intelligence Action 2.31 - Department to oversee and monitor exercise to examine where current gaps exist. This will involve collaboration with the relevant bodies to introduce data collections that we know to be missing e.g. gather more primary care workforce data, independent sector, etc. WHY? • We have a number of gaps in our business intelligence, which if closed would enhance workforce planning, allowing us to monitor workforce trends and issues effectively, and be able to take proactive action in the future.	Establish cross HSC working group to undertake audit of existing workforce data provision necessary for effective workforce planning across the health and social system (by 31/12/22)	HSC Employers	can be fully implemented without additional funding
	Where data gaps are identified, scope the feasibility of introducing the recording and reporting of data (by 31/12/23)	HSC Employers / IAD (DoH)	can be partially implemented but will also require additional funding to ensure full implementation
Theme 10 – Improving workforce business intelligence Action 2.32 - Explore workforce data systems and analytics software to inform more evidence-based decision making and solve problems WHY? • We need better business intelligence.	Utilise opportunities arising from the EQUIP programme to deliver enhanced, regionally consistent and interactive workforce analyses to stakeholder audiences enabling effective benchmarking and evidence based decision making with regard to workforce planning (ongoing to 31/03/25)	HSC Employers / Business Services Organisation (EQUIP)	can be partially implemented but will also require additional funding to ensure full implementation
	Explore opportunities arising from data systems and software across other health and social care areas to enhance workforce planning capabilities (ongoing to 31/03/25)	HSC Employers / IAD (DoH)	can be partially implemented but will also require additional funding to ensure full implementation

Theme 10 – Improving workforce business intelligence Action 2.33 - Align staff survey with workforce strategy to ensure information is available to measure progress against intended outcomes WHY? • We need better business intelligence from this source. • Need to maximise response rate.	HSC staff survey management group will meet regularly to develop and evaluate regular HSC staff surveys (ongoing to 31/03/25)	HSC Employers	can be fully implemented without additional funding
	Deliver HSC staff surveys aligned with the workforce strategy to provide data necessary to monitor intended outcomes [Surveys developed and delivered within 9 months of resources being identified]		requires additional funding
Theme 10 – Improving workforce business intelligence Action 2.34 - Roll-out of exit interviews for all staff leaving the HSC WHY? • Results of detailed and meaningful exit surveys can be monitored and fed into workforce planning processes and decision-making.	Establish cross HSC working group to develop a regional process and reporting mechanism for exit interview for staff leaving the HSC (by 31/12/22)	HSC Employers	can be fully implemented without additional funding
	Develop implementation plan for the roll-out of exit interviews for all staff leaving the HSC including processes for utilising feedback to inform service design and retention initiatives [Plan can be developed within 9 months of resources being identified; implementation will follow]		requires additional funding

Oversight and Accountability

Oversight and accountability of the Workforce Strategy continues to be provided by a Programme Board which was established in 2018. The Workforce Strategy Programme Board is supported in this function by the Workforce Strategy Reference Group, with representation from relevant employers, trade unions and others, which provides advice and assurance to the Programme Board on progress.

During 2021 a new Workforce Strategy Unit was created within Workforce Policy Directorate in the Department. This Unit will be responsible for co-ordinating the Strategy with additional arrangements for the management and monitoring of implementation incorporated into the second action plan.

This will focus on the Workforce Strategy Unit working closely with stakeholders to identify and allocate leads for each action contained within the second action plan. Dedicated working groups, with appropriate representation from across the health and social system, will be convened with delivery plans and timeframes for implementation agreed for each output.

There is also a need for a consistent focus on the implementation of this action plan. A process of regular monitoring and reporting of progress against each identified output will also be undertaken by a focussed implementation group.

Together with continued input from the Reference Group, this process will enhance the Programme Board's ongoing management of the Strategy.

Funding

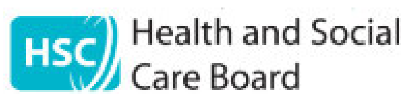
This second action plan has identified an ambitious and challenging range of actions and outputs for progression over the next three years. Many of the commitments can be taken forward without additional funding. Indeed, as a first step, many of the identified actions and outputs are to undertake scoping work to identify the most appropriate mechanisms for delivery, including costed implementation plans.

For other actions such as the commissioning of pre-registration and post-graduate training, the Department will continue to provide ongoing funding though it is recognised significant additional funding will also be required to grow our workforce to the required levels identified by our strategic workforce planning.

However, it is recognised that significant, additional, multi-year funding will be required to deliver the full challenging series of actions and outputs identified and the Department is committed to exploring all options to fund this second action plan, including the release of resources through service efficiencies and through seeking additional funding from the Executive. While this may have an impact on the pace of delivery, the Department believes it is right to be ambitious and, working with colleagues from across health and social care, we are committed to the implementation of this second action plan at the earliest opportunity.

Measuring Success

Achieving the actions in this action plan will be a good indicator of success in meeting our aim and objectives. But we must also take an evidence-based approach. A dedicated working group will be set up to produce and agree the performance indicators for the strategy, with this work to be completed by the end of September 2022. The performance indicators may include a mix of quantitative evidence, such as reductions in job/training vacancy rates and agency/locum spend, and qualitative measures such as those in staff surveys etc.



HEALTH AND SOCIAL CARE BOARD AMBITION PEOPLE STRATEGY

2021-2022

Health and Social Care Board Ambition People Strategy

2021-2022

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Forward from Chief Executive

Firstly I want to thank each and every one of you for your commitment, dedication and hard work over the last year. You have displayed amazing creativity and innovation, fostered a real sense of team despite working from home and have remained ever positive and enthused. Now is the time for us to start looking forward. The Health and Social Care Board now has the task of preparing for and delivering the Migration Programme over the incoming 12 months.

Ultimately the success of migration and the future of our service sits with all of us individually and collectively. This is your change journey therefore I want to place you at the centre of the change; that is the purpose of this Ambition People Strategy.

This Ambition People Strategy represents my commitment to listen, engage and respond to you as the Senior Management Team and our Board drive the changes forward. In return I expect all staff to do their part – to take personal responsibility in supporting and delivering the actions here to achieve a shared culture we can all be proud of.

Thank you each and every one of you for your continued work.

Sharon Gallagher

Context

We employ around 500 people (or approx. 460 whole time equivalents, as some of our staff work part-time) and each and every one has a role to play in delivering our role and purpose (Appendix A) through leading and managing staff, collaborative working and delivering high quality services.

2020 has been a difficult year for our people as a result of the COVID-19 pandemic, with unprecedented levels of change to how we work both practically day to day and as a system. While this has been a demanding period for staff, often at times personally as well as professionally, this year has also presented us with the opportunity to review how we work moving forward.

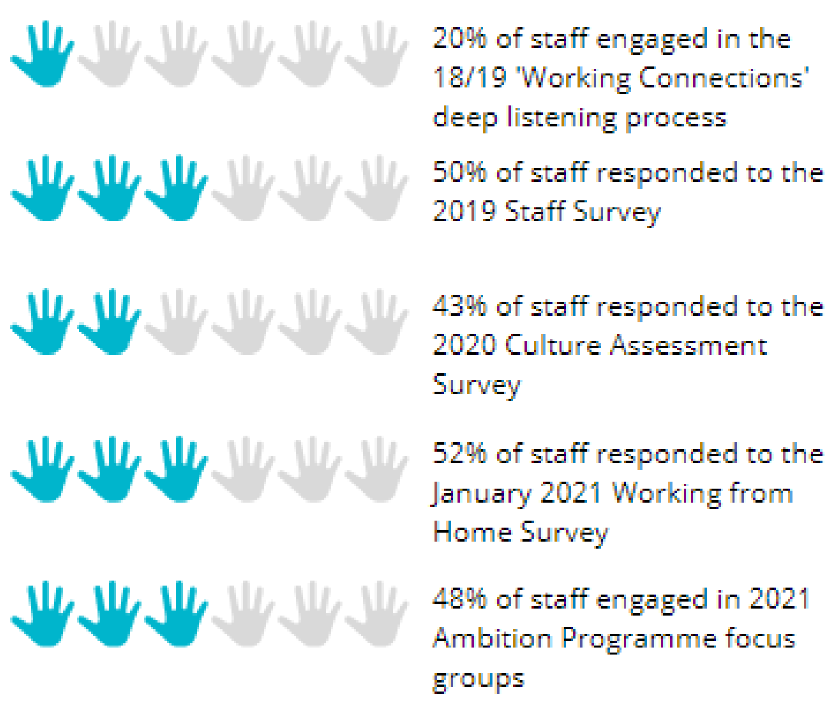
Looking into 2021/2022 we will see another period of change for our organisation and our people as we move to migrate responsibility for the functions of the HSCB to the Department of Health (DoH) and our staff to the Business Services Organisation (BSO) as a host employer.

The last few years have shown that change is a constant; we have an opportunity now to embrace and plan for change and ensure our people are central to change.

About this Strategy

Why

This strategy has been developed in response to what our people have told us over a number of recent engagement initiatives:



Feedback from each of these initiatives has been analysed and used to inform the themes in this strategy.

What

The overall aim of this strategy is to ensure that by 2022:

1. We are an organisation that our people feel proud to work for, where our people feel valued and supported and can see the contribution they make to the HSC system as a whole

2. The right people are in the right roles to enable the successful delivery of the corporate plan for our stakeholders

3. Our individuals, line managers and teams feel empowered, trusted and are accountable for what they do

Describing our strategy is one thing; delivering it is another. This strategy outlines three key people themes which we as a whole team will focus on over the next year to support and develop our staff and strengthen our capabilities as an organisation. We want to harness our future potential, effect a smooth migration as well as continue to deliver high quality services.

How

There are some real strengths within our organisation that we want to harness with this strategy, such as the dedication and commitment of our people to compassionate care, partnership working with stakeholders and high quality service delivery. As well as looking at our processes and structures we know that we will also need to challenge and change our own mind-sets to create a culture that our people want to be part of, can be proud of, and makes a real impact for our stakeholders.

This Ambition People Strategy will ultimately be progressed and implemented through our line managers and our people. This will be done in partnership with our Trade Union colleagues, with the support of the HR Organisational Change Manager appointed to support the HSCB Migration Programme and driven by the Senior Management Team. This will be underpinned by our HSC values and behaviours in implementation.

Working together Excellence Openness & Honesty Compassion

Key People Themes

1. Looking After our People

We aim to be an organisation that our people feel proud to work for, where our people feel valued and supported and can see the contribution they make to the HSC system as a whole.

In achieving this we will focus on:

- Ensuring an open and smooth transition to the new operating model for staff
- Developing a comprehensive Health and Wellbeing toolkit to support staff through migration
- Ensuring every member of staff has the opportunity to have at least one 1:1 conversation with their line manager about their role, wellbeing and development
- Supporting a range of flexible working opportunities for all staff
- Ensuring that staff are supported to be at work and that attendance management processes are in place and understood
- Creating a culture where all staff feel that their contribution is recognised and valued
- Developing a series of clear migration updates which support a culture of open and honest communication and partnership working

2. Growing and Developing our People

We aim to be an organisation where the right people are in the right roles to enable the successful delivery of the corporate plan for our stakeholders.

In achieving this we will focus on:

- Ensuring all staff are welcomed and inducted into the organisation and their new role
- Developing a future focused approach to attraction, recruitment and selection of staff to support the reduction in vacancies across the organisation
- Creating a proactive plan to respond to the learning and development needs of the organisation
- Improving leadership and management capacity and capability of staff at all levels
- Focusing on building a pool of future talent using a succession planning approach
- Developing a coach approach across the organisation ensuring there are skilled coaches available
- Ensuring that all staff have completed their core Statutory and Mandatory training

3. Our People as Leaders

We aim to be an organisation where our individuals, line managers and teams feel empowered, trusted and are accountable for what they do

In achieving this we will focus on:

- Developing and implementing a new shared collaborative culture focused on strong leadership at all levels where HSC values and behaviours are visible, and an absence of these are challenged
- Building managers' confidence to implement corporate policies and procedures with their staff in a fair and equitable way
- Implementing support and development for teams to strengthen sense of identity, support a culture of collective leadership and grow relationships
- Creating a clear and consistent communication process which will contribute to a sense of belonging and connection within and across teams

Taking Action

Below are key actions to be undertaken to deliver this Ambition People Strategy. Delivery of this strategy and associated action plan is enabled through the HSCB Internal Communications and Engagement Framework. The HSCB Chief Executive and Senior Management Team will be responsible for driving the action plan.

People theme	Action	Timescale	Lead
Looking after our People	Launch an updated Appraisals process and associated skills training	April 2021	BSO HR
	Ensure detailed action plan in place and progressed to support the migration of the HSCB staff to BSO as host employer to include: • HR governance • Legal transfer process • Engagement and communication	April 2021	BSO HR & Migration PMO
	Develop and introduce a Health and Wellbeing resource for staff	May 2021	BSO HR, HSC LC & HSCB HWB Group
	Run a series of HR Clinics for staff to discuss individual queries or concerns	May 2021	BSO HR
	Develop and introduce a corporate ‘team brief’: • Process • Templates	May 2021	HSCB Communications Team & BSO HR
	Sharing successful activity and progress associated with the Ambition People Strategy	March 2022 (ongoing)	HSCB Communications Team

Growing and Developing our People	Create wording for Job Descriptions across 2021/2022 to highlight and explain the migration process to prospective applicants	April 2021	BSO HR & HSCB Communications Team
	Develop and introduce a planned approach to coaching, mentoring and buddying across the organisation to include a coaching style of management and access to 1:1 coaching	June 2021	HSCB coaching lead, HSC LC and BSO HR
	Develop and introduce a Welcome and Induction process for: • New starts • Internal moves (local induction checklist) • Managers	September 2021	HSCB Corporate Services & BSO HR
	Develop and introduce a bespoke portal to host resources for self-led development	September 2021	HSC LC
	Develop and introduce succession and workforce planning initiatives	December 2021	HSC LC & BSO HR
	Encourage attendance at Service Improvement and change management skills development programmes such as Q2020 level 1, Accelerating Change, MSc Business Improvement	March 2022 (ongoing)	HSC LC
Our People as Leaders	Ensure staff and managers are aware of HR policies & procedures and provide associated refresher training	September 2021	BSO HR
	Develop and introduce bespoke management and leadership development programmes designed specifically for the HSCB staff and their needs	September 2021	HSC LC
	Encourage attendance at regional leadership development programmes Acumen, Proteus and Aspire	September 2021	HSCLC

	Develop and introduce the regionally agreed Team Based Working approach throughout the organisation to include team coaching	March 2022 (ongoing)	HSCLC
	Encourage attendance at fundamental management skills programmes such as Project Management, Human Centred Design, Outcomes Based Accountability and access to a range of digital skills development programmes	March 2022 (ongoing)	HSC LC

Tracking our Progress

In order to ensure the Ambition People Strategy is being effectively delivered and having a positive impact on our people it is important that we regularly report on and manage progress.

Regular progress reports of activity will be brought to the HSCB SMT and the HSCB Board for accountability purposes.

Activity updates will be shared with all staff via local communication processes and line manager updates as well as the usual corporate communications avenues.

Measuring Success

The success of this Ambition People Strategy will be measured in terms of output, outcome and impact as follows:

Measure	What will we see?	How will we know?
Output	We will see positive changes in workforce information: • Continue to achieve our DoH target of under **3.91%** sickness absence • Achieve our DoH target of **85%** appraisal compliance • **75%** of annual leave should be planned early in the financial year	Comparison with previous 3 years data
Outcome	• Successful delivery of our Corporate Objectives • Successful migration of staff to the BSO as a host employer on 01.04.2022	• Measurement of corporate plan through corporate KPIs • BSO hosting staff 01.04.2022
Impact	• Our People will feel engaged and valued • Our stakeholders will feel they are partners in the design and delivery of services	Quarterly ‘pulse surveys’

Appendix A: Role and Purpose of the Health and Social Care Board

The HSCB Corporate Plan 2019/20 outlines the following role and purpose of the organisation:

Role

The role of the Health and Social Care Board is broadly contained in three functions:

- To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.8 million people who live in Northern Ireland

- To manage performance of Health and Social Care Trusts that directly provide services to people to ensure that these achieve best quality and value for money, in line with relevant government targets

- To effectively deploy and manage its annual funding from the Northern Ireland Executive – currently around £5bn to ensure that this is targeted upon need and reflects the aspirations of local communities and their representatives.

Purpose

It is the responsibility of the Board in co-operation with the Public Health Agency (PHA) to:

- Assess health and social care needs and identify ways in which these needs might be met by engaging with a wide range of stakeholders including the public, individual patients, their relatives and carers, health and social care professionals, Trusts and other providers of health and social care

- Ensure high quality, person centred safe effective services are equitably distributed

- Work closely with provider organisations, service users and other stakeholders to ensure the services we commission are the subject of regular and ongoing performance appraisal and quality improvement.

Appendix B: Ambition Focus Group Feedback

Below is some of what we heard from staff at the Ambition Programme focus groups under the headings of **‘Culture’, ‘Capacity and Capability’** and **‘Impact’**. These have been mapped to the Ambition People Strategy themes as follows:

Under the theme of ‘Looking after our People’ we heard you ask for:

- Recognition of the importance of health and well-being to support us becoming the best performing organisation
- An improved performance management system and governance
- Improved communication and engagement throughout the Group
- Improved skills of managers to recognise their role in supporting staff and promoting well-being
- Increased support, engagement and recognition of staff

Under the theme of ‘Growing and Developing our People’ we heard you ask for:

- A continuous focus on upskilling and expanding the capabilities of staff to create more flexibility, increase morale, and support career progression
- Clear support across the employee lifecycle including attraction, recruitment and selection, induction, development, succession and exit
- Improved sharing of information, knowledge and resources
- A culture of coaching, mentoring and buddying throughout the Group
- Improved understanding of the key principles underpinning successful change management and service improvement

Under the theme of ‘Our People as Leaders’ we heard you ask for:

- Managers who are skilled at performance managing their staff
- An opportunity for staff to identify strengths and opportunities for development and growth
- Improved team working and shared identity
- Skills to support providing meaningful evaluation and success metrics using an outcomes based approach
- A culture of Collective Leadership

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BW/227

Department of
Health, Social Services
and Public Safety

An Roinn
Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí

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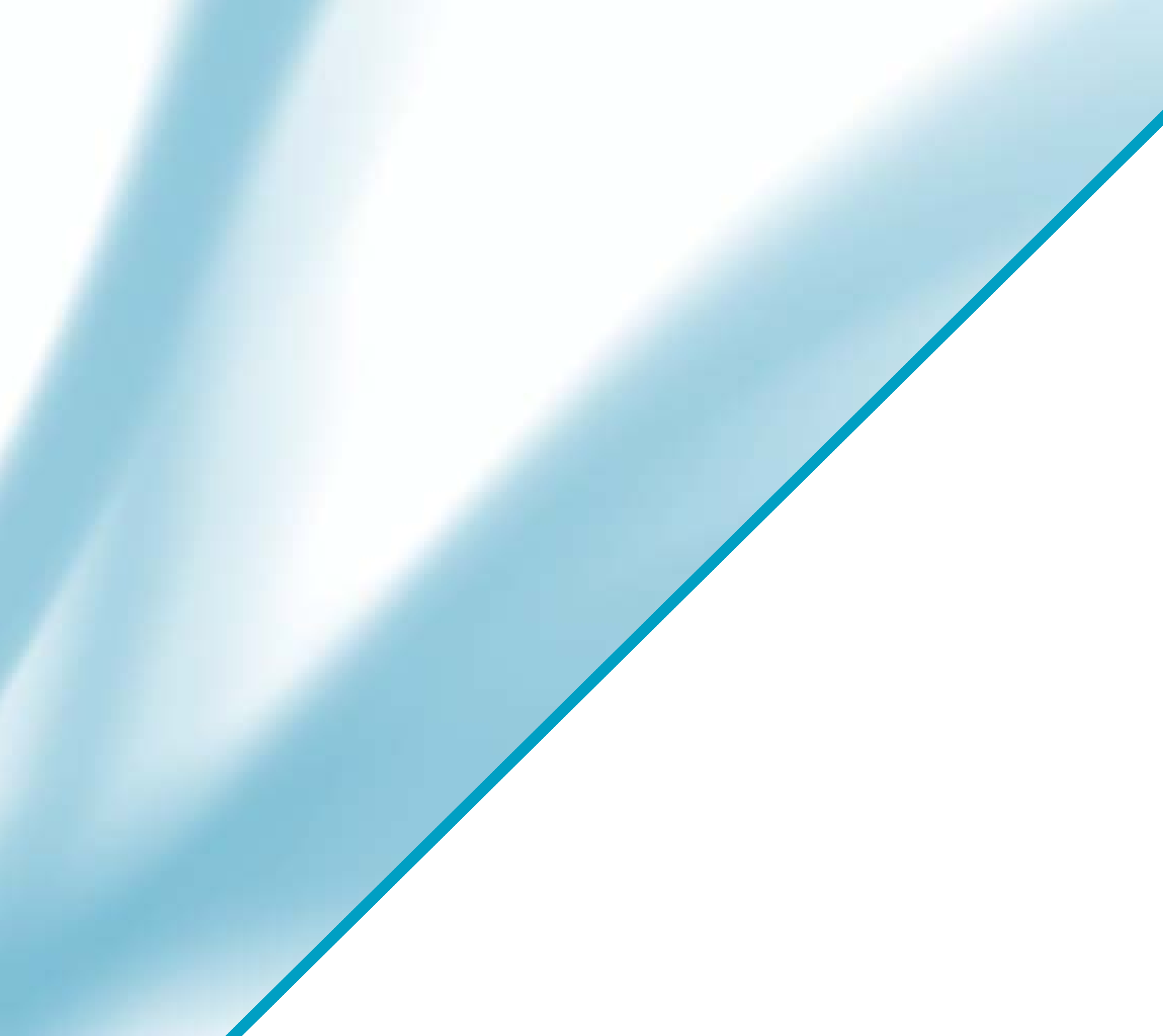

PERSONAL SOCIAL SERVICES

Development & Training Strategy

2006-2016

SEPTEMBER 2006

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Foreword

Social Services play a vital role within Northern Ireland society and its economy. They make a significant and positive difference to people's lives, helping people to live safe, fulfilling and independent lives. Social services staff support people in dealing with difficult situations and major life transitions and where necessary, they take action to safeguard vulnerable people from harm.

An estimated 185,000 individuals (adults and children) use social services every year in Northern Ireland with over 40,000 staff employed to help them.

As the organisational structures for the Health and Personal Social Services change, the social services workforce will also need to adapt and change to be able to deliver consistently safe, high quality and effective services.

Quality, safety and effectiveness are central to the government's modernisation agenda. To deliver this agenda the social services workforce must be committed, highly skilled and flexible and able to respond to changing demands. The Personal Social Services Development & Training Strategy, with its central theme of associating training and qualifications with workforce registration and its emphasis on lifelong learning will support this vision for the social services workforce and help improve standards of competence and service provision. As such, the Strategy contributes to maximising the benefits of registration of the workforce and service regulation which are two key features of the quality and safety agenda.

Social services are personal by their very nature. Their effectiveness relies on the quality of interaction and engagement between staff and the people who use the service. Improving outcomes for service users means improving staff competence in engaging meaningfully and effectively with the full range of people who use the service. People's expectations of social workers and social care staff need to be reflected in staff training and development. This Strategy recognises the need for service user and carer perspectives to inform the training agenda.

People also want different services to work effectively together to ensure an integrated response to their needs. The Strategy emphasises partnership and shared learning with professionals in other key services such as health, education and justice.

The investment already committed to Personal Social Services training will be maintained to support the delivery of the strategic targets in this Strategy. Patterns of commissioning will however need to be reviewed to reflect the changing context of social services provision and to ensure achievement of the strategic targets specified in the Strategy.

I commend this Strategy to you as the basis of supporting and building a skilled, professional, motivated and confident social services workforce that is fit for purpose and fit for the future.

PAUL GOGGINS MP
Minister for Health, Social Services and Public Safety

1. THE SOCIAL SERVICES WORKFORCE

Introduction to the personal social services

1.1 Social services staff work primarily, although not exclusively, with some of the most vulnerable and excluded people in society and provide services covering prevention, care, protection and control. They work in partnership with other public services such as health, education, police and probation to promote, enhance and where appropriate to protect the health, well-being and safety of individuals, families and communities.

1.2 The social services workforce numbers approximately 40,000[1]. One third of the workforce is employed within the statutory Health and Personal Social Services (HPSS) and in criminal justice and education with the remainder (27,000) being employed in the voluntary and private sectors. (See Appendix 1- Fact File.)

1.3 The range of services offered by the social services workforce can be summarised as follows:

- ***Advice, support and problem-solving:-*** helping people find solutions to short-term or long-term needs or difficulties that are impacting on their well-being.
- ***Care, rehabilitation and social inclusion:-*** supporting vulnerable and marginalised members of society to live safe and fulfilling lives, to maintain maximum independence in daily living and to engage in meaningful and valued activity.
- ***Prevention, protection and safeguarding:-*** protecting individuals, families and communities at risk of harm from themselves or others through the use of statutory powers.
- ***Integration and partnership:-*** working in partnership with carers, volunteers, other professions and agencies to provide holistic and integrated services to people with complex needs.

1 Workforce Planning Review – Social Services Staff Groups DHSSPS 2006.

- ***Community action:-*** empowering individuals, groups and communities to become actively involved in initiating and influencing community development to improve social well-being and quality of life.

1.4 While social services offer a range of practical services, such as domiciliary, day and residential care it is the quality of the personal interaction and/or therapeutic relationships of staff with service users and carers that is central to the effectiveness of service provision. The role of social services is not to take over from individuals, rather they seek to empower people to take responsibility for themselves and their own behaviour.

1.5 Social services are delivered by either social workers or social care workers. Differentiation between these two groups of workers relates to their respective functions, responsibilities, levels of accountability and related qualifications.

1.6 The Personal Social Services Development and Training Strategy (the Strategy) needs to address the competence and expertise required in the workforce to deliver the full range of social services safely and effectively at all levels and across all sectors. This includes the care functions, the protection and control functions and the multidisciplinary nature of the work both within and beyond the boundaries of the HPSS. The Strategy should also address the competence and expertise required to support the 'skilled use of self' at different levels as the basis of all interactions and therapeutic relationships with service users and carers.

An overview of the social work workforce

1.7 Social workers represent a relatively small proportion of the whole social services workforce. There are approximately 4128[2] social workers in Northern Ireland registered on the social work part of the register operated by the Northern Ireland Social Care Council (NISCC). Following the introduction of protection of the title of social worker from 1 June 2005, only those on this part of the register may practise as a social worker. Approximately 80% of social workers are employed in the statutory sector which includes HPSS, the probation service, education welfare service and the Northern Ireland Guardian ad Litem service (see Appendix 1 - Fact File).

2 4128 social workers registered with NISCC as of 4 August 2006.

1.8 As a registered practitioner, social workers are personally accountable for their practice. This means that they are answerable for their actions and omissions, regardless of advice or directions from another professional. They are professionally accountable to the NISCC for maintaining the high standards of the profession as well as having a contractual accountability to their employer and fulfilling statutory duties within the relevant legislation.

1.9 The specific duties and powers invested in social workers through government policies and statute are to assess needs and risks, and to act on behalf of society when people pose a risk to themselves, or others, or where they are at risk from the actions of others.

1.10 Social workers work closely with their health colleagues in the HPSS, but they must also engage with colleagues in other sectors, such as the police, the probation service, the court service and education to carry out their statutory duties effectively and ensure a holistic and integrated response to people in need or at risk and to their families.

1.11 Working routinely with other disciplines and professions both within the HPSS and in other sectors means that social workers have to be skilled navigators and co-ordinators of services across professional and organisational boundaries, and in collaborating with others in joint work to minimise risks and meet the needs of an individual, family or community.

1.12 Social workers have to balance the needs, rights and responsibilities of those they work with, with those of their carers and at times with those of the wider community, and provide appropriate levels of support, advocacy, therapeutic help, protection and control.

1.13 Because of the levels of responsibility and accountability carried by social workers, their professional training is designed to equip them with the knowledge and skills to discharge their wide statutory duties safely and effectively. Post-qualifying education and training is designed to equip social workers to develop further their knowledge and expertise beyond qualifying level in working with and safeguarding people in risky situations.

An overview of the social care workforce

1.14 The social care workforce provides a range of care and services to people who are in need of either short term or long term assistance to live their lives safely and as fully and independently as possible and to maintain or improve the overall quality of their lives. Care and support can involve one or more of the following:

- contributing to the assessment of need and care planning;
- providing personal care;
- helping people maintain and re-learn or develop daily living skills;
- helping people to prepare for employment and/or independent living;
- providing social support to help people deal with difficult and sometimes distressing circumstances; and
- supporting vulnerable adults or children to live safe and fulfilling lives.

1.15 There are approximately 36,000[3] social care workers, 27,000 of whom work in the voluntary and private sectors. Residential care staff constitute 44% of the social care workforce, while domiciliary care workers are estimated to comprise 32% of the workforce. (See Appendix 1 - Fact File.)

1.16 Social care has become increasingly demanding and challenging with more people with complex needs now being supported to live at home. Many of these people are supported in the first instance, by family, friends and neighbours as informal carers. It is a key role for the social services to ensure that carers are effectively supported in their turn.

1.17 Social care is often part of a wider package of care that includes a range of other services such as social work, community health, housing, benefits and as such social care workers need to be able to communicate and engage effectively with others.

3 Workforce Planning Review – Social Services Staff Groups DHSSPS 2006.

1.18 The social care worker often works alone in people's own homes dealing directly and personally with individuals in circumstances that are emotionally and often physically demanding.

1.19 Education and training opportunities must support all social care workers, wherever they work, to deliver consistently safe, high quality and effective services in these challenging circumstances.

Regulation of the workforce

1.20 The social work workforce has had qualification requirements set by the Department of Health, Social Services and Public Safety (Department) for specific parts of the social work workforce since the mid 1970s and these remain in force. A recognised social work qualification is required by all:

- Social Workers in fieldwork posts (1976);
- Team Leaders in residential child care (1993);
- Executive Directors of Social Work (1994); and
- Directors of Social Services (1994).

1.21 It remains the Department's published policy aim that residential child care staff should hold the social work qualification and work is continuing to achieve this policy aim in the near future.

1.22 The implementation by the Department, of Protection of Title of social worker from 1 June 2005 means that all social workers in designated posts must be registered on the social work part of the NISCC Register in order to practise.

1.23 There is a small number of staff in field social work and residential child care who hold qualifications that are not recognised as a professional social work qualification by the NISCC. Such staff are being encouraged to gain a recognised social work qualification.

1.24 The main thrust of registration of the workforce now centres on the introduction of registration for the social care workforce. There will be a phased programme of implementation to register the large numbers of social care staff over the next five years (2006 – 2011). Eligibility for registration of social care workers will be linked to the Code of Practice for Social Care Workers.

1.25 Evidence of continuing learning and development is a requirement for re-registration with the NISCC. At present all registrants are required to undertake a minimum of 15 days of training and learning every 3 years to remain eligible to re-register with the NISCC.

1.26 The Strategy needs to support the registration and re-registration requirements of the NISCC including, over time, the achievement of relevant qualifications.

Recruitment and retention

1.27 Demand for social services is anticipated to increase over the next 20 years associated with an ageing population and changing social trends[4]. Difficulties have been reported in recruiting and in retaining both social care and social work staff across all programmes of care and all sectors which has resulted in short term and, in some instances, long term vacant posts. This, associated with a high usage of short-term cover and agency staff, may present increased risks for the safety and quality of care of service users.

1.28 Recruitment difficulties may be further compounded with social services employers across the statutory, voluntary and private sectors competing to recruit to posts at a time of reducing unemployment and an improving economy. There is therefore increasing pressure on employers to improve retention rates as well as make the most of a skilled workforce.

1.29 The Strategy needs to promote comprehensive development and training opportunities for both social care and social work staff to support the recruitment and retention strategies of employers.

Social work career structure

1.30 There has been a limited career structure in social work with progression largely dependent on entry into social work management posts.

1.31 Senior social work practitioner posts were introduced in 1994 as a social work practitioner career progression route and most employers of social workers now have senior social work practitioner grades as part of their social work workforce. There are 186 senior practitioners[5] in Northern Ireland representing less than 5% of all registered social workers.

4 A Healthier Future, A Twenty Year Vision for Health and Well-being in Northern Ireland 2005 – 2025.
5 Workforce Planning Review – Social Services Staff Groups DHSSPS 2006.

1.32 The Department is leading the development of a professional career structure for social workers and is exploring the potential for the introduction of a principal social work practitioner grade in specified service areas.

1.33 The Strategy will need to support career progression for social workers, including the development of expertise, competence and appropriate qualifications of senior practitioner posts and, if introduced, of principal practitioner posts. In addition, the Strategy must support the provision of appropriate post qualifying opportunities for social workers across all service user groups and settings.

Social care career structure

1.34 As with social work, a career structure exists for social care staff which also leads to management posts. However, there is no clear progression route for social care workers which recognises that there are increased levels of expertise and competence needed for different social care posts.

1.35 Social care needs to be promoted as a positive career choice with opportunities for the development of competence and skills and career mobility within the social care workforce. The Strategy must promote and support the recognition of social care as a profession in its own right with associated qualifications.

Qualification profile of the workforce

1.36 Setting National Vocational Qualification (NVQ) targets for social care workers has had a significant impact on the qualification profile of the social care workforce, with many staff registering for and achieving a qualification relevant to their work since targets were first set in 1997. Improvements in the qualification baseline and competence of the social care workforce is however affected by a high turnover of staff and therefore subject to annual variation.

1.37 Agenda for Change, and associated bandings linked to job functions, and the Knowledge and Skills Framework (KSF) provide an opportunity to have a coherent policy on qualification achievement for the social services workforce and to track progress against targets set for specific qualifications.

1.38 All social workers are required to hold a recognised social work qualification. There has however been no consistent regional approach to post-qualifying qualification achievement for social workers, apart from a few key functions such as Approved Social Work (Mental Health) and Practice Teaching for social work students. Even the qualifications associated with implementation of the senior practitioner grade have not been consistently applied across all the HSS Trusts.

1.39 Qualifications linked to posts across the whole workforce would support the government's aim of ensuring people receive a consistent standard of service, throughout Northern Ireland, delivered by staff assessed as competent at an appropriate level for their job function. Associated with improving consistency in standards is the roll-out of registration across the whole workforce. The Strategy offers an opportunity to link qualifications with registration.

Leadership and management of the personal social services

1.40 While it is difficult to categorize managers in a sector as diverse as the personal social services, the following three levels of management activity can usefully be identified:

- *Senior management* – strategic leadership and vision;
- *Middle management* – leadership and management of a service area, such as programme of care or project; and
- *First line management* – management and/or supervision of individuals or teams delivering services.

1.41 Spans of management responsibility have increased for managers at all levels in the personal social services owing to flatter management structures and the drive for efficiencies in administrative costs. In smaller organisations, particularly in the voluntary and private sectors, a manager's role may incorporate two or even all three of the above levels of activity.

1.42 Staff managing the personal social services come from a variety of professional backgrounds including social work, nursing, allied health professionals, psychologists and administrators and this reflects the drive towards integrated team working and principles of general management. This means that professional supervision for social

workers carrying out statutory functions may not always be available from the immediate manager. Therefore special arrangements are needed to secure timely access to professional support.

1.43 Uptake of leadership and management training and qualifications is reported to vary greatly between and within social services organisations.[6] There is no consensus about the appropriate training or qualifications and many are not linked to the needs of the social services sector or the specific competences required by its leaders and managers. This lack of systematic implementation of leadership development has been found to have a direct negative impact on organisational performance[7].

1.44 The findings from an Audit Commission review[8] on the management of people delivering social services suggested there is significant room for improving management practices, which would include clarifying lines of accountability. This is borne out by Social Services Inspectorate (SSI) inspections where a range of governance issues were identified as significant risk factors in the management of statutory functions and delivery of safe and effective care. Indeed, Lord Laming identified that “the single most important change in the future must be the drawing of clear lines of accountability”[9] .

1.45 This Strategy must address the professional leadership capability as well as the management and supervision capability for the personal social services within the context of continuous change.

6 Review of Leadership and Management Development Opportunities for PSS, NISCC, March 2002.
7 Managers and Leaders: raising our game, (Council for Excellence in Management and Leadership, 2002).
8 The Workforce Audit of the Personal Social Services, EO/IDeA.
9 The Victoria Climbié Inquiry: Summary Report of an Inquiry (Department of Health, 2003)

2. THE PSS DEVELOPMENT AND TRAINING STRATEGY 2006 - 2016

2.1 The social services workforce of the future will need to be able to fulfil its statutory responsibilities linked to protection of the public as well as the full range of service provision within the restructured health and personal social services. At the same time, the social services workforce will need to continue to work in close contact and co-operation with relevant services outside the HPSS such as police, courts, education, probation and voluntary and community organisations.

2.2 Importantly, the social services workforce will operate as a regulated workforce. This has implications for individual registrants and their personal responsibility for their competence and conduct. It also has implications for employers' responsibility to improve knowledge and skills in the workforce and ensuring that competence is maintained linked to continuing registration. The respective responsibilities of staff and employers are set out in the NISCC Codes of Practice.

2.3 The Strategy will therefore support all those employed in delivering personal social services, in any sector and at every level, to access appropriate education and training and to gain appropriate qualifications linked to continuing registration on the NISCC Register.

2.4 It is now intended as part of this Strategy that, over time, all staff registered with the NISCC will be working towards specific competence or qualifications to support continuing registration.

2.5 Strategic priorities have been identified to support the development of the PSS workforce to enable it to deliver on the modernisation and improvement agenda for social services. The strategic priorities are as follows:

- Leadership and Management;
- Safety and Accountability;
- Flexibility and Skills;
- Motivation and Confidence;
- Working in Partnership; and
- Continuous Improvement.

2.6 This Strategy sets out a plan, with strategic priorities and associated policy statements and strategic targets, for developing the social services workforce over the next ten years, **2006 – 2016**. It is designed to provide a policy direction for the development of the PSS workforce through a period of major structural change and into the future.

Focus of the Strategy

2.7 The Strategy is aimed at all social work and social care employees and their employers across the statutory, voluntary and private social services sectors.

2.8 This Strategy is intended to meet the development and training needs of all social services employees from the point of entry into the workforce and throughout their careers. It therefore covers the following areas:

(a) ensuring long-term strategic **development and training plans** based on sound workforce information to maintain and develop the competent workforce are in place;

(b) providing **induction training** for all staff, including temporary staff, so they are safe to begin work ;

(c) ensuring staff hold the appropriate **basic training and/or qualifications** for their post so they are fit to practise and eligible for registration with NISCC;

(d) providing access to **ongoing development and training opportunities** for all staff to ensure they remain up-to-date in their knowledge and skills and linked to re-registration requirements;

(e) ensuring the **development of specialist expertise** in social services;

(f) ensuring the **development of strategic leadership and professional management capability** for the social services function; and

(g) realising the potential of **the workplace as a 'field of continuous learning'.**

Roles and responsibilities of employers

2.9 The requirement for employers to train and develop staff is clearly set out in the NISCC Code of Practice for Social Care Employers and is also an integral part of the clinical and social care governance arrangements which are part of an employer's 'duty of quality'. The Care Standards and associated Regulations reinforce employers' responsibilities to ensure staff receive appropriate development and training for their roles and responsibilities. Employers' compliance with all of these requirements will be monitored by the Regulation, Quality and Improvement Authority (RQIA).

Roles and responsibilities of employees

2.10 All employees, under the NISCC Code of Practice for Social Care Employees, are responsible for keeping their knowledge and skills up-to-date and maintaining their registered status with the NISCC as appropriate.

3. STRATEGIC PRIORITIES

3.1 Strategic Priority 1: Leadership and Management

Rationale

Social services have changed and will continue to change significantly in the ways that they are commissioned, organised, managed and delivered. Managers are universally recognised as key players in assisting organisations and their staff to plan for, adapt to and implement change. As such, managers of social services need to have the capacity to provide professional leadership, management and supervision for staff with a focus on safe and effective performance and good outcomes for service users.

Improving the safety and quality of the personal social services is at the core of the government's modernisation agenda with a particular emphasis on regulation, governance and performance management. Leading staff through major organisational change and, at the same time, managing the demands for more effective social care governance, improved standards in services and better protection for service users, requires strong professional leadership and management.

First line managers are the leaders and custodians of safe and effective practice at the front line. This requires high level skills in supervising staff and in making professional judgements in complex situations.

All leaders and managers of the personal social services workforce have a particular responsibility to ensure the development of competence, talent and commitment of staff at all levels, in other words to promote the learning organisation. The development of learning organisations (see 2.8(g) above) underpins this Strategy, a theme addressed in more detail later in the document.

Effective leadership and management of the personal social services is a fusion of professional and managerial competence. Accordingly, this Strategy will support senior and operational managers to access appropriate training and qualifications that encompass both professional and managerial competence.

Policy statements

Employers will put in place by 1 April 2008 a comprehensive and coherent plan to develop leadership and managerial skills for the social services.

Continuing registration with the NISCC will be linked to the achievement of skills as identified in the leadership and management development plan.

Leadership and Management

Strategic targets

By 2010, appropriate leadership and managerial skills training programmes will be available for leaders and managers of social services at all levels.

By 2016, all senior, middle and first line managers will have undertaken appropriate leadership and managerial skills training within 2 years of appointment to post.

(See also strategic targets 4.1 and 6.2)

Actions

Employers will identify in co-operation with the Sector Skills Council (SSC) and education and training providers, the skills requirement for strategic leadership and professional management of the PSS and have a development and implementation plan ready to commence by 1 April 2008.

The Plan must also include arrangements for monitoring and reporting annually on achievement including compliance of all relevant staff with the NISCC post-registration training and learning requirements.

As part of the plan, all middle and senior managers of social services, including Directors of Social Work, will undertake appropriate training in leadership and

management skills within 2 years of appointment to post, linked to continuing registration and the particular requirements of the post.

All social services team leaders and line managers will complete training in supervision and appraisal within the personal social services within 2 years of appointment to post, linked to continuing registration.

3.2 Strategic Priority 2: Safety and Accountability

Rationale

The policy on registration of the whole social services workforce is part of the government's quality, safety and modernisation agenda and reflects the central importance of protection of the public and improving standards in public services.

The first two phases of registration for social workers and social work students are now complete. Phase 3 of the registration programme will commence in 2006 for identified groups within the social care workforce. For these staff the initial registration requirement will be linked to the NISSC Code of Practice for Employees.

There will be no requirement to hold a specific qualification at the point of initial registration on the social care part of the Register. However, it is recognised that appropriate training and qualifications can support staff in delivering safely, effectively and consistently on the complex range of functions that are an inherent part of the PSS. Additionally, registrants, in carrying a personal responsibility for maintaining their competence, should be facilitated to achieve relevant qualifications. This would also enable employers in discharging their responsibilities to deliver safe and high quality services. Accordingly, the Strategy will support all social services staff to achieve, over time, parts of nationally accredited and assessed work based qualifications or whole qualifications as appropriate. In due course, qualifications or part qualification achievement will be associated with continuing registration.

In turn, qualifications and all education and training provision for social services staff need to be relevant to the work people do, need to be of an appropriate standard and need to include assessment of the competence of the worker in the workplace.

Policy statements

A phased introduction of qualification or part qualification achievements will be associated with continuing registration with the NISCC and will be introduced over time for those on the social care part of the Register.

For those on the social work part of the Register, a phased introduction of post qualifying achievements will be associated with continuing registration with the NISCC and will be introduced over time.

All qualifications should be underpinned by relevant National Occupational Standards and include assessment of competence in the workplace.

Development and training provision should be based on recognised standards and comply with policy, legislation and service procedures.

All staff, including temporary appointments, must receive induction appropriate to their post.

All staff should have access to, and be expected to integrate into practice, all Departmentally endorsed Social Care Institute for Excellence (SCIE) good practice guidelines as well as messages from inspections. Staff should also make use of valid and reliable research.

Safety and Accountability

Strategic targets

From 2009, all new social work registrants and re-registrants will be working towards or hold relevant accredited training or qualifications appropriate to job role and associated with continuing registration.

By 2016, all new social care registrants and re-registrants will be working towards or hold relevant part or whole NVQs appropriate to job role and associated with continuing registration.

Actions

Employers will ensure that employees are supported throughout their career in accessing appropriate training and qualifications linked to registration requirements.

Employers will ensure that all employees receive induction training, linked to the NISCC endorsed standards and appropriate to post, within 6 months of appointment.

Registrants on the social care part of the Register will be expected, following their first re-registration, to be working towards selected Units of the NVQs appropriate to their job role. Qualification or part qualification achievements will support subsequent re-registration with the NISCC.

Registrants on the social work part of the Register will be expected, following re-registration, to be working towards training or qualifications appropriate to their job role and linked to the Post Qualifying (PQ) Framework to support their continuing fitness to practise and registration with the NISCC.

3.3 Strategic Priority 3: Flexibility and Skills

Rationale

If employers are to have the right workforce in the right place at the right time, comprehensive organisational development plans based on accurate workforce information and linked to service and workforce development needs are essential.

Recruitment practice and deployment of staff should recognise the potential to transfer generic knowledge and skills from one programme of care to another or indeed from other related professions. At the same time recruitment and deployment practices should recognise the need to develop specialist expertise linked to appropriate accredited post qualifying opportunities for social workers or appropriate NVQs and associated skills sets for social care staff.

Social care and social work have always benefited from a diverse range of people joining the workforce who reflect the diversity of the communities they serve. Social work in particular has benefited from attracting experienced people seeking a career change from other professions such as nursing, teaching and social care.

A diverse workforce can help promote better multidisciplinary working and more effective integrated service provision.

Policy statements

Employers will have in place a comprehensive development and training plan by 2008, for the social services workforce which identifies the need for competence and qualifications at all levels with a specified time frame for achievement linked to continuing registration.

Employers will support all staff to acquire the core body of generic knowledge, skills and qualifications relevant to job function within specified timescales.

Employers will support identified staff across all programmes of care to develop specialist expertise associated with relevant qualifications linked to job function and level of responsibility.

Employers will support the flexible deployment and mobility of staff across programmes of care with appropriate training initiatives to support transferability of competence and acquisition of required specific and specialist knowledge.

Access routes to facilitate entry into the Degree in Social Work by those seeking a career change or those without the required academic qualifications will be available across Northern Ireland.

Flexibility and Skills

Strategic targets

By 2008, comprehensive information will be available on the range of appropriate training opportunities from access routes to specialist training programmes for social services staff at all levels across Northern Ireland. This will be updated annually with an action plan and timescales for the development of new learning and training initiatives in line with identified workforce needs.

By 2011, systems will be in place to produce reliable regional information on the qualification profile of the social services workforce across all sectors.

Actions

Employers will ensure that workforce information systems are upgraded to record the qualifications of the workforce linked to registration requirements.

All service development plans should factor in the workforce requirements for new or changing services taking account of the need for generic and specialist competence and the lead-in time needed to have those in place in the workforce.

Employers will ensure that organisational development and training plans reflect service needs, workforce needs, personal development plans and continuing registration requirements within the context of the strategic priorities as set out in this Strategy.

Employers will review recruitment practice to ensure it promotes the development of a flexible workforce with capacity to transfer from one work setting to another.

Social work employers, social work training providers and the SSC should co-operate to ensure access routes are available by 1 September 2007, to facilitate diverse entry into the Degree in Social Work.

3.4 Strategic Priority 4: Motivation and Confidence

Rationale

Employers in social services, along with other public services, will be competing to recruit staff as demand for social services increases. Promoting social care work and social work as positive career options, both for students leaving full-time education and for more experienced people wishing to change career at a later stage, will help attract the best candidates to work in the personal social services.

Career structures linked to qualifications need to be more clearly identified so that the social care worker is recognised as a professional in his or her own right, with clear opportunities for job mobility and progression. In addition, a coherent career structure for social work, supported by post qualifying opportunities is needed.

Clearly delineated career structures for social care workers and social workers will assist employers in both attracting and retaining the best staff.

Access to appropriate training and development opportunities also plays a part in motivating and retaining staff in practice.

Policy statements

Career structures in social care will be more clearly identified linked to agreed competence frameworks and qualifications that clarify workforce standards and facilitate job mobility and career progression within social care.

Employers will support the continuous professional development of social workers to facilitate mobility across programmes of care and career progression within the agreed career structure for social work practitioners linked to specified qualifications.

Employers must have systems in place to support all staff having planned access to appropriate development and training opportunities.

Motivation and Confidence

Strategic targets

By 2010, career structures in social work and social care will be linked to agreed accredited training and/or qualifications linked to continuing registration.

By 2016, all social services staff, including managers, will have ongoing, planned access to learning and development opportunities, that reflect the different stages of their career, changing service needs and any mandatory requirements, including registration requirements.

Actions

The Department will initiate, in co-operation with employers and the SSC, identification of career structures linked to agreed competence and qualifications for social care professionals.

Employers will ensure that all social services staff have a personal development and training plan, linked to service needs and individual career aspirations and in line with Care Standards and continuing registration requirements.

Employers must have systems in place to support all staff accessing the appropriate training, assessment and qualifications linked to their personal development plan, service needs and individual career aspirations.

3.5 Strategic Priority 5: Working in Partnership

Rationale

Working together within the HPSS, including in partnership with service users and carers and with other related services, is essential in ensuring integrated and holistic responses to individuals, families and communities in need or at risk.

Education and training will support the development of skills of working in partnership with others inside the HPSS, with relevant other agencies outside the HPSS and in local communities.

Working in partnership with service users and carers has been and will remain a central tenet of all social services policies. This requires employers and employees to develop further, and implement, flexible, responsive and person-centred ways of working with service users and carers. Education and training opportunities will support the development of skills in person-centred practice.

The NISCC, in its role as the SSC for the PSS (including children's services) is required to establish partnerships with all stakeholders. It follows that the NISCC, both as a SSC and a Regulator, will have a key role with others in taking forward this Strategy.

Partnership between employers and academia is well established in social work training at graduate and postgraduate levels. It has helped to keep professional training relevant to the changing demands of practice and service development. It plays an important part in securing regional standards and regional consistency across all personal social services. Partnership also should ensure that practice learning for social work students matches the quality and quantity required.

Policy statements

Employers will work with the SSCs and education providers to identify and develop a comprehensive range of accredited opportunities for shared learning across disciplines and agencies to support improved integration, partnership and team working.

Education and training should support person-centred and partnership approaches to working with service users and carers as well as ways of engaging and working with other disciplines and local communities and the wider public.

Partnerships between employers, education providers and the SSC will be a key feature in the development and delivery of competence-based training and qualifications underpinned by national standards for social care and social work.

Working in Partnership

Strategic targets

By 2008, there is evidence that the design, delivery and quality assurance of National Occupational Standards and professional social work training are informed by service user and carer perspectives.

By 2010, shared accredited learning opportunities for social services across the statutory, voluntary and private sectors will be available in each Trust area with an action plan for further development.

By 2010, a range of shared learning and training initiatives will be in place with other key sectors, including health, justice, education and housing with an action plan for further development.

Actions

Social services employers in co-operation with the SSC will identify the opportunities for shared learning with health, criminal justice, education, housing and community sectors as appropriate.

Social work employers will support the NISCC approved partnership arrangements for the planning and delivery of social work training at graduate and post-graduate levels in Northern Ireland.

Employers will ensure practice learning provision including assessment to the NSCC standards for a minimum of 650 social work students per annum.

Employers and training providers should seek to inform the development of standards underpinning qualification development for social care and social work training and the design and delivery of such training through engagement with service users, carers and communities.

3.6 Strategic Priority 6: Continuous Learning and Development

Rationale

All the NISCC registrants have a personal responsibility to maintain and develop their competence throughout their career if they wish to maintain their registration. Employers have the additional responsibility of supporting staff to make use of continuous learning opportunities linked to the duty of quality, risk management and governance arrangements.

Much of the work of social services involves making decisions that may affect the human rights and civil liberties of individuals. Practitioners are expected to exercise judgements about how and when to intervene to safeguard people's well-being and to balance the rights of the individual with the rights of others on a daily basis. Informed decision-making can best take place in the climate of a learning organisation. Being continuously encouraged and enabled to question and learn from practice will support better, safer practice.

The workplace itself and the work that people do offer a constant and rich source of learning opportunities for staff. The workplace needs to be recognised and more fully exploited as a legitimate 'field of learning'. Encouraging, supporting and facilitating work-based learning, as an integral part of everyday practice, requires organisational commitment at all levels. It also means having staff with the appropriate skills and competence to support others' learning and development.

Policy statements

Social services employees are personally responsible for engaging in continuous learning and development to ensure their competence matches job requirements.

All registrants on the NISCC Register have a responsibility to contribute as appropriate to their own level of competence, to the learning and development of others.

Employers will ensure policies, procedures and resources including appropriate trained staff are in place to support continuous learning, development and assessment of competence in the workplace.

Employers and staff should seek ways to ensure learning is shared at different levels within the organisation and that creative and innovative practice is nurtured and supported.

Continuous Learning and Development

Strategic targets

By 2008, all social services employees will have an annual performance appraisal with their employer and personal development plan.

By 2010, all social care providers will, as part of social care governance, have arrangements in place to support the organisation's development as a learning organisation and an action plan to meet further identified development.

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Actions

Social services employees, including managers, will ensure they maintain and implement a personal development plan throughout their career, linked to continuing registration requirements.

Social services employees will identify, for the purposes of annual appraisal, the specific contribution they have made to the learning and development of others.

As part of their organisational development plan, employers and professional managers must put in place, and monitor annually the effectiveness of, performance objectives that reflect the key features of a learning organisation as defined by the SCIE[10].

Employers and professional managers will ensure effective communication processes are in place to share learning, spread innovative practice and celebrate good practice at both team and organisational levels.

10 SCIE learning organisation materials

4. SECURING THE PRIORITIES OF THE STRATEGY

Commissioning arrangements

4.1 Revised arrangements for commissioning PSS training are needed to replace those set out in the Departmental Circular *PSS Training Strategy: Securing the Objectives* issued on 27 July 1995. New arrangements are needed to reflect the new structures for the HPSS following the Review of Public Administration (RPA). The commissioning arrangements for PSS training should:

- make best use of scarce resources;
- allow for economies of scale;
- secure regional standards and priorities; and
- allow for local planning and delivery.

4.2 Therefore one body should commission the full set of arrangements for personal social services education and training. Under the reconfiguration of the HPSS, the Regional Authority will be the appropriate body to assume commissioning responsibility for PSS training. The senior officer in the Regional Authority with lead responsibility for the personal social services will be responsible for ensuring that the training commissioned meets social services development priorities, associated workforce requirements and professional regulatory body standards.

Resources

4.3 Resources currently held in the Department, Boards, Department for Employment and Learning (DEL) (specifically for social work teaching costs) and Trusts will be amalgamated in one source within the Regional Authority. This whole system approach will secure the delivery of regional standards of competence across the social services workforce based on regional standards for social services training. Such resources (including staff) as are currently held in Trusts should be redistributed between the five new Trusts to continue to support local delivery.

4.4. In the first years of the Strategy, it will be necessary to examine the need for redirecting resources to achieve the strategic targets to reflect the scope of the Strategy which now includes the whole social services workforce across all sectors. The distribution of the

social services workforce across sectors has changed considerably with a majority of the social care workforce now employed in the independent sector. The majority of social workers are employed in the statutory sector in the HPSS (Appendix 1 - Fact File). Commissioning and funding of training needs to reflect this changing context of social services provision.

Regional partnerships for social work training

4.5 Regional partnership arrangements for the planning and delivery of social work education at undergraduate and postgraduate levels will be maintained. This will ensure the best use of limited specialist expertise. Existing partnership arrangements including the Regional Body for the Degree in Social Work and the Northern Ireland Post Qualifying Education and Training Partnership (NIPQETP) will come under the auspices of the Regional Authority (see also paragraph 4.6 below). Links will be needed with the Northern Ireland Office (NIO) and the Department of Education (DE) (who commission for their sectors) to ensure social work training arrangements match workforce needs. It is envisaged that commissioning and associated resources for undergraduate social work training in Further and Higher Education will also transfer from DEL to the Regional Authority.

4.6 Partnership arrangements for the continuing professional development of social workers may be appropriately linked with the proposed new arrangements for continuing professional development of other professions within the Regional Authority. Particular attention will need to be paid to the unique role of social work in the discharge of statutory functions and the associated inter-agency training arrangements.

Governance

4.7 Streamlining regional commissioning and funding sources for PSS training should reduce administration costs, removing any potential for duplication, and enable a robust financial management and accountability system to be put in place.

4.8 In the interests of good social care governance the senior officer with lead responsibility for social services will, in co-operation with the commissioning arm, ensure that PSS training is secured to the required volume and professional standards. In so doing, he or she will support the Chief Executive of the Regional Authority in his or her duty of quality with regard to the provision of the full range of personal social

services. The Chief Executive of the Regional Authority will be responsible for accounting to the Department and the Minister for the achievement of the regional strategic targets set out in the Strategy.

Delivering the Strategy

Strategic targets

By 2008, commissioning responsibility and associated resources for PSS training will have transferred to the Regional Authority.

By 2009, resources required to continue to deliver the strategic targets from 2010 onwards will have been identified and submitted to the Department to inform the 2010 comprehensive spending review.

Roles and responsibilities of key stakeholders in securing the PSS Development and Training Strategy

4.9 Under the reconfiguration of the HPSS, key functions are being attributed to the Department, the Regional Authority and the new Trusts. The roles and responsibilities outlined below may be subject to amendment when reconfiguration plans are finalised.

4.9.1 Department of Health, Social Services and Public Safety

The social services workforce delivers public statutory services whether employed in the HPSS, or in the voluntary or private sectors. It follows that government, through its policy function, retains responsibility for specifying standards for that workforce including, through its consent for the NISCC Rules, the regulatory requirements for the whole workforce. Consequently, the roles and responsibilities of the Department are as follows:

- policy and legislative strategic framework;
- standards for service and workforce regulation;

- regional resourcing;
- stewardship and performance management;
- strategic control framework;
- advice to Minister; and
- sponsorship of the NISCC.

4.9.2 Regional Authority

The Regional Authority will need to work with universities, colleges of further and higher education, other relevant service bodies and government departments to ensure regional commissioning arrangements are consistent and avoid duplication of effort. Roles and responsibilities include:

- securing effective commissioning of the PSS training services from social services providers to match service development and human resource plans, to meet national and regional standards and to secure regional priorities including those specified in the Strategy;
- commissioning the social work degree provision, including the regional partnership, university and college places to match workforce needs, and practice learning from service providers (to match student numbers);
- liaising with the NIO and the DE to ensure commissioning of social work training reflects their workforce needs as well as the workforce needs of the HPSS;
- commissioning the NIPQETP arrangements and post-qualifying education and training to match service needs;
- monitoring the delivery against the Strategy and the regional targets, standards and budget allocations;
- contributing to a regional information system on the qualification profile of the social services workforce;

- applying sanctions where required; and
- accounting to the Department for the achievement of regional strategic targets.

4.9.3 Social Services Providers

Social services providers include the five new Trusts and other social services organisations in the voluntary and private sectors. Social services providers working co-operatively will deliver the full range of training arrangements. Roles and responsibilities include:

- producing Social Services Workforce Development and Training Plans;
- contributing to partnership arrangements (including assessment) for all levels of social work and social care education and training;
- supporting staff attendance on training courses and their completion of training and qualifications;
- providing practice learning opportunities to match student numbers as commissioned by the Regional Authority;
- maintaining designated (or associate) practice learning provider status with the NISCC;
- complying with the NISCC Codes and support staff to comply with Codes;
- working in partnership to develop education and training at all levels including shared learning opportunities;
- maintaining an information system on the qualification profile of the workforce and contribute to a regional overview;
- managing, monitoring and reporting on the use of the PSS training resources, including training staff, plant and equipment;

- monitoring achievement at organisational and individual levels and take action to remedy any shortfalls identified; and
- accounting to the Regional Authority for achievement.

4.9.4 Northern Ireland Social Care Council

As part of the government's modernisation agenda, the NISCC was established as a non-departmental public body to secure national standards of competence and conduct in the social services workforce. As the regulator of both the workforce and training it must be and be seen to be independent of both the commissioner and providers of social services, including social services training. The NISCC's roles and responsibilities include:

- regulating social work education, including practice learning and the postgraduate framework;
- regulating the social work and social care workforce;
- promoting education and training development;
- providing information to prospective students and others to promote recruitment to social work training and to promote social care training;
- functioning as the approved SSC; and
- accounting to the Department and Minister for achievement of annual objectives.

4.9.5 Sector Skills Council for Care and Development

The NISCC is part of a UK-wide alliance, licensed by the Sector Skills Development Agency (SSDA) to operate as an SSC for the social services sector, covering both adult and children's services. The SSC will establish collaborative agreements between employers, education providers and funders to support the implementation of the DEL's Skills Strategy for Northern Ireland and this Strategy for the PSS workforce. The roles and responsibilities of the SSC include:

- producing Sector Skills Agreement to support the achievement of the regional targets in this Strategy;
- negotiating with the Regional Authority and employers to determine priorities for skill development during the period of the Strategy;
- developing modern qualification frameworks and associated quality assurance systems;
- linking with other relevant SSCs, including Skills for Health and Skills for Justice;
- monitoring implementation of the Strategy linked to registration requirements; and
- accounting for achievement of agreed priorities to the SSDA and the Department.

4.9.6 Education and Training Inspection and Regulation

Assuring the quality of education and training for social services staff is an important component in improving the standards of competence of staff. There are a number of bodies who have responsibility for this. It will be important that the different systems co-operate in sharing information and in streamlining quality assurance mechanisms where appropriate. The range of bodies and their responsibilities include:

- **Northern Ireland Social Care Council:** as professional training regulator;
- **Regulation and Quality Improvement Authority:** monitor compliance with staff training and qualifications requirements as set out in care standards, associated regulations and the NISCC rules;
- **Quality Assurance Agency:** monitor at specified intervals the quality of social work courses in Higher Education;
- **Qualifications and Curriculum Authority:** approve and monitor NVQ assessment arrangements; and

- **Education and Training Inspectorate:** inspect training provision in Further Education.

4.9.7 Training Providers, including Universities, Colleges and Social Service Providers

Both education providers and service providers deliver education and training for social services staff, sometimes in partnership and sometimes independently of each other. Working co-operatively these providers should be able to ensure the relevant supply of appropriate training and learning opportunities for social services staff which meet workforce needs and specified competence requirements. Training provider responsibilities include:

- collaboration (service providers, colleges and universities) in developing the full range of education and training for the PSS;
- ensuring education and training provision meets national standards, legislation and agency policy and procedures, and complies with regulatory requirements;
- maintaining partnership arrangements for social work education so that social work education maintains its relevance for the HPSS in the statutory, voluntary and private sectors and for other sectors employing social workers including education, justice and community groups;
- collaborating with other professions and related services to develop multidisciplinary and interagency training opportunities; and
- involvement with service users and carers and other stakeholders in the design, delivery and quality assurance of training.

4.9.8 Staff and Students

All registered social workers, social care workers, including social work students, are accountable for the quality of their work and are expected to take responsibility for maintaining and improving their knowledge and skills and contribute to the learning and development of others. Responsibilities of individual registrants include:

- seeking to develop competence continuously throughout career;

- maintaining a personal development plan throughout training and career;
- complying with registration and re-registration requirements;
- complying with the NISCC Codes; and
- contributing, as appropriate, to the learning and development of others.

Transitional arrangements

4.10 The current commissioning arrangements for PSS Training will continue in 2007/08 pending transfer of arrangements to the Regional Authority from 1 April 2008. The Department will work closely with all relevant stakeholders to ensure a smooth transition of commissioning functions, resources and expertise to the Regional Authority.

5. SUMMARY OF STRATEGIC TARGETS

1. Leadership and Management

Strategic Targets:

1.1 **By 2010,** appropriate leadership and managerial skills training programmes will be available for leaders and managers of social services at all levels.

1.2 **By 2016,** all senior, middle and first line managers will have undertaken appropriate leadership and managerial skills training within 2 years of appointment to post.

(See also strategic targets 4.1 and 6.2)

2. **Safety and Accountability**

Strategic targets:

2.1 **From 2009,** all new social work registrants and re-registrants will be working towards or hold relevant accredited training or qualifications appropriate to job role and associated with continuing registration.

2.2 **By 2016,** all new social care registrants and re-registrants will be required to be working towards or hold relevant part or whole NVQs appropriate to job role and associated with continuing registration.

3. **Flexibility and Skill**

Strategic Targets:

3.1 **By 2008,** comprehensive information will be available on the range of appropriate training opportunities from access routes to specialist training programmes for social services staff at all levels across Northern Ireland. This will be updated annually with an action plan and timescales for the development of new learning and training initiatives in line with identified workforce needs.

3.2 **By 2011,** systems will be in place to produce reliable regional information on the qualification profile of the social services workforce across all sectors.

4. **Motivation and Confidence**

Strategic Targets:

4.1 **By 2010,** career structures in social work and social care will be linked to agreed accredited training and/or qualifications linked to continuing registration.

4.2 **By 2016,** all social services staff, including managers, will have ongoing, planned access to learning and development opportunities, that reflect the different stages of their career, changing service needs and any mandatory requirements, including registration requirements.

5. **Working in Partnership**

Strategic Targets:

5.1 **By 2008,** there is evidence that the design, delivery and quality assurance of National Occupational Standards and professional social work training are informed by service user and carer perspectives.

5.2 **By 2010,** shared accredited learning opportunities for social services across the statutory, voluntary and private sectors will be available in each Trust area with an action plan for further development.

5.3 **By 2010,** a range of shared learning and training initiatives will be in place with other key sectors, including health, justice, education and housing with an action plan for further development.

6. **Continuous Learning and Development**

Strategic Targets:

6.1 **By 2008,** all social services employees will have an annual performance appraisal with their employer and personal development plan.

6.2 **By 2010,** all social care providers will, as part of social care governance, have arrangements in place to support the organisation's development as a learning organisation and an action plan to meet further identified development.

7. **Delivering the Strategy**

Strategic Targets:

7.1 **By 2008,** commissioning responsibility and associated resources for PSS training will have transferred to the Regional Authority.

7.2 **By 2009,** the resources required to continue to deliver the strategic targets from 2010 – 2016 will have been identified and submitted to the Department to inform the 2010 comprehensive spending review.

Appendix 1
FACT FILE

FACTS ABOUT THE SOCIAL SERVICES WORKFORCE

The social services workforce

- there are an estimated 40,140 social services employees in Northern Ireland[11];
- 12,832 work in the statutory sector (including HPSS, the probation service and education welfare);
- 27,308 work in the voluntary, private sectors and other sectors;
- there are 4000 social workers;
- 83% of the workforce is female; and
- over 50% work of the workforce work part-time.

The social work workforce

- 4128 registered social workers[12];
- 3000 (est) are employed in the statutory PSS sector;
- 300 (est) are employed in the criminal justice sector, education welfare sector and the NI Guardian ad Litem Service;
- 500 (est) are employed in the voluntary sector; and
- a small number of social workers work independently.

The social care workforce

- 90% (36,140) of the social services workforce in Northern Ireland are social care workers;
- 27,308 (75%) of the social care workforce are employed in the voluntary and private sectors;
- 8,500 (25%) are employed in the statutory sector;
- 15,756 (44%)[13] of the social care workforce work in residential care, the majority of whom 13,477 (85%) work in the voluntary and private sectors;
- an estimated 11,744[14] (32%) of the social care workforce are employed as domiciliary care workers; and
- an estimated 7024 (61%) of domiciliary care workers are employed in the statutory sector.

11 Workforce Planning Review - Social Services Staff Groups, DHSSPS, 2006.
12 NISCC registration statistics, 4 August 2006.
13 Registration & Inspection Unit Report 2003/04.
14 The actual headcount of domiciliary care workers is difficult to quantify as it is thought significant numbers work less than 10 hours per week, but this may be offset by the fact that some staff work for more than one employer.

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A LEARNING AND IMPROVEMENT STRATEGY

FOR
SOCIAL WORKERS
AND
SOCIAL CARE WORKERS
2019 - 2027

"Rules, standards, regulations and enforcement all have a place in pursuit of quality... but they pale in potential compared to the power of pervasive and constant learning."

"You always have two jobs; you have your job and you have the job of improving your job."

Professor Don Berwick

(A Promise to Learn, a Commitment to Act: Improving Patient Safety in NHS England)

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Chief Social Worker's Foreword

Society in Northern Ireland is changing rapidly. We are living for longer and communities are now much more diverse than ever before.

Developing new models of care and creating co-operation between formal and informal care providers is an important opportunity to be grasped. Having a dynamic, highly skilled and well-motivated workforce that can innovate and adapt to new ways of working will also be essential.

Delivering Together-Health and Wellbeing 2026 sets the future direction for health and social care by identifying how to meet our existing and emerging needs. The social work and social care workforce is central to achieving its vision of person-centred, compassionate care delivered in communities, with and for service users, families and carers.

The learning and improvement of social workers and social care workers has, for many years, been a key strategic objective for the Department of Health in Northern Ireland.

This **Learning and Improvement Strategy** builds upon that commitment and plots a course for the future development of the social work and social care workforce.

By creating a learning culture in which staff are expected to continuously improve their practice to better meet people's needs, we will establish safer, more sustainable services in the coming years.

I commend the Strategy to you as an important contribution to delivering the changes we need to make, to meet our future social care needs.

Sean Holland
Chief Social Work Officer

Developing the Learning & Improvement Strategy

This is the fourth strategy to be produced in relation to the training and development of the social work and social care workforce in Northern Ireland. It follows-on from the Personal Social Services Training and Development Strategy 2006-16, which was successfully implemented through the concerted efforts of a wide range of individuals and organisations

The implementation of the previous strategy resulted in several notable achievements, including;

- an increase in the number of qualifications achieved by social workers and social care workers,
- significant improvements in the professional leadership and management of social work and social care services. and;
- the development of more flexible approaches to learning.

Above all, the previous strategy, alongside other important developments, created the expectation among social workers, social care workers and their employers that they must continuously develop their knowledge and skills in order to improve outcomes for people who use services, their carers and communities.

This new Learning and Improvement Strategy builds upon those successes and is intended to set the direction for the future development of the social work and social care workforces.

It has been informed by extensive engagement with a wide range of stakeholders who have provided very helpful input. Early planning meetings with key individuals in the sector and responses to consultations on the draft Strategy have contributed greatly to its' contents.

DID YOU KNOW THAT?

...a strategy is a long-term plan for success. It plots a future direction and describes high-level expectations which are designed to meet individual, organisational and system needs.

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Who is responsible for the Learning and Improvement of Social Workers and Social Care Workers?

A wide range of individuals and organisations share responsibility for the continuous development of social workers and social care workers.

Employers have the primary responsibility to ensure that staff have the knowledge and skills they need to competently fulfill their role and function.

Social workers and **social care workers** must also seek to improve and add to their skills set, which is a requirement of continued registration with the Northern Ireland Social Care Council. Individual practitioners and teams should **want to** continuously improve their own practice, learn new methods, and demonstrate professional pride in what they do.

All learning and improvement activity should contribute to better outcomes for people who use services, their families and carers.

The Strategic Context

The Learning & Improvement Strategy has been developed within a much wider strategic context. The projected growth of the Northern Ireland economy is likely to be modest for the foreseeable future, meaning that there will be a continued emphasis on budgetary constraint and achieving best value for money.

The impact of austerity measures will continue to be felt across NI, but most acutely in areas of high deprivation. As a consequence, the demands on public services, including social services, are expected to increase substantially in the coming years.

Northern Ireland has also experienced rapidly-changing racial, ethnic and cultural trends in recent years. The size of the total population is set to grow by around 6% by 2020, and the proportion of people aged 65 years and over will increase by 45% by 2030.

More people are living for longer and as a result, many of us will have long-term health and social care needs. How we deliver and receive our health and social care services will therefore have to fundamentally change in order to meet these growing, more challenging demands.

As part of the response to these changes, it will be necessary to build capacity in individuals, in families and in communities, to reduce inequalities and ensure the next generation is encouraged to stay healthy and well.

Health and Wellbeing 2026 'Delivering Together' (DoH 2016), sets the future direction for Health and Social Care in NI by identifying the importance of;

- supporting people to avoid ill-health and stay well in the first place,
- providing access to safe, high quality care when it is needed,
- empowering and supporting health and social care staff to perform their roles to the best of their ability, and
- designing services which are efficient and sustainable.

Alongside societal changes, the Learning & Improvement Strategy must also be informed by and complement existing legislation, policy and strategies – and take account of new and emerging ones.

For example, the Strategy for Social Work, Quality 2020, Making Life Better, A Whole System Framework of Public Health, Power to People, the HSC Collective Leadership strategy, and the Industrial Strategy for NI will all contribute to efforts to ensure that we have a competent and confident health and social care workforce in the future

The Aim of the Learning and Improvement Strategy for Social Workers and Social Care Workers is;

To set the strategic direction for learning and improvement,

which will be required to develop and maintain the knowledge, skills, competence and confidence,

to deliver safe, effective and efficient care,

leading to

improved outcomes for people who use services, carers and communities.

DID YOU KNOW THAT?

....by 2020, the number of people aged 65+ in NI is expected to increase from 290,000 to 471,000.

DID YOU KNOW THAT?

....61% of the NI population are adults, 23% are children and young people and 16% are older people aged 65+.

The Social Work Workforce

Social workers often work with some of the most marginalised people in society, by promoting their rights, challenging inequalities and improving the quality of their lives. Social workers share a common purpose, which is to improve and safeguard the social wellbeing of individuals, families and communities.

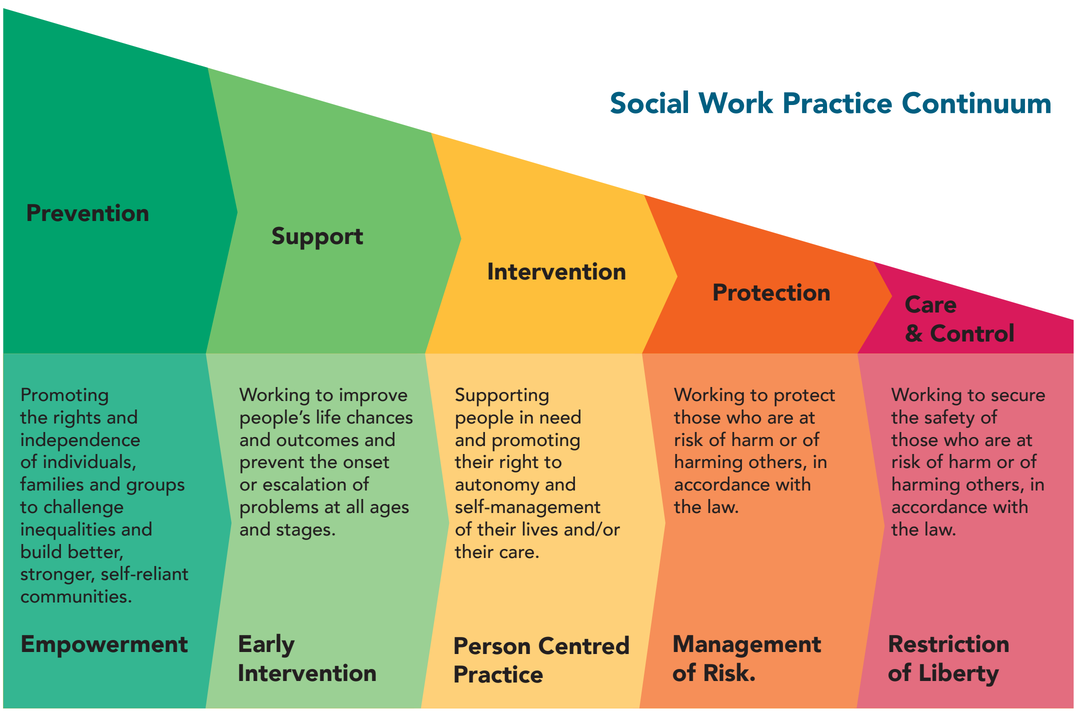
Improving Social Wellbeing

Social wellbeing is a broad concept and applies to many areas in a person's life – for example, how someone feels about themselves, the quality of the relationships they have with others, or the freedom they have to make important decisions which impact on their daily lives.

Social workers improve social wellbeing by empowering people to manage their own lives, by supporting social inclusion and participation in society, and helping people to stay safe and well.

Central to the effectiveness of all social work practice is the quality of the relationships between a social worker and the people they work with.

The Social Work Practice Continuum summarizes the range of functions which social workers typically fulfil, depending upon their job role. It reflects the diversity of life circumstances and needs of individuals, families and communities with which social workers work.



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Social work practice is also underpinned by a core set of **professional values**;

Social Work - interesting Facts and Figures

There have been significant changes in the social work workforce in Northern Ireland in recent years. The number of registered social workers has risen substantially from **5,060** in 2007 to **6,100** in 2018, which represents a **17% increase**.

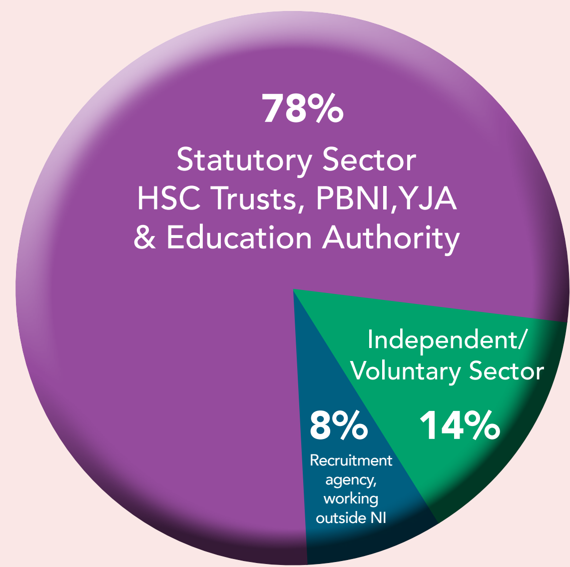
The majority of social workers, around **70%**, are employed within the Health and Social Care sector; in family and child care settings, in adult services, hospitals, mental health teams and helping people with a learning disability.

Social workers also work in many different settings and contexts. Within statutory agencies, such as HSC Trusts, Probation or the Education Authority, social workers typically carry out tasks related to legal or statutory requirements.

In total, around **80%** of all social workers are employed in the statutory sector. This often involves working collaboratively with a range of other public services such as the police, health professionals or housing providers.

Northern Ireland also has a rich history of many social work services being delivered by the voluntary and community sectors, often in collaboration with colleagues from statutory services.

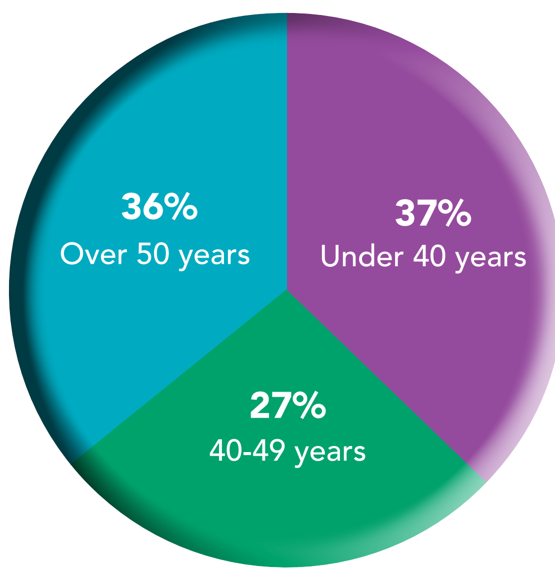
Who employs social workers?
The pie chart below provides details of the sectors in which social workers are currently employed;



17% increase
in registered social workers
from 2007 to 2018

Age and Gender of Social Workers

The profile of the social work profession in Northern Ireland is one of a mature, predominantly female (81%) and locally trained workforce which has remained relatively stable over the last ten years. Approximately 250 social workers graduate from Queen's University Belfast and Ulster University each year.



The majority (63%) of registered social workers are over 40 years of age and around one third (36%) are aged 50+. The majority of social workers employed locally are originally from NI and most have received their professional training at Universities here.

DID YOU KNOW THAT?

...all Probation Officers and most of the staff employed by the Youth Justice Agency are social workers.

DID YOU KNOW THAT?

...the majority of Education Welfare Officers are social workers.

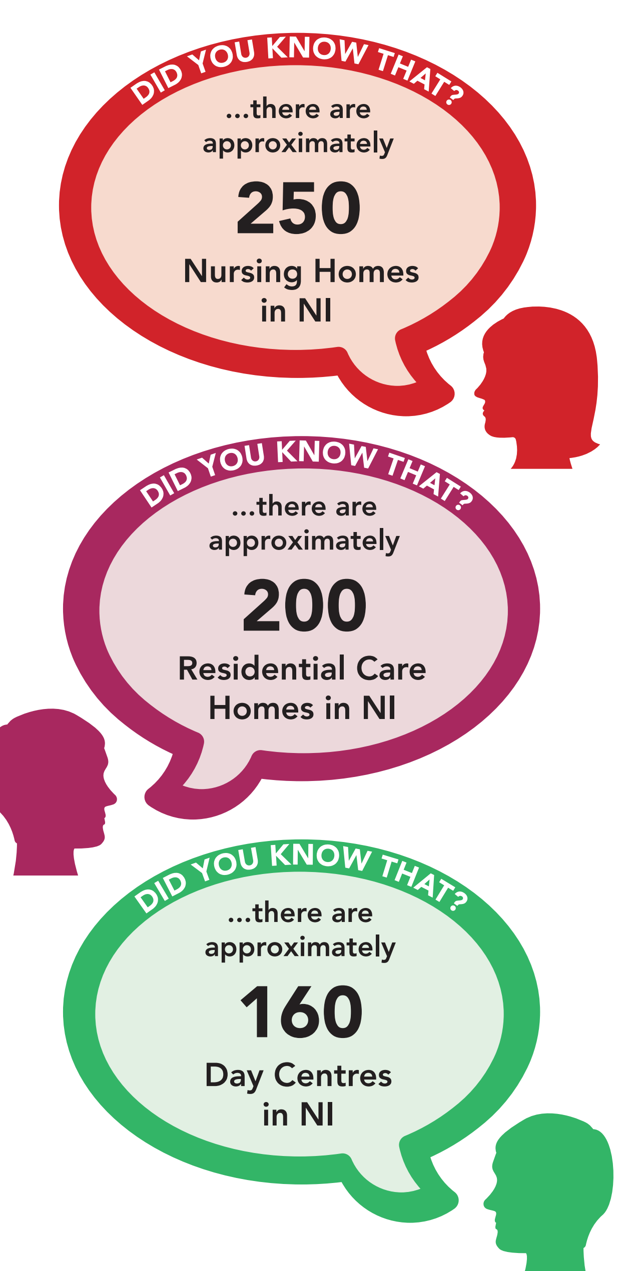
The Social Care Workforce

Social care workers help to support, protect and empower people to live as well and as independently as possible. They often deliver a range of practical help and emotional support to individuals, families and communities.

Typically, social care workers provide;
- personal care for individuals who have particular needs associated with ill-health, disability, frailty or aging,
- care for people in day care settings, domiciliary care or reablement services,
- more intensive support, in residential homes or delivering complex home-care packages; and
- informal community support, for example, befriending services or engaging with community groups.

People who work in social care often come from diverse backgrounds. The level of competence or type of qualification required to be a social care worker is determined by the role or job function, the nature of the care and support required by the individual or family, and the level of responsibility vested in the worker.

To become a social care worker, a number of employer criteria and regulatory requirements have to be met. The values, skills and personal qualities demonstrated by staff are key to the delivery of safe and effective, person-centred social care.



Meeting individual needs

In recent years there has been a growing emphasis on the personalisation of social care to meet individual needs. There has also been a wider societal expectation that, where possible, a person's social care needs should be met within his or her own home or community. This is intended to give an individual or a family, greater choice and control over the kind of care that they wish to receive. The **Co-production** of services and Self Directed Support continue to be embedded in the suite of social care provision in NI.

DID YOU KNOW THAT?

...the independent social care sector provides all Nursing Home care, 83% of Residential Home care and 68% of domiciliary care in NI.

DID YOU KNOW?

...there are approximately

120

Domiciliary care providers in NI

Social Care Work - interesting Facts and Figures

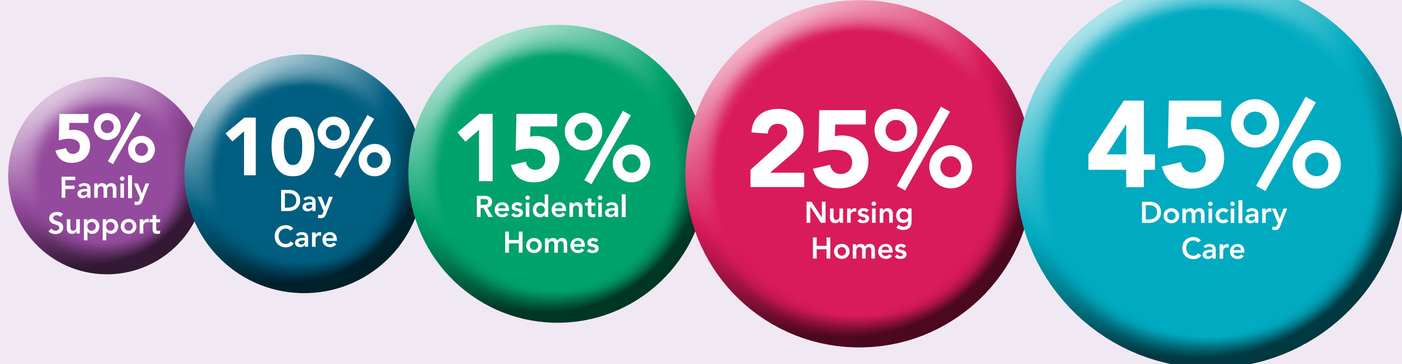
Since 2017, it has been compulsory for all social care workers to register with the Northern Ireland Social Care Council (NISCC) . There are approximately **33,000 registered social care workers**, which is the largest workforce in HSC, and represents 4% of the total workforce in NI.

A majority of social care workers have achieved qualifications which are relevant to their job role and function. All social care workers are expected to improve their knowledge and skills as a requirement of their continued registration with the NISCC.

There are approximately 900 registered providers of social care services in Northern Ireland. One quarter of the social care workforce is employed directly by the HSC Trusts. The majority (75%) of social care workers are employed in independent, private and voluntary sector organisations.

Where do social care workers work?

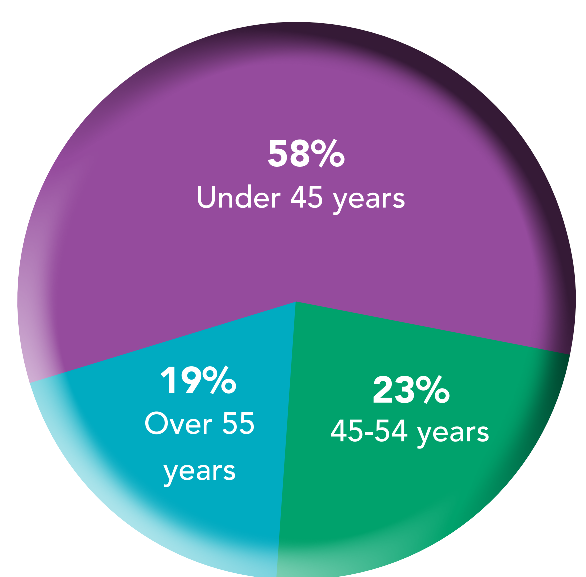
Social care workers are typically employed in one or more of the following settings;



Age and Gender of Social Care Workers

The profile of the social care workforce in NI is very different to that of social workers. As well as the difference in the size of the workforce, almost 19,800 (58%) of social care workers are under 45 years of age.

The social care workforce is also predominantly female (87%) and includes people from a wide range of cultural and ethnic backgrounds.



For some time, employers have reported difficulties with the recruitment and retention of social care workers. This is a particular problem in rural areas and in the private and voluntary sectors where there can be less favourable terms and conditions of employment.

The co-ordination and implementation of key workforce policies, including those relating to learning and improvement, will help to determine the future recruitment and retention of suitably qualified and highly motivated social care workers.

DID YOU KNOW THAT?

...most social care workers are employed by private, independent or voluntary sector organisations. Around one quarter are employed by HSC Trusts.

DID YOU KNOW THAT?

...it is estimated that in NI there are around 33,000 social care workers providing services to the public every day.

Registration, Regulation and Standards of Practice

The Northern Ireland Social Care Council (NISCC) is responsible for approving the professional training for social workers, against a set of regional standards, and for approving post qualification training and learning provision. To maintain their registration with the NISCC, social workers are required to complete and record at least 90 hours of professional development every three years.

Social workers can accumulate Professional in Practice credits for learning achieved through a variety of routes, including formal training events, individual study and academic courses.

All social care workers in Northern Ireland are now registered with the NISCC. To maintain their registration, social care workers must also demonstrate that they have undertaken the requisite learning and improvement activity as prescribed by the NISCC. It is estimated that at present more than half of social care workers have one or more qualification which is relevant to their job role.

Employers of social workers and social care workers are expected to ensure that their staff are appropriately trained to competently fulfil the duties of their job role. This includes mandatory training courses and adherence to relevant minimum standards, which is monitored by the Regulation and Quality Improvement Authority.

The NISCC is also required to publish Standards of Conduct and Practice for social workers and social care workers. These provide clear criteria to guide practice and ensure that social workers and social care workers are aware of the standards they are expected to meet. The Standards also provide service users and carers with a clear description of the nature and quality of care they can expect to receive.

To achieve the Aim of the Learning and Improvement Strategy, we have identified **six Strategic Priorities;**

1. **Relationship-based Practice**
2. **Highly Skilled, Resilient and Confident Workforce**
3. **Continuous Learning and Improvement**
4. **Effective Leadership and Management**
5. **Collaboration and Partnership**
6. **Practising in a Digital World**

Each Strategic Priority has a series of associated Policy Statements and Actions which, if completed, will contribute to the achievement of identified Outcomes. An initial Implementation Plan will be developed to help to ensure that the Strategy receives the support needed to secure the delivery of the Strategic Priorities.

As before, the energy and commitment of the various stakeholders will be required to ensure that the Learning and Improvement Strategy is successfully implemented in the coming years.

Strategic Priority 1:

Relationship-based Practice

Social work and social care work is about relationships – first and foremost with people who use services and their carers. The ability to build purposeful and trusting relationships to create positive change is the cornerstone of best practice.

Social workers and social care workers engage with individuals, families, carers, communities and other professions in a concerted effort to produce better outcomes for and with people.

A co-production approach to improving social wellbeing is a collaborative process between the person supported by services and those who support them. It allows all parties to work together to determine an outcome that draws on someone's strengths and assets, their knowledge, skills and abilities and those of a wider support network.

Tackling inequalities and promoting social justice using community development approaches can also enhance social work and social care practice by empowering and bringing about positive changes in the lives of individuals and in communities. It encourages people to take personal and collective responsibility and helps them to organise and work together to improve their own and others' health and wellbeing.

Policy Statements

1. A relationship-based approach will be an integral part of social workers' and social care workers' practice.

2. Social workers and social care workers will be supported to develop and maintain the values and skills they need to enable and empower individuals, families, carers and communities to improve their social wellbeing.

3. Co-production and use of strengths-based and community development approaches will be promoted as a means of building upon people's capacity to manage their own lives and bring about positive change.

Strategic Actions

1. Education and training providers will ensure that there is a strong emphasis on relationship-based practice and co-production, in professional and vocational training for social workers and social care workers.

2. Learning and improvement activity will increase social workers' and social care workers' capacity to use strengths-based and community development approaches to their practice.

3. Service users and carers will be encouraged and helped to co-produce learning and improvement activity for social workers and social care workers.

Outcomes

- ✓ A relationship-based approach, based on empathy, reliability and respect will be integral to social workers' and social care workers' practice.
- ✓ There will be evidence of the increased use of strengths-based and community development approaches in social work and social care services.
- ✓ People who use services, their families and carers will be more directly involved in decision making regarding the design and delivery of the care they receive.
- ✓ The knowledge, skills, expertise and experience of service users, their families and communities will help to shape and inform the development of future social work/social care training, policy and practice.

MAHI - STM - 097 - 11045

BW/228

Strategic Priority 2:

Highly Skilled, Resilient and Confident Workforce

Social workers and social care workers play a crucial role in improving and safeguarding the wellbeing of people who use services. Ways of working are changing but values and principles will remain constant. Services of the future will be increasingly dynamic, flexible and responsive and build upon individual, family and community supports.

Social workers and social care workers will need the energy, confidence and resilience to adapt to continuous change. Learning and improvement activity must focus on developing the knowledge and skills required to provide safe and effective care, which improves the lives of those people who use services.

Policy Statements

1. Social workers and social care workers will be skilled, resilient and responsive, and demonstrate enthusiasm, confidence and competence in their practice, whilst upholding highest professional standards.

2. Social workers, social care workers and employers are responsible for developing and maintaining the knowledge and skills needed to be safe, effective and caring practitioners.

3. Social workers and social care workers will be supported to achieve qualifications which are relevant to their job role and function.

Strategic Actions

1. An audit of qualification achievement in the social work and social care workforce in HSC will be conducted and appropriate targets set for future attainment.
2. The commissioning and provision of learning and development opportunities for social workers and social care workers will be reviewed to ensure that it is fit for purpose.
3. A Framework for Career Progression for social workers will be developed, which will link to the achievement of qualifications and/or learning criteria.
4. A Learning and Improvement Framework for social care workers will be developed which will be in keeping with the strategic direction for future social care provision.

Outcomes

✓ Social workers and social care workers will be supported in applying and sustaining core knowledge and skills into practice, and in the achievement of more specialist expertise and/or qualifications as their careers progress.

✓ There will be a more strategic and co-ordinated approach to the commissioning and delivery of learning and improvement opportunities for social workers and social care workers employed in the HSC sector.

✓ Learning and improvement activity will focus on developing the knowledge and skills that are essential to the delivery of safe and effective care, leading to improved outcomes for people who use services, their families and carers.

✓ There will be an increase in the achievement of qualifications for social workers and social care workers in NI.

MAHI - STM - 097 - 11047

BW/228

Strategic Priority 3:

Continuous Learning and Improvement

A culture of continuous learning and improvement within any organisation is as important as rules, standards and control strategies in the pursuit of higher quality outputs. Organisations which employ social workers and social care workers must be committed to creating learning communities, in which staff are supported to be professionally curious, share information and expertise, are open-minded and want to do even better.

The workplace should be exploited as a rich field of learning in which individuals can learn from their own experience, from each other and from planned and unplanned learning opportunities. All staff should be able to identify how any learning activity relates to their job function, and understand how acquiring new knowledge, skills and qualifications will help their employer to better meet the needs of those people who use services.

To ensure the effective transfer of learning to improving practice, new and more meaningful measures for evaluating the benefits of staff learning and development activity will be required.

Policy Statements

1. Employers will encourage and support social workers and social care workers to engage in the continuous development and improvement of their practice throughout their careers

2. Social workers and social care workers will be equipped to contribute to continuously improving practice and service provision, in partnership with people who use services.

3. Learning and improvement activity will be expected to deliver better outcomes for those people who use services, and agreed criteria will be developed to assess its impact on improving practice.

Strategic Actions

1. Social work and social care employers will encourage and develop a culture of continuous learning and improvement at individual, team and organisational levels.

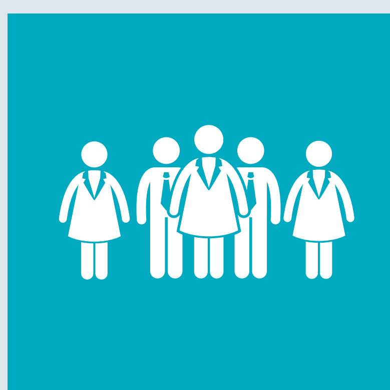
2. The knowledge-base for effective social work and social care practice in NI will be built upon and supported by evidence and validated research.

3. The impact of learning and improvement activity will be evaluated to determine the extent to which it improves practice and leads to better outcomes for people who use services.

4. Social workers and social care workers will build their capacity to lead and contribute to continuous improvement, in partnership with people who use services and their families.

Outcomes

- ✓ A learning culture will be evident at team, organisational and regional levels in social work and social care organisations, where staff experience a commitment to "help to learn" throughout their career.
- ✓ Social workers' and social care workers' practice will be evidence-based, underpinned by up to date research and they will be aware of the most effective ways of working within their chosen practice field.
- ✓ New methods will be designed to measure the quality of learning and development practice and its impact upon improving social wellbeing.
- ✓ Social workers and social care workers will demonstrate an expertise in measuring the outcomes and experiences of people who use services, their carers and wider support networks.



Strategic Priority 4:

Effective Leadership and Management

High quality, safe and effective services, and the drive for continuous improvement in organisations comes from what leaders do – through their vision, commitment and modelling of appropriate behaviours. The best leaders and managers support and empower their staff by cultivating a positive organisational climate, promoting staff health and wellbeing and inspiring innovation and change.

Social work and social care services of the future will require leaders and managers at all levels, who involve staff and people who use services in decision making, provide regular helpful feedback, and recognise achievement and excellence. They address systems problems as they arise and ensure that staff feel supported, respected, empowered and valued at work.

Leaders and managers should also engage in activities which promote a higher, positive public profile for social work and social care, leading to a better understanding of its unique contribution to improving and safeguarding the wellbeing of society.

Policy Statements

1. Leaders and managers of social workers and social care workers at all levels will be equipped with the skills they need to provide professional leadership and management, coaching, and the development of others.

2. Leaders and managers will work collectively to appropriately influence relevant policy and strategy and the future development of social work and social care.

3. The future leaders of social work and social care organisations will be nurtured, encouraged and assisted to develop the knowledge and skills they require.

Strategic Actions

1. Leaders and managers at all levels in social work and social care organisations will engage in a range of learning and improvement opportunities aimed at enhancing their leadership capabilities.

2. Leaders and managers will adopt a collective leadership approach to ensuring the development and future strategic direction of social work and social care.

3. Social work and social care providers will be responsible for ensuring that their staff have the knowledge, skills and expertise they need to deliver safe and effective care.

Outcomes

✓ Social work and social care organisations will have strong leaders and managers who drive safe and effective practice and are committed to securing the best possible outcomes for people who use services.

✓ Leaders and managers will work collegiately to influence policy, to set strategic direction and to promote social work and social care within a wider professional, political and economic context.

✓ The leaders of social work and social care organisations will nurture and maintain an ambitious and creative organisational culture which is focussed on learning and continuous improvement.

✓ Opportunities will be made available for future managers of social work and social care to gain the expertise and experience they will require to be the most effective leaders of tomorrow.

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BW/228

Strategic Priority 5:

Collaboration and Partnership Working

Collaboration and partnership working is key to improving and safeguarding social wellbeing. Social workers and social care workers must be able to participate fully in existing partnerships, forge new and effective relationships with colleagues and be confident of their role and function within multi-disciplinary teams.

Social workers and social care workers should continue to develop and enhance their skills in collaborative and multi-disciplinary working.

Effective partnerships in the provision of learning and improvement also offer the best opportunity for achieving higher standards and securing regional consistency. The partnerships in place between social work and social care employers, Further/Higher Education providers and service users, also help to ensure that professional and vocational training courses are of the highest quality and keep pace with changing needs.

Policy Statements

1. Social workers and social care workers will have the confidence and skills to be effective and respected practitioners who can clearly articulate their role and function, and their contribution to improving and safeguarding social wellbeing will be understood and valued.

2. Social workers and social care workers will actively participate in multi-disciplinary and inter-professional teams, leading to a sharing of experience and expertise and better outcomes for people who use services.

3. The partnerships in place between employers, education providers and service users will be maintained and strengthened in order to maximise the availability of high quality learning opportunities for social workers and social care workers.

Strategic Actions

1. Social workers and social care workers will be supported to acquire the skills they need to work in multidisciplinary teams, with colleagues from other professions and across different sectors.

2. Key stakeholders, including employers, providers, the NISCC and relevant Government Departments, will work together to maximise the availability of high quality learning opportunities for social workers and social care workers.

3. Partnership arrangements between employers, service users and education providers will be strengthened, to ensure that professional and vocational training courses reflect the changing needs of social workers, social care workers and people who use services.

4. Where appropriate, training and development opportunities for social workers and social care workers will be delivered on a partnership basis to facilitate the sharing of best practice, regional consistency and to make the best use of scarce resources.

Outcomes

- ✓ Social workers and social care workers will have a clear understanding of their roles and functions within multi-disciplinary settings and be confident of their unique contribution to improving the wellbeing of people who use services.
- ✓ More effective working relationships will be evident between social workers, social care workers and colleagues from other disciplines and professions, in multidisciplinary and interprofessional teams and across different sectors.
- ✓ There will be a better co-ordination of effort and expertise between the relevant stakeholders in the provision of learning opportunities for the social work and social care workforce.
- ✓ Learning and development activity within social work and social care organisations will be strengthened and improved.

Strategic Priority 6:

Practising in a Digital World

Working practices are changing, and social workers and social care workers are expected to use up-to-date assistive technology to help them to provide the most effective and efficient services.

Greater diversity in the workforce and more flexible working arrangements also mean that new approaches to learning and development will be required. In the future, there will be particular emphasis on improved e-learning methodology, which can allow information to be delivered in different ways, at different times and places, and at a pace which matches individual learning styles.

Digital technology already provides a range of innovative approaches to gaining knowledge and skills. A mixture of e-learning, face-to-face training and work-based experience provides a wider range of improvement opportunities. This 'blended approach' makes it possible to maximise the opportunities to apply new learning to practice, leading to improved outcomes for people who use services, families and communities.

Policy Statements

1. Social workers and social care workers will be equipped with the skills they need to make best use of technological advances, leading to more effective and efficient services.

2. Learning and improvement approaches which involve the use of new technology will be accessible, flexible and provide good value for money.

3. Social workers and social care workers will have the knowledge and skills they need to better understand and manage the risks associated with the use of technology in the workplace, and to help to maintain the safety of people who use services within a complex digital world.

Strategic Actions

1. Social workers and social care workers will become skilled in the use of existing and emerging technology which is aimed at improving outcomes for people who use services.

2. A range of methods to facilitate staff training, which includes high quality e-learning packages, face-to-face training and work-based mentoring, will be developed and made available.

3. Employers will ensure that social workers and social care workers have the knowledge and skills they need to make best use of modern technology to enhance and improve services; that they use it responsibly and help to safeguard people who use services from any associated harm.

Outcomes

✓ Social workers and social care workers will use the most effective and up-to-date methods, including appropriate technological advances, which are designed to support working practices and enhance the services they deliver.

✓ Access to learning opportunities for the workforce will be improved by being more flexible and available at different times and places, to best suit learners' needs.

✓ Using blended-learning approaches to training and improvement activity, social workers and social care workers will maximise the opportunities to transfer newly-acquired knowledge and skills to the workplace.

✓ Social workers and social care workers will act responsibly in their use of technology, to improve practice in the delivery of efficient and effective services while assisting people who use services to maintain their safety and wellbeing.

MAHI - STM - 097 - 11055

BW/228

Setting the direction for the future development of the social work and social care workforce.

MAHI - STM - 097 - 11057

BW/228

Design: conordiverdesign.com

For further information please contact:

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Belfast BT4 3SQ
OSS@health-ni.gov.uk

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South Eastern HSCT	154 547	118 875	359 869	51 163	72 250		114 370	149 129	96 329	139 780	98 980	93 912	83 643	1 532 847
Southern HSCT	204 613	200 489	661 065	369 247	372 918	267 182	138 203	131 249	110 699	165 705	114 534	129 549	132 863	2 998 316
Western HSCT	273 070	368 145	835 513	428 070	456 363	241 096	114 129	162 297	120 097	152 623	74 953	89 844	65 931	3 382 131
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BELFAST HEALTH AND SOCIAL CARE TRUST

WORKFORCE Learning and Development

DATA RETURN 11

1st April 2020 – 31st March 2021

Caroline Brogan
Ann Purse

Social Work/Social Care Workforce Learning & Development Managers

DATA RETURN 11 – PoC / Directorate ALL________________________

Please Note: Information for this section will inform the Annual Accountability Report to the Department of Health, Social Services and Public Safety

11 Accountability Report
Personal Social Services Development and Training Strategy 2006-2016 **Personal Social Services Learning and Development Strategy 2019 - 2027**

11.1 Practice Learning Opportunities		
11.1.1	PLO Investment 01.04.20 - 31.03.21	**Accountability 20-21**
11.1.2	How many PLOs have been provided by the Trust during the period?	**Accountability 20-21**
11.1.3	How many Children's PLOs have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	**Level 2 30** **Level 3 35**
11.1.4	How many Adult's PLO have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	**Level 2 20** **Level 3 15**
11.1.5	*Commentary. Trust must highlight and provide explanations for any deviations from the expected PLO provision. Processes which have been implemented to ensure high quality Adult's and Children's PLO should be included in addition to specific demands on resources and achievements in year.* **Finance:** An overspend of £18,500 in this category. This reflects the additional work required to secure Practice Learning Opportunities and the support that students and practice teachers needed through the pandemic. Northern Ireland were the only country in the United Kingdom and Republic of Ireland to continue to facilitate student placements. The Team also facilitated the recruitment and selection of Open University Students in August and March with no additional resources. **A. Practice Learning Opportunity (PLO) Provision:** The Trust are contracted to provide 91 PLO's and while **97 were presented 90 commenced placement**. August 20 - 33 PLO's were presented for allocation and 28 students commenced. This shortfall was due to an overall reduction in the number of students presented due to Covid related issues and reallocation to other agencies to meet student needs. Subsequently additional PLO's, 64 in total, were presented for January 21 intake with 62 commencing. Factors contributing to the higher numbers in January included returning students who had incomplete PLO's in March 20 and an increase in numbers due to increased intake of RGR students by the University of Ulster.	

B. Processes to ensure high quality PLO's: The Trust is approved by NISCC as Designated Practice Learning Provider (DPLP). This requires the Trust to meet the *'The Standards for Practice Learning for the Degree in Social Work'.* Compliance with these Standards is monitored annually by NISCC.

To evidence compliance, a range of activities are undertaken annually, including: thematic audits of student supervision files; end of PLO evaluations from students; feedback from Universities/Colleges; feedback from On-sites and Practice Teachers. In addition Practice Teachers and On-site Supervisors are required to attend an annual workshop which provides updates regarding assessment process, support and space for peer support for reflection.

Focus of the 20/21 Audit: A University review of 2019/2020 practice teaching reports highlighted that the standard was variable. Two particular themes were identified. Firstly, the summative assessments did not always clearly identify learning needs and secondly, Key Roles/SW Standards were not always clearly integrated into the practice teachers report. These were the focus of the 20/21 audit.

Key findings: 80% of reports audited were described as very good with clear summative assessments where learning needs were clearly identified and linked to Level 3 PLO or AYE. The remaining reports while satisfactory there were areas for improvement.

Action: Practice Teacher Standardisation Workshops in 21/22 will focus on developing consistency in practice.

C. Specific Demands on Resources:

Collaborative Working: The provision of the BSc Social Work is dependent on collaborative arrangements with many agencies and while this process presents many challenges in usual times, this was exacerbated by Covid. There was a recognition that SW students were essential workers and critical to workforce planning so processes needed to continue including Boards, Committees, and Assessment Panels etc. This required a range of people who worked at various levels in Trusts, Voluntary Sector and NISCC to work differently and virtually. This involved additional work for both the Learning and Development Manager and the Practice Learning Coordinator. Examples include:

- **Addendum to the PLO Handbook working group:** Membership included NISCC, NIDSWP, Voluntary Sector and the Belfast Trust Practice Learning Coordinator (PLC) represented the Trusts. Addendums were considered throughout the year and responded to new and emerging issues related to Covid restrictions, for example, creative approaches to assessment of students via Technology such as Skype, Microsoft Teams, Zoom and What's App.

- **PLO Monitoring Group:** An additional group created to monitor the PLO's chaired by the BHSCT Learning and Development Manager and including NISCC, Rep from the Voluntary Sector and Trusts. This group put in place a range of processes to ensure a timely, and consistent response to emerging issues. This required a significant commitment from all involved.

Identification of PLO's: Covid added significantly to the challenge of identifying appropriate PLO's. The impact of Covid immediately excluded Hospital PLO's due to lack of space and concerns for patient safety. In addition, Day Centres whose service users were physically vulnerable, also withdrew from provision of PLO's following a Covid outbreak. This significantly reduced the number of non-car driving PLO's presented at allocation. Accommodating student individual circumstances has increasingly presented challenges for all agencies however this was further complicated by Covid. A small number of students with complex needs required a great deal of work to find suitable placements.

While there were many questions and concerns as to how placements could meet requirements given the restrictive working practices, the time allocated by the Practice Learning Coordinator (PLC) and the Learning and Development Team allowed potential PLO's to consider how requirements could be met within their settings. A willingness to be creative, a commitment to students and confidence in the support available from the PLC and the Learning and Development Team proved effective ie offering 97 potential PLOs. This was in no small part due to the relationships developed over many years between the practice teachers/onsite/managers/teams and the Learning and Development Team.

Allocation Process: While the allocation for August 20 process was challenging, the smaller numbers allowed for a degree of flexibility whereas allocation for January 21 was very challenging and time consuming. Students had particular requirements and individual circumstances plus during the University holiday new arrangements were introduced for critically extremely vulnerable people. This is just one example of how the Learning and Development Team were responding to a rapidly changing environment.

Supporting Students: A number of challenges emerged as a result of Covid restrictions such as reduced time in the office and working from home and the use of PPE. This reduced learning opportunities significantly however a number of supports were put in place to ensure students were able to meet PLO requirements and prepare Level 3 students for their Assessed Year in Employment (AYE). A number of initiatives were introduced to provide students with the best possible experience. These included:

- Access to remote working: The Learning and Development Manager purchased 60 Remote Working Licenses a cost of £6,000. This allowed students to access Trust systems including PARIS, Outlook and Microsoft Teams.

- Virtual Induction and Training: The Learning and Development Service provided a comprehensive Corporate and Student Induction via Microsoft Teams.
- Supervision via Microsoft Teams: This option reduced contact particular when Covid restrictions increased. As many students worked in 'bubbles' this allowed supervision to take place outside of essential time in the office.
- Group Supervision/Student Support: All students had the option to avail of small group sessions with a total of 22 sessions provided by Learning and Development Coordinators (see Evaluation in 11.16).
- Providing creative learning opportunities for students during periods of isolation following a positive Covid Test or close contacts.

These initiatives contributed greatly to the positive outcomes for students with 87 successfully completing PLO. Health and wellbeing issues contributed to two incomplete placements and the third ended due to conduct issues.

Additional Support for Practice Teachers: A high level of formal and informal support was provided by the Practice Learning Coordinator to practice teacher throughout PLO periods. This ranged from advice and guidance to peer supervision for those who were returning to the role, new practice teachers or practice teachers who were working with particular challenges. While this is available at all times, Covid brought a significant increase in support required.

E. Continuing Impact of Covid to PLO's in 21/22: Covid will remain a significant influence on the 21/22 PLO's as there is now a suggestion that there will be a 4th wave. In this context employers and partner agencies will continue to divert considerable time and resources to plan and deliver for PLO's in August 2021 and January 2022. Although remote working licenses have proved very beneficial for students other issues have arisen with regard to home working relating to availability of mobile phones for student use. This will require consideration moving forward. On a positive note, as students have been considered essential workers, they have had access to the vaccinations.
Action 21/22: While there continues to be multiple factors to consider, it is critical that significant learning in the last year informs the year ahead. Student evaluation, feedback from practice teachers/onsite supervisors/team leaders and feedback from universities will enable the Trust to build on strengths and positives identified and begin to explore how to manage the aspects that were less positive for students. This work will be completed in the Summer of 2021 and hopefully will enable us to prepare well for the 21/22 cohorts.

F. Promoting Social Work as a Career Choice: The Social Work Workforce Review in Northern Ireland will soon be published and will likely recommend consideration as to how employers/DoH can promote social work as a career choice by opening up opportunities to existing social care/Trust staff to pursue this career choice.

Enhancing Access to Social Work in BHSCT: Access to the Open University.
K102 Introducing Health and Social Care Module: This presents an opportunity for staff with no academic requirements to start degree studies. Successful completion of two modules, K102 and K113 is the 'gateway' to the BA (Hons) Social Work. In conjunction with Unison and BHSCT Human Resources the number of places on this module were doubled and promoted within the social care workforce.

This is a beginning step. In an organisation of 22,000 plus staff there must be ample opportunity to encourage staff to join the social work workforce. The Trust have a framework of possible pathways towards social work. Funding streams are being explored in-house and there may be possibilities emerging from the fore mentioned Social Work Workforce Review Report.

Recruitment to the Open University: The Team have now managed two recruitment campaigns in response to the DoH funding with two fee paid places with the Open University. This is an additional resource for the service and costs have been included to reflect this additional work.

DOH Funding for Open University BA Social Work: The funding arrangements are for fees only with no supplementary funding for course attendance, study or part-time release from their substantive posts. Essentially the staff/student is undertaking the studies in their own time while our Nursing colleagues undertaking a similar Degree have substantial study release.

Action 20/21: Continue to collaborate with DoH and others to promote access to the BA Social Work.

11.2 Professional in Practice Training		
11.2.1	Professional in Practice Training for Social Workers Investment	**Accountability 20-21**
11.2.2	Professional in Practice Training for Social Workers Activity	**Accountability 20-21**

11.2.3

Commentary. *Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.*

Finance: Overspend of £12,979. This is attributed to a significant increase in the number of staff who accessed PiP Courses.

This section of the report must be read in conjunction with the Excel Accountability Report Section 11.3 as this includes the detail of the course fee expenditure, the achievement of candidates and work of the Learning and Development Team.

Professional in Practice Approved.

Achieved July 2020

17 Consolidation Awards
25 Specialist Awards
1 Leadership and Strategic Award

Participation: Interestingly despite the impact of Covid the number of staff involvement in Professional in Practice Courses rose from 147 to 175 participants.

Outcomes: This year the consistency has resulted in a higher number of Awards than usual.

This section will now explore the:

- Consolidation Award
- Specialist Award
- Strategic and Leadership Award.
- Work-based Learning Courses
- Credit Accumulation and Individual Assessment Route

Consolidation Award: All new staff must complete two Consolidation Award Requirements within their first year period of their Social Care Council Registration and this drives participation in the course.

Staff were supported to complete 123 modules in 2020/21.

Number of Staff Mandated to complete Two Consolidation Award Requirements by Year		
Year	Number of Staff	Compliance
2017-20	38	100%
2018-21/22	49	63% (18 outstanding and 10 of these enrolled)
2019-22/23	44	52% (21 outstanding and 6 of these enrolled)
2020-23/24	55	20% (44 outstanding of these 10enrolled)
2021-24/23	Estimate 65 Exiting AYE	

Reporting on the above data:

- The table below confirms that staff due to renew their registration in 2020 met the NISCC requirements.
- There is already a 63% compliance with the staff due to finish in 2021/22.
- The data indicates that the Trust steadily engage with these newly qualified staff to progress to achieving the registration requirements.
- Agency staff who are asked to pay course fees tend to delay their engagement until they have secured permanent posts.
- In 2019/20 the Trust supported staff on 73 modules and this year the number increased to 123. This is an increase of 50 modules. This requires increased teaching, support and marking of 3000 word assignments.
- The increased volume of work reflects an overspend in the Professional in Practice Budget.

Increased Demand for Consolidation Award: The table above indicates that there is a steady increase of new social work staff in BHSCT. When this requirement was introduced in 2010 for newly qualified staff the consequences and the funding were never addressed. As a Learning and Development Service we have continued to absorb and adjust existing budgets to meet this learning need.

Summary Comment: Relevant qualifications have been shown to support social workers to deliver safe and effective practice. The majority of staff quickly engage in the Initial Professional Development and it is rare that staff require an extension to meet their registration requirements. The DoH ambition for newly qualified staff to complete the Consolidation Award (six requirements) has not come to fruition. While numbers have grown in 2020 18% achieved this target.

Specialist Award: Staff who complete this Award are motivated to continue with learning and career opportunities. The Community Development, Adult Safeguarding, Approved Social Work and the Practice Teaching Programmes are the most popular choices and supports staff to develop high levels of specialist knowledge, skills and expertise. The DoH Target that is described below places an emphasis on the development of the Senior Practitioner Workforce. The data overleaf reflects a high compliance with the DoH Target however it is probably skewed in the context that staff who complete the Approved Social Work Course then become Senior Practitioners.

From 2010 all newly qualified Senior Practitioners will be working towards or have achieved a minimum of 3 PQ Specialist Requirements relevant to job role within three years of appointment.

Year of appointment	**Target date**	**Number**	**Achieved**	**To commence Overdue**
2010-2016	2019	26	24 (92%)	2
2017	2020	14	10 (72%)	4
2018	2021	8	5 (62%)	3
2019	2022	21	10	11
2020	2023	18	2	15

The number of new Senior Practitioners in 2019 and 2020 is higher than previous years. This possibly reflects new posts such as the Signs of Safety staff, the Muckamore Investigation Team and those appointed to undertake Short Term Detention Assessments.

In 21/22 a variety of PiP Pathways will be offered to the staff yet to engage with the Specialist Award. Engaging staff will probably be a challenge as these staff have busy roles and will find it challenging achieving a work life/balance.

Over many years policy makers and employers have explored how we create a career pathway linked to professional development so that staff are equipped for their new roles. The Learning and Improvement Strategy 2019-27 could provide the opportunity to re-visit this discussion.

Strategic and Leadership Award: Engagement and achievement will always be lower for this Award as there is a smaller population. Staff engaged in studies at this level are usually pursuing management/ leadership courses. In the last three years course provision has reduced. In 2019/20 the only approved programme route was the Dip HSS Management. The QUB Strategic Award did not proceed due to falling applications and the DoH Stronger Together Programme which did run this year is no longer aligned to the Strategic Award

Action 21/22: The opportunity to develop leadership is the most influential factor in shaping organisational culture, so ensuring the necessary leadership strategies, behaviours and qualities are fundamental to service improvement. At the moment there appears to be a gap in course provision that as employers we need to address.

Work Based Learning Course:
There are a small number (Regional Quality Improvement, Risk Assessment of Sexual and Domestic Violence overseen by NISCC that are linked to the PiP Awards but not academic accreditation. The Trust participate in these courses with good candidate feedback. The strength of this approach is that the coursework generates the evidence, assessment is 'built- in' and a course leader can endorse practice as being at the requisite level.

In 21/22: An opportunity to work towards the achievement of the Specialist Award for child care staff, particularly Senior Practitioners, alongside other Trust colleagues who have attended SoS courses and can apply this learning and model with families.

Credit Accumulation and Individual Assessment Route:
PiP Credit Accumulation and the Individual Assessment Route allows social workers to earn professional credits/requirements for a broad range of Learning and Development that can be gained through taught or self-directed study. In the last five years the Trust have expended time on raising awareness of PiP Credits as a way to evidence Post Registration and Learning Requirements (PRTL) and how they achieve the Requirements within the Professional Awards but with limited success.

In summary social work staff undertake significant learning through taught short courses however as yet, the social work profession have not yet embraced a commitment to evidencing continued learning unlike other professions who must engage informal re-accreditation. The Social Care Council have been given permission to explore the merits of Professional Re-accreditation and if this were to happen they would provide a route to evidence Post Registration and Learning Requirements (90hrs).

The Strength of the Partnership Arrangement: The partnership arrangements between employers and education provides the opportunity to have a taught course that can quickly respond to the changing needs of social workers. This Is an integrated way of working that maintains links between academia and the employer. There is much to be admired by this approach.

	Impact of Covid: PiP in 20/21: As a result of Covid all accredited Courses can be moved online. This transition demanded substantial time and was complicated as staff took the task on with limited knowledge on information technology and a lack of software. **Action21/22:** The pandemic forced the universities and Trusts to quickly adopt virtual learning. While the initial phase of change was challenging the Learning and Development Team and candidates are adjusting to this method of learning. There are certainly benefits (no travel, accessible, no room costs) to virtual learning and there are also barriers (maintaining attention, difficult to deliver complex material, lack of human interaction, informal learning over coffee and accessible technology). When our environment is less influenced by Covid it is likely that blended learning will become a more feasible way forward. **Is the financial allocation sufficient?** Social Work Education and employers have a long history of collaborating to meet the learning needs of the workforce. Trust's partnership with the University of Ulster results in a 60% reduction in fees but this is in lieu of the Learning and Development Team taking on 60% of the course teaching and assessment. The quoted expenditure in 11.3 (Excel Accountability Report) will be greater than the allocation as the Trust's contribution *'in kind'* is not accurately captured. In the context of the rising number of staff engaged in the Consolidation Award Trusts and HSCB need to review the PiP Allocation.
11.2.4	Describe the process by which the Trust selects suitable candidates for Professional in Practice training **(Narrative)** • Courses are advertised across all of the social work population to ensure equity of opportunity to express an interest. • Staff who are required to complete two Specific Requirements as part of their registration and newly appointed Senior Practitioners who are required to complete three Specialist Requirements are identified through an information system and they receive individual emails to apply for appropriate courses. • Staff must complete a Trust PiP application form endorsed by their Line Manager. • The Learning and Development Manager reviews the appropriateness and benchmarks the applications. The course must compliment/develop a core part of the applicant's job role. • Recruitment for the Approved Social Work Course is led by operational managers who wish to target teams/services where this role needs developed. Staff are interviewed to establish their suitability for the course and to act in a Band 7 role on completion of the course. • High demand courses like the Practice Teacher Award have additional criteria to help priorities applications. • Courses for example the Masters in Systemic Practice/CBT are not routinely offered as the level of knowledge/skills is beyond the usual social work role. These courses will be offered in exceptional circumstances for example the development of a new service.

11.3 Learning and Development in Children's Services		
11.3.1	Investment in Learning and Development in Children's Services	**Accountability 20-21**
11.3.2	Learning and Development in Children's Services Training Activity	**Accountability 20-21**

11.3.3 Commentary. *Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.*

Finance: There was an underspend in this category and this is similar to other years. Interestingly even though staff were solely delivering virtual learning the number of staff who availed of training (1506) in this area was similar to other years. While the numbers attending are constant the effort and time expended by the trainers would have been greater. Courses had to be adapted to virtual learning and then delivered in 'bite sizes' over a longer duration.

Strength Based Social Work: In the last four years Children Services Improvement Board, Health & Social Care Board, Public Health Agency and the Safeguarding Board NI all have led on transformational initiatives. (Signs of Safety, Adverse Childhood Experiences, Trauma Informed Practice, Infant Mental Health and Building Better Futures). Alongside this in the autumn of 2020 the DoH progressed work to implement a new Integrated Therapeutic Care Framework for Looked After Children in NI.

The Role of Learning and Development: The challenge for the Trust Learning and Development Service is to merge these many themes into training provision and to create the connections between the various initiatives. There are many players in the field. The DoH, HSCB, SBNI, NISCC, Recommendations from CMR's/Reviews and Trusts.
Action 21/22: To work effectively and with consistency, there is merit in the key players reviewing the landscape and agreeing how a myriad of priorities are aligned and delivered.

Learning and Development Provision: Section 11.4.1 of the Excel Accountability Report details the range of training provision that was provided by the Social Services Learning and Development Team. The majority of these courses are provided by the Team and reflects the knowledge and expertise within the service.

Children Services the key areas of Learning and Development:
This Section will address:
- **Models Approaches: Signs of Safety, Trauma Informed Practice, Infant Mental Health, Neglect-Graded Care Profile and Building Better Futures.**
- **Think Family.**
- **Residential Child Care.**

Models/Approaches:
Signs of Safety: This Project is funded via the DoH and managed via other accountability arrangements. It is referred to in this report as there is a

significant interface in the work of this Project and the Learning and Development Team and Child Care Social Work.

Initial Impact of Covid: In 19/20 the BHSCT Child Care Social Work has begun to grasp and integrate the model into practice. The pandemic significantly disrupted the implementation of SoS. The SoS Practitioners were re-deployed and social work engagement with families made a significant shift to virtual contact. Staff found that striving to work in this new way was a significant challenge and using the SoS Framework in this virtual context initially proved too much for staff to assimilate. While aspects of the approach assisted with analysis (what is working well, what are we worried about and what needs to happen). Other aspects like Network Meetings and Chairing Case Conference using SoS initially fell into abeyance.

Regrouping during Covid:

- **Training Activity:** In the autumn of 2020 the SoS Lead revised and commenced a roll out of the SoS 2day Course that was now delivered across 4xhalf days. This provided the opportunity to train the AYE staff who joined the workforce in 2020. In addition students on child care placements were provided the opportunity to attend the course.

  Foundation Course (2day) 81 staff *(18/19-240 staff -19/20 161 staff)*
  Advanced Course (5 day) 16 staff *(18/19-33 staff -19/20 27 staff)*

- **Embedding SoS into Practice:** The SoS Implementation Officer and a SoS Practitioner led by example in this time of flux. Remaining committed to SoS they worked with practitioners and families using the tools of SoS. For example Network Meeting via What App.

Involvement of Learning and Development Teams in SoS*:* SoS will influence the delivery of Child Care Services in the next five years or longer and it is important that Learning and Development Staff are fully engaged in practice and that SoS becomes embedded into all aspects of the learning provision. The following is a summary of the key areas of practice that the Team are involved.

- Provision of introductory SoS workshops for Social Work Students and Assessed Year in Employment staff.
- Practice Teachers work support students to use some of the tools of SoS.

Action for 21/22: The Trust have saw the value in supporting the coaching/mentoring of SoS practice as a way of embedding practice and have agreed to fund a SoS Practitioner to assist the SoS Lead with implementation.

Trauma Informed Practice/Adverse Childhood Experiences (ACE):
The SBNI through an ETIP are taking forward *'Developing Trauma Informed Practice In NI'.* The Strategy sets out to interrupt the cycle of generational adversities that can cause repeat trauma in families. The Learning and Development Manager is a member of the Regional Steering Group.

Trauma Informed Practice is a way of increasing the understanding of trauma and its impact through supporting the development of knowledge and skills in the workplace. There are several strands to this Strategy and as it evolves the Learning and Development Service need to consider how they contribute. This Strategy is about trauma informed practice which applies to all staff. While responses to trauma are not designed to be hierarchial the social work/care staff will require learning in trauma skilled/specialist/enhanced practice. This will be addressed shortly. The difference is now flagged so the reader understands that the Service will need to consider how best to align our focus and resources.

Trauma Informed Practice Training: This addresses the barriers that those who are affected by trauma can experience when accessing care and support. This is not a new concept to social work/social care and the ability to recognise that current problems can be understood in the context of the past and the ability to respond with a compassionate approach is key to the role. The Learning and Development Team can contribute to this strategy. In 20/21:-

- The Learning and Development Team have reviewed there present course content to integrate and strengthen the trauma informed messages.
- Trauma Informed Practice Level 1and Level 2 Courses developed by SBNI are delivered by the Team (46 attendees and 117 attendees respectively).
- There are 28 Trust Trainers from a range of disciplines and at present the Learning and Development Manager/Team co-ordinate and facilitate these staff to take forward their trainer role within their service.
- The Trust Training Sub Group is Co- Chaired between the Belfast Recovery College and the Learning and Development Team.

Trauma Informed Organisations: This incorporate knowledge about trauma into all aspects of the organisation to prevent the replication of traumatic experiences or dynamics for service users and staff. Throughout the organisation staff must feel physically and psychologically safe, there must be trust and transparency, collaboration and empowerment. In 19/20 the Trust were at the beginning of their commitment to become a trauma informed organisation with an initial pilot/workshop to explore the trauma that administration staff experience within mental health and child care settings. While the momentum stalled due to the demands of Covid the Trust have now set up a Trauma Informed Steering Committee and are beginning to identify a range of small projects to begin to learn and explore how we begin the journey towards a trauma informed organisation. Part of this work will involve connecting our cohort of trainers to these Projects so they can raise awareness and undertstanding of the impact of trauma.
Action21/22: The Learning and Development Service are not necessarily funded to contribute to this work however as part of our corporate responsibility we need to consider how we are involved.

Trauma Specific Interventions: This is offering specific support or interventions to people who are adversely affected by trauma. Developing the

competence and skills of our social work staff to have a strong knowledge and evidence based to respond to the traumas of children, young people and families. This is already part of our core learning. The provision of learning for example on attachment, trauma plus the impact of abuse contributes to the Social Worker's core knowledge. In addition specialist courses are commissioned for example Dyadic Developmental Psychotherapy (creating a playful, accepting, curious and empathic environment).

A Framework for Integrated Therapeutic Care for Looked After Children in NI: This person centred approach to looking after children, informed by an understanding of child development and the impact of trauma, neglect and disrupted attachment is now being developed to achieve greater competence and consistency in the delivery of therapeutic care. While there are many aspects to the delivery of this framework a theme will address how all types and grades of staff understand how trauma impacts young people. **Action 21/22**: As the work plan emerges for this Project it is critical that the developments include consultation and involvement with the Learning and Development Service. There are real opportunities here. The 5 Trusts could agree and develop a core set of learning materials for social work staff.

Trauma Informed Care for Staff: Trauma Informed Practice also brings a focus on *trauma informed organisation*' and how we care and support staff. There is synchronicity with the Trust's commitment to supporting their staff's well-being and indeed the impact of Covid has further reinforced the importance of staff welfare.
In 21/22 The impact of vicarious trauma among practitioners and the importance of self- care is a conversation that has commenced and must continue. The Learning and Development have a role and contribution to supporting staff's self- care. For example:

- The Learning and Development Service will continue work with the residential workforce through TCI to explore how they work in a challenging environment.
- How we mentor and support graduates to transition from student to social work role. (This will be further addressed in Section in 11.9 Leadership and Management.
- The Learning and Development Services additional supports for Social Worker Graduates entering the workforce (Discussed in 11.9).

Infant Mental Health: The PHA (2016) Infant Mental Health Framework for NI continues to inform the work of the Learning and Development Service. The Learning and Development Manager is a member of Belfast Infant Mental Health Steering Group. This strategy aligns with Trauma Informed Practice/Enhanced Skills. The focus of our work is collaborating with others to deliver the 2-day Solihull Foundation Course (focus is on attachment, containment, reciprocity and behaviour management), follow up Practice Sessions to integrate learning into practice plus delivery of Solihull Master classes (Brain Development/Attachment and Trauma).

Action 21/22: The Solihull Foundation Course provides critical learning for new social work staff and the Team will recommence the delivery of this programme and explore how we can create reflective space for previous participants to continue to refresh and explore their work using this conceptual model. The option to also complete an online module on Solihull Trauma will also continue into the autumn.

Graded Care Profile (GCP) Assessment Tool: This assessment tool provides a framework to assess and to intervene with families were neglect is prevalent. The Learning and Development Service and the Safeguarding Nurse continue to take an active approach to implementation by the provision of mentoring on the tool in practice. While BHSCT commenced this journey in 2013, the commitment by all of the SBNI Panels to now adapt the Graded Care as an agreed regional tool will give renewed impetus to implementation. In the last few years the focus on SoS has diluted the capacity to promote GCP.
In 21/22: The commitment of two accredited trainers have sustained the use of this tool and plans to commission further Training for Trainers gives BHSCT an opportunity to build our training capacity.

Building Better Futures for Children (BBF-ETIP): This Project set out to improve children's outcomes by providing an evidence-based model of social work assessment and interventions. The final year evaluation identified many successes and strengths in the implementation of this assessment. Unfortunately, for a myriad of reasons in BHSCT the widespread adaptation of the model has not evolved. While our implementation has stalled recent work has now expanded the model's capacity to work with families with children with disability. **In 21/22:** The Trust need to revisit the BBF strategy to reintroduce this model of work. This is going to be a real challenge, the BBF Leads are no longer in post and with staff turnover there is no strong memory of the approach in the workforce.

Summary Comments on Models and Approaches: The discussion of SoS, Trauma Informed Care, Graded Care Profile and Building Better Futures illustrates that recent developments have not always taken account of each other. Indeed the developments have evolved via different departments. I therefore finish this section as I commenced by underlining the need for strategies to have a joined up approach and to take account of each other rather than a silo approach.

Think Family: Focused Practice-Champions: The Champions Project has continued, but moved to Microsoft Teams due to Covid. Membership stands at 60-65 staff and there is a steady movement as staff change posts; however, often an outgoing Champion will have discussed with team and nominate a substitute. Attendance has been good and the use of a virtual platform has had benefits regarding attendance, and although opportunities for discussion have been slightly hampered by the virtual medium there has been significant discussion and learning on the impact of Covid for service users across

teams/programmes of care. Areas of work have included enhancing communication by updating and improving contacts lists across Adult and Children's services and taking issues raised at meetings to higher management for discussion and resolution, specifically PARIS. There have been examples of good collaborative practice discussed and issues have been identified for further work, in relation to building on a shared understanding of risk. Information on new resources and developments across teams and services has been circulated and a session facilitated by the GP Federation-West Belfast Multi-disciplinary team enabled Champions to gain an understanding of this service. Champions have invited each other to team meetings to provide opportunity for team learning, for example, Lifeline. There are regular updates on regional developments, for example Champions have been informed about The Mental Health strategy and encouraged to participate in consultation.
Action 20/21: The service will continue to be part of the greater Think Family Strategy in BHSCT.

Residential Child Care: Residential care is a challenging work environment. Young people who have trauma related experiences have a myriad of needs and often the frustration and anger of the young people can manifest in verbal and/or physical assault. This links with the work already discussed in the Trauma Informed Care Section particularly the Framework for Integrated Therapeutic Care for Looked After Children in NI.

The challenges of Covid magnified this experience and made a fraught environment an even more complex one. In summary the '*lockdown'* had an impact on the young people with heightened levels of dysregulation for staff to respond and to contain. No contact with families, no education, social distancing, strained relationships with peers/staff, changes in work practice such as hygiene and staff when necessary wearing personal protective equipment provide a picture of the stresses. This was further complicated by staff becoming ill, self- isolating and/or having to shield, shift duration increasing to reduce footfall and little or no outlets for stress or tiredness other than going home.

In this context staff were redeployed during the first, second and third surge and emergency rotas drawn up to respond to the unknown. The role of the Learning and Development Team was to prepare staff to transition into this work setting by providing underpinning knowledge and skills plus in many incidences containing anxiety. The detail of these inputs are outlined in the accompanying Excel return. In summary inputs were provided on trauma informed care, Therapeutic Crisis Intervention, Safeguarding/Child Sexual Exploitation and the Missing From Care Protocol. These programmes were run multiple times as we moved through the surges with 100 plus staff. Alongside a training input Reflective Supervision Groups were provided for staff to process and apply their learning and to seek peer support.

Pilot with Allied Health Professionals: In the midst of the second surge fifteen Allied Health Professional agreed to work within residential child care. They had limited/no experience of working with young people and certainly no experience of working with young people with this level of trauma. Remarkable and to their credit they embraced the challenge. Their Induction delivered before they went into post was key to preparing for their role and the follow up group sessions gave them space to integrate what they had learned and to utilise their own knowledge base. This group were an excellent example of staff delivering exceptional commitment during a challenging time.

Therapeutic Crisis Intervention:
TCI Edition 7 was introduced to BHSCT staff from November 2020. A recognition of the effects of trauma and adversity on children and young people is now a thread that runs through this new TCI edition. This development is aligned to recent strategies of trauma informed practice.

In summary TCI is grounded on an understanding of the effects on the brain and on behaviour of the children and young people who have suffered from trauma and adversity in their young lives. The course address how trauma can lead to an overactive survival brain. This in turn can lead to an easily triggered fight, flight or freeze response and this can take many forms including impulsive outbursts, aggressive behaviours, running away, self-injury, defiance, etc. These behaviours can be referred to as pain-based behaviour [expression of trauma and pain] since they are a result of the psychological and emotional pain young people feel when they are experiencing stress response. The goal of the TCI system is to prevent and de-escalate potential crises, build the capacity of staff to manage aggressive and violent behaviours avoiding potential injuries and to create a learning culture where everyone, young people and adults, learn from experience.

Training For Trainers 7 Edition: The existing 11 Trainers completed the assessed/accredited Refresher Training to enable them to teach this new material. The changes to the teaching are significant and the teaching on brain development more complex, therefore all Trainers needed to devote study time to become familiar with the content. Achieving this within the staff pressures in residential services was commendable. The TCI Lead within the Learning and Development Service co-facilitated courses with the other Trainers as a means to developing their confidence.

Introducing the 7th Edition:
The volume of work is reported in the Excel Accountability and include the following themes:

- Engaging and Informing the Leaders of TCI Edition 7 delivered to CSM, Residential PSWs, Managers and Deputies (12)
- Delivering Edition 7 to 69 staff.
- Introducing TCI to in excess of 100 new staff, redeployed staff to residential children's homes due to Covid and students.
- Revisiting TCI Post Crisis Response support - **25** staff.

- Alongside the above there are all the maintenance activity of TCI trainers meetings, Regional TCI Trainers Group meetings every three months, consultation meetings with PSW TCI lead every fortnightly, TCI update to the Managers' meetings and Monthly TCI Critical Incident Monitoring Group Meeting.

Action 21/22: Introduction of the TCI 7th Edition due to social distancing has focused on the theory. The physical holds in this new edition have yet to be taught and assessed. Cornell who accredit and licence this training have accepted this position as being acceptable for 2021 however by 2022 this section of the course must be delivered for staff to be deemed competent. As we move out of lock down this will become a priority.

Children with Disabilities Residential Care:
The experience of this residential service mirrored their colleagues, with many of the Children with Disability Social Workers redeployed. Similar programmes of support were provided.
Action21/22: As the Service begins to stabilise it is an opportune time to revisit the use of Positive Behaviour Support (PBS), a person centred approach to supporting people who display or are at risk of displaying behaviour that challenges.

11.4 Learning and Development in Adult's Services		
11.4.1	Investment in Learning and Development in Adult's Services	**Accountability 20-21**
11.4.2	Learning and Development in Adult's Services Training Activity	**Accountability 20-21**

11.4.3 Commentary. *Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.*

Finance: The expenditure in this section reflected the allocation.

The Learning and Development Team aims to meet the diverse range of training needs of approximately 2500 staff from Band 2 to 8d.

Strategic context:
The Adult Services Learning and Development Programme in 2018–2019 was shaped by the following:

- A Learning and Improvement Strategy for Social workers and Social Care Workers 2019 -2027 (DoH)
- Bengoa Report 2016 “Delivering Together – Health and Well-being 2026
- Power to People – Expert Advisory Panel 2017
- Improving and Safeguarding Social Wellbeing a Strategy for Social Work 2012-2022
- The Department of Health's (DOH) Health and Social care Workforce Strategy 2026 '*Delivering for our People'*
- Reform of Adult Care and Support
- DHPSS Domiciliary Care Workforce Review 2016-2021
- Making Life Better – a whole system framework for public health 2013-2022
- HSC Values and Behaviours
- HSC Collective Leadership Strategy 2017
- DHPSS Adult Safeguarding Policy – Prevention and Protection in Partnership 2015
- Northern Ireland Adult Safeguarding Partnership Training Strategy 2013 Revised 2016
- Self-Directed Support
- Co-Production
- DHPSS Dementia Strategy 2011 and The Dementia Learning and Development Framework 2016
- Mental Capacity Act (Northern Ireland) 2016 for the purpose of Deprivation of Liberty Safeguards (DoLs) was commenced on 2 December Capacity and Consent
- Coronavirus Act 2020 and Mental Capacity Regulations
- Mental Health (NI) Order 1986
- RQIA Training Requirements
- Trust Statutory/Mandatory Training Requirements

Commentary is provided on key aspects of the Adult Learning and Development Provision:

With the Covid pandemic 2020-2021 has been a very challenging time for our social work and social care staff. The Learning and Development Service has strived to support front line workers many of whom were redeployed into other services/facilities to respond to the needs of our population. Changes to working practices resulted in the increased demand for mandatory training in Adult Safeguarding and Medicines Management. Services were established to provide in-reach into nursing homes and highlighted the need for forums for reflective practice and support. Our service responded to such challenges by providing training “on-demand” and also by working in partnership with external trainers.

The team transferred training programmes to online delivery and overcame many challenges in terms of negotiating digital platforms; developing IT skills and confidence in what to many was a foreign facilitation medium. They continued to support staff on vocational and post qualifying programmes to continue and complete. Often requiring a higher level of one to one support as staff struggled on a personal and professional level during the pandemic. Supervision and meetings moved to Microsoft Teams and the service worked hard to develop relationships and respond to the needs of our staff. I have alluded to this further in the next section of this report.

Transforming the delivery of Home Care:

The Domiciliary Care Workforce Review NI 2016 - 2021 provides the strategic context for the transformation of Belfast Trust’s Home Care Service. This includes an expansion of the in-house Home Care workforce by 1300 hours in and the development of a new service model for the Band 3 Home Care role. The Trust Steering Group and Training and Development work stream continued to meet in 2020 however with the pandemic and subsequent impact on staffing levels and service delivery the development of a training plan for Band 3 staff was paused and work focused on providing induction to newly appointed staff into the service. Training delivery moved from face to face to digital delivery on Microsoft Teams.

A training needs analysis identified the need for a development pathway for Band 5 managers within the Home Care Service. There has been a significant amount of work in 2020 to review and make changes to the current Vocational Level 5 programme in preparation for 12 staff commencing in November 2020. The Learning and Development Service has worked in close partnership with the Home Care Service Manager and a Band 5 representative to make this a reality. This development recognises the crucial role of these managers within the service.

Challenges/Areas to Explore:

- In BHSCT, the Home Care Workforce is in excess of 750 staff and 28% of these are over 60. Retention and recruitment remain an ongoing issue. The Learning and Development Service will continue to provide support

- with regard to induction, statutory and mandatory training and vocational qualification attainment. This is reflected in "in-house" training and the "RQF "section of the attached excel document.
- 12 Band 5 managers are currently undertaking the level 5 Diploma. The teaching and assessment of which is primarily facilitated on Microsoft Teams however observations of practice are taking place with local risk assessments and guidance in place. It has been a challenging to commence this programme during the pandemic and has required the vocational team to provide increased mentoring support to learners.

Action:.

- With current restrictions easing our aim in 2021/22, is to re-visit the training plan for Band 2/3 Home Care Staff and develop this further once the Service Model has been finalised.
- A target that 60% of home care staff will have achieved RQF Level 2 in three years. Existing Learning and Development resources are insufficient to meet this target. Trusts and HSCB need to consider this funding deficit.

In-house Courses: There were 69 Learning and Development events with 1183 staff trained. Many of these events were delivered by the Learning and Development Team. These are detailed in the appended Excel document.

Self-Directed Support – SDS/Direct Payments: The Learning and Development Manager is a member of the Trust SDS Steering Group and one member of the Learning and Development team works in collaboration with the SDS Implementation Officer to deliver Self-Directed Support and Direct Payments training (see attached excel document for statistics). Training would usually be co-produced and delivered with service users and a carer however, this has not been possible due to Covid restrictions.

Training has been transferred to digital format and is delivered on Microsoft Teams. Sessions have been condensed with SDS and Direct Payments being offered in the same session. Feedback from staff found this to be more beneficial as it provided clarity that SDS in itself was not an intervention but an approach to how we do social work whilst Direct Payments is an option of service delivery under this approach. It is apparent that staff often use the terms SDS and DP interchangeably and that this structure to the training enables the difference to be captured more effectively. Whilst the training over Microsoft Teams is effective and staff have engaged and interacted – face to face training would allow more participation to enhance the effectiveness of the training.

Challenges:

- SDS Reflective Practice Sessions were provided on request at team meetings. With restrictions this has not been possible in this reporting period.
- Emergency Direct Payments – training sessions planned for hospital SW staff in May/June 2020.

Action:

- Learning and Development provision will be reviewed and influenced by the evaluation and feedback from participants.

Co-production Activities:
Preceding Covid the Learning and Development Service engaged with service users and carers in the delivery of training programmes and also the development of the Co-production Learning and Development Team. During this year we have been unable to meet and subsequently this has impacted on their involvement in training. We have however realised opportunities for involvement in the Advisory Group for the Safeguarding Explainer Animation; the planning and promotion of the Belfast LEP events and participation in vocational workshops provided digitally. In 2021-2022 the team plan to re-group and plan future Learning and Development opportunities when it is safe to do so.

Dementia Training:
Before the pandemic a rolling programme of Learning and Development activities were provided which were cognisant of the Dementia Strategy 2011 and the Dementia Learning and Development Framework 2016. This includes:

- Dementia Awareness – for all staff in Adult Services with the aim to develop staffs understanding of dementia; consider the impact this can have on the individual and to begin to develop skills and person centred practice in supporting the person living with dementia.
- Dementia Level 2 Full Day programme – specific training for social care staff supporting people living with dementia, facilitated by the Specialist Dementia Team. This training was ceased due to Covid.

Dementia Awareness – is offered monthly with 1.5 hour sessions primarily attended by social care staff. The training references the different types of dementia and statistics but largely focuses on Alzheimer's disease. It considers the 3 stages of the disease – what behaviours that may present at each stage and how staff should respond at each stage. It considers communicating with service users and carers and having an understanding of their needs as well as understanding the meaning behind behaviours. This training would be extremely beneficial face to face as there are a number of interactive activities that would be extremely effective to developing a knowledgebase however are difficult to do through online training. This training continues to be well attended.

Action:

- Adult Services Learning and Development will continue to provide a rolling programme of activities to meet the needs of staff as described in Tier 1 of the Dementia Learning and Development Framework. We plan to return to face to face delivery of this programme when safe to do so.
- Dementia Level 2 training – will resume when restrictions allow.

Assessment and Analysis Training:
This training is well attended. The focus is on the relationship for assessment, learning from good/bad practice and the importance of analysis within the assessment process ensuring participants understand the importance of evidenced based practice when making professional decisions. The training

involves some interaction to encourage the participants to think about their own practice as well as a case scenario to think about how connections can be made between issues identified in assessment and utilising communication skills to gather more in-depth information to inform the assessment and thus more meaningful intervention.

This training has been transferred to digital form/facilitation. Subsequently the session has been condensed to allow for this. Face-to-face delivery would encourage more participation.

Mental Health:
Staff training needs in this area remain consistent.

Mental Health Awareness is a tailored course to meet the varied needs and experiences of the social work/ social care workforce and allied health professionals. As this training is generic, there is an acknowledgment that a lot of information is covered in 3-hour training session.

Due to capacity within the service and Covid there has been a decrease in the generic sessions being offered from four to three a year. This training has been re-developed to be presented through Microsoft teams.

In November 2020 a bespoke session has also been provided to the Social Work Team aligned to GP practices.

Four generic sessions will be provided in 2021-2022 and will be 2 hours in duration to facilitate engagement.

It has been challenging to provide this training in a condensed time frame online, however there have been positive feedback from delegates.

Mental Capacity Act
The future provision of Mental Health Training continues to be challenging given the partial implementation of the Mental Capacity Act. Regionally a training strategy was agreed and a suite of training was rolled out to health and social care staff. The level of training required is dependent on job role. This strategy and delivery is now the responsibility of each Trust. The suite of training ranges from Level 2 an e-learning programme which everyone must complete to Levels 3, 4 and 5. Levels 4 and 5 delivery is face to face and are for those who will have a specific role in decision making under the Act or who will be required to sit on Trust panels or be involved in the authorisation of serious interventions.

With Covid MCA training was paused.

Action 2021-2022:

- The Learning and Development Service Manager Chairs the Trust MCA Training Sub Group. There will be further discussion and action planning in respect of the reintroduction of the training strategy.
- As with all multi-disciplinary training strategies there is always a concern

- how to maintain the engagement of the multi-disciplinary Trainers who unlikely were nominated to train.
- The Trust will develop a system whereby we can track attendance/compliance with training.
- Level 2 training needs to be developed for social care staff to develop their understanding of the Act and their responsibilities in the context of their role
- Level 3 training package needs to be amended to reflect developing practice in line with recent case law judgements.
- Levels 4/5 training will resume with face to face delivery. Content will be reviewed and reflect learning from practice and case law.

ASW training allocation within the Trust:
The ASW Regional Working Group, chaired by Aine Morrison from the Office of Social Services at the Department of Health, identified the need for an evidence based estimate of the number of Approved Social Workers (ASWs) required for Trusts to fulfil their statutory duties under the Mental Health (Northern Ireland) Order 1986. The findings of the report, *Approved Social Worker (ASW) workforce planning estimates June 2020 Davidson and McCartan* provide a recommended number of ASWs for Northern Ireland and by Trust.

The Divisional SW Lead for Mental Health Services in the Trust and operational lead for ASWs met with the Learning and Development Service to highlight current pressures on the ASW service in meeting their statutory functions under the Order. This includes a reduction in the number of ASWs on the rota, due to staff retiring, moving posts or standing down from this role. It has also been estimated that 20% of staff's time is taken with ASW responsibilities. These concerns were raised and an additional three places have been requested on the ASW Programme for 2021-2022. This will required additional funding outside of the allocation from the HSCB. Learning and Development will subsume these costs within their training allocation for 2021-2022 to support the needs of the ASW service.
Action:

- The Learning and Development representative on the ASW JMG will write to the Chair and request these additional places on the Programme.
- Workforce planning will be raised and discussed at the next JMG proposing that a business case is forwarded to the HSCB for additional funds to meet this need.

ASW Covid Arrangements- Input to ASW Programme is provided annually by a member of the Learning & Development team on "The Impact of Parental Mental ill Health & Learning Disability" to cover competences **3b** Critical understanding of the implications of mental disorder for service users, children, families and carers and **3c** Critical understanding of the implications of a range of relevant treatments and interventions for service users, children, families and carers.
This year delivery was via Microsoft Teams to a group of 27 candidates. In order to ensure that the material was covered thoroughly and the session was as interactive as possible candidates were sent material in advance, including policy, protocols and inquiry reports along with an exercise and video clips of young carers' views of parental mental illness. The latter enabled discussion and supported candidates to make links to current work and potential ASW

scenarios. Feedback was received indicating that candidates found the session beneficial and learning objectives were met.

"Very good session and looking at the family as a whole rather than focusing on the individuals with the Mental Illness or the children potentially at risk - Think family model and how this can work alongside signs of safety."
"All the relevant links for additional reading have been useful and completing the exercise prior to the sessions and discussing same was motivating."

"I really benefited from this session and I have often heard of the "think family" model but have yet to read up on it. It has given me excellent information and resources to follow up on further learning. I endeavour to complete the think family module."

ASW Reapproval training - A 3 day mandatory ASW reapproval training programme is co-ordinated by a member of the Learning & Development team and delivered in conjunction with SEHSCT, on an annual basis. In order to ensure all eligible BHSCT ASWs avail of the training, communication takes place with RESWS and the PSW for Mental Health who is responsible for the community ASW rota. A programme is designed based on discussions with these key people and attendance of the Learning and Development Coordinator at ASW forums. This year, due to Covid it was necessary to contact DHSSPSS to seek an extension to the time-frame. This was obtained and the training was delivered as a mixed programme, via Zoom and face to face with strict Covid guidelines. Programme content included the interface between the Mental Capacity Act and Mental Health (NI) Order 1986 and STDA's, session on Case Law by DLS, input from Service User consultant, session on Supervision Treatment Orders, input from PSNI re Challenges of Interagency working and refresher on recording.
The majority of eligible ASW's fulfilled the training requirement and were re-approved; those who were unable to attend have been provided with temporary re-approval letters and will attend in June 2021

Human Rights Awareness Training:
A digital "online" programme was developed and focuses on promotion of human rights during the pandemic. A range of resources supplement this online training. There has been a reduction in activity in this year this was due to capacity within the team. Six sessions have been planned for 2021-22.

Recording for Social Care Staff:
Managers continue to request this training for their staff teams. This programme allows staff to reflect on their own recording practice and focuses on the following areas - To raise awareness of recommendations from SAI's/Inquiries/audits and to ensure that social care staff understand their own personal responsibilities from a legal/BHSCT/RQIA perspective to gain a clear understanding of expectations regarding standards of recording. In addition the course increases staff understanding of the importance of recording in providing quality care for the service user. The course also provides opportunities to develop their knowledge of the principles of good recording practice - why we record, what to record and when to do so.

Concluding Remarks:

Moving forward into 2021/2022 Learning and Development in Adult Services will face multiple challenges as we continue to meet the needs of the social work and social care workforce. With the current pandemic we will continue to review how we deliver core training and return to face to face delivery when it is safe to do so. We will work alongside operational management to ensure the largest section of our workforce, social care staff can meet their RQIA mandatory training requirements; continue to develop digital/online training and find solutions for a large proportion who have difficulty accessing training as they have no access to digital devices.

<table>
<tr><th colspan="3">11.5 Regulated Qualifications Framework Training</th></tr>
<tr><td>11.5.1</td><td>Investment in Regulated Qualifications Framework Training</td><td>Accountability 20-21</td></tr>
<tr><td>11.5.2</td><td>Regulated Qualifications Framework Training Activity</td><td>Accountability 20-21</td></tr>
<tr><td>11.5.3</td><td colspan="2">Commentary. Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.

Finance: Expenditure matched the allocation.

The Belfast Health and Social Care Trust is committed to the development of a competent, skilled workforce that will deliver safe, effective and high quality care. This is underpinned by regulation and registration requirements governed by RQIA and the NISCC. The provision of regulated vocational qualifications (RVQs) will continue to support this commitment.

Vocational qualifications are work-related and designed to ensure that staff are practising in accordance with the appropriate national occupational standards. They validate and accredit skills and knowledge relevant to job roles and contexts. For those staff who have few or no academic qualifications, the achievement of a vocational qualification provides a nationally transferable qualification relevant to employers within Social Care.

The Department of Health's (NI) Health and Social Care Workforce Strategy 2026 'Delivering for our People' sets out a clear directive to create 'sustainable training programmes that are aligned to meet current and future health and social care requirements'. One of the Trust's strategies to achieve this is through the provision of regulated vocational qualifications.

The Springvale Community Learning Centre has responsibility for the delivery and the overall management of vocational qualifications for social care staff within the Trust.

The Centre is currently approved by City and Guilds (C&G) Awarding Organisation to offer the following qualifications:
• Level 2 Diploma in Health and Social Care (Adults)
• Level 3 Diploma in Health and Social Care (Adults)
• Level 5 Diplomas in Leadership for Health and Social Care Services

City and Guilds the External Awarding Body inspected the Assessment Centre on the 18th June 2020 (Level 5) and 29th June 2020 (Levels 2 and 3). The EQA commended the team for maintaining assessment and IQA practice within the restrictions of Covid and for its continued support of learners. She commented that we are a strong centre; a lot of time and effort had been invested into making sure that all aspects of programme delivery was of the highest standard. Her recommendation was the continuation of low risk for all qualifications.</td></tr>
</table>

Changes to the staff team in 2020/21:

- One Vocational Assessor has successfully completed her Level 4 IQA qualification.
- A full time Assessor joined the team in September 2020 and is an Assessor in training.
- The Vocational Manager and Centre Contact is currently on long-term sick leave and the Learning and Development Manager is directly managing the team and acting as Centre Contact.

The Centre ensures consistent and quality assurance in the delivery of vocational qualifications by attendance at regional vocational training meetings and meetings at the NISCC.

Vocational programme activity during this reporting period can be found in section 11.6 of the attached excel document.

Level 2 Programme for Home Care Staff

The Centre commissioned Belfast Met to deliver Level 2 qualification for 12 staff, this commenced in September 2019 to April 2020. Part funding was secured through "Supporting Belfast" monies. 10 out of 12 learners completed their qualification. A second cohort of 12 learners were to commence in January 2020 however, due to Covid and cessation of face to face delivery this course was postponed and commenced in February 2021.

Action 2021-2022:

The Learning and Development Service will continue to commission this training with Belfast Met with two intakes a year to meet the needs of the Home Care Service referred to in section 11.4 of this report

Level 3 Programme:

City and Guilds introduced a new suite of qualifications specific to NI, in September 2019. The Vocational Team developed a new Level 3 Programme to these specifications, this commenced in January 2020 and continued into this reporting period. Within six weeks of commencement Covid and the associated "lockdown" significantly impacted on delivery and assessment processes. Face to face delivery sessions and observations of practice were suspended. The team adapted the delivery of the programme and developed supports for independent learner study. Individual assessments facilitated the development of plans that recognised learner's needs during this time. In October 2020 competence assessment opportunities resumed and assessors were able to undertake the core assessment activity which is central to vocational qualifications. The team supported 7 out of 8 learners to successfully complete their level 3 qualification during this reporting period.

On completion, the team sought feedback from learners to carry out an analysis of the programme and inform future delivery with the next level 3 cohort that commenced in January 2021. The programme coordinator with the support of the team produced a detailed report and analysis of findings. Of particular note was learner's motivation; primarily that of career progression and to enhance confidence. Concern centred on balancing life commitments; academic / written requirements of the course and the fear of failure. Challenges included; change and additional work pressures due to the

pandemic. For some this meant redeployment; changes in working hours. For others it meant shielding at home; self-isolating; lack of motivation as face to face support ceased. For some the challenge was access and/or confidence with digital technology. Most importantly was the impact on learner's practice:

- *Increased awareness of why things are done in a certain way.*
- *More confidence to challenge decisions and ask questions.*
- *Increased knowledge of dementia and how to support service users with dementia.*
- *More reflection on practice and how to improve it.*

Of significance is that some learners felt that the process of assessment gave them recognition that they were already doing a good job and increased their confidence in their own abilities.

Completion of the Level 3 Diploma had a personal impact on learners. Main themes included:

- *A sense of pride; felt good about completing their diploma during the pandemic and within the agreed timescale.*
- *Increased confidence; conquered the challenge.*
- *Desire to continue learning/further training, e.g. Level 5 Diploma, University Course etc.*

Learner's also provided recommendations for future programmes and analysis of feedback has provided rich learning and influenced the development of the current Level 3 Programme.

Level 5 Programme:

In this reporting period the Centre increased its intake of L5 learners and adopted a developmental approach for those less experienced in managerial roles. This was to mitigate impact on services following the decision by C&Gs to withdraw registration onto the Level 5 Programme in November 2020. The Centre is currently supporting 2 cohorts of learners onto this programme (22 staff).

Level 5 learners are divided into two cohorts and this is working well. All relevant resources are given “up-front” ensuring learners have all the necessary information to support learning. However, this has been extensive work for the team.

Initially this was challenging in terms of digital/remote working and delivery. Learners appeared reluctant to “speak up” on the digital platform however, meeting learners individually on Microsoft Teams and completing “live” face to face observations has been positive and learners are now more participative.

It should be noted that learners currently experience significant work pressures for example, one learner had Covid; another was self-isolating; the learners' role has been difficult in terms of managing staff during these difficult times.

	Feedback from learners; consensus was that it is more difficult to engage on Microsoft Teams however, one learner remarked that support from the team is "second to none". **Aligning Adult Safeguarding Level 2 Refresher Facilitator training with Level 5 Programme requirements.** Facilitator training is currently being rolled out to Band 5 to Band 7 staff/managers to enable them to deliver to their staff team to meet the mandatory training requirements for regulated services. This development demonstrates collaborative working within the team and with learners to enable "everyday" practice to be aligned to vocational requirements. The Level 5 programme has been developed to enable learners to practice and prepare for facilitation of this training with good support and follow up with the assessor. Truly innovative practice.

11.5.4	What measures has the Trust taken to ensure RQF training is embedded across the workforce? *Trusts should comment specifically on any difficulties within this area and evaluation of any pilots if applicable* (*Narrative)*
	
	The Centre has established good working relationships with service managers throughout the Trust. It ensures the range of qualifications available are appropriate to the needs of the workforce and are communicated to relevant managers across the Adult Social Care Workforce and welcomes expressions of interest; all requests are screened against eligibility criteria.
	
	Challenges:
	
	Sustaining Qualifications Delivery through Covid Restrictions 2020/2021:
	• Cessation of face to face workshops and assessment in March 2020.
	• Move to online learner support, with a focus on covering underpinning knowledge and its assessment.
	• Risk management processes and protocols developed and implemented, which facilitated the reintroduction of workplace assessments in October 2020.
	• Planning and preparation for course delivery through Microsoft Teams; revision of learning materials, assessments and schedules. This required significant development in staffs skills and confidence with digital technology and facilitation.
	• All staff took part in TAQA CPD updating - through attendance at C&G webinars in relation to:
	  • use of Professional Discussion
	  • use of Expert Witness Testimony
	  • mitigations available due to Covid restrictions
	
	Staff changes and development of new staffs needs and attainment of relevant TAQA qualifications has been challenging in terms of the impact on capacity for course intakes, course progression and course planning.

"Delivering Together" sets out a number of actions to stabilise, reconfigure, change services in, and transform the HSC. It recognises the need for the development of career pathways for the social care workforce. This is a very exciting time for the vocational team, they have responded to the needs of the Home Care Service developing the Level 5 programme with a qualification that acknowledges the complexities of their role and supports career progression. It is also a challenging in terms of meeting demands without increased resources and capacity.

This remains a workforce issue in terms of Trusts, our commissioners and NISCC collectively considering an immediate and long- term action plan that will continue to shape the development of accredited learning for the social care workforce.

Action for 2021-2022:

- To implement recommendations from the External Quality Assurance Sampling visits which will take place remotely in May (Level 5) and June (Level 2 and 3).
- To have regular Centre and Team Meetings to review systems and processes and ensure quality assurance with standardisation as per the Centre Strategy and aligned programme strategies.
- To support the new Assessor to achieve her level 3 Assessor Qualification.
- To continue to work closely with City and Guilds in the review of current levels of training and ensure a standardised regional approach to qualifications.
- With C&Gs decision to withdraw registration onto the Level 5 Programme the Centre will review options for registration with an alternative Awarding Organisation.
- We will continue to review vocational standards in-line with job roles rather than banding.
- The team will continue to work with social care managers to ensure vocational training is provided to staff. We will identify staff needs in Adult Services in relation to vocational attainment across Levels 2, 3 and 5, determining service priorities and develop a plan to address these.
- The vocational team will continue to support learners' engagement and development in accordance with current Covid restrictions. Working with C&G in respect of meeting core requirements for qualification. As restrictions ease the Centre will review current working practices; assessment and face to face delivery of workshops.

<table>
<tr><th colspan="3">11.6 Quality and Safety Issues (RQIA)</th></tr>
<tr><td>11.6.1</td><td>Investment in Quality and Safety Issues</td><td>Accountability 20-21</td></tr>
<tr><td>11.6.2</td><td>Quality and Safety Issues Activity</td><td>Accountability 20-21</td></tr>
<tr><td>11.6.3</td><td colspan="2">Commentary. Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet requirements from RQIA visits (announced or unannounced) or failure to comply notices.

Finance: Expenditure of £23,485 matched the allocation. This is unusual as the associated costs are normally triple. The pandemic meant the suspension of the majority of courses. Activity has just commenced in 2021.

Quality and Safety is the cornerstone of good practice throughout social care services and demands a high level of investment from the Learning and Development Service.

The key areas identified are central to social care governance and are identified as RQIA mandatory training requirements. All regulated services are inspected on staff attendance at the following training programmes:
• First Aid
• Food Safety
• Food Safety Refresher
• Medicine Management for Care Workers
• Medicine Management for Managers
There were 51 training events with 476 staff trained. In this reporting period there has been a significant reduction in programme provision and activity as a result of Covid restrictions on face to face training delivery. Prior to the pandemic these Learning and Development programmes were offered on a regular basis, circulated by a training calendar and staff attendance recorded on HRPTS. In preceding years there has always been a high attendance rate at all sessions.

First Aid Training:
Emergency First Aid at Work (EFAW) Training is usually a one-day programme. It is HSCENI approved and is a comprehensive First Aid course designed to deliver training in basic lifesaving priorities and skills. With Covid restrictions this training ceased in March 2020. Once restrictions allowed and with the support of Social Care Managers the Learning and Development Service agreed with the external training provider a plan to recommence this provision in March 2021. The programme is provided in two parts, the first is theory based and delivered on Microsoft Teams, and the second is the practical assessment that is facilitated face to face in groups of 4 with IPC arrangements in place in a venue with risk assessment in place. Participants must attend both parts to be certified. In this reporting period there has been 2 programmes and 18 staff have attended.

2021-2022 – Emergency First Aid at Work certification is for three years. The Learning and Development Service recognises that with very limited provision in this reporting period a third of identified EFAW social care staff will require this training.</td></tr>
</table>

We have organised 2 programmes of EFAW training per month from March to August 2021 and will continue with this provision for the remainder of this reporting period.

Food Safety Training:
Food Safety Training is a 1-day programme. The key learning outcomes include:-

- Firm understanding of the importance of food safety and knowledge of the systems, techniques and procedures involved.
- Understanding of how to control food safety risks [personal hygiene, food storage, cooking and handling.
- Confidence and expertise to safely deliver quality food to service users.

In this reporting period the Learning and Development Service has been unable to facilitate this training. This primarily has been due to Covid restrictions on face to face delivery. The Service has been involved in negotiations with Belfast Met during this time to find a solution however the awarding body, Highfield requires participants to complete a full day's training that is theory based and also a written assessment which must be invigilated in person. The theory part can be transferred onto Microsoft Teams however, will still require a full day for delivery. The written assessment must be carried out face to face with invigilation.

2021 – 2022: This training is a mandatory requirement for regulated services and the Learning and Development Service will organise a calendar of dates with Belfast Met to address this however, social care managers will have to manage one and a half days staff release instead of the usual one day.

Medicines Management:
Medicines Management Training for social care workers is usually a 5-hour programme. It includes the following areas:-

- Introduction to medicines and prescriptions.
- Understanding direction and types of medicines.
- Usage, procedures and techniques.
- Administration, storage and disposal of medication.

Medicines management has been a priority training need for the social care workforce during this pandemic. This is evidenced in the provision of 49 sessions during this reporting period with 458 staff trained.

At the start of the pandemic the Learning and Development Service supported the redeployment of staff from Day Services to Residential/Supported Living and facilitated medicines management training as part of their induction. During this period we also supported new staffs induction to the Home Care Service. These sessions were initially provided face to face with IPC procedures in place as training was essential to service provision.

Medicines management training was transferred to digital delivery and the trainer provided two sessions per month as well as responding to specific requests from managers.

It should be noted that the external trainer, an experienced pharmacist worked closely with our service and social care managers to support staffs development in the most difficult of times and accommodated every request.

2021-2022: The Learning and Development Service will continue to commission two medicine programmes per month as well as specific requests from services in line with RQIA mandatory requirements.

Medicines Management for Social Care Manager:
The priority for this reporting period has been medicine management. We have not had any requests to provide this training.

2021-2022: We will continue to meet with Assistant Service Mangers and organise training dates to meet their needs.

Funding: Covid restrictions has impacted on training activity during this reporting period. With training provided on a digital platform we have not incurred the costs associated with venues. However, as restrictions continue to ease activity will increase threefold and the allocated budget will be inadequate to meet the increasing needs of the social care workforce.

11.7 Children's Safeguarding		
11.7.1	Investment in Children's Safeguarding Training	**Accountability 20-21**
11.7.2	Investment in Children's Safeguarding Training Activity	**Accountability 20-21**
11.7.3		
11.7.4	Commentary. *Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce*. **Finance:** The allocation of £46,970 covered the expenses in this area. This year there were lower number of multi- disciplinary staff in attendance. In comparison to last year the attendance figures (1536) increased by approximately 300. This reflect the significant training input to support staff redeployment. **Safeguarding Children is '*everyone's business*':** This is reinforced by the SBNI Child Safeguarding Learning and Development Strategy and Framework 2020-23. An appropriately trained and supported workforce is central to safeguarding children and young people in Northern Ireland. In a Trust of 22,000 staff, this generates huge logistical, capacity and resource challenges. Social Services Learning, Development, Safeguarding Nurses and a SLA for Nursing with Centre for Clinical Education are the only providers of Safeguarding Courses. There are large cohorts of staff, for example, administration, psychology, psychiatry that have no allocated funding for a Safeguarding Children Course. The Social Services Learning and Development Service are not in a position to deliver mandatory safeguarding training within its current workforce and funding base. The challenge is also replicated in Adult Protection and the scale of the demand is even significantly greater. **Responding to this challenge:** • **Safeguarding Children Corporate Induction/Level 1:** (This will be addressed in greater detail in the next Safeguarding Adult Section.) Suffice to say that the Social Services Learning and Development Service in the light of reduced spending as a consequence of Covid took the opportunity to invest in the production on a Video Explainer that addresses Safeguarding Children and Adults. This is now part of an online Corporate Induction that will be available to all new staff. • **Safeguarding Children Local Induction Level 1:** The level of induction will depend on the individual's experience and must be commensurate with their role and responsibilities. **Support Service Staff**: In 19/20 The Learning and Development Service worked with Support Services Managers (Cooks, porters, cleaners etc) to develop a succinct Safeguarding Adult and Children Local Induction. The plan to mentor the Support Service Managers to provide this local induction did not advance as their service was stretched due to the impact of Covid. As we move into a year where hopefully we will have less restrictions we intend to rejuvenate this initiative.	

	Recent RQIA Inspections: In early 2021 two RQIA Inspections in Adult Day Care have highlighted the need for support staff such as transport and domestics to have access to appropriate training/learning. **Exploration of a Trust Wide Approach to Level 1-Delivering a Consistent Message:** In the Trust we estimate that there are 6,300 staff who require additional information at Level 1 only. For example administration staff, those working in the security of hospital/community building or estates services who work in these locations carrying out maintenance can *'see and hear'* situations that may indicate safeguarding concerns. There is a synchronicity in the messages of Safeguarding Children and Adults that is relevant to these staff. The Social Services Learning and Development Service have put forward a business case for additional staff to meet this learning need. The request for funding was endorsed by the Senior Executive Team and at present various avenues of funding are being explored. **Action 21/22:** To work towards securing additional funding to create a central resource to either directly deliver or support managers to provide local learning. • **Safeguarding Children Level 2:** All staff and volunteers who have direct contact with children must complete a minimum three hours face to face or online formal training. Social Service Staff working in Adult Services will access this training with our staff in Children Services going directly to Level 3. The majority of staff accessing this learning is from other disciplines. Medicine, Allied Health Professionals, Nursing. As indicated in the opening remarks many of these staff do not have a funding stream to provide this learning. **Action 21/22:** As part of the Safeguarding Business Case funding is being sought to develop an e-learning Safeguarding Children Level 2. • **Safeguarding Level 3:** Unlike Safeguarding Adults the number of staff who need to avail of this learning is smaller and at present the Social Services Learning and Development, Safeguarding Nurses and a Service Level Agreement with the Centre of Clinical Education works towards meeting the identified needs. This learning is best delivered in 'real time' either face to face/virtual. The Trust have adapted the Level 3, one day course to a virtual two half day courses. The preferred option is to return to 'face to face'. This learning is complex and the content addresses childhood trauma. The SBNI Strategy rightful reminds employers to consider the 'psychological safety for participants. **Action 21/22.** We will consider the most effective way to meet the learning outcomes of Level 3 which will include exploring blended learning. **Co-operating to Safeguard Children and the SBNI Policy and Procedures:** • **Working together/Understanding roles and responsibilities.** • **Thresholds/Risk Assessment and Analysis.** • **Information Sharing and Confidentiality.** • **Safeguarding Children with Disability.** This learning is met through the following courses plus updating and hosting information on the Trust Information HUB. • Safeguarding Level 1,2,and 3 as described above plus

- *Safeguarding Children*, *Making a Good Referral and Care Pathways.* This provides information for other professionals on their roles in child protection and family support.
- *Safeguarding Children with Disability:* A half day course open to a range of professionals to explore the heightened risk to these children.
- *Female Genital Mutilation:* While no longer explicit in the SBNI Framework, A Safeguarding Nurse and a Social Services Learning and Development Coordinator deliver a course designed by the Female Genital Mutilation (FGM) National Centre, England. The DoH free e-learning course is hosted on the Trust Intranet for staff.

Action 21/22: Continue to raise awareness of these procedures through the various Safeguarding Children Level 1, 2 and 3 and explore other mediums for reminding and keep this a central to staff practice.

How many staff trained from other disciplines: These figures are an approximate number. The Information Management System (HRPTS) is unable to generate this data.

The challenge-Provision of multi-disciplinary learning: Successful multi-disciplinary working can be promoted by effective multi-disciplinary training as each profession and recognise and value the contribution of the other. The SBNI Child Safeguarding Learning and Development Strategy and Framework 2020-23 again *'seeks to encourage inter-agency and multi-disciplinary training and education over the next three years'.* It is important that we find a way to collaborate and negotiate resources to make this happen however over the years we seem to be unable to achieve this goal due to the complexity of silo funding or insufficient dedicated funding.

Safeguarding Training with Community and Voluntary Sector: Please refer to 11.12.3 for an account of the Keeping Safe Project that provides Safeguarding Children Learning

11.8 Adult Safeguarding		
11.8.1	Investment in Adult Safeguarding Training	**Accountability 20-21**
11.8.2	Investment in Adult Safeguarding Training Activity	**Accountability 20-21**
11.8.3	Commentary. *Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce*. **Finance:** The expenditure in this category was £51,500. This is consistent with other years and the level of people in attendance (1183 staff) is similar to other years. **Safeguarding Adults Learning and Development Framework:** The BHSCT delivers the 7 levels of Adult Safeguarding training as outlined in the NIASP Training Strategy and Framework (revised 2016). These 7 levels are designed to equip staff of different bands develop the knowledge and skills commensurate with their job role and experience to support adults in need of protection and to promote staff confidence and competence in effectively carrying out their adult safeguarding role. The Training Strategy is compatible with the Adult Safeguarding Policy 2015, Regional Operational Procedures, 2016 and the Joint Protocol 2016. All training materials are designed to raise standards, promote best practice and ensure consistent and proportionate responses to safeguarding issues. Training is provided for all levels and our specialist Investigating Officer/Designated Adult Protection Officer are supported through quarterly support group workshops. **Deficit in Funding:** There is significant attention on adult safeguarding due to the public inquiry into Muckamore Abbey Hospital, the COPNI & CPEA reports into Dunmurry Manor Care Home and the anticipated Adult Safeguarding Protection Bill. In the preceding reports, it has been consistently raised that there was significant demands for adult safeguarding training, which could not be met within existing resources. This continues to be the case and the demands have continued to increase given the spotlight on Adult Safeguarding. The 2015 Policy key message is that safeguarding is '*everyone's business*' and it is mandatory training for a large cohort of staff. However, within other professional groups and other support services there is no dedicated funding to support the training need. **Inadequate training places for other professionals/services:** The demand and capacity issues continue to rise during this reporting period and the impact of Covid on training required existing programmes to be delivered virtually to smaller numbers to maintain quality. These combined pressures mean that there continues to be significant demand for this training and large numbers unable to access it. Traditionally we have accommodated other professionals whose primary role is work with adults by offering a small number of places and there continue to be requests from many different service areas, which have not been able to be accommodated. Pre-Covid the Learning and Development Service would have delivered two to three combined IO/DAPO training courses (each 2.5 days) in addition to some	

	bespoke requests. Over this last year there was significant time required to convert these courses to delivery over Microsoft Teams and as stated, the numbers accepted needed to be reduced to maintain quality. Consequently, there were seven IO's & three DAPO courses, which was a threefold increase on training time. Likewise level 6 Joint Protocol & level 7 PIA normally delivered once yearly had to be delivered twice in November and December 2020 due to number restrictions and again imposed additional demands on training time. We have continued to offer bespoke training where there have been significant challenges and this has included training to senior staff at Muckamore Abbey, adult safeguarding bespoke recording training to IO and DAPO staff in Learning Disability Services. While it is unfortunate the Learning and Development Service cannot meet the needs of others our priority is to meet the needs of social work and social care staff. **Learning for Social Work/Social Care Staff:** In the social work/social care, population there continues to be a high demand for Level 2 Adult Safeguarding awareness raising and mandatory refresher courses. The RQIA requirement for the social care workforce to attend Level 2 and Refresher training is the primary driver supporting compliance. The requests for bespoke training for these service areas is considerable. All training is currently being provided digitally on Microsoft Teams unless it is deemed essential to provide this face to face. Considering the demand for this training, with most teams asking for Refresher training yearly alongside the reduced numbers that can attend/access this digital platform, in partnership with social care managers we agreed an interim measure to provide Adult Safeguarding Refresher facilitator training programme that would equip and support Band 5 to 7 staff to deliver this mandatory training to their staff teams. Facilitators programme includes; sharing of Adult Safeguarding Level 2 programme, quiz and trainer notes; links to other resources eg. Case Reviews and judgements; a "live" Microsoft Teams training session with a Learning and Development Coordinator and follow up phone/email support and 3 monthly facilitator review training on Microsoft Teams. In this reporting period we have trained 68 facilitators across Adult Services and provided 2 facilitator review sessions. This interim measure will be reviewed when restrictions ease and we can return to face to face training. **Learning and Development support for staff redeployed in response to Covid:** As a service we have responded to the changing needs of the Trust's workforce as a result of the impact of Covid. We provided Level 2 Safeguarding Awareness to 27 AHPs in preparation for their redeployment to residential and nursing care homes. We also supported the Trust's in-reach service to nursing homes during the height of the pandemic providing reflective practice sessions; one of which was on Adult Safeguarding. **Responding to the unmet training needs:** The present resource/funding to provide Adult Safeguarding learning is only located in Nursing and Social Work/Social Care. Whilst we endeavour to accommodate other staff/volunteers

	there are 14,000 staff who have no access to Safeguarding training. This is a real challenge to the Trust in terms of ensuring all staff know their role and responsibilities in Safeguarding Adults. The Learning and Development Manager developed a proposal to enhance safeguarding adults learning resources. This was part of the Adult Safeguarding Leadership Group and was endorsed by the Senior Management Team at The Trust's Adult Safeguarding Committee. This proposal (January 2021) identifies the training needs and resources required to ensure that staff/volunteers at all levels within the organisation are equipped with the knowledge and competence to support safe and effective Adult Safeguarding Practice. This includes a recommendation on the required resources to enhance and centralise the provision of Adult Safeguarding Learning and Development. **Action 2021-2022:** • IO and DAPO programmes will continue to be delivered online using Microsoft Teams. There will continue to be additional sessions to keep numbers at an acceptable level for virtual training and to maintain quality. This will continue to be provided over 4 sessions. • To continue to support staff through the quarterly facilitation of practice support groups for staff undertaking the roles of IO & DAPO. Dependent on government guidance these support groups will be provided on Microsoft Teams. This will ensure that staff are kept updated and that issues from a staff perspective are understood from the bottom up through to senior management. • To continue to sustain and develop effective relationships with PSNI and Regional Adult Safeguarding trainers in the delivery of the NIASP training strategy. • To provide forums and training to staff when required. It is expected that the implementation of the Adult Safeguarding Bill will have a significant impact on staff requirements and it will be essential to keep staff updated and that needs are met. • NIASP has been stood down and the current Adult Safeguarding Transformation Board will also affect staff training requirements so it is important that the Learning and Development team is given the time to keep abreast of the changes and plan workshops and training sessions accordingly. • To continue to support other staff to deliver bespoke training to ensure confidence/competence in relation to screening and thresholds that are compliant with the 2016 Regional Policy and that recording of required forms are of a high quality. • The development of e-learning at Level Two Awareness; as the majority of staff should complete Level Two we will develop a range of delivery methods to match the working patterns and learning needs of staff. A training pathway would indicate whether 'face-to-face' or e-learning is the preferred method of delivery for particular staff groups. **PREVENTION-LASP Prevention Group:** In the previous reporting year, the LASP prevention work stream delivered three sessions to Adult Safeguarding Champions who have contracts with the Belfast Trust. The aim of these sessions was to establish the level of understanding of the position report, their confidence in relation to the Adult

	Safeguarding Champions role and responsibilities, their expectations and what support will they require going forward. Unfortunately, Covid had an impact on the delivery from March 2020 as the initial focus for Adult Safeguarding trainers was getting essential training to staff on a virtual platform. However, this has been rectified and a forum was convened on the 26th January which was positively evaluated. The focus of this forum was on the CPEA report into Dunmurry Manor Care Home and was shared via a short presentation and an update was provided regarding the status of NIASP, the Transformation Board and the Adult Protection Bill. This helped ASC's in a variety of organisations to connect and to advise the Trust of any issues that they were having in relation to Adult Safeguarding. **Action 2021-2022:** • Adult Safeguarding Champions forums will be convened quarterly. • Keeping You Safe for facilitators – Two sessions are planned in 2021.
11.8.4	Of those who attended Adult Safeguarding Training, how many staff were from other disciplines or sectors? *(Narrative)* Raising Awareness of abuse amongst staff is one of the most important single measures towards prevention of abuse. During 2020/21, 30 Level 2 Awareness courses were delivered with 926 staff attending of which 187 were from other disciplines.

11.9 Leadership and Management		
11.9.1	Investment in Leadership and Management Training	**Accountability 20-21**
11.9.2	Leadership and Management Training Activity	**Accountability 20-21**

11.9.3

Commentary. *Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce*.

Finance: Expense (£52,000) and activity in this category is greater) than other years. The additional support required for the early graduates is included in this section.

The Assessed Year in Employment (AYE) and the challenges of being a newly qualified social worker in the context of Covid

275 Mentoring Sessions provided to 55 new graduates.

Initial and Review Meetings with Mnaagers

The emergency phone calls from AYE's when they needed support.

The AYE is designed to ensure that newly qualified social workers have made the transition from student to employee and have demonstrated sustained, continuous and effective competence in the workplace. In 2020 Social Work Students graduated early to respond to the service demands created by Covid. These students joined the workforce having their last placement reduced to a two month period as opposed to the usual four months. The students were keen to contribute their skills in these exceptional times and also slightly hesitant in their ability to transition from student to employee. This is a recognised challenge for many professionals and the AYE has structures to support newly qualified social workers in their first year of practice.

In the context of Covid and the staff's early graduation the following supports were put in place.

- **Planned Corporate and Local Induction:** This activity is noted within the financial returns for Adult and Children Services.
- **Professional Development Time.** Supervision by the line manager is often dominated by case discussion and less on exploring learning and how the Social Worker is learning and coping. To supplement the latter supervision the Learning and Development offered a two hour space initial fortnightly and then monthly for staff to reflect on their professional development. The majority of AYE's availed of this opportunity from June-December 2020 with a few staff still accessing these additional supports.

Comments from AYE's, Manager and the Learning and Development Team

'I really need this extra support, a place where I can be really open and just talk about me. You help me look at and understand my cases in more depth, analysing my reports and reflect on my practice. I know I can phone you if I'm really stressed about something. AYE

I think it is really helpful to have you who is outside of the office and daily work, I think they feel it is a time and space out to really reflect and think about the impact of things on them. **Team Leader.**

At the first meeting she appeared quite anxious and almost displayed a 'frozen watchfulness". Over the course of the professional development sessions she became visibly more relaxed and she now presents as much more confident and "owning" the role. **Learning and Development**

Summary Comments on Professional Development Team. In the 19/20 Report the challenges supporting newly qualified was discussed in the context of staff vacancies. That year, we piloted a Learning and Development Coordinator being on site one day per week to provide coaching and mentoring within the workplace. This was well evaluated however the impact was limited to two teams. In 20/21 the provision of Professional Development Team was an adaptation and progression of this project. International research in Nursing indicates that retention of newly qualified staff increased by 24% when employers agreed to provide a structured learning programme for 6-12 months. Whilst it is not possible to make empirical deductions the number of leavers within the new AYE co-hort reduced and exit interviews indicated that the majority of staff were leaving for a post nearer to their home.
Action 2021-2022: Coaching/Mentoring needs to be firmly positioned within the wider field of Learning and Development and the response to the learner's needs to be quick and flexible. This approach offered 'one to one' personalised support

Leadership and Management:

Effective leadership skills are the cornerstone of organisational success. There are a range of learning opportunities for all social services staff including both corporate and bespoke social services courses.

For example,
Courses:
- Service Improvement-Change Management; Managing Conflict; Managing People; Coaching Skills for Managers.
- Organisational Development.
- Leadership and Management-ILM 3 Leadership and Management; ILM 5 Managing for Success; and Living Leadership with Care (a modular 7-day programme over 10months for all Trust Senior Managers).
- NISCC accredited Diploma in Health Services Management, Managing Effective Practice and Stronger Together.
- DoH Stronger Together.

Integrating learning and practice:
- Three Coaching Sessions are already offered to all newly appointed Team Leaders
- In recognition of the support needs of a group of newly appointed Team Managers, the Principal Practitioner is facilitating reflective workshops with some input from the Learning and Development Team.

Supervision:
Regional Social Work Supervision Course: This course is well established and feedback, indicates that learners are reporting increased confidence and knowledge. The DoH set the following target:
From 2010 all newly, appointed Senior Social Workers/Team Leaders will undertake relevant training in professional supervision and appraisal within two years of appointment.

The standard for managers to comply with this target is the attendance at a 3-day Supervision Course. This course is co-facilitated bi-annually and it enables all newly appointed Child Care Team Leaders the opportunity to complete supervision training within 6 months of appointment as required in the DHSSPS (2008) Supervision Policy, Standards and Criteria.

Year of Appointment	Target date	Number	Achieved
2010-2016	2018	19	19
2017	2019	7	6 (1 significant period of Long-term sick)
2018	2020	13	13
2019	2021	20	20
2020	2022	19	4

It is apparent that this course is given a priority within the Trust and that newly appointed social work staff are motivated to attend. Linking back to Data 8 this confirms the Trust's commitment to ensuring that supervisors are equipped with the right skills.

Supervision and Social Care Managers:
This training is provided on request and is specifically for Band 5/6 managers.
Programme aims;

- To develop and understanding of supervision practice.
- To develop and understanding of the roles and responsibilities in providing supervision.
- To be able to undertake the preparation for supervision with supervisee's and provide professional supervision.
- To be able to manage conflict situations during supervision.
- To be able to evaluate own practice when conducting professional supervision

We had to cancel a number of sessions in 2020 due to Covid however, we have provided some sessions digitally and have further sessions planned for June 2021. We continue to have specific requests from Older Peoples Day Services/Supported Housing and Learning Disability regulated services.

Supervision for Supervisees: This is a short on line course. After many technical problems this course was launched in April 2020.

Review of the Regional Supervision Policy: This experienced considerable delay during Covid. The work has now recommenced and will provide a platform to raise awareness of policy in the autumn of 2021.

Coaching:
Coaching is integral to '*Putting Improvement at the Heart of Social Work'* and is acknowledged as a key component in non-formal learning. Two of the Learning and Development Team accredited at ILM 5 Coaching continue to offer coaching to all newly appointed managers and other staff who make a particular request. Those avail of the service provide positive feedback and it is an additional support to staff when they are transitioning to a new role.

Residential Coaching: The DoH have funded an eight-day Coaching Course for residential staff. The group's completion of the course was disrupted due to Covid and with the support of the Learning and Development Team participants are now re-engaged and working towards completion in the summer of 2021..

Coaching Skills For Managers:

Action 21/22: Coaching has a key role to in the development of leadership. The residential cohort of staff provide an opportunity to embed the use of Coaching Skills within the workforce. In addition the Trust will explore a more ambitious plan to train and build a network of accredited coaches

Quality Improvement and Social Work/Social Care:
The Social Work Strategy has identified improvement and quality as the template for social work professional development. The Learning and Development Manager is a member of the Steering Group for the Regional Social Work QI Course and the BHSCT QI Training Sub Group. At present social work/care staff can access Level 1 and Level 2 QI Courses and through DoH funding one Social work Staff completed the Scottish Leadership and QI Course.

There is increasing engagement in social work/social care with Quality Improvement but the ownership and integration of Quality Improvement is still at an early stage. The Team have a Lead for Quality Improvement and while the Regional Social Work was postponed the lead continued to support other staff to consider and engage in the Trust QI Course.
Action 21/22: The Learning and Development Team will invite staff who have completed the Trust QI Course to avail of Accredited Experiential Prior Learning (APEL) to gain Specialist Award Credits.

Research: The Trust strive to implement the Social Work Research by promoting a culture of evidence informed practice to enhance outcomes for service users. Our key contribution to this goal is the dissemination of Research via PiP Courses. The HSC Library participate in workshops to raise awareness of PiP and staff are encouraged to join the library. While undertaking PiP Accredited Courses candidates are required to demonstrate competence in understanding research, and to facilitate a presentation to their team. This ensures the dissemination of learning.

Evidence Informed Practice and Research Methods: The Trust continue to recruit staff to this course.

Similar to QI it is difficult to build a culture that values the contribution of research evidence when there are few funded opportunities for social workers in the workplace to lead on research similar to nurse colleagues. Both these areas of practice would benefit with dedicated funding.

Improving and Safeguarding Social Wellbeing a Strategy for Social Work 2012-2022 – Belfast Local Engagement Partnership:
This is an independent group that supports Stage Two of the Social Work Strategy, with the focus on "*Putting Improvement at the Heart of Social Work"* with key priorities: Leadership; Improvement; Outcomes and Co-production. The Learning and Development Service facilitated the establishment of the LEP and provides ongoing support to the partnership. Belfast LEP has a membership of 59. This is made up of service users, carers, Trust staff, community groups, NISCC, other statutory organisations and representation from the independent Sector. All are invited to LEP events and are kept up to date with email communications at least 4 times a year. Belfast LEP is chaired by a service user and social worker from the independent sector; it has a steering group, which meets 4 – 5 times a year to plan events. It has enabled the Trust to demonstrate that it is serious about co-production and that it wants to share power with service users, carers and partner organisations.

With the pandemic we have been unable to offer the usual range of events yet recognised the need to address the issues currently facing social work and the wider community. In May 2020 we organised a webinar:

“Social Work and Coronavirus –Staying Connected in Crisis” - A Belfast Local Engagement Partnership free webinar supported by BASW Northern Ireland.

This webinar provided an opportunity to hear from a range of speakers and panellists, highlighting the challenges, what’s worked and what should change in the future. The webinar included service users as well as input from Action for Children, BASW, Belfast Health and Social Care Trust, CLARE and the NI Social Care Council.

This has been a challenging year for the LEP, with current restrictions however, I think we showed very early what could be done and lots of organisations have gone on to offer lots of really interesting webinars.

We have a small steering group for the LEP and as the year has worn on it has been harder to get together and plan what we might do during the continuing pandemic. For social workers there has been less time due to the demands of the different ways we are all working now. For service users in the group, access rather than time has been big issue. There are very real issues around digital access and video meetings are no substitute for the kind of co-production we can do when we are in the same room.

Action:

- Learning and Development will continue to support the Belfast LEP.
- We will continue to organise LEP events throughout 2021/22. We have planned an event in May that will focus on “How we stay connected”. We will focus on three areas:–
  - How can we stay connected as a Local Engagement Partnership while we are still dealing with restrictions on movement and meeting?
  - What are the issues for social workers and services users currently and what should we be feeding back to social work leaders?
  - When Covid is ‘over’ do we want to go back to ‘normal’ or would we want something else?
- The NI Social Work Leadership Network is very interested in the work of the Local Engagement Partnerships. They recognise the work of the LEPs in shaping their knowledge and planning. A joint event was held in April 2021 involving all five Engagement Partnerships and the Social Work Leadership Network.
- We will explore opportunities to re-engage with steering group members who have been unable to attend during the pandemic.

11.10 Programme Support		
11.10.1	Programme Support Expenditure	**Accountability 20-21**
11.10.2	Commentary. *Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the demands of training provision for the workforce*. **Finance:** The funding in this section continues to meet administrative costs.	

11.11 ACPC		
11.11.1	Investment in ACPC Training	**Accountability 20-21**
11.11.2	ACPC Training Activity	**Accountability 20-21**
11.11.3	Commentary. *Trust should include reasons for over or under spend within the financial year and include any training activity undertaken in addition to other support activity such as an ACPC trainer*. **Finance:** There is a significant underspend in this section as the Keeping Safe Project was unable to continue during the pandemic. This provided an opportunity to commission a video explainer that all new staff will access when the join the Trust. The underspend was diverted to the support of new graduates. **What was achieved in 2000/2021:** This year 35 accredited trainers delivered 15 Keeping Safe courses to 187 staff and volunteers. There was a significant shortfall in courses provided due to the Covid pandemic and the subsequent restrictions. The Keeping Safe waiting list was suspended in late March 2020. The delivery of virtual Keeping Safe courses commenced in September 2020 with support provided by Volunteer Now and Keeping Safe colleagues in the South Eastern Trust. Module 2 and Designated Officer programmes delivered virtually have been well attended and evaluated. **Who availed of courses?:** Organisations have availed of Keeping Safe virtual training include The Cancer Fund for Children, Outwest Surestart, Shankill Surestart, Upper Springfield Development Trust and Playboard. The Keeping Safe waiting list is beginning to become more established as community organisations begin to establish their services/activities again. **Supporting Trainers:** The Keeping Safe Project is very much based upon the enthusiasm and hard work of our trainers and also their employing organisations freeing them up to provide training. Many of our Keeping Safe Trainers were redeployed, furloughed or had additional demands placed upon them by their employers during the Covid pandemic. The Keeping Safe Coordinator continued to maintain contact with trainers, provide updated information and facilitate virtual trainers' meetings. A number of trainers have stepped up with a view to providing virtual training and a range of supportive measures have been put in place to accommodate this development.	

Keeping Safe 2021/2022: The impact of Covid has been sharply felt by community and voluntary organisations. The Keeping Safe Project has also been significantly impacted upon due to face-to-face training being suspended and a reduced number of trainers being available to provide virtual courses.

Development of a Safeguarding Explainer Animation: The Safeguarding Board NI, Child Safeguarding Learning and Development Strategy and Framework 2020-23 and the Northern Ireland Adult Safeguarding Partnership (2016) Training Strategy outline minimum learning outcomes to equip staff with the skills and knowledge to promote the safety and wellbeing of others. Both frameworks identify a Level One requirement for all staff/volunteers within the organisation to have a basic knowledge of Safeguarding. Consequently Safeguarding is identified as mandatory training for all staff.

The learning outcomes of Level 1 align with orientating staff to the organisation's key values and responsibilities and fits well with the function of Corporate Induction. The Learning and Development Service led a project from January to March 2021 to develop a learning resource to meet these requirements. The project was tasked with developing an accessible pre-boarding learning resource that would provide new staff with an introduction to the Trust and their responsibilities to safeguard children, young people and adults.

The project was chaired by the Learning and Development Service Manager who established a core group to lead on the development and production tasks; advised the digital development company on the content of the resource and monitored the agreed budget. An advisory group was established and included key personnel across Belfast Trust and also those who use our service. This group provided essential feedback and ideas for the development of this resource.

I am pleased to report that this project achieved all tasks within the agreed time scale and has produced a valuable learning resource that has been approved by the Director of Social Work and now is part of the Trust's Corporate Induction. This resource will also be accessible to all staff across the Trust who are required to meet the level one mandatory requirement.

<table>
<tr><th colspan="3">11.12 Additional Allocations</th></tr>
<tr><td>11.12.1</td><td>Investment in other Training Activity/Initiatives</td><td>Accountability 20-21</td></tr>
<tr><td>11.12.2</td><td>Other Training Activity</td><td>Accountability 20-21</td></tr>
<tr><td>11.12.3</td><td colspan="2">Commentary. Trust should include comment on each additional allocation individually including those allocations for regional initiatives or schemes and in-year additional allocations.

Finance: The ASW Course funds have been overspent for the last two years. There are significant course fees that escalate the costs. Action: This funding stream must be reviewed.

<u>Approved Social Work Course</u>:
The primary purpose of the NI Approved Social Work Training Programme is to ensure the competence of social workers being considered for appointment as Approved Social Workers (ASWs) by their employing Health and Social Care Trust.
• Funding allocation of £75,630
• Actual Expenditure £103,267.23
• Fees to QUB are approximately £80,000. While QUB provide a small discount on fees, it is not equal to the 60% reduction provided by UU.

ASW Training Programme Activity: Candidates commenced training in September 2020 with 27 candidates on the current programme. It has been challenging at times with using a virtual platform but a great learning process and feedback from the candidates to date has been very positive.

Nominations are now being sought for the 2021/22 ASW Programme. At the March 2021 JMG Trust’s asked if additional places could be agreed. Currently funding allocation provides 5 places per Trust and 2 for the Regional Social Work Service. Reasons cited for increased allocation are due to future workforce planning to meet the statutory requirements in relation to the Mental Health (NI) Order 1986 and the further implementation of the Mental Capacity Act. Also those staff trained in Short Term Detention Authorisation need to complete ASW training by 2023. The need for an increase in funding is to be further discussed with the 5 Trust ADs. The JMG agreed if Trusts wished to fund an additional person the respective Trust will cover the cost of this.

Action 2021- 2022:
• The programme will continue with digital delivery however, with easing of restrictions it proposes a “blended” approach in moving forward.
• Trust nominations should prioritise those STDAs who need to complete ASW training by 2023.
• Workforce planning and additional funding – the Regional ASW Group has highlighted the need to significantly increase the appointment of ASWs to meet statutory requirements. Subsequently operational leads are asking for an increase in the allocations available to each Trust. This will not be possible within current funding allocation as we continue to be overspent. The JMG agreed to raise this with ASDs and the HSCB and propose additional funding to meet this need.
• Increase in allocated places onto the programme will require additional investment in terms of Trust provision of Practice Assessors and representation on the ASW Assessment Panel.</td></tr>
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Northern Ireland Practice Teacher Training Programme:

Finance: An underspend that occurred as there were less room hire and catering costs.
Allocation: £40,000 Expenditure: £33,477.30
There were 31 candidates, with one deferral and one withdrawal, there are 29 candidates currently on the programme. There has been good participation in the virtual sessions with positive feedback on teaching inputs.

The upderspend was re-targeted to the ASW Programme.

Actions 2021-2022:
- Nominations are being sought for 2021/22 programme. With five places allocated per Trust.
- Planning group will meet to progress 2021/22 programme.
- The programme will continue with digital delivery however, with easing of restrictions it proposes a "blended" approach in moving forward.
- Study leave, D Johnston led a regional group and have recommended study leave that is standardised across PiP programmes. This is to be agreed at next JMG.

Adult Safeguarding Programme:

Finance: A similar underspend likely explained by the introduction of virtual learning.

Allocation £30,000 Expenditure £25,247
The underspend was re-targeted to the ASW Programme.

There are currently 39 candidates registered with the programme. The programme continues to attract Regional applications with staff at varying stages of completing the Full Award. It continues to be positively evaluated by candidates and external verifiers.

Covid impacted on the recruitment for, and possible planning/delivery of Module SWK748. The programme reluctantly made the decision to cancel this module that was due to be delivered in May 2020.

In this reporting period there were the following submissions:
- SWK747 Sept 2020 – 13 passes, 1 referral, 1 incomplete submission and 1 plagiarism noted.
- SWK749 Jan 2021 - 10 submitted, 6 module deferrals until Jan 2022, 1 deferral due to submit in June 2021 and 1 withdrawal.

The teaching on the programme moved to online delivery and whilst this initially was challenging it has continued to support candidates and achieve good results.

Action 2021-2022:
- The programme will continue with digital delivery however, with easing of restrictions it proposes a "blended" approach in moving forward.

- Study leave, D Johnston led a regional group and have recommended study leave that is standardised across PiP programmes. This is to be agreed at next JMG.

REHABILITATION TRAINEE COURSE BCU:
Funding allocation: £12,000
A regional five year plan was agreed with the HSCB and 5 Trusts to meet Sensory Service Delivery in the provision of funding of two places on the Rehabilitation Trainee programme at BCU. Recruiting 2 trainee staff in year, provides career development opportunity for our social care staff and will utilise the wealth of; knowledge and experience, of Rehab staff teams, as mentors for the trainees, safeguarding quality of the Rehabilitation service provision to the Blind community *Severely Sight Impaired (Blind). In this reporting period two Rehab workers from the South Eastern Trust enrolled on this programme.

REGIONAL ALLOCATION FOR SENSORY SERVICES TRAINING:
Funding allocation: £19,620 Total spend: £19,899.20 Overspend: £279.20

Belfast Trust Learning and Development Manager continues to manage this funding on behalf of the region and links regularly with D Diffin/Jane McMillan commissioner HSCB and the training sub-group of the Regional Sensory Network. This group identified training priorities for this reporting period and Belfast Trust has coordinated Learning and Development opportunities. Belfast Trust also provides administration support in respect of payment of invoices. Belfast Trust has regularly provided updates on this Learning and Development activity at the Regional Training Managers Meetings.

The Training Plan for Regional Sensory Support has undergone a number of changes throughout this reporting period due to Covid and restrictions on face to face training delivery.

Learning and Development Activity:
- European Tinnitus Course, British Tinnitus Association Virtual conference – 60 places. Outcomes: Provided participants with up to date information on therapies that are currently being used with people who have Tinnitus; enhanced current knowledge base around Tinnitus and provided a forum. From the evaluations a number of participants expressed the value of their learning and the importance to their role. They requested that this conference be repeated on a regular basis (a preference being for virtual medium) to question a range of professionals who work within this field.
- Sensory staff development day focusing on ophthalmology services, current practices and research within Ophthalmology and Optometry. Within Northern Ireland – Prof Jonathan Jackson. 80 places, provided via Zoom. Outcomes: Information on the current treatments that are available in NI for conditions both at the front and the back of the eye; presentation of some of the current research for ocular conditions; reflection on the impact of Covid within Ophthalmology/Optometry. From the evaluations a number of participants expressed the value of their learning and the importance to their role. They requested that this course be repeated on a regular basis.
- Habilitation course for qualified rehabilitation workers. Birmingham University. One place. Accredited course with qualification to further develop knowledge of specific needs and development of visually impaired children and

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adolescents. Including specific modules on evidence based practice, independent living skills and mobility and orientation. Outcomes: Broadened rehabilitation workers knowledge due to increased number of children being referred to sensory teams. Knowledge shared amongst team members via answered questions. Assignment shared with colleagues. As the course continues the ways to implement the knowledge will be discussed as how it would best benefit the service. Worksheets of hints and tips for parents are being produced currently.

BSL - work related sign language – did not take place due to Covid restrictions.
Staff development day focusing on Hearing loss, Linguistics and language deprivation – Yvonne Herbert webinar. 30 places
Deaf blind practical intervention skills E learning package, Hirstwood Specialists Sensory Training online x 2 sessions. 15 places. Awaiting feedback from course participants.
Technology - Updating staff knowledge base on assistive Technology working with Deaf Children and young people. E learning package NDCS Training online platform. 30 places. Awaiting feedback from course participants.
Training for Sensory team leads. Sean OBaoill, two full-day workshops on Principled Negotiation Skills and Conflict Management – Due to restrictions this could not be facilitated in this accounting period and will be moved to next year’s plan.
Approval from J McMillan HSCB, for underspend to purchase sensory equipment (£5999.20).
Tinnitus Adviser Training – 5 places. Outcomes: Greater understanding of the causes of Tinnitus from ENT, Psychological and Audiological perspective; increased knowledge of the options available to helping an individual live with Tinnitus; greater appreciation of a CBT process and how it can be implemented for a person with Tinnitus. Besides the positive learning noted above it was also identified the need for a Professional Tinnitus forum in Northern Ireland.

Action 2021-2022:
The Regional Sensory Network training sub-group will identify training priorities for 2021/2022. It has been agreed by the Regional Training Managers that Belfast Trust will continue to coordinate and manage any funding working closely with the training sub-group. Attendance at training courses at universities and other face-to-face delivery remains uncertain due to Covid. Options for online/digital learning opportunities are being explored and a proposal will be submitted to HSCB for funding.

Coaching Skills For Managers: £12,000 - Two courses were commissioned from an external consultant. The activity commenced in March 2021 and will continue in 2022 with additional training days and supports.

DoH non recurrent funding: £31,805. This allocation is integrated into the PSS Training activity outlined in the body of this report.
</td></tr>
<tr><td colspan="2" align="center">General</td></tr>
<tr><td>11.13</td><td>How many attendees at in-service training were from other disciples within Trust or from external providers? (including voluntary, community and commercial organizations)</td></tr>
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	Where does this most commonly occur? ***(Narrative)*** The multi-disciplinary and other sector attendance has already been addressed within the main body of the report. Safeguarding Adults and Safeguarding Children remain in high demand from other disciplines and agencies. As already highlighted the Social Services Learning and Development Service resource cannot respond to the demand for mandatory training for 22,000 staff plus external requests.
11.14	Describe the mechanism(s) by which the Trust ensures staff attendance at Training courses and; how appropriate staff can meet the Post Registration Training and Learning (PRTL) requirements set by the Northern Ireland Social Care Council. ***(Narrative)*** **Staff Attendance at Courses:** Essentially ensuring that we have the '*right staff*' on the '*right course'* is one way of ensuring that the Service effectively use of resources. In the initial stages of virtual learning there were DNAs as the technology was unreliable and people struggled to with knowing how to access Microsoft Teams. When this period passed attendance is equal and perhaps even better than in other years. Courses that require a more significant period of study, for example the accredited PIP Courses will have a more rigorous application process where written Line Management Support is sought or interviews to establish suitability of candidates are held. Notwithstanding these processes, candidates may have to defer or withdraw from these commitments. There are currently significant workforce pressures across all service delivery settings. Within a largely female workforce, the demands of childcare and other caring roles generate significant additional pressures for those staff engaged in both accredited and one-off training courses. **Mechanisms to ensure staff meet their NISCC PRTL requirements:** The Trust's Staff Development Review Framework provides an organisational vehicle to deliver annual appraisal and Learning and Development reviews. On an annual basis with a mid-point review, staff and line manager identify how they will contribute to the Trust's strategic objectives as outlined in the Corporate Plan and the local Service and Team Plans including PRTL requirements for registrants. The Learning and Development Service provide bespoke supports to staff identified by NISCC for inclusion in their randomised audit of PRTL compliance. The opportunity to evidence compliance via the PiP Credit Accumulation route has been a welcome innovation reinforcing in a practical sense the value of engaging in accredited learning.
11.15	Identify key achievements or awards within the Trust which specifically support the delivery of the Learning and Improvement Strategy for Social Workers and Social Care Workers, 2019-2027 ***(Narrative)***

	The key achievement is that a Learning and Development Service that worked 'face to face' within a matter of weeks were providing virtual training. That adaptability resulted in a seamlessly and responsive service. The activity within the reports is comparable to other years.
11.16	Any activities to evaluate the impact of training on service delivery. There are references to evaluation throughout the report that refer to evaluating by seeking feedback from staff and managers plus looking at our outcomes. The following is just one explicit piece of work. **Development of Group Supervision** The Level 2 Practice Learning Opportunity (PLO) student cohort from across university sites (including QUB, UU and Belfast Met) commenced in August 2020; given the landscape of the Covid pandemic, the SW Learning and Development Service were keen to pilot group supervision sessions in order to: 1. Support students' learning during the Level 2 PLOs. 2. Provide a forum whereby students might benefit from a sense of student group cohesion. 3. Support Practice Teachers facilitating PLOs during a period of operational complexity and challenge. Key themes were identified for student learning across the range of PLO sites, and group supervision was subsequently planned, paced, and facilitated at appropriate intervals during the Level 2 PLOs. The objectives of this audit were: 1. To ascertain the benefits of group supervision facilitation for students during PLO in BHSCT Adult Services. 2. To ascertain the benefits of group supervision for Practice Teachers. 3. To ascertain if delivering group supervision on an online platform (Microsoft Teams) impacted on learning. 4. To identify potential gaps in the themes identified to underpin the group supervision sessions. 5. To ascertain if group supervision delivered by the Learning and Development Service should be agreed as an ongoing learning opportunity for students on PLO within BHSCT. Findings from returned questionnaires: - All identified an increased level of competence post group supervision session (100%) - All identified an increased level of confidence post group supervision session (100%) - In ALL responses, there was an increase of a minimum of 2 on the Likert Scale between pre and post course confidence and pre and post course confidence. - Conclusion from data generated from completed Likert Scale is that in all instances, students perceived that they had an increased confidence and competence.

	The Learning and Development Service facilitated the Student Group Supervision sessions for the duration of the Practice Learning Opportunity August-December 2020. It is noted that all respondents (students and practice teachers) identified the group supervision sessions as a valuable learning opportunity. **Key benefits:** - Student group identity/cohesion - Group supervision led by Learning and Development Coordinators with specialist knowledge of underpinning themes - Support for practice teachers working across a range of practice areas: identified that it was useful to have experienced facilitators for group supervision. - Practice teachers felt that group supervision enhanced student learning experience, and that the initiative was valued by both students and practice teachers. - Practice Teachers identified that it was beneficial to have approximately 1 week in 3 where supervision was delivered in a different format- they felt it added to the student experience as well as relieving them of the pressures of weekly supervision. - No additional themes were identified for inclusion in future group supervision The Learning and Development Service has coordinated group supervision sessions for students in January-May 2021, given the success of the pilot implemented August-December 2020. This initiative will be audited in June 2021, as this will ensure that the full annual PLO cohort (x 2 cohorts) is audited. This will inform continued delivery/changes to the programme. **Concluding Comments:** The impact of Covid has accelerated change within the Learning and Development Service. While there was progress adopting to virtual and e-learning however what occurred in 2020 was a tectonic shift. Indeed the space of change was so great that the Trust did not have the infrastructure to deliver virtual e learning or staff to access the resources. In a modern organisation staff need access to learning resources '*anywhere, anytime and from any device'.* A plan to introduce a Regional Learning Management System that has the capacity to provide e-learning, a depository for resources plus the capacity to manage the administration and recording function. At a micro level while the Learning and Development Team have developed new information technology skills however there still remains significant potential to develop these talents within the Team so that creative and innovative ways to learning.