

Note of the meeting from the Health Care Operational Group held on Tuesday 26 May 2009 at Forsyth House, Lomond Court, Castle Business Park, Stirling

## **Present**

Marie McArthur, (Chair), Stevenson College  
Patricia Currie, John Wheatley College  
Pam Dixon, Jewel & Esk College  
Anne Dunne, Ayr College  
Anne Baxter, Motherwell College  
Julie Baxter, Borders College  
Alistair Campbell, Cardonald College  
Jean McCall, Ayr College  
Anne-Marie Dempsey, Dundee College  
Liz Jamieson, NES  
Alyson Barrie, SQA  
Sybil Lang, Scotland's Colleges  
Jane Polglase, Scotland's Colleges  
Shena Mitchell, Scotland's Colleges

### **1. Welcome**

- 1.1 The Chair opened the meeting by welcoming everyone to the first meeting of the Health Sub-group (HSG).

### **2. Health Care Support Worker Consultation**

- 2.1 Liz Jamieson, Programme Director for NES gave a short presentation on the Health Care Support Worker (HCSW) Consultation Report. Liz gave a brief background to NES, which was formed in 2002 because many Health Boards in Scotland were running similar training programmes, but the information was not being shared. NES was trying to be pro-active in workforce development, and covered the whole workforce within the NHS. It was looking to achieve consistency across Scotland.
- 2.2 There were key challenges in the development of the Health Care Support Worker Education and Role Development. These included an ageing population and workforce, the shifting balance of care from institution to the community and the need for consistency across NHS Scotland. Qualifications were not always recognised between Health Boards. One of the key drivers therefore for had to be consistency.

- 2.3 The NES Guidance for the CHSW education and role development was to be published in June 09. UK-wide HCSW Regulations should be in place late 2009. An electronic resource – the HCSW toolkit - is currently in development and is expected to be ready by March 2010. This was aimed at Assistant Practitioner level.
- 2.4 Workforce planners were looking at data on the whole of the healthcare workforce in Scotland. The specific needs of Boards would be looked at next. Health Boards were also considering another option – re-deployment of current staff. It was obvious that training was the key and that colleges and Health Boards should be working closely together to deliver this. There would be similarities in workforce plans between Health Boards and the HSG would be crucial to identifying these similarities and supporting Scotland-wide solutions.

### 3. **Role of the Health Education Development Officer**

- 3.1 Sybil Lang gave a brief outline of the background to her position as the Health Education Development Officer, working for Scotland's Colleges to develop a range of new roles such as the Health Care Support Workers and Assistant Practitioners, who will help the NHS support patients more effectively and provide increased value for money, by freeing up those trained to higher levels to target their specialist skills where they are most needed.
- 3.2 The Scottish Funding Council provided funding with the strategy group, the Care Steering Group, overseeing activities. The aims of the project were to:
- Build on already established links between the college sector and NHS, Health and Social Care Sectors.
  - Ensure for learners, that flexible national programmes of education are in place across Scotland which allow the workforce to respond to changing service needs and continue to deliver high standards of patient and client care.
- 3.3 The Project Outcomes were:
- To develop a strategic plan, responsive to the needs of the health and allied sectors with realistic targets for activity
  - Project development guidelines and planning templates which build on and facilitate a coherent, consistent approach across the sector.
  - Authoritative information on current and future skills needs in health education with advice to colleges on how these might be met.
  - Development of resources which illustrate college contribution to health education and increased awareness amongst NHS and other key stakeholders.

- College representation, on key groups to ensure college representatives are fully briefed on their contribution to health care workforce and work streams development.

#### 4. **Update from SQA and NES**

- 4.1 Alyson Barrie, Project Development Officer, currently seconded to SQA from NES, gave an update on the NES/SQA Enhancing Access Project. The aim of the project was to support the further embedding of quality assured vocational learning within NHS Scotland through the promotion of nationally recognised programmes of learning.
- 4.2 The expected outputs included a qualifications map showing existing qualifications and potential progression routes for individual job groupings. The map would link the required skills in particular work areas with qualifications structures. A further output was the embedding of SCQF principles in learning design within NHS Scotland.
- 4.3 Key drivers for the NHS were
- building a Health Services which fits the future needs of Scotland;
  - pay modernisation and implementation of the Knowledge and Skills Framework;
  - Better Health Better Care
  - Learning to Care: Education of Health Professionals in Scotland
- 4.4 Three key areas could be identified where there were barriers to the uptake of vocational qualifications:
1. Qualification design – does the qualification meet the needs in local areas; can qualifications be matched to needs; core skills for administration and support workers
  2. Supporting delivery - finding the link between delivery and the NHS
  3. Do the right people in the NHS know what qualifications are available
- 4.5 A possible link between colleges and the NHS may be through in-house programmes. They require credit-rating. Colleges could be used as the credit-rater.
- 4.6 The group agreed that there was a need for qualifications to be flexible and national to allow transferability between qualifications and for employees the ability to take their qualifications with them if they moved to a different part of the country. This was an area the HSG would need to take forward.
- 4.7 The SQA Flexible Policy which covered reverse articulation was to be circulated to members of the HSG.

## 5. Local Initiatives

5. Anne Marie Dempsey of Dundee College gave a brief report on the work of Tayside Health Care Academy which started four years ago and involved the colleges in Tayside to deliver health care as part of NHS workforce planning. The programme worked with Jobcentre + and was offered to the long term unemployed. The first programme was for 6 weeks and all those who completed the course were guaranteed a job interview. The programme expanded to 20 weeks, with many successful candidates returning to top up their qualifications. The current, 36 week, programme was developed to allow articulation into HE – HNC or nursing.
- 5.2 Alistair Campbell of Cardonald College gave an update on the Strategic Alliance in the West of Scotland. Although the group had been in existence for five years progress was slow. Colleges were now hopeful of playing a bigger part in the group. Alistair agreed to report on progress to the next meeting.
- 5.3 Patricia Currie of John Wheatley College reported on a local community health care partnership in the East of Glasgow involving the college. This was a 12 week course, after which a job as a health care support worker was guaranteed. The initiative was aimed mainly at lone parents and the unemployed.
- 5.4 Other initiatives were the ScORE reference group, the ELRHAD Hub and the RRHEAL focus group, which was meeting on 10 June.

## 6. Remit

- 6.1 The group agreed that the remit of the HSG should be to:
  - Inform
  - Share
  - Build links with local partners
  - Feed back initiatives from all areas
  - Facilitate colleges to work closely together and share information
  - Support SQA and colleges
  - Help take strategies forward

## 7. Next meeting

- 7.1 As the next meeting of the Steering Group had been set for Wednesday 23 September the next meeting of the HSG would be Friday 11 September from 10am to 12 noon.