



Hounslow and Richmond
Community Healthcare
NHS Trust

Hounslow and Richmond Community Healthcare NHS Trust

Learning, Development and OD Strategy 2017–2019



Providing care and services that we and our families would want to use



Care
High quality, safe care
with compassion



Respect
Dignity and respect
to patients and colleagues



Communication
Listening and
communicating clearly

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Learning, Development and OD Strategy

2017–2019

Vision

The Learning, Development and OD Strategy aims to support Hounslow and Richmond Community Healthcare (HRCH) to attract, recruit, develop and retain a highly skilled and competent workforce that champions our values.

It supports the creation of a learning and research culture so that the organisation keeps itself up to date with academic and research developments informing innovation and improvement in care and delivery to benefit patients and staff.

This strategy sets out the Trust's priorities and how it will use its resources over the next 18 months to support learning, development and OD that will act as an enabler to delivery of the Trust's strategic objectives.



Context



The strategy sets out the current position for education, training, learning, development and organisational development (OD) at HRCH, the national and local drivers, exploring what the Trust needs to do to deliver its Journey to Outstanding and sets out what is required to achieve our vision of: *'enabling people to live a more independent and healthy life through high quality seamless care'*.

HRCH has an agreed Workforce Strategy 2014-2019; this Learning, Development and OD Strategy has been developed to align with this and to be incorporated into a revised Workforce Strategy to be developed in 2019.

The Trust values the importance of education, training, learning and development both to develop its own workforce to support the delivery of high quality care and to help in achieving its strategic objectives.

HRCH has an excellent reputation for supporting the development, education and training of its people, as identified in recent staff survey findings, and understands the role this can play in retaining high quality staff.

We aspire to providing a variety of learning and development opportunities that support formal education, internal training courses and on-the-job development, while providing a good return on investment, ensuring all employees have opportunities to realise their full potential.

HRCH needs a focused strategy to guide the development of its education, training and development activity over the immediate and longer term future, and to make considered decisions on where we want to focus, given local and national drivers and changes.

Local and national drivers that influence the need for a clear strategy include the Five Year Forward View

- increasing need for mental health and learning disability services,
- an aging population,
- the desire for more care closer to home,
- the development and progression of Sustainability and Transformation Plans,
- the need for health and social care to work better together, to improve co-ordinated care and health outcomes
- the need to build and enhance use of digital technology and approaches,
- the desire to encourage and promote prevention strategies;

plus

- the implementation of the apprenticeship levy,
- the changes to HEE commissioning including reduced funding and the emphasis on integrated working models, and supporting development of accountable care systems
- Local transformation programme requirements

In developing this strategy a SWOT analysis was carried out involving key stakeholders. This analysis has informed the content of this strategy.

The previous OD strategy supported the launch of the HRCH Values, but there remains more work to be done on these to fully embed the values in all that we do.

The delivery of OD to support culture change and transformation of services across the Trust could be enhanced through closer collaboration with the transformation team, upskilling the workforce team and managers, and the buying in of appropriate resources when required.



Our delivery and compliance of Statutory and Mandatory training is consistently within the 85% target, but we need to look to more mobile technology to reduce the financial burden and the abstraction of staff from clinical services for face to face delivery. We have a good provision of clinical skills development, and have recently employed a first cohort of apprentices in preparation for the levy.

We have developed and delivered our Management Essentials training programme, however we need to ensure that management and leadership development supports a highly skilled team from 'ward to Board'.

The Trust should develop talent management processes and further develop a suite of interventions to support this, thereby ensuring we are fit for the future and can be confident in our aim to be well led.

Evaluation work was carried out in 2016-17 related to the delivery of Statutory and Mandatory (StaM) obligations. A governance process was agreed which supports an annual review of requirements, delivery, compliance and recommendations for change.

This will continue and will provide a platform for ensuring that HRCH is able to demonstrate that it meets any statutory obligations, such as that set out in the Core Skills Training Framework, and also delivers this in line with 'Streamlining' principles.

The need for a more collaborative and coherent approach to clinical education and development has become apparent, but it is important to note that there is some excellent work carried out in the services to support and develop both newly qualified and more experienced staff.

This work is supported by a number of resources such as the Head of Professional Practice, the Professional Education Lead, the Practice Educators and the AHP Project Lead.

Furthermore, it is clear from our published documents (WRES/PSED/ Equality & Diversity plan) and staff feedback that we need to be more equitable with the initiatives and interventions we offer across the whole trust.

This includes, but is not limited to, positive action with a view to increasing BAME access to career development and promotion readiness. We need a similar approach for our workforce at Bands 2, 3 and 4, including development opportunities that are open to them.

Our CQC report and subsequent Journey to Outstanding highlight the need for specific, targeted interventions. Trust performance reports highlight vacancies, retention and engagement scores that all provide an opportunity for prioritised training and development.

Delivery of this strategy will be monitored through the Workforce and Education Committee.

Analysis

The current education, training and development position comprises the following:

Essential training

Induction, statutory and mandatory and essential training, development and progression / increased use of e-learning, reporting and compliance.

Organisational development activities

Embedding our values, teambuilding activities, supporting organisation change, the J2O plan, organisational design / development activities, such as transformation related work and that which will require change as a result of delivery of locality working, accountable care systems and more collaborative working with our partners.

Clinical skills development

Increasing core skills, developing extended / advanced skills, formal education modules and courses (DN / HV training), practice development (including medical, nursing, therapies and allied healthcare professions).

We need to grow our capacity for supporting Return to Practice, Advanced Clinical Practice and other programmes such as Capital Nurse and Nurse First programmes; also to consider alternative models to include Nurse Associates, Assistant Practitioners and Physician Associates

Future fit skills

Developing our skills and new roles for the future to be fit for multi/interdisciplinary, multi-agency and STP partnership working, building commercial skills plus advancing the use of digital technology.

Leadership and talent development

Management Essentials programme already running, but potentially aligning this with the apprenticeship offering and seeking accreditation

Further developing a Senior Leadership programme, targeting support for NHS Leadership Academy interventions and courses such as the Florence Nightingale, the Mary Seacole and the Nye Bevan courses, Executive and Board development programmes, the Leader's forum, lunch and learn sessions, masterclasses, action learning sets, coaching and mentoring schemes.

We could better use the resources available through the NHS Leadership Academy and the NHS Leadership toolkit, and be more direct with how we wish to support the formal training programmes offered through the NHS Leadership Academy.

More diverse use of shadowing, secondment and project opportunities should also be promoted to optimise talent development.

Skills for work and life, and support for the non-registered workforce Apprenticeships, care certificate, functional skills development, work placement programmes, Bands 2-4 development, customer service training, working towards accredited qualifications, IT training on systems and general improved IT capability.

The apprenticeship programmes offers much in the way of developing these skills, but may not suit everyone or all needs, for example the need to develop minute taking skills for the new Primary Care Co-ordinators service, any customer service skills required; delivery of the Care Certificate needs to continue but should have a robust monitoring process for completion developed.

CPD and medical and professional development

Attendance at conferences, discipline specific training e.g. accountancy / HR; these are dealt with via ad hoc applications to the training panel or funded within services. With a small number of medical workforce in the trust we have been able to support all requests for development that have been submitted through the training panel.

Training needs alignment

An improved system for capturing training needs and ensuring these are aligned to annual performance review should be developed. During annual performance review managers should consider a range of development interventions, such as in-house mentoring / coaching, specific project work, secondments etc.

The above is against a background of reducing budgets allocated from HEE, and the planned changes on bursaries and salary support, but also a steady compliance overall on StaM subjects.

Funding

The Trust spent in excess of £750,000 on training (and associated training costs) in 2016/17, this includes funding from Health Education England and Trust supported budget, managed within Workforce. There is some expenditure in the services, but little specific budget apportioned for this purpose.

HEE apply budgets in a variety of ways and for a number of factors, such as University Commissioned places, Salary supported placements, Preceptorship, Student Placement fees and a small budget for medical staff groups training.

There are some restrictions on the funding from HEE, and the budgets applied are not known in advance, but are based on establishment numbers and historical data. There are often opportunities to bid for additional monies from HEE.

The central budgets accounts for approximately half of the spend across the trust, and includes approximately £80,000 for CPD, £100,000 for StaM and trust wide training, and the HEE budget.

Salary support budget is allocated by bidding and recruiting accordingly, and there is little flexibility in this funding stream. The remainder is spent against divisional/service budgets and is not presently well captured except by spend.

A review of expenditure against capacity and demand for StaM will be completed as part of the agreed annual review of StaM, ensuring that delivery is consistent, efficient and fit for purpose. This will include a review of online learning and any licences associated with training delivery.

Funding received from HEE is well controlled and accounted for, but needs to be planned earlier in the preceding year and aligned with strategic objectives.

If services are to allocate a small budget for training, this will need to be worked through collaboratively with finance and L & D colleagues, so that there is some guidance around what this can be used for and how it will be accounted for and reported on. Currently around a half of the expenditure is within services.

This amounts to around £150,000, but in some divisions this is offset against under spend. A review of training budget cost centres actual and spent amounts with finance (outside of the central budgets held) is proposed to inform decisions on future budget allocation for 2018-19.

Excluding that which is provided by HEE for student support (salary support / preceptorship / placement fees) and the budget used for university commissions, it is estimated that the Trust should allocate £350,000 for training to simply meet the traditional need.

However, to support further OD and research activities, and Leadership and Board development as noted below, it is estimated that a protected budget of £500,000 would be required.



Organisational development

When the Trust values of Care, Communication and Respect were developed, there was an implementation programme that received finite funding. There is no specific on-going funding for OD interventions, but there is further work that needs to be carried out in regards to embedding the values and defining our culture to support the Journey to Outstanding programme.



Care

HIGH QUALITY SAFE CARE WITH COMPASSION



Respect

DIGNITY AND RESPECT TO PATIENTS AND COLLEAGUES



Communication

LISTENING AND COMMUNICATING CLEARLY

To further embed our values and support the equality, diversity and inclusion agenda further work needs to be developed on enhancing values based recruitment (VBR). Unconscious Bias training has been procured and will be delivered this year.

An evaluation of the effectiveness of this, and any resulting concerns arising from the training will be used to inform further interventions specific to Equality, Diversity and Inclusion but with a focus on further developing VBR in 2018-19.

Requests for OD interventions submitted to the Workforce team, include support for ad hoc team building events, but also for OD plans; these generally arise from an organisational change processes. Awareness of change processes and interventions has been built into the Management Essentials programme which is helping to deliver advanced knowledge and skills.

Closer alignment with the Transformation Team would facilitate more informed needs for OD interventions, but recent requests for support in this area are related to training or development interventions that are, or can be addressed in a way that would perhaps benefit from a 'preferred supplier list' rather than one identified person, whose skills and availability may be limited or not appropriate for all the circumstances.

There is custom and practise in the Trust to buy in external resource for 'OD' interventions. These do not always come through the Learning and Development team. This provides no real information or analysis on the need, or the return on investment, and needs addressing for the future.

Where there are interventions identified with a clear need, these could be addressed by reviewing the capacity of, and up-skilling the Workforce team, and for more in-depth requirements, by having a preferred supplier list developed through an appropriate tendering process.

A process for accessing this would need to be developed and managed through the Learning and Development team.

Alternatively, or additionally further management training should be provided to enhance the understanding of, and build capability and competence, in the wider managerial workforce, and promoting the tools and resources available through the NHS Leadership Academy.

The first port of call for OD interventions should be through the HRBPs, AD Workforce and / or the transformation team, working closely with the Learning and Development team. Specific OD skills to inform appropriate interventions need to be developed the in Workforce team in the first instance.

In order to support our desire to have an outstanding, well led leadership team there is a requirement to develop a clear Quality Improvement approach, knowledge and skills – options and costings for this will need to be researched in the next financial year.

Clinical skills development

The Trust has a number of staff supporting clinical development who sit in separate departments. There is a lot of good work that happens in the Trust, some of which is nationally recognised; for example, the delivery of the Care Certificate in collaboration with two other London Trusts has supported the advancement in skills and personal development for some of our unregistered workforce.

We have many mentors and clinical staff that support students; however this offering is not seen as 'joined up' within the Trust. To move this agenda forward senior nursing and clinical staff have recently been working collaboratively to ensure this is addressed and with the intention of developing a non-medical workforce plan that sets out the recruitment and development intentions and activities for the future.

Recent organisational change at senior management level has brought most of the staff working in practice development together. This should ensure that the identification of needs and interventions for our non-medical workforce is better planned and aligned in the future. This should lead to a more effective process for commissioning formal courses and modules with the HEE funding allocated for this purpose.

The Trust medical workforce will be supported in their development aligned to their contractual entitlements. Specifically, this means that there should be an allocated budget provision and allowance for CPD time built into their job plans.

Historically, there has been a relatively low level of development requested by the medical workforce, with any requests generally being supported.





However this should be formalised through the job plan and provision of an individual or group budget authorised by the relevant service lead and with support of the Medical Director.

To fulfil the Trust desire to develop its research capability and thereby support and encourage innovation in clinical practice it will, through an appointed R & D lead, liaise with NIHR and engage in joint appointments with a dedicated university and provide appropriate support and oversight research projects that are informed by the national picture and enable our patients to have access to the latest developments.

To fully support R & D and innovative practice, widening and funding access to library services needs consideration. This may include an extended version of clinicalskills.net where it is evidenced that this would be an effective use of financial resources.

Leadership and talent development

The Trust aims to achieve 'Outstanding' in the Well Led domain.

In 2015 the Trust developed its own in-house 'Management Essentials' programme. This was initially well attended by open application from staff that had responsibility for managing others.

There have been five cohorts to date, the last of which is due to finish in January 2018. This programme has been evaluated and adapted, but there are further improvements that could be made, eg, specific requests for developing commercial awareness have been received and will be looked into during 2018-19.



The Workforce team have received requests for developing a Senior Leaders programme, which could be considered as part of a leadership at all levels pathway, eg, with management essentials aimed at level 1-2 and senior/established leaders programme at level 3-4 but will require specific resourcing and design and procurement time factored in. There is potential to collaborate with neighbouring trusts on this piece of work.

Training providers appointed as part of the apprenticeship procurement are able to offer accredited programmes in Team Leading and Leadership and Management. The Trust will consider appropriate applications for these programmes in line with the workforce plan for utilising the apprenticeship levy.

The NHS Leadership Academy provides many resources that can be used or commissioned. The Learning and Development team will conduct a review of the resources and tools available through the Leadership Academy and promoted on NHS Employers.

There will be a communications exercise to promote these resources and tools, and to highlight the interaction with the Learning and Development team to ensure these are used effectively and in conjunction with other interventions and aligned to the Trust strategic direction and objectives.

There are a number of formal programmes offered by the NHS Leadership Academy such as the Edward Jenner, the Nye Bevan and the Florence Nightingale. The Learning and Development team will identify how these can be woven into strategic objectives and priorities, such as the Journey to Outstanding.

They will promote these in a systematic way to ensure there is fair distribution and support, accurate recording and workforce intelligence available that informs any talent management process.

Executive and Board development has had some input in the last few years. In order to promote and support the Journey to Outstanding and particularly the Well Led agenda it is vital to continue the development of both existing and new Board members.

The recent focus for the Executive team has been to co-create a development programme with an external body. We are currently working with the NHS Leadership Academy to take this forward, and develop a suitable programme.

Coaching, mentoring and action learning sets have historically been requested or sourced in a variety of ways. Some departments use the resources available through the NHS Leadership Academy, but there is only local knowledge on this and no reporting in terms of its effectiveness.

The Trust will look to develop schemes that support each of these interventions in a more systematic and planned way; this would require upskilling of current managers and the workforce team, and an individual identified to administer this.

This would also support the Journey to Outstanding, the desire to be Well Led and could enhance the demonstration of the Trust values, plus inform, or be an intervention to support talent management.

Training panel

In the last year the Trust introduced the training panel. This was a systematic, open and transparent way of ensuring a more robust, equitable process for allocation of training funds, plus also provided a retention tie-in, and a check on StaM compliance.

This is in line with many other trusts and is overseen by a multidisciplinary panel including staff side. In the main, the majority of requests indicate the request supports mandatory or essential and 100% funding.

The training panel currently considers requests against the following criteria:

- Does it meet /support Trust strategic objectives and is it on the annual training plan?
- Is the funding fairly distributed across services, staff groups and bandings?
- Is it an effective use of the funds, ie, how many people will benefit from it, how will it be consolidated in the workplace and is there an alternative option?
- Has the individual had any other financial support for training previously?
- Is the individual up to date with Statutory and Mandatory compliance?

This year we are developing a mechanism for evaluating return on investment, and also improving the information available to the training panel and gathered to enhance reporting in the annual WRES data. This in turn would support a more systematic review of development opportunities for BAME staff.



Apprenticeships

Apprenticeships under the 'levy' arrangement commenced in April 2017. For HRCH this equates to an approximate annual levy of £250,000.

An initial procurement process for training providers was completed to deliver on the following disciplines:

- Healthcare Support Worker at two levels
- Assistant Practitioner
- Business & Administration
- Leadership and Management
- Professional disciplines such as Finance, IT and HR.

Through previous events and promotions, a fair amount of interest has been generated in apprenticeship schemes; we will continue to promote these as an option for both recruitment, and internal training / development, and considering these as an alternative for some requests that are submitted through the panel.

As the apprentice programmes develop and grow we will need to carry out further procurement exercises to ensure that we are well positioned to use the levy to grow our clinical workforce and support programmes such as the nursing degree apprenticeship once this is established.

Apprentices must have a real job and are required to have a protected 20% of time off the job training. NHS Employers recommend that apprentices are paid in line with Annex U / 24 of Agenda for Change, which is 60-75% of the bottom of the band for the job.

Apprenticeships can be offered to both external recruits and substantive staff for their development. Substantive staff will remain on their current terms and conditions but require the same protected time and support as apprenticeship recruits.

Initial discussions with service leads have been had to identify where apprentices will fit within the workforce model, and the first apprentice under the levy arrangements has been appointed in IT.

Management of this fund and the overall apprentice programme will increase and a specific resource will be required to oversee all elements of its apprenticeship programme.

The levy fund is equivalent to around a third of our current expenditure on training. It is therefore vital that this fund is managed well and that staff are informed and supported through these programmes.

We need to ensure that apprenticeship programmes are an integral part of the workforce planning process and that managers are well informed and supported to enable apprentices to reach their potential.

Public sector bodies in England are expected to grow their apprentice workforce to around 20%. HRCH currently has five apprentices, with only one through the levy scheme.

Their progress and development is managed day to day by their mentor / line manager, and overall by the Learning and Development Advisor. As our apprentice workforce grows, this level of oversight will need to be supported by a specific resource, rather than as an addition to an already busy role. This will be built into the budget setting process.

In the first year, and while the majority of clinical apprenticeships are being developed and trialled, the focus for this workforce will be a balance between using the fund to develop our existing staff, including HCSW, and recruiting apprentices to fill business admin, IT and other support function vacancies, as well as looking to recruit to Associate Practitioner posts. Thereafter, the offering for clinical apprentices will be embedded in the non-medical workforce strategy.

Alignment

The Learning, Development and OD Strategy has been developed to align with the Workforce Strategy, which was developed in 2015 to run through to 2019. The workforce strategy was reviewed in 2016 and 2017, and annual plans for workforce deliverables were drawn up.

Plans are live and reviewed each year and updated –in 2017-18 specific plans to address staff engagement and wellbeing were drawn up to support the delivery of some of the strands of the workforce strategy. There are six strands to the workforce strategy and these underpin the Trust strategic objectives.

The Learning, Development and OD Strategy will support delivery of the Workforce Strategy and the People strategic objective, to recruit and retain a highly skilled and competent workforce that champions our values.





Next steps for 2017-19

To publish and implement the Learning, Development and OD Strategy as documented here.

Risks

The risks associated with this strategy are as follows:

- i) Training expenditure could increase if all elements of this strategy are implemented
- ii) The perception of staff in regards to support they receive for training may change
- iii) Insufficient planning and/or commitment in regards to apprenticeship numbers may undermine full use of the levy and achievement of expected numbers

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