

Public Board Meeting – 26th November 2008

Title of Report:	Learning & Development Strategy 2008-2010 and Action Plan
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Presented by :	Karen Shewan
Recommendations :	For information and comment
Summary of Report, Content and Purpose:	<p>Following on from the discussions at the October Board meeting re the application to become a Teaching PCT, it is considered timely to provide the Board with an update and overview of current learning and development work within the organisation.</p> <p>The Learning & Development Strategy provides a broad outline of the proposed direction for staff development over the next 2-3 years. It refers to the growing evidence base linking effective training and appraisal to positive patient and staff outcomes.</p> <p>Some key areas considered in the strategy are:</p> <ul style="list-style-type: none">• Identifying learning needs via appraisal and KSF development review• Promoting innovative methods of learning & development• Developing capacity for teaching & learning.• Supporting and developing competent & safe practice• Supporting evidence-based practice• Providing mandatory and induction training• Implementing Skills Pledge and skills escalator• Developing leadership and management capability <p>The Learning & Development Steering Group are developing a detailed action plan to facilitate implementation and monitoring of the strategy. A copy of the action plan is included, although this is a working document and there are still some gaps in it.</p>

View of the Professional Executive Committee

N/A

View of patients, carers or the public, and the extent of their involvement

N/A

Resource/Legal Implications:

Most of the work cited is already planned or happening within current resources. The Senior Management Development Programme was funded from last financial year resources. The resources for the Teaching PCT have been included in forward financial plans. A small amount of additional funding may be required next financial year for junior manager development.

Outcome :

Implementation of the strategy will contribute to a motivated and competent workforce who are supported to develop personally and professionally. This in turn will contribute to evidence based practice and better quality services for patients.

Equality Impact Assessment [EIA] :

Indicate how the outcome of the EIA has influenced the development of the content and recommended outcomes in this report

The EIA indicates that the strategy will improve equality of access to learning & development opportunities for PCT employed staff. The use of appraisal and KSF development review is the main method of identification of learning and development needs, and equality & diversity is a core dimension of KSF, so the strategy will contribute to implementation of the Equality & Diversity Strategy.

Impact on Health Inequalities

A well trained workforce using evidence based practice will be better equipped to improve health across Bolton.

Clinical Quality Implications:

There is growing research evidence to link staff appraisal, training and development with improved quality of care and clinical outcomes for patients.

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Last updated: 3rd November 2008

<u>1. Identifying learning needs</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Implement KSF and e-KSF	See separate KSF Action Plan being monitored and reviewed by AfC/KSF Steering Group	AfC & KSF Steering Group	See separate KSF Action Plan being monitored and reviewed by AfC/KSF Steering Group	Ongoing
Ensure all staff on AfC have an annual appraisal, KSF development review and a PDP	<ul style="list-style-type: none"> • Review results from 07/08 Staff Survey re appraisals etc • Develop KSF policy • Brief staff on new process • Provide training on appraisal & KSF development review and e-KSF • Monitor on e-KSF • Audit appraisal system in November 2008 • Cascade corporate objectives from April each year 	KS (AD AHPs/ L&D) VL (L&D Co-ordinator)	<ul style="list-style-type: none"> • KSF policy finalised and on website • Staff briefings carried out during May & June • KSF & portfolio workshops updated in line with new process and guidelines • New appraisal soft skills workshop developed + staff to be trained to deliver these workshops during Jan-April 09 • E-KSF workshops commenced Oct 09 	New processes to be in place by April 2009
Review appraisal documentation	<ul style="list-style-type: none"> • Review documentation, revise and simplify • Place new guidelines on website 	KS	<ul style="list-style-type: none"> • Completed 	Completed May 2008
Implement appraisal and PDP systems for medical & dental staff	<ul style="list-style-type: none"> • Agree new documentation for all medical and dental staff • Place new documentation on website • Provide appraisal skills training for medical & dental staff • Monitor 	JP (Medical staff education lead) & AT (GP Clinical Lead)	<ul style="list-style-type: none"> • Guidelines and documents approved • Sent to website for publication • Appraiser training planned for Sept. 08 • Appraisee training TBA • Monitoring TBA 	April 2009
Develop a procedure for identification, collation and assessment of training needs for both maintenance of existing services and development of new ones . Establish method to communicate learning needs to the L&D Department	<ul style="list-style-type: none"> • Ensure all staff PDPs sent manually to L&D Dept. or entered onto eKSF • Separate proforma for IT training needs to be produced – to be sent to IT Dept. • Agree system with managers for identifying training needs and costs when new services are established. • Establish process whereby managers carry out annual training needs analysis for their staff 	VL AM (IT Training manager) KS	<ul style="list-style-type: none"> • Some PDPs being returned • New corporate induction system implemented and IT Dept. are carrying out diagnostic assessment of IT skills for new staff. LLN skills also being assessed at induction. 	April 2009 March 2010

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<u>2. Protected learning time</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Ensure all staff have access to appropriate and equitable protected learning time	<ul style="list-style-type: none"> Establish working group Draft proposals for discussion with staff side and managers Proposals to management team and SOF etc Disseminate and implement Audit 	KS ID (AD HR) With support from VL, JY (Nurse Development Mgr) and TS (Rehab. Services Mgr.)	Work not yet started	March 2010
<u>3. Improving access to learning resources and promotion of e-learning</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Implement programme of e-learning in the Trust	TBC	AM & TM (Head of IG)	TBC	TBC
<u>4. Developing capacity for teaching and learning</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Develop mentoring and coaching skills in the PCT	<ul style="list-style-type: none"> Commission training for staff Promote the NW mentoring network Establish a data base on the website (similar to the clinical supervision register) 	KS	<ul style="list-style-type: none"> Informal ad hoc mentoring happening 4 senior managers trained in foundation coaching skills via NHS NW No in-house training planned yet 	March 2010
Develop teaching and facilitation skills of key staff	<ul style="list-style-type: none"> Develop and offer training sessions for staff Monitor uptake 	AM & TM	<ul style="list-style-type: none"> 'Train the trainer' sessions commenced Oct.08 	
Review & promote the role of Union Learning Reps	<ul style="list-style-type: none"> Meet with ULRs to agree action plan Bring back to this group 	KS & VL & ULRs	<ul style="list-style-type: none"> Meeting held August 2008 To produce annual report for L&D Steering Group 	October 2009
Review the role of the Practice Educator/Placement Co-ordinator	<ul style="list-style-type: none"> Review current job description compared to NHS NW job description, and link to delivery of future Learning Agreement with NHS NW Revise job description + agree action plan 	VL & KS	<ul style="list-style-type: none"> Meeting held August 2008 Revised job description and role agreed 	Completed

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<u>8. Supporting & developing competent and safe practice</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Nurses AHPs & HCSs	Develop system for Professional Leads to identify and collate common core uniprofessional training needs across profession.	JY & HC (AD Nursing) KS		
Medical Staff	Identify and commission common training needs for medical staff	JP		
<u>9. Supporting evidence based practice, audit & research</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
TBC	TBC	AC (CG Manager)		
<u>10. Mandatory, statutory & induction training</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Ensure training is provided to appropriate staff, at appropriate intervals. Ensure robust monitoring of training at departmental and corporate levels	<ul style="list-style-type: none"> • Review policy and define appropriate training and frequency, for different staff groups • Develop new policy • Implement • Provide regular monitoring reports 	VL KS	<ul style="list-style-type: none"> • Mandatory training updates revised to new '4 in 1' • Corporate induction programme revised • Review of policy in progress 	Completed Completed December 2008

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<u>11. Skills escalator, skills for life and work (LLN), NVQs etc</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Sign up to and implement Skills Pledge	<ul style="list-style-type: none"> • Briefing paper to Management Team & Staff Side • Chief Executive to sign Skills Pledge • Carry out baseline audit of current qualifications in band 1-4 staff • Produce strategy and action plan 	KS & VL	First two actions completed	September 2009
<u>12. Leadership and management development</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Commission and deliver senior management development programme	<ul style="list-style-type: none"> • Agree specification • Put out to tender • Award contract • Work with provider to deliver programme • Evaluate 	KS	<ul style="list-style-type: none"> • Contract awarded to joint University of Bolton & Sheffield Hallam University • First cohort commenced April 2008 • Second cohort commenced September 2008 • Recruitment to final cohort (January 2009) underway 	March 2010
Develop first line/junior manager development programme	<ul style="list-style-type: none"> • Establish working group • Develop options for programme • Identify financial resources • Proposals to managers 	KS TS TM	First meeting of working group held in June 2008. Further work currently on hold.	Aim to offer programme September 2009
Develop process for talent spotting and succession planning	<ul style="list-style-type: none"> • Attend NHS NW Leadership Academy briefing to gain understanding of NW framework • Discuss at Primary Care Provision Meeting and L&D Steering Group • Develop proposals 	KS & ID	<ul style="list-style-type: none"> • NHS NW Leadership Academy briefing attended 	September 2009
Develop capacity within the organisation for personal and team leadership development	<ul style="list-style-type: none"> • Support 8-10 staff to become LQF 360 Facilitators • Support 3-4 staff to be trained as MBTI Facilitators • Support 2-3 staff to be trained in team development skills such as ATPI tool 	KS ID VL	<ul style="list-style-type: none"> • 4 staff trained as LQF 360 Facilitators • 2 staff qualified as MBTI Facilitators • 2 staff member trained as ATPI Facilitators 	March 2010

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<u>13. Quality & service improvement skills</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Develop quality improvement (QI) capability of PCT staff through the Enabling Quality Improvement Programme (EQuIP)	<ul style="list-style-type: none"> • Agree resources to support delivery Identify and negotiate organisations to underpin EQuIP with (academic where possible) knowledge and accreditation • Plan roll out staged over 2 years 2008-2010 Develop database to track level of knowledge and skills and link to Electronic Staff Record as ESR is developed • Maximise opportunities for staff to develop improvement knowledge and skills through various routes 	EB (AD Quality Improv.) SJ (AD Quality Improv.I)	<ul style="list-style-type: none"> • Pilot NVQ for Band 2-4 staff late 2008-2009 • Further exploration with LA of joint opportunities for QI training • 14% provider staff are at EQuIP participant level already • Work with PBR leads underway to identify QI needs and develop delivery programme • Three senior managers / lead clinicians and Executive Lead attending 8 day Executive Patient Safety Officer Training course in USA, Sept 08. 	
Engage as many PCT staff in direct quality improvement events as possible	<p>Support and deliver three main QI Provider programmes during 2008-09:</p> <ul style="list-style-type: none"> • Productive Community Hospitals • Patient Safety Collaborative and Safer Clinical Systems Programme • Quality Collaborative for Primary Care Division <p>Implement IHI Triple Aim programme Support sustained improvement amongst 2007-08 priority areas</p> <p>Respond to ad hoc request for improvement support, and teams applying to participate in planned Quality Improvement sessions.</p> <p>Align workforce planning wit quality improvement form the outset and enhance the skills of managers to undertake rigorous workforce planning.</p>	EB SJ EB SJ AC (Workforce Info & Planning Mgr)	<ul style="list-style-type: none"> • Planning and preparation underway for all three programmes: • Productive Community Hospitals – commence Sept 08 • Patient Safety Collaborative and Safer Clinical Systems Programme – commence autumn 08 • Quality Collaborative for Primary Care Division – commence Sept 08 • Steering Board and Working Group in place, aims and objectives aligned with strategic planning for PCT and pilot implementation underway in Farnworth 	

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<u>14. Equality & diversity</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Ensure access to education & training is available on equitable and flexible basis to all staff groups in accordance with need, as identified in KSF and PDP. Ensure there is no discrimination based on hours of work, gender, age, disability, sexual orientation, religion or race.	<ul style="list-style-type: none"> • Develop L&D resources on website • Provide mandatory training as flexibly as possible 	VL	<ul style="list-style-type: none"> • All in house training is now advertised on the Trust website and all staff are able to apply and attend courses. • All staff are able to apply for funding for external courses as identified during the appraisal/development review process, in accordance with the external study leave policy. 	March 2010
Ensure E&D awareness training available for all staff, at appropriate levels	<ul style="list-style-type: none"> • Develop proposals for E&D training • Identify funding to deliver training 	AH (Consultant Public Health) SA (E&D Manager)		
<u>15. Teaching PCT</u>	Action Required	Responsibility / Lead Person	Progress	Expected Completion Date
Apply to Department of Health to become a Teaching PCT	<ul style="list-style-type: none"> • Develop draft application for Management Team approval • Circulate for consultation • Submit for Board approval • Submit to NHS NW • Submit to DH 	KS	<ul style="list-style-type: none"> • First draft submitted to MT Sept08 • Final draft approved by Board Oct.08 • Final draft sent to Partners Nov.08 	November 2008

Learning & Development Strategy 2008-2010

V1.0

April 2008

Document control

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V0.2	15/06/07	Primary Care Provision Management Team & Anne Talbot
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V0.3	06/07/07	BPCT Policy Approval Circulation Group
V0.3	06/07/07	AHP Network
V0.3	06/07/07	Professional Leads Forum
V0.3	27/07/07	Service Provision Clinical Executive Committee
V0.3	31/08/07	Local (Medical & Dental) Negotiating Committee

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1.0 Key summary points of the strategy

1.1 Learning and development needs to be an integral part of our practice and culture. It should be available to all, flexible to suit different learning styles and work patterns. It should meet the needs of the individual, the team and the organisation, both now and in the future. It must be linked to improvements in the quality of services.

1.2 An annual appraisal and for staff on Agenda for Change (AfC) contracts, a Knowledge and Skills Framework (KSF) development review, is central to the strategy. This will be facilitated by trained appraisers, and will result in the production of a personal development plan (PDP). The process and paperwork used must be fit for purpose and user friendly.

1.3 The implementation of e-KSF, linked to an effective learning management system, will enable learning needs to be collated by the Learning & Development Department. It will enable monitoring and reporting of appraisal, KSF development reviews and training.

1.4 Every member of staff requires a set of core skills and competencies to enable them to carry out their job. For staff on AfC contracts the KSF will be used to ensure our staff gain and apply these skills and develop specialist skills as required for the service. Basic skills in literacy, numeracy and ICT are essential. A commitment to the Skills Pledge will support all the workforce to gain a recognised minimum qualification at Level 2.

1.5 Protected learning time and resources must be supported, to ensure people have the opportunity to flexibly develop their skills and knowledge. A variety of learning methods will be promoted, including work-based learning, and e-learning. Access to a comprehensive library and knowledge services is essential.

1.6 Multi-professional and team learning should be encouraged, including peer support frameworks. The promotion of mentoring and coaching skills for managers and staff in positions of leadership will help to support the development of others.

1.7 It is essential that relevant mandatory, statutory, corporate and induction training is provided for all Trust employees.

1.8 To meet the PCT's future needs, we must develop our teaching and training capacity. There must be strong links between education, training and development, career progression and reward for all staff. Funding for learning and development should be factored into any business cases or tenders for new service developments, and any services transferred from acute to primary care. External sources of funding should be sought wherever available.

1.9 Management and leadership development are key to the continuing success of the organisation.

2.0 Introduction

The Primary Care Provision Directorate of Bolton Primary Care Trust (PCT) aims to provide safe, effective patient centred services. Staff represent our largest investment in provision of services and they constitute the most important resource in improving those services.

Research shows that:

'...managing training and development effectively will result in improved performance and a competitive advantage over other organisations. This is believed to be largely due to the fact that by training and development, people become the organisation's most valuable strategic asset.'
HR High Impact Changes: An evidence based resource (DH2006a)

The recent report from the National Director for Widening Participation in Learning made the following important point in relation to learning and development:

'Healthcare is quintessentially a business concerned with the development and effective application of knowledge for the purposes of improving health and limiting suffering. Hence, learning for staff at all levels should sit at the very heart of all of its plans and operations.'
Learning for a Change in Healthcare (DH 2006b)

In support of this, there is a growing body of evidence in the UK and the USA that has linked good people management with positive patient and staff outcomes (West et al 2005, West 2002, West & Patterson 1999, Husselid 1995). These include lower mortality rates, increased quality of care, reduced absenteeism and increased job satisfaction. Effective appraisal procedures and effective training were cited as particularly important factors in attaining these outcomes, thus impacting upon performance.

What are the characteristics of a successful learning organisation?

The Department of Health (DH) has given NHS organisations a clear vision to aim for, as outlined in the following characteristics of a learning organisation:

- *A coherent, well resourced learning strategy*
- *A system of appraisal and personal development planning for all staff - linked to organisational and individual needs, regularly reviewed.*
- *Demonstration that education and training, and access to learning and library resources, is available on an equitable, non discriminatory and increasingly flexible basis to all staff groups.*

- *Provision of a learning infrastructure that is accessible in terms of time and location - with adequate space within the workplace for study and sharing of knowledge with others, access to personal computers with facilities for web browsing and internet access. Increasingly, the learning infrastructure should be provided and supported on a shared basis with other NHS organisations and social services.*
- *Holding 'practice' stage of Improving Working Lives (IWL) accreditation and Investors in People (IIP) status.*
- *Demonstration of strong links between education, training and development, career progression and reward for all staff*
- *Use of a variety of development methods - coaching on the job, mentorship, learning sets, job rotation, secondments, project work, sabbaticals, as well as formal education and training - aimed at enabling staff to progress their careers and build on their skills and expertise.*
- *Regular publication, evaluation and monitoring of learning activity*

*Working Together – Learning Together:
A Framework for Lifelong Learning for the NHS (DH 2001)*

Some excellent progress has been made over the past few years, to develop as a learning organisation. This strategy builds upon this work and sets out the broad approach for the next 2-3 years, for developing learning, education and training to support professional development, service improvement and ultimately the quality of patient care.

At this stage it may be helpful to clarify our working definitions and understanding of what we mean by these terms:

Training is the process of changing the skills, attitudes and knowledge of employees with the purpose of improving their level of competence (Heery & Noon 2002)

Development is the system of providing opportunities for employees within an organisation to reach their full potential (through improving skills and competency) and become of greater value to the organisation. Typically employment development incorporates three sets of activities: training, management development, and career management (Heery & Noon 2001)

To ensure the effectiveness of training, it should never be seen as an isolated activity. Considering the context is important, to ensure the right training is provided for the right people, at the right time. What happens pre and post training, influences its effectiveness. Line managers play a key role in accessing and supporting training and development for staff. All development should be carried out in the context of career planning and career management; managers play a key role in this equally important activity.

Whilst the main focus of this strategy is upon staff within the Primary Care Provision Directorate, the Learning & Development Department provide services to all Directorates of the PCT, so many of the sections are relevant to all PCT staff. At the time of writing, the PCT employs approximately 1700 staff in total, 85% of whom are employed within the Service Provision Directorate. 76% of the total staff within Service Provision are clinicians or practitioners (registered or unregistered) i.e. providing services directly to patients or the public. The strategy embraces all professions, including medical and dental staff.

The strategy will be complemented with an action plan, which will identify the main objectives, resource implications, timescales and lead responsibilities for the areas to be addressed in the year ahead. It will also include proposals for auditing the implementation. A Learning & Development Steering Group will be established and will play a key role in implementing and monitoring the strategy.

The strategy will be reviewed annually.

Links to other PCT strategies and workstreams

This strategy clearly links into many other PCT strategies and workstreams, including:

- Improving Working Lives Programme
- Recruitment & Retention Strategy
- Equality & Diversity Strategy
- Delivering the Workforce Programme
- Clinical Governance Plan
- Quality Improvement Plan
- KSF implementation and policies
- Commercial Sponsorship Policy

3.0 National context and drivers

Learning and development are key to delivering the Government's vision of patient centred care in the NHS. A range of national policies and standards over the past few years have referred to the importance of lifelong learning and continuous professional development (CPD). These include the following:

- *The NHS Plan: a plan for investment, a plan for reform* (DH 2000a)
- *Continuing Professional Development : Quality in the new NHS* (DH 2000b)
- *A Health Service of all the talents: Developing the NHS workforce* (DH 2000c)
- *Working Together – Learning Together : A Framework for Lifelong Learning for the NHS* (DH 2001)
- *HR in the NHS Plan* (DH 2002)
- *The NHS Knowledge and Skills Framework (KSF) and the Development Review Process, Final Version* (DH 2004)
- *HR High Impact Changes – An evidence based resource* (DH 2006a)

- *Improving Working Lives Standard*(DH 2000d)
- *Meeting the Challenge : A Strategy for the Allied Health Professions* (DH 2000e)
- *Making the Change : A Strategy for the Professions in Healthcare Science* (DH 2000f)
- *Making a Difference : strengthening the nursing , midwifery and health visiting contribution to healthcare* (DH 1999)
- *Learning for a Change in Healthcare : First report to the DH and the NHS from Prof Fryer, National Director for Widening Participation in Learning* (DH 2006b)
- *Standards for Better Health* (DH 2006c)

In addition, health care regulatory bodies stipulate mandatory requirements for CPD for the practitioners who are registered with them. This includes these regulators who register the majority of our staff:

- Health Professions Council: Standards for Continuing Professional Development (HPC 2005)
- The Nursing and Midwifery Council PREP handbook (NMC 2006)
- The General Medical Council: Continuing Professional Development (GMC 2004)

A number of national incidents have resulted in the publication of the White Paper outlining the Government's plans to reform Professional Regulation: *Trust Assurance and Safety- The Regulation of Health Professionals in the 21st Century* (DH 2007) which, when implemented, will place greater responsibility upon NHS Trusts to ensure their registered staff maintain their competence to practice.

4.0 Local context and drivers

Appropriate staff learning and development is an integral part of the *Clinical Governance Development Plan* which represents an overarching framework for continuing quality improvement using the seven domains from *Standards for Better Health* and the six domains for measuring continuous quality improvements from the Institute of Medicine (2001). This in turn contributes to the Healthcare Commission Annual Health Check.

Future service developments and new targets, for example ICATs, the 18 week wait, along with delivery of *Better Health for Bolton*, the PCT manifesto for improving health services, will all generate new staff learning and development needs. It is therefore essential that we develop a strategy and consider funding to meet these needs in business cases and within the LDP.

5.0 Key Principles underpinning the strategy

The following key principles underpin this strategy:

5.1 Equity of access

All staff should be able to access appropriate learning and development regardless of their job role, hours of work, previous education, age, race, religion etc. Access to training resources must be fair and equitable, and should balance the needs of the individual, the team and the organisation.

5.2 KSF

The KSF is the basis for development and progression for all staff who come under the AfC Agreement, and all these staff must possess the core KSF dimensions. KSF does not apply to doctors, dentists and some board level and other senior managers, who all have separate arrangements for their development review. However effective use of appraisal, development review, and personal development planning (PDP) are important for all staff, and are central to the strategy.

5.3 Flexibility

A variety of flexible, blended approaches to learning to suit different learning styles and work patterns are needed. These include: workplace and work-based learning, internally and externally taught courses, shadowing, e-learning, secondment, coaching and mentoring.

5.4 Responsiveness to new learning needs

Many of the current NHS changes have implications for learning and development. For example: transfer of existing services from acute settings to community; commissioning and development of new services by the PCT; NICE guidelines requiring changes in practice; development of new roles; clinical advances; and service or quality improvements. It is therefore crucial that new learning needs resulting from change, are identified and met quickly.

5.5 Health service reform and benefits for service users

If learning and development is to contribute to healthcare reform, it must be of direct or indirect benefit to patients, service users, carers and the general public. All learning and development should be linked to improvements in services, and offer value for money. All learning should be reflected in practice.

5.6 Protected learning time

There must be a fair and consistent approach to time-off for learning. The principle of protected learning time must be supported, to ensure people have the opportunity to develop their skills and knowledge.

5.7 Partnership approach

Effective learning and development requires that staff and managers work in partnership. Staff are expected to take responsibility for their own learning and make the most of the opportunities offered. Managers and/or professional leads at all levels of the organisation are responsible for ensuring the development needs of their staff are identified via the KSF development review; and then providing opportunity and support to meet the needs. The Learning & Development Department works in partnership with staff, managers and professional leads in the Primary Care Provision Directorate, other Directorates in the PCT, and with external organisations as appropriate.

5.8 Sharing knowledge and skills

Within the Primary Care Provision Directorate there is a wealth of knowledge and skills, and many staff are already involved in teaching colleagues and students as part of their job role. This is recognised as a core skill within the KSF, and should be encouraged and further developed at all levels. Sharing learning within teams, between teams and across the organisation is to be encouraged and supported.

5.9 Quality

The education and training we provide and commission must meet the needs of staff and be responsive to changes in policy and practice.

6.0 Identifying learning needs

For staff under the AfC Agreement, the annual cycle of appraisal, KSF development review, and agreement of the PDP, is the core process for identifying individual learning needs. The PDP will take into account personal development needs based on the KSF, as well as team or service, and organisational objectives. This will be a two-way process which ensures that staff receive regular feedback on their performance and are able to plan and agree learning activities that enable each individual to improve areas of knowledge or skill for the benefit of the service and their personal career development. Systems will be established to ensure that identified learning needs are communicated to the Learning & Development Department, to be incorporated into the commissioning and education planning process. The process and paperwork used for appraisal, development review and PDP will be reviewed and simplified to ensure that it is fit for purpose and user friendly.

To support this process, it will be essential that all staff have agreed KSF post outlines, and that all managers and supervisory staff responsible for conducting appraisals, KSF development reviews and agreeing PDPs, have received appropriate training. The role of line managers is crucial to the success of this process and they need to have effective appraisal skills to enable them to release, support and harness the potential of their team.

e-KSF will be used to facilitate better communication and monitoring of the implementation of KSF. A revised action plan will be produced for

implementation of KSF and this will be implemented and monitored via the Agenda for Change (AfC)/KSF Steering Group.

The learning needs of medical and dental staff will be identified via similar processes, using appraisal, development review and PDPs. The Medical Staff Education Lead will establish appropriate mechanisms and structures to facilitate this process for PCT employed medical staff.

Learning needs will also continue to be identified in other ways, such as via preceptorship, clinical supervision, adverse incident reporting, complaints management, and risk management. There will be close links between the Safety and Clinical Committee and Learning Forum, and the Learning and Development Steering Group, to ensure learning needs identified via this route are communicated and acted upon.

Health care legislation, National Service Frameworks, National Institute for Clinical Excellence (NICE) Guidelines, Standards for Better Health, results of Healthcare Commission inspections, and learning from the National Patient Safety Agency (NPSA) increasingly influence the way services are delivered, and bring new learning needs. Likewise with the development of new services or transfer of existing services from acute to primary care setting, new learning needs emerge. Systems need to be established to help managers to predict and identify these needs early, and communicate them to the Learning & Development Department.

Appendix 1 states the responsibilities of managers, staff and others key groups in learning and development. Appendix 2 gives some examples of how existing learning opportunities can contribute to achieving the core KSF dimensions.

7.0 Protected learning time

Several policies and guidelines referring to protected time have already been developed, for example the: Clinical Supervision Guidelines, Preceptorship Policy and Framework, Band 5-6 Accelerated Progression Policy, External Study Leave Policy. These will be implemented and monitored; if necessary they will be reviewed to ensure they provide appropriate guidance for staff and managers about how to manage a balanced approach to time out for learning.

A joint position statement has been published, providing advice in relation to CPD for all nurses and AHPs: *A joint statement on continuing professional development for health and social care practitioners (RCN 2007)*. The recommendations of this statement will be considered by a joint staff and management working group, and local guidance will be produced.

8.0 Improving access to learning resources and promotion of e-learning

To meet the need for flexible education provision a variety of learning methods will be promoted, including work-based learning, open learning

materials and e-learning. Accessibility to learning resources will be improved by continuing to expand our own collection of resources such as: toolkits, CDs, DVDs, anatomical models and books. The PCT health service library is an important resource and its role will be supported.

Information technology (IT) skills are critical to many current and future job roles, and e-learning provides a flexible way of maintaining skills, knowledge and competence. The basic IT skills of all new starters will be assessed, either at induction or as part of the recruitment process, and appropriate training will be offered if required. ECDL will remain the bench-mark level of IT skills, and new starters not already meeting this standard will be scheduled for training sessions appropriate to their needs.

The wider training remit around clinical systems is detailed in the IM&T Strategy, along with much of the training required to fulfil the Information Governance agenda. The strategy also details the way in which this training will be delivered across all areas of the PCT, including in general practice. Other training responsibilities to be managed by the IM&T department will include developing skills to meet the increasing demands of IT systems, such as the use of e-KSF, Sharepoint, software and upgrades. The department will make maximum use of trainers' skills by continuing to widen their remit, for example by offering training on areas such as presentation skills and training skills, working closely with colleagues in the Learning and Development Department to ensure training is delivered in a timely manner, as and when it is needed.

There will be close links between the IM&T Department and the Learning & Development Department. The PCT network will be integrated into the North West Virtual Learning Environment (NW VLE) to promote the use of the NHS Core Learning Unit via this platform.

9.0 Developing capacity for teaching and learning

To support life long learning it is necessary to develop capacity by improving the capability for teaching and learning amongst our staff. All NHS staff have a responsibility to share their knowledge and skills to enable others to develop, as defined in Core Dimension 2 of their KSF outline (personal & people development).

An effective way to do this is to work with services and directorates to identify key people to take a lead in specific areas of training. Implementing a train-the-trainer model for key topic areas will increase capacity and help staff to develop expertise and teaching skills. In some service areas it will be appropriate to develop a 'buddy' system for clinicians in relation to specific clinical skills, for example Home Enteral Feeding.

The role of Union Learning Representatives (ULRs) will continue to be encouraged and promoted. This role is essential in capturing the more basic training needs of staff. All union members will have access to basic maths and English, with the Skills for Life and Work project. This TUC funded

training is free to union members, and by accessing the learning via the ULRs, staff members may feel more inclined to seek this help rather than if they had to record it as a training need through the normal channels. The training can be accessed out of working hours for those people who prefer to maintain complete confidentiality.

The promotion of coaching skills for managers and staff in positions of leadership, will help to support the development of others. The use of mentoring will be encouraged, especially for staff who move into new roles.

Managers will be supported and given guidance and advice to enable them to play a key role in the promotion of workplace learning.

The role of the Practice Educator/Placement Co-ordinator will continue to be supported and developed, to ensure the continued provision of pre-registration student placements. Staff involved in pre-registration placement learning and assessment must continue to receive adequate training and preparation for their roles, and more interprofessional learning on placement will be facilitated wherever possible.

10.0 Developing innovative learning and development methods

It is important that we use a variety of methods for learning and development. Academic and traditional education will continue to be accessed but they should be complemented by other work based methods. Wherever possible, learning should be integrated into practice, and multiprofessional and team learning be encouraged. We learn about and develop patient pathways most effectively when disciplines learn together.

Appendix 2 lists a menu of possible learning activities. The decision about which method to choose will depend upon a variety of factors, including: personal learning styles and preferences, current resources, capacity, organisational needs, existing availability of knowledge and experience. The aim should be to match the individual to the most appropriate form of learning to meet their needs, and not just the 'next available course'.

11.0 Recording and monitoring learning and development

It is the responsibility of each staff member to record their learning and development in a portfolio, and to ensure that their PDP is kept up to date on e-KSF.

It is essential that we are able to record and monitor centrally, the learning and development which takes place in the organisation, especially in relation to statutory and mandatory training. This will enable data about training their staff have done, to be supplied to managers regularly. The Learning & Development Department will explore the possibility of developing a business case for a new learning management system which will link with e-KSF and

ESR, and will supply us with the information we require to better monitor delivery and uptake of training.

12.0 Funding for learning and development

Wherever possible, we need to continue to seek and exploit external sources of funding, to maximise the opportunities for our staff to develop skills and competencies. The Joint Investment Framework will be used to access funding for staff in AfC bands 1-4 wherever possible.

Funding for learning and development must be factored into any business cases or tenders for new service developments, and any services transferred from acute to primary care.

The Learning and Development Steering Group will provide advice on the best use of the existing funding, to ensure it is used effectively and equitably.

As stated in the *Commercial Sponsorship Policy*, the PCT accept that the pharmaceutical industry and other commercial organisations can offer high quality training sessions, however we need to be aware of what sessions are being provided to our staff by the industry. All sessions must meet an identified training need of a team. The Head of Medicines Management (or appropriate lead within the provider arm) should be consulted prior to any educational session being confirmed.

The current PCT premises where training is delivered are becoming inadequate. This is due to the increasing staff numbers who need to access training, and the increasing number of topics which have to be covered in mandatory training. The possibility of moving to larger premises which could offer more opportunity for multiprofessional education, will be explored.

13.0 Collaboration and partnership

Whenever appropriate and mutually beneficial, we will continue to work collaboratively with external organisations such as: local Higher Education Institutes and Further Education Colleges, Royal Bolton Hospital, Bolton Social Care Services, independent organisations, NW SHA, Skills for Health, regulatory and accreditation bodies, and professional organisations.

Collaboration on joint learning initiatives can help to promote and facilitate integrated and partnership working, leading to better services for patients; for example in the cases of training for the implementation of the Mental Capacity Act, and Vulnerable Adult training.

Working with the local Centres of Vocational Excellence (CoVE) will facilitate continued access to quality NVQ training for our staff.

Our staff will access regional initiatives when appropriate, for example the cross organisational mentoring scheme and regional leadership development programmes.

Training sessions developed via the Greater Manchester Life Long Learning Project, will be integrated into the PCT Learning and Development Schedule.

14.0 Quality assurance

It is important to ensure that the education and training we provide and commission, meets the needs of staff, managers and the service. It must also be responsive to changes in policy and practice. To achieve this a quality assurance framework needs to be established which is linked into the overall quality improvement programme for the organisation. This should include setting standards for trainers and training events, improving evaluation processes and use of the KSF and Standards for Better Health as benchmarks. All training events should clearly show how they link to the KSF and Standards for Better Health.

Staff value accredited courses, so these should be commissioned where possible, to enhance health care professionals' portfolios or academic qualifications, and encourage transferability of knowledge and skills.

A key part of the framework will be to establish and maintain effective communication between the Learning & Development Department and managers of services. As mentioned earlier, systems need to be established to regularly monitor uptake of training, produce reports for managers, and highlight trends in what and how training is delivered. This will also facilitate sharing of good practice across the organisation.

15.0 Supporting and developing competent and safe practice

Continuing to update and extend knowledge and skills is essential for maintaining competent professional practice. Every member of staff requires a set of core skills and competencies to enable them to carry out their job. For staff who come under the AfC Agreement, the NHS KSF will be used as a guide, to ensure we provide access to learning activities that enable every member of staff to gain the required set of core skills and competencies; development of specialist skills is also essential, so that staff can respond to the changing needs of patients and the way services need to be delivered.

Access to a range of internal and external courses that support clinical, professional and personal development will continue. The *Policy on External Study Leave and Associated Expenses* explains the process for access to external courses, and this policy will be implemented, monitored and reviewed on an annual basis. In-house courses will continue to include clinical skills training as required.

A policy for accessing higher education courses leading to certificate, diploma, foundation, first or higher degrees, and professional qualifications, should be developed and implemented. The organisation will continue to make full use of the CPD modules available from local universities via the NW SHA Service Level Agreements, and will use a proportion of these for higher degrees.

Development, implementation and evaluation of policies and frameworks for professional support are crucial for the delivery of safe and effective services. These include preceptorship, reflective practice, clinical supervision, mentoring and coaching.

The PCT employs a wide variety of different healthcare professions, including nurses, allied health professions, healthcare scientists, dentists, medical staff, pharmacists, psychologists, and counsellors. It is not possible in this broad strategy to consider each of the many professional groups individually. Service managers and relevant professional leads should work together, with the support of the Learning and Development Department, to produce learning and development plans specific to their area and staff groups.

16.0 Supporting evidence-based practice, audit and research

The concept of evidence-based policymaking is now a standard of best practice in the NHS. Increased public scrutiny and accountability has created a heightened awareness of the need for clinicians, managers and service users to have a range of evidence to support service development and clinical decision-making.

The skills of evidence-based practice are therefore key to the delivery of effective health care, but many managers and clinicians do not have the skills to make best use of the information resources to effectively target research. For clinical governance to be implemented successfully, everyone needs to be able to use new technologies to find, appraise and use the best available research evidence for their clinical practice and decision-making.

We therefore need to build capacity for clinical audit and applied research, and support evidence based practice by ensuring relevant staff have critical appraisal skills. A programme of learning and development will focus on capacity building to make evidence more accessible, contextualized and implementable. It will also develop skills in data handling, analysis and interpretation and confidence in the validity of different approaches to evidence gathering.

The programme of learning will offer the opportunity to acquire a set of skills that are valuable in current clinical practice and in meeting the requirements of clinical governance.

A key part of the programme will be to develop core research review skills at a level rigorous enough to be used as a basis for service development plans, and to plan in detail the feasibility of a research-based practice change. It will focus on the design of a search strategy capable of retrieving high quality research evidence; using a range of health care information sources; finding, understanding and interpreting evidence contained in guidelines; evaluating the quality of guidelines and research reviews and analysing the readiness of research for implementation in clinical practice, critically appraising and

synthesising different forms of information to create practice knowledge and to make decisions based on best evidence.

In short, the aim of the programme will be to develop the understanding, skills and confidence of clinicians and managers to underpin practice with the most appropriate forms of evidence for the task and context.

To facilitate evidence-based practice, staff need access to comprehensive library and knowledge services, access to libraries and skilled library staff via the PCT library is therefore essential.

17.0 Mandatory statutory and induction training

Mandatory, statutory and corporate induction training is provided for all Trust employees. To ensure this is relevant, a *Mandatory, Statutory and Corporate Induction Training Policy* will be developed and implemented. This will incorporate the recommendations from the recent mandatory and statutory training redesign project, and the KSF.

Core elements of this training will include:

- Moving & handling
- Risk assessment
- Basic Life Support
- Fire Safety
- Infection control
- Equality & Diversity
- Child Protection (note-the PCT has a *Training and Development Strategy-Safeguarding and Promoting the Welfare of Children* which provides more detail about the training required and available)
- Vulnerable adult
- Mental Capacity
- Public & patient involvement

18.0 Skills escalator and essential skills for life and work

The concept of the NHS 'Skills Escalator' is a useful framework for recruitment, retention and career development. The DH report *Learning for a Change in Healthcare* (DH 2006) recognised that opportunities for learning through work, and levels of qualification amongst support staff are unacceptably low. The report also highlights the fact that many of these staff need support with foundation skills in literacy, numeracy and ICT skills. The Unison report *Essential Skills for 21st Century Health and Social Care* (2006) provides further evidence of the gaps in basic skills. The *Leitch Review of Skills in the Global Economy* (2006) expects that employers commit to a 'Skills Pledge' to train all eligible employees up to level 2 in the workplace. The organisation plans to sign the voluntary pledge and support development opportunities for staff employed in AfC Bands 1–4. The uptake of basic skills training should be encouraged. Local education providers, and the CoVEs, are able to support basic skills development including literacy, numeracy and

study skills. Staff who do not hold a professional qualification should be supported to undertake a relevant NVQ. The Joint Investment Framework will be used to access funding for this wherever possible.

19.0 Leadership and management development

A number of senior managers recently participated in leadership development centres. This highlighted some individual and organisational development needs. To meet these needs a Senior Management Development Programme is currently being commissioned. This will be rolled out for senior managers during 2008/09. The development needs of clinical leaders will be explored, as it is likely there will be separate additional training required for these skills.

The development needs of junior and first line managers must not be overlooked. Taking a similar approach may be helpful for these staff i.e. establishing a working group of interested junior managers/team leaders to develop some recommendations to take forward.

Training workshops on how to get the best from your team, and support for team building events will help to facilitate the establishment and development of successful multidisciplinary team working. This has been shown to be an effective way to improve the quality of services (Aston Business School 2003).

Team leaders and managers have persistently highlighted management of poor performance as a training need. Appropriate training to meet this need will be developed.

To support management, leadership and team development, the organisation needs to build its capacity of accredited facilitators who can use development tools and techniques such as: MBTI, LQF 360 feedback, ATPI, coaching and mentoring.

20.0 Developing quality improvement skills (QuIS)

Bolton PCT's Quality Strategy focuses on the Institute of Medicine (IoM) domains of access and safety in 2008-09. The delivery plan for PCT provider Services is detailed in the Quality Improvement Plan 2008-09 and includes:

- An intensive focus on improving timeliness of care in services experiencing long waiting times or pressures in managing demand and capacity.
- Productive Ward programme for community bed based services
- Safety Collaborative for all four Provider directorates
- Access initiative for Directly Managed Practices with the option to spread this to independent practices.
- Sustaining lean improvement work undertaken in 2007
- Development of staff improvement capability.

Further work will be commenced during 2008-09 in line with local and national priorities.

A blend of quality improvement methods will be used to ensure maximum flexibility.

Development of staff improvement capability

To enable structured development of staff quality improvement capability and in recognition of the different Provider skills, experiences and exposure to improvement methods, tools and techniques a three tier Quality Improvement Skills (QuIS) development programme is proposed. This aims to involve 100% Provider staff at Awareness level and significant numbers of staff at Participant and Practitioner levels by the end of 2009. Delivery will be through internal and external sources. The programme will:

- Accredit, where possible, the training with an academic provider.
- Cross reference the national Knowledge and Skills Framework (KSF)
- Link to 'real' quality improvement work. In other words, participants should be able to apply the learning to their existing jobs, this is not hypothetical or an add-on.
- Link to the Senior Manager Development Programme service improvement module. In this way management coaching, mentorship and support should not be too onerous as there will be a pre-existing commitment to support staff through the SMDP.

The Quality Improvement Plan for 2008-09 and the QuIS programme (described in the action plan) are both iterative and user and manager feedback will be essential in shaping them over time.

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Appendix 1

Responsibilities

Learning and Development Team

It is the responsibility of the Learning and Development Team to :

- Ensure that induction, mandatory, statutory and update training is provided for all PCT employed staff.
- Continue to develop and provide in-house learning and development in support of the organisational, departmental and individual requirements identified during the appraisal/PDR process. Advertise these via the schedule on the intranet and update flyers.
- Provide support, advice and guidance for staff and managers to enhance the development of learning in the workplace.
- Continue to develop joint training programmes with partner organisations as appropriate.
- Commission external facilitators and learning activities to meet identified training needs, ensuring providers are qualified and competent in the subject area.
- Continue to collaborate with the SHA in relation to provision and funding of CPD.
- Actively seek and access external sources of funding for learning and development.
- Maintain a learning management database and provide reports for managers and the Trust Board.
- Effectively manage the training budget and ensure resources are fairly allocated, monitoring expenditure across the organisation. Monitor contracts and SLAs with education/training providers.
- Continue to evaluate the effectiveness of learning and development activities.
- Manage clinical placements within the organisation.

Operational Managers

It is the responsibility of operational managers to :

- Identify the priority learning and development needs of their staff to enable them to deliver a safe and effective service and meet relevant organisational objectives and targets.
- Identify funding to meet the needs if this cannot be provided within the existing training budget.
- Collate the learning and development needs of their departments/services, and forward these to the Learning & Development Team.
- Ensure staff attend the relevant required statutory, mandatory, induction and update training.
- Ensure any learning and development activity is relevant to the job role, identified during appraisal/PDR, and in line with organisational, departmental and personal objectives.

- Ensure staff have access to protected time for learning, as identified and agreed at appraisal/PDR.
- Develop, in partnership with staff, KSF outlines which define and describe the knowledge and skills required for the job. Use the post outlines to identify learning needs during the appraisal/PDR. Record the outcome of the PDR on the e-KSF website.
- Ensure staff have opportunity to prepare for their appraisal/PDR.

Staff

It is the responsibility of staff to:

- Attend and participate in mandatory, statutory, induction and update training, applying their learning in the workplace.
- Prepare for and participate in the appraisal/PDR process.
- Maintain and develop the necessary knowledge and skills for their job role.
- Identify own learning and development needs, discussing them with their manager at appraisal or other meetings. Record their learning plan on the e-KSF database.
- Maintain a professional/KSF portfolio to provide evidence of their learning and development.

Learning & Development Steering Group

It is the responsibility of the Learning & Development Steering Group to:

- Ensure the development, dissemination and monitoring of the Learning and Development Strategy.
- Provide appropriate leadership, advice and direction to support life long learning and professional development, and ensure that learning and development programmes are linked to the KSF and Trust objectives.
- Provide advice and guidance on learning and development issues to the Provider Clinical Executive Committee.
- Ensure compliance with the national and local statutory and mandatory training requirements.
- Identify priorities for learning and development, in line with Trust objectives.
- Provide guidance on approval of external study leave expenses.
- Identify mechanisms and make recommendations for increasing learning and development resources.
- Develop and review relevant policies to support learning and development.
- Promote a variety of methods of learning and development, including the use of e-learning. Ensure links are in place between the Learning & Development Steering Group and other relevant groups such as the E-Learning Steering Group.
- Work collaboratively with the SHA, local HEIs, local colleges, partners in Bolton health and social care economy, and private providers, in relation to provision of identified educational needs.
- Ensure fairness and equity of learning and development opportunities.
- Monitor and evaluate the effectiveness of learning and development activities and investment.
- Regularly audit specific aspects of learning and development.

- Review & debate incident reports relating to learning and development needs; devise action plans when needed, to prevent the incident re-occurring in the future; follow up any identified actions as required.
- Promote communication and awareness of the importance of life long learning and the development opportunities available.
- Provide a forum to debate and address learning and development issues.
- Adopt a horizon-scanning role to identify any learning and development issues which need to be addressed, and to enable a proactive response. This will include review of DH policies and guidelines to identify any implications for learning and development.
- Establish task and finish working groups to undertake specific learning and development projects.

Appendix 2

Menu of Learning Activities and Opportunities Linked to KSF

Work based learning	KSF links
Structured work shadowing or visits – own or other profession	Core 2,4,5
Managing or participating in a project – within team/department/service or outside of own area of work	Core 4,G5
Listening to and reflecting on patient stories	Core 2
Participating in process mapping / redesign of services / service improvement events or acting as a team/clinical lead	Core 2,4,5
Secondment	Core 2,4,G6
Acting up or deputising	Core 2, G6
Job rotation	Core 2
Participating in or leading audits and surveys	Core 4,5
Action learning sets	Core 4,5
Serving on or chairing a committee, steering group, working group, advisory group etc	Core 2 + as relevant to group
Networking	Core 1
Learning from reflection on, analysis and discussion of critical incidents, complaints and compliments	Core 2,3,4,5
Developing and implementing policies, guidelines, protocols etc	Core 3, 5
Team development – team away days and events, ATPI, Myers Briggs, LQF 360 Feedback	Core 1,2,4,5,G6
Formal/educational learning	KSF links
Vocational qualifications: NVQ, BTEC	Core 2
Traditional educational courses leading to formal qualification: Foundation Degree, Degree, PG Certificate, PG Diploma, Masters, Doctorate	Core 2
Conferences, study days, courses, workshops, seminars (internal and external)	Core 2
Distance learning	Core 2
E-learning	Core 2
Courses accredited by professional body	Core 2
Statutory and mandatory training sessions	Core 1,2,3,4,5,6
Participating in Networks	Core 1, 2
Problem/enquiry based learning	Core 2
Leadership and management development programmes	Core 2,4,5,G6
Skills for life and work courses: numeracy, literacy, IT skills	Core 1,2,3,4,5,6
Team development – ‘Getting the best from your team’ workshops	Core 1,2,4,5,G6
In house programmes and workshops	Various

Self directed learning	KSF links
Reading journals/articles	Core 2
Reviewing books/articles	Core 2
Reflective learning through writing reflective journals	Core 2
Networks	Core 2
Professional activity	KSF links
Reflective learning through clinical supervision or preceptorship – receiving or giving	Core 2,5
Coaching or mentoring – receiving or giving	Core 2,5
Teaching/lecturing, examining/assessing	Core 2, G1
Carrying out research and supervising research of others	IK2, IK3, G2
Case studies	Core 2,5
Journal clubs	Core 2,5
Self awareness tools - 360° feedback, Myers Briggs	Core 2
Writing a paper or article for publication	IK2, IK3, G2
Supervising students	Core 2, G6
Acting as an expert witness	Core 1, HWB
Presentation at conference	Core 1, IK2
Searching the literature: NLH & databases, Cochrane Library for evidence	Core 5

EQUALITY IMPACT ASSESSMENT REPORT

1 Please state person responsible for the Equality Impact assessment including job title:	Karen Shewan Assistant Director AHPs and Learning & Development	2 Directorate:	Service Provision	
3 Name of activity being assessed:	Learning & Development Strategy and Action Plan	4 Date EIA completed	31.3.08	
5 Provide brief description of aims and objectives of activity including relevance to equalities:	A strategy and action plan to direct and build upon existing learning & development in the PCT, covering 2008-2010. To support workforce development, service improvement and quality of patient care.	6 Please state yes/no if the activity is:	a) Existing	Yes
			b) New	No

7 Please state whether or not you have consulted or involved groups representing the following ETAGs. Please state name of the groups where such consultation/involvement has not taken place.							
	Gender	Religion/Belief	Age	Disability	Ethnicity/Race	Sexuality	Carers
A)	No	No	No	No	No	No	No
NOTE: Although no specific ETAGs have been consulted there has been wide consultation with other groups including: staff side, management, Professional Leads, LNC, Clinical Executive Committee							

8	B		C		D	E
	Is this activity RELEVANT to this equality area? YES/NO Please explain in column (D)		Will this have positive or negative impact		Comments for your decision in column (C)	R A G
			+ve	-ve		
	Gender	YES	✓		The strategy and action plan supports equality of access to learning and development opportunities for all staff regardless of gender, religion/belief, age, disability, ethnicity/race and sexual orientation. If staff are unable to access appropriate training due to religious festivals etc then we will ensure alternative dates are provided. We will ensure that venues and methods of delivery for training take into consideration disabilities of individual staff.	G
	Religion & Beliefs	YES	✓			G
	Age	YES	✓			G
	Disability	YES	✓			G
	Ethnicity/Race	YES	✓			G
	Sexual Orientation	YES	✓			G

				We will ensure that any in-house training is culturally sensitive, inclusive of diverse religions, sexual orientation etc and that any special dietary needs of staff are catered for.	
Carers	NO			The strategy is for PCT employed staff	G
Deprivation	NO				G
Human Rights	NO				G

9 Is there monitoring of those targeted/using the service?

	Targeted population (please state yes or no)			Target population using the service (please state yes or no)	
Gender	No	If No, explain	The strategy is for PCT employed staff. We do not currently have the ability to monitor and collate this information for staff who participate in learning & development events etc	No	N/A
Religion/Belief	No	If No, explain		No	N/A
Age	No	If No, explain		No	N/A
Disability	No	If No, explain		No	N/A
Ethnicity/Race	No	If No, explain		No	N/A
Sexuality	No	If No, explain		No	N/A
Carers	N/A	If No, explain		N/A	N/A

10 Recommendations (Please mark yes or no)

a) EIA reveals no major issues	Yes	b) EIA reveals issues which have been set out in the action plan	No
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Return completed copy to: **"Double-click [HERE](#) to email this form to Shabir Abdul."**

Equality & Diversity Manager, Social Inclusion Team, St Peters House, Silverwell Street, Bolton BL1 1PP

Email: shabir.abdul@bolton.nhs.uk

Ph/si/shabir/docs/toolkit portrait size