# DEVELOPING OUR STAFF: - OUR POLICY AND APPROACH

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Developing Our Staff: Our Policy and Approach</th>
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<tbody>
<tr>
<td>Author</td>
<td>Kay Perry Peers</td>
</tr>
<tr>
<td>Author’s Job Title</td>
<td>Assistant Director of Organisation Development (OD)</td>
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<tr>
<td>Area</td>
<td>Human Resources</td>
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<tr>
<td>Ratifying Committee</td>
<td>Human Resources &amp; Organisation Development Committee</td>
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<tr>
<td>Previously Ratified</td>
<td>August 2006</td>
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<td>May 2010</td>
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<tr>
<td>Review date</td>
<td>Updated March 2010 to include right to request time to train May 2011 extended to October 2011 by Chairman’s action</td>
</tr>
<tr>
<td>Owner</td>
<td>Jacqui Bate</td>
</tr>
<tr>
<td>Owner’s job title</td>
<td>Director of Human Resources &amp; Organisation Development</td>
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INTRODUCTION

The aim of this policy is to support and encourage the link between quality management and development of staff and quality service delivery, in order to enhance the patient’s experience. It identifies:

- The general principles that govern learning and development activity for all staff within this Trust.
- The framework for ensuring that all employees are assisted in a systematic way to develop themselves in order that they may make the best possible contribution to the achievement of the Trust’s corporate objectives and service strategy. (The Learning and Development strategy then identifies how we will achieve that development over the next 5 years)
- The accountabilities & structures for learning, development & education within the Trust, and shows those roles that are primarily employed to provide/facilitate learning, development and education to meet specified needs.

As part of his review of the NHS Darzi identified the need to do more to grasp the potential of education as a lever for service improvement, and our organisation development (OD) strategy recognises that the Trust’s transformation in terms of culture, confidence, and capability needs to be underpinned by the development of our learning capacity and the ability to release the potential of ALL staff within the Trust.

- For staff covered by Agenda for Change (AfC) this is achieved through the NHS Knowledge and Skills Framework (NHS KSF). The overall purpose of the NHS KSF is to facilitate the development of services so that they better meet the needs of users and the public through the investment in the development of all members of staff. The NHS KSF makes explicit the need for all staff to have access to career and personal development, and for that development to be tailored primarily to the needs of the service.
- For medical staff the national models of appraisal for Consultants and Non Consultant Career Grades provides the framework to support their development and the tailoring of that development to the needs of their employing organisation, as well as support individual professional development.

The NHS Constitution (February 2009) identifies pledges to, and expectations of, staff.

<table>
<thead>
<tr>
<th>Pledges to Staff</th>
<th>If we are meeting our pledges then in response we expect staff to aim to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To provide all staff with clear roles &amp; responsibilities and rewarding jobs that make a difference to patients, their families and carers, and communities.</td>
<td>• Maintain the highest standards of care and service, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole.</td>
</tr>
<tr>
<td>2. To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed</td>
<td>• Take up training and development opportunities provided over and above those legally required of your post.</td>
</tr>
<tr>
<td></td>
<td>• Play your part in sustainably improving services by working in partnership with patients, public and communities.</td>
</tr>
</tbody>
</table>

‘Developing Our Staff – Our Policy & Approach’. May 2009. Updated March 10 to include ‘time to train’
3. To provide support and opportunities for staff to maintain their health, well-being and safety

4. To engage staff in decisions that affect them and the services they provide, individually, through representative organisations & through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families

• Be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming & listening to feedback & addressing concerns promptly and in a spirit of co-operation. You should contribute to a climate where the truth can be heard and the reporting of, and learning from, errors are encouraged.

• View the services you provide from the standpoint of a patient, and to involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care

To meet these pledges and enable staff to meet these expectations it is important that each individual knows:--

➢ What is expected of me?
➢ Where are we going?
➢ How can I contribute more effectively?

➢ How their role fits in?
➢ How am I doing?
➢ What I do is important and that importance is recognised

For the reality of what this means to individuals in the organisation see Appendix 1 and 2

2. PRINCIPLES

2.1. Development of all staff will be directed primarily to meet the service priorities of the Trust. For staff covered by AfC development will primarily focus on helping members of staff to carry out their current job to the standard specified in the KSF outline for the post, although personal interests and opportunities for career progression will also be taken into account, provided a link exists between the activity to be undertaken and the employee's current or possible future job responsibilities.

2.2 Realising the potential of ALL staff requires adopting an inclusive approach to learning & development. All staff are to have the opportunity to participate in learning opportunities and no discriminatory factors (age, gender, sexual orientation, disability, race, religion, working pattern etc.) will restrict access.

2.3 The commitment of the Trust to ensure that all staff have the opportunity to participate in learning opportunities is now also supported by the introduction of the right for employees to request time off for training or study, in force from 6 April 2010. See section 3.1.2 and the document ‘Guidance on the right to request training’.

2.4 Whether staff take up opportunities for learning is not determined just by the supply of learning opportunities. The organisation needs to create learning environments that nurture personal and professional development. The availability of learning opportunities is one way in which staff form a view about how much they are valued. When people feel their contribution to the organisation is a worthwhile one they are more likely to take a positive attitude to their own self-development and be open to seek out new ideas (Garvey & Williamson).
2.5 Development of staff is regarded as a continuous process undertaken throughout an
individual's career and all staff are expected to demonstrate a commitment to keeping their
skills and competencies up to date.

2.6 Development needs for individual staff, teams and the area will be identified systematically
as a result of the use of effective performance management processes. (From these processes
the manager will be able to produce a learning and development plan for the Area and
forward a copy to the Assistant Director of OD so that an organisation wide Trust plan can be
produced.)

2.7 The Trust recognises that there are many different methods for developing our staff. A
flexible approach will be taken, matching the operational requirements of the job with the
most suitable form of learning and development for the individual concerned.

2.8 Information, instruction and training is to be provided to support the risk management and
health, safety and security of all employees.

2.9 A workforce willing to learn requires an environment that encourages them to learn. However there is no necessary connection between the development of individual skills and
talent and the growth of knowledge in the organisation. For that link to be made we need
to be able to identify, consolidate, test out and embed the knowledge and experience of our
staff to realise its value.

2.10 The costs involved in developing our staff are seen as an investment. In order to get full
return on that investment ‘learning agreements’ will be discussed and completed with
individual staff in order to focus and balance their learning to the needs of the individual,
team and organisation. Individuals will be expected to demonstrate how that learning has
been applied back in the workplace and the benefits that have resulted from the learning.

2.11 To meet the requirements of the Darzi Next Stage Review and the modernisation implicit
within the Trust's Integrated Business Plan we need to create a learning culture where we
create new ways of looking at what we do and how we do it:

**DOUBLE LOOP LEARNING**

1. Sensing, scanning
   monitoring environment

2. Comparison
   of this data
   against operating
   norms

3. Initiating
   appropriate
   action

1,2,3 = Single loop learning
1,2,2a,3 = Double loop learning
(Were our norms/strategy right in the
first place?)
How good are we at learning?
Learning to learn
(Argyris and Schön)
ACCOUNTABILITIES & STRUCTURES (also see Appendix 3)

3. RESPONSIBILITY FOR LEARNING

Any learning and development needs to focus on results – what will the person gain from the learning and how will they use that learning to develop the service they provide- as opposed to ‘training and development’ which can seem to focus only on input and the training activity itself.

3.1 Individual Responsibility

3.1.1 The NHS Constitution (February 2009) pledges ‘To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed’

Likewise it expects that staff will

‘Aim to take up training and development opportunities provided over and above those legally required for your post’

Therefore individuals share responsibility for identifying their development needs to enable them to meet the responsibilities of their jobs and to focus on their longer term development.

As a result ALL staff are expected to participate in an annual appraisal process and to agree a personal development plan (PDP). The recognition also needs to exist that in keeping skills up to date the individual will also be required to take into account the needs of the service and the needs of other members within the team.

All individuals undertaking development funded by the Trust or a related health organisation may be required to share any learning within the wider team so that the benefits of any learning can be maximised within the team as a whole.

3.1.2 Right to Request Training

The right to request time to train will apply to all employees in businesses with 250 employees or more from 6th April 2010 (this is extended to cover employees in all businesses from April 2011.) The Trust’s ‘Guidance on the right to request training’ which sits in conjunction with this Development policy gives full details on eligibility criteria, the application and appeal processes.

To make a request for time to train an individual must:

• Be an employee
• Have worked for the Trust continuously for at least 26 weeks on the date they make their request
• Only one request can be made in any 12 month period.

The right to request time off for training - which includes accredited and shorter unaccredited training - closely follows the current model of requesting flexible working. The employee’s application must include specified information in writing but must also give full details about the training which the employee wishes to undertake. Given we already have an appraisal process in place and all staff are expected to have a personal development plan we would normally expect the request for ‘time to train’ to be raised via the appraisal process in the usual way that we discuss training needs.
The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust

The Trust is then required to consider the application within 28 days but can refuse the request on one of eight statutory grounds (the same grounds as for flexible working, e.g. detrimental effect on ability to meet service need). In addition, the Trust can refuse the request if the employee cannot show how the training/study will improve the employee's effectiveness and the performance of the Trust overall.

3.2 The Managers of the Trust

The primary responsibility for developing the staff, team and area rests with the immediate line manager/supervisor. All managers are responsible for ensuring their staff are sufficiently trained to carry out their current jobs. The minimum requirements are:

- All staff have a job description and person specification that are accurate and reflect the job as training will primarily be directed to meet the needs of the job
- All staff covered by AfC have a full KSF outline (including a foundation subset) and that any training identified as essential to achieve the full outline actually takes place
- New appointees receive a thorough and appropriate departmental induction, with a tailored and agreed Departmental Induction Plan (see section 5) using the KSF Foundation Outline for those staff covered by Agenda for Change, to inform development in the first year.
- Performance is discussed regularly with each employee individually so that they are aware of how they are doing
- An annual appraisal takes place, in line with the Trust’s Appraisal/Personal Development Review policy for staff covered by AfC, the national model of appraisal for Consultants and Non Consultant Career Grades, or the appraisal process for Executive Directors, and a personal development plan is agreed with every member of staff. The Trust’s Corporate Objectives requires 100% appraisal for all staff.
- Ensure that staff are aware of the development opportunities available to them and publicise information so that there is fair and open access for all (subject to any justifiable eligibility criteria or professional qualification requirements)
- Hold a discussion with any member of staff undertaking a learning opportunity to produce a learning agreement to reflect what s/he expects to achieve from the opportunity. See section 4.2
- Carry out an evaluation with the member of staff against the previously agreed measures of ‘success’ and expected outcomes to identify the impact of the learning and how it can be applied within the workplace. See Section 4.3
- Produce an annual Directorate/dept/ward training & development plan. The Trust will need to ensure that its strategic workforce plans are fully integrated into local delivery and service planning within and across organisational boundaries.
- Where applicable, participate in the workforce planning process, and the identification of training places to be commissioned to meet future service needs.

Investment in learning & development is funded from a variety of sources, with internal directorate/department training budgets devolved to Divisional Managers and Heads of Department as part of their overall budgets. It is the responsibility of managers within the Trust to make best use of that investment to meet service and individual needs and to be able to demonstrate improvements at an individual, team or service level.

3.3 Learning & Education Providers within the Trust

There are a number of individuals or teams within the Trust that have a formal responsibility for supporting learning, development or education within the Trust. Appendix 3 gives a list of the
roles that make up that learning and development infrastructure and how they formally report into the organisation.

To ensure communication of good practice and sharing of ideas these individuals aim to meet together as a Learning Forum, an informal body, three times a year. The Learning Forum has an informal link to the Human Resources Development Committee through the Assistant Director of Organisation Development. However, any formal reporting or agreement on priorities or practice takes place through the usual management reporting structures.

3.3.1 Professional Steer for Learning and Development across the Trust

The professional steer for learning and development sits with the Assistant Director of OD, supported by the Workforce Development Department, as part of the HR Directorate. That role supports line managers in meeting their responsibilities for developing staff by:-

* Developing and maintaining a professional learning & development framework for learning & development activity to take place within the Trust. (See Appendix 4)
* Supporting performance management processes within the Trust to enable the systematic identification of learning & development needs for each individual & area
* Offering practical advice on how best those needs can be met flexibly within any practical constraints that exist
* Initiating appropriate in-house or external learning & development opportunities to meet the learning & development implications of the Trust’s strategic objectives

3.4 Medical Education and Training

The process of education and training for Doctors in Training and dental staff occurs via the Postgraduate Medical and Dental Education Committee.

(i) The Associate Medical Director for Medical Education is responsible for overseeing the implementation of the educational contract with the Postgraduate Dean. This establishes the framework for the Doctors in Training programme within the Trust.
(ii) Specialty Tutors are responsible for promoting policies approved by the specialist professional bodies for the learning and development of both career grade and training grade staff within their specialty
(iii) Consultants with junior medical staff are responsible for their educational supervision and training

All Consultant medical staff and SAS (Speciality Doctors and Associate Specialists) Doctors are required to participate in the either the national model for consultant appraisal or the national model for NCCG (Non Consultant Career Grade) appraisal (as appropriate) which supports the revalidation process and involves:-

The Clinical Directors assist in the process of succession planning and continuing professional development by encouraging consultant colleagues, through the appraisal process and study leave

‘Developing Our Staff – Our Policy & Approach’. May 2009. Updated March 10 to include ‘time to train’
process, to undertake leadership and management education and appropriate development programmes.

3.5 Workforce Development and Education Committee (WDEC)

- The Workforce Development and Education committee is an advisory sub committee of the Human Resources & Organisation Development Committee (HRODC) set up to support the HRODC in ensuring practical delivery against its terms of reference in relation to workforce development.
- A primary purpose is to identify and escalate to the HRODC any workforce modernisation or business risks related to the education and development Board Assurance Framework requirements.
- Its overall role is to work towards effective workforce and organisation development by adopting an organisation-wide multi-professional view of education, learning and development and identifying the processes and systems that need to be in place to enable this to happen.
- The WDEC is accountable to the HRODC. It aims to provide quarterly highlight reports to the HRODC via the chair of the committee, with an annual report produced. The HRODC is accountable to the Resources Governance Committee

3.6 The Trust Board

The Trust Board has the responsibility for maintaining an overview of the development of our staff within the organisation and ensuring that there is ‘a clear organisational strategy and an annual plan for education, learning and development, which link explicitly with local modernisation priorities and the delivery of clinical governance’. (Working Together - Learning Together: A Framework for Lifelong Learning for the NHS (Department of Health, November 2001)

Whilst the Trust Board expects its managers to meet their individual management responsibility of developing the staff within the organisation, it retains overall responsibility for agreeing priorities for the development of our people resource. Those priorities are identified through its strategic objectives and the service planning process. It involves monitoring performance against those priorities and providing adequate resources for meeting those requirements. The Trust Board meets that responsibility through the Capacity and Infrastructure Committee.

4. IMPLEMENTATION

4.1 Identifying the need

The first stage of any development is the clear identification of the need to be met, through discussion and agreement with the employee concerned.

A need may be identified because of a ‘shortfall’ in meeting standards, for continued service delivery, for changes in service delivery or for individual development. Identification of development opportunities does not imply poor performance and should be part of positive processes to enhance performance. Any learning and development undertaken needs to link to the requirements of the service, team and individual rather than being undertaken in isolation.

4.2 Discussing and completing a ‘Learning Agreement’

Once the need has been established through 2 way discussion the timings and appropriate methods are agreed. Before each employee participates in any learning and development, the manager and the member of staff discuss what is expected to be gained (SMART objectives for the learning), how the learning will be applied back in the workplace, how progress will be assessed
during and after the activity (how ‘success’ will be measured) and a ‘learning agreement’ drawn up. (See Guide to Lifelong Learning on the Learning & Development Dept. website)

This discussion will also include the identification of time, financial and other support for the member of staff, and times for reviewing the learning together.

4.3 Evaluation to support quality improvement

After the learning intervention, the manager discusses the process/outcomes with the employee to establish what has been learnt and agree appropriate opportunities for the new knowledge or skills to be applied/developed in the workplace, checking on progress at agreed times.

The Trust is continuing to develop its evaluation, reporting and monitoring mechanisms for learning, development and education. However there is an expectation that evaluation of learning will exist at 4 levels:-

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Level 1</td>
<td><strong>Reaction</strong> – the learner’s first thoughts on the learning, how much he or she enjoyed it, its perceived use and value</td>
</tr>
<tr>
<td>Level 2</td>
<td><strong>Learning</strong> – what the person has learnt – can be tested or assessed within the workplace</td>
</tr>
<tr>
<td>Level 3</td>
<td><strong>Transfer of behaviour</strong> – how is the learner using what he or she has learnt, within the workplace?</td>
</tr>
<tr>
<td>Level 4</td>
<td><strong>Organisational benefit</strong> – what impact has the learning had on the service itself?</td>
</tr>
</tbody>
</table>

(Kirkpatrick model for evaluation)

As we develop our evaluation techniques we will want to develop the ‘sophistication’ of our approach to evaluation. In order to do this, the starting point is to establish what the needs of the service, team and individuals are and what we are trying to improve/develop. We can then follow a step by step process to identify whether learning and development can help achieve those improvements and if so, what the appropriate methods could be. By going through this process we then have practical measures to identify the costs and benefits of any learning and development undertaken.

The Guide to Lifelong Learning, and How to produce a Training Plan (available on the Learning & Development Department website) provide an evaluation model with a checklist of these steps to help ensure we get a return on investment on the learning and development we initiate or support within the Trust.

5. NEW EMPLOYEES

Success in a job and continued service to the organisation is influenced by the effectiveness of an individual’s induction to that organisation. The responsibility for an induction programme for each new employee lies with the employee’s manager but the organisation of the Trust’s Induction programme will be carried out by the Human Resources department in order to support that process. For Doctors in training the induction programme is organised by the PGMDEC, assisted by the Associate Medical Director for Education, as part of our contract with the Deanery to provide quality medical induction.

The progress and training needs for each new employee needs to be reviewed regularly by the employee’s manager and on-going support provided. For staff covered by Agenda for Change the KSF foundation outline needs to be used to inform development in the first year, and at least 2 reviews are required in that time period.
The Trust’s Induction policy lays out the principles governing

- Corporate induction arrangements for permanent staff
- Departmental (local) induction arrangements for permanent staff
- Departmental (local) induction arrangements for temporary staff

6. SUCCESSION PLANNING/’TALENT RECOGNITION’

Learning and development is not just about increasing output and productivity but is also about looking at long term development of skills, knowledge and behaviours necessary for meeting the long term needs of the Trust. The most important factor in the delivery of health services is the availability of a sufficient number of staff who are appropriately experienced, educated and trained.

Therefore an important principle in developing staff now and for the future is carrying out both workforce planning (anticipating future staff requirements) and succession planning (planning for the development of the current team), where appropriate and applicable, to ensure an ongoing pool of qualified and skilled staff.

7. COMMITMENT

For learning and development to be successful it requires commitment from all concerned. It is important that learning and development is seen as an ongoing process rather than an activity that happens in isolation from the workplace; and all learning needs to be reinforced on the job through practice and experience and given active support by the individual’s line manager. All staff are to be encouraging to maintain an ongoing personal and professional portfolio to demonstrate their continuing development of skills, knowledge and experience.

8. PRIORITIES

Implementation of this policy must take into account the cost of learning, development and education and the ability to release people from their jobs without interfering with the delivery of service. Where not all learning and development needs can be fulfilled priorities will be governed by the needs of the Trust and the service. Departments/Directorates will prioritise within their resources to meet the needs of their objectives.

9. EQUALITY IMPACT ASSESSMENT

Please see Appendix 4 for completed Equality Impact Assessment

10. MONITORING COMPLIANCE AND EFFECTIVENESS

The Trust’s corporate objectives require that all staff participate in appraisal and the agreement of a personal development plan to identify learning and development needs. This is monitored via the monthly Trust Board performance report. The total percentage of staff participating in an appraisal process is monitored at the end of each financial year and reported as part of the Care Quality Commission (formerly Healthcare Commission) self assessment.

Annual Trust self assessment against the following ‘Standards for Better Health’ enable the Trust to monitor Trust compliance with this Development Policy:

- C8b - ‘Healthcare organisations support their staff through organisational and personal development programmes, which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups’
- C11b - Healthcare organisations ensure that staff concerned with all aspects of the provision of

‘Developing Our Staff – Our Policy & Approach’. May 2009. Updated March 10 to include ‘time to train’
healthcare participate in mandatory training programmes

- C11c - Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.

Implementation of ESR Manager Self service will enable the creation of an integrated training database base to record all staff learning and development, and the ESR reporting facility will then enable equality monitoring.

11. REVIEW OF THIS POLICY

This Policy will be reviewed every 2 years following the date of approval of the Policy for use within the Queen Elizabeth Hospital King’s Lynn NHS Trust.

Updated 30th March 2010 to incorporate the right to request time to train introduced through legislation on 6th April 2010
Date of next review October 2011. (The May 2011 was extended to October 2011 by Chairman’s action to allow for the national review of ‘right request time for training’ to have been completed, to allow the Trust to have fully worked through any implications of the workforce dev/planing and information review and enable completion of a ‘Study leave’ policy so that any linkages can be made within the Development policy where required.)
## EXAMPLES OF RESPONSIBILITIES AND ACTIONS TO GET THE BEST FROM LEARNING & DEVELOPMENT

<table>
<thead>
<tr>
<th>Examples of Responsibilities &amp; actions</th>
<th>Every member of staff e.g.</th>
<th>Dept/line managers e.g.</th>
<th>E/T/D* specialists e.g.</th>
<th>Board/senior management e.g.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDENTIFY &amp; PRIORITISE LEARNING &amp; DEVELOPMENT NEEDS</td>
<td>Identify own needs and engage in jointly agreed PDP</td>
<td>Agree PDP with all staff</td>
<td>Support managers in identifying needs and the planning process</td>
<td>Agree learning &amp; dev priorities in line with NHS requirements &amp; service plans Ensure request for post-reg training is realistic/in line with needs</td>
</tr>
<tr>
<td>ENSURE ENABLING FACTORS SUCH AS RESOURCES &amp; RELEASE TIME ARE IN PLACE</td>
<td>Act as mentor/assessor for other learners/support induction of new staff based on appropriate experience</td>
<td>Plan staff release effectively Create opportunities for on-the-job dev</td>
<td>Support the development of flexible and work based training and learning to meet identified needs</td>
<td>Review resources in line with priority needs Engage in joint working with HEI (direct/via directorate) to help provision match needs</td>
</tr>
<tr>
<td>UNDERTAKE LEARNING &amp; DEVELOPMENT ACTIVITIES AND PUT LEARNING INTO PRACTICE</td>
<td>Engage in learning &amp; put into practice - all staff have a responsibility to maintain their competence</td>
<td>Support individuals and teams in putting learning into practice</td>
<td>Deliver/facilitate learning and development activities as appropriate</td>
<td>Act as role models for continuous learning and development</td>
</tr>
<tr>
<td>MONITOR, REVIEW &amp; EVALUATE THE LEARNING AND THE TRAINING PROGRAMMES</td>
<td>Reflect on the learning and effect on practice and share with others</td>
<td>Engage with staff re effect on practice Provide feedback to E/T/D specialists re impact of training for their staff</td>
<td>Specialist support to evaluate effect of major training programmes &amp; learning interventions on practice</td>
<td>Regular monitoring and periodic review of learning and development programmes, interventions and systems Agree priorities for evaluation</td>
</tr>
</tbody>
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*E =Education  T=Training  D= Development

Taken from ‘Hidden Talents: Education, Training, & Development for Healthcare Staff in NHS Trusts (Audit Commission)

‘Developing Our Staff – Our Policy & Approach’. May 2009. Updated March 10 to include ‘time to train’
HOW LEARNING, DEVELOPMENT & EDUCATION SUPPORTS THE LINK BETWEEN QUALITY MANAGEMENT & DEVELOPMENT OF STAFF, AND QUALITY SERVICE DELIVERY

ORGANISATIONAL STRATEGY
Development Strategy supports the organisational strategy

WORK FORCE PLANNING & RECRUITMENT - Skills Mix, Equal Opportunities, Succession planning

INDUCTION
Organisational & Departmental

PERFORMANCE MANAGEMENT
Appraisal & Personal development Plan KSF

SYSTEMATIC IDENTIFICATION OF LEARNING & DEV NEEDS

EVALUATION
Individual/organisational effectiveness & efficiency

DELIVERY – ‘WHAT’

SERVICE PLANNING PROCESS & OUTCOMES/LDP

DEPARTMENT/ DIRECTORATE OBJECTIVES/TRAINING PLAN

TEAM OBJECTIVES

INDIVIDUAL OBJECTIVES
Personal development plan/portfolio

‘HOW’ –STANDARDS

NHS Constitution Expectation

KNOWLEDGE & SKILLS FRAMEWORK (KSF)

PRACTICES & STANDARDS

Appendix 2

‘Developing Our Staff – Our Policy & Approach’ – May 2009. Updated March 10 to include ‘time to train’
ACCOUNTABILITIES & STRUCTURES FOR LEARNING, DEVELOPMENT & EDUCATION WITHIN THE TRUST

Denotes roles that are primarily employed to provide/facilitate learning, development and education to meet specified need(s)

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsible to:-</th>
<th>Accountable to:-</th>
<th>Director link to Board:-</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical governance, practice development and risk management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of Midwifery &amp; Associate Chief Nurse for Women &amp; Children</td>
<td>Chief Nurse* for Education Commissioning for N &amp; M</td>
<td>Chief Nurse</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>(nurse &amp; midwifery post reg education)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Clinical professions /AHP commissioning lead (Superintendent Radiographer)</td>
<td>Divisional Manager – Clinical Support</td>
<td>Divisional Manager – Clinical Support</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>Health &amp; Safety Advisor</td>
<td>Corporate Risk Manager</td>
<td>Chief Nurse</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Back Care Advisor</td>
<td>Occupational Health Manager</td>
<td>Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Physiotherapist/Manual Handling Trainer</td>
<td>Back Care Advisor</td>
<td>Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Infection Control Nurse x 3</td>
<td>Chief Nurse</td>
<td>Chief Nurse</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Lead Nurse for Older People and Vulnerable adults**</td>
<td>Associate Chief Nurse- Emergency Care Division</td>
<td>Divisional Manager for Emergency Care</td>
<td>Director of Operations/Chief Nurse</td>
</tr>
<tr>
<td>Resuscitation Training officer</td>
<td>Lead Practice Innovation Nurse</td>
<td>Chief Nurse</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Clinical Skills Trainer</td>
<td>Resuscitation Officer</td>
<td>Chief Nurse</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Security Management Specialist</td>
<td>Chief Nurse</td>
<td>Chief Nurse</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Complaints &amp; Legal Services Manager</td>
<td>Deputy Director of Quality &amp; Governance</td>
<td>Chief Nurse</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Fire Safety Advisor</td>
<td>Head of Facilities (Estates)</td>
<td>Director of Performance &amp; Informatics (P &amp; I)</td>
<td>Director of P &amp; I</td>
</tr>
<tr>
<td>Practice Development Facilitator, Theatres</td>
<td>Theatres Manager</td>
<td>Divisional Manager – Elective Care</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>Practice Development Nurse (PDN) – NICU</td>
<td>Lead Nurse for Paediatrics</td>
<td>Head of Midwifery &amp; Associate Chief Nurse for Women &amp; Children</td>
<td>Director of Operations/Chief Nurse</td>
</tr>
<tr>
<td>PDN – Paediatrics</td>
<td>Lead Nurse for Paediatrics</td>
<td>Heads of Nursing/Midwifery</td>
<td>Chief Operating Officer/Chief Nurse</td>
</tr>
</tbody>
</table>

‘Developing Our Staff – Our Policy & Approach’ – May 2009. Updated March 10 to include ‘time to train’
### PDN - Medicine
- Lead Nurse for Practice & Innovation
- Chief Nurse

### PDN – Surgery & Anaesthetics
- Lead Nurse for Practice & Innovation
- Chief Nurse

### PDN – Critical Care
- Lead Nurse for Practice & Innovation
- Chief Nurse

### PDN – A & E
- Lead Nurse for Practice & Innovation
- Chief Nurse

### PDN – Medical Assessment Unit
- Lead Nurse for Practice & Innovation
- Chief Nurse

### PDN Midwife
- Head of Midwifery & Associate Chief Nurse for Women & Children
- Divisional Manager – W & C
- Director of Operations

### Nurse Consultant Critical Care Outreach
- Associate Chief Nurse Emergency Division
- Associate Chief Nurse Emergency Division
- Director of Operations

### BMS Training Officers
- Pathology Dept Managers
- Pathology Manager
- Director of Operations

### Radiation Protection Supervisor (Superintendent Radiographer)
- Divisional Manager - Clinical Support
- Divisional Manager - Clinical Support
- Director of Operations

### Medical & Dental Education

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsible to:-</th>
<th>Accountable to:-</th>
<th>Director link to Board:-</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGMDEC Manager</td>
<td>Assistant Director of HR – Medical Staffing</td>
<td>Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Associate Medical Director for Medical Education***</td>
<td>Medical Director</td>
<td>Regional Postgraduate Dean/Chief Executive</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Clinical Sub Dean (Under-graduate tutor)</td>
<td>Associate Medical Director</td>
<td>Dean of Cambridge Medical School and to Dean of UEA Medical School</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Foundation Training Programme Director</td>
<td>Associate Medical Director</td>
<td>Post Graduate Dean</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Speciality tutors</td>
<td>Some Speciality tutors are directly accountable to their Royal College. Accountability to the Trust is through the Associate Medical Director Medical for Education as Chairman of the PGMDE (Post Graduate Medical &amp; Dental) Committee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Role Linkage

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsible to:-</th>
<th>Accountable to:-</th>
<th>Director link to Board:-</th>
</tr>
</thead>
<tbody>
<tr>
<td>OD</td>
<td>Deputy Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Workforce Development Facilitator</td>
<td>Assistant Director of OD</td>
<td>Deputy Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>CPD/Workforce Development Co-ordinator (to be appointed)</td>
<td>Workforce Development Facilitator</td>
<td>Assistant Director of OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Workforce Development</td>
<td>Workforce Development Facilitator</td>
<td>Deputy Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Administrator/Advisor</td>
<td>Mandatory Training Programme Lead</td>
<td>Deputy Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------</td>
<td>---------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>ESR/E-KSF Implementation/ Training Officer</td>
<td>Workforce Planning Manager &amp; Information Lead</td>
<td>Deputy Director of HR</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Librarian &amp; Knowledge manager</td>
<td>Deputy Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>NVQ Centre Manager</td>
<td>Assistant Director of OD</td>
<td>Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>HCA Teacher/Assessor</td>
<td>NVQ Centre Manager</td>
<td>Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Apprenticeship Co-ordinator (2 year externally funded post as part of Norfolk hub)</td>
<td>NVQ Centre Manager – on behalf of the 3 participating organisations in the West Norfolk hub</td>
<td>Assistant Director of OD/ Contract &amp; Business Manager – Norfolk PCT</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Joint Investment Framework coordinator/NVQ administrator</td>
<td>NVQ Centre Manager</td>
<td>Deputy Director of HR</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>HIS Manager/NCR Development Lead (Clinical Systems - PAS/ORMS/IMS)</td>
<td>Head of ICT</td>
<td>Director of Performance &amp; Informatics</td>
<td>Director of Performance &amp; Informatics (P &amp; I)</td>
</tr>
<tr>
<td>HIS/NCR ETD Lead (Clinical Systems - PAS/ORMS/IMS)</td>
<td>HIS Manager/NCR Development Lead</td>
<td>Head of ICT</td>
<td>Director of P &amp; I</td>
</tr>
<tr>
<td>HIS Training Officer</td>
<td>HIS/NCR ETD Lead</td>
<td>HIS Manager/NCR Dev Lead</td>
<td>Director of P &amp; I</td>
</tr>
<tr>
<td>HIS Project Training Officers x 2</td>
<td>HIS/NCR ETD Lead</td>
<td>HIS Manager/NCR Dev Lead</td>
<td>Director of P &amp; I</td>
</tr>
<tr>
<td>HIS ORMIS/IMS Configuration/Trainer</td>
<td>HIS Manager/NCR Dev Lead</td>
<td>Head of ICT</td>
<td>Director of P &amp; I</td>
</tr>
<tr>
<td>IT Training Manager</td>
<td>ICT Service Delivery Manager</td>
<td>Head of ICT</td>
<td>Director of P &amp; I</td>
</tr>
<tr>
<td>Deputy Director of Finance (finance skills)</td>
<td>Director of Finance &amp; Capital Planning</td>
<td>Director of Finance &amp; Capital Planning</td>
<td>Director of Finance &amp; Capital Planning</td>
</tr>
<tr>
<td>HR Business Partners</td>
<td>Deputy Director of HR</td>
<td>Director of HR &amp; OD</td>
<td>Director of HR &amp; OD</td>
</tr>
<tr>
<td>Practice Education Facilitator</td>
<td>Employed by SHA but The Queen Elizabeth Hospital King’s Lynn NHS Trust is host site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chef/Trainer</td>
<td>Head of Facilities (Hotel Services)</td>
<td>Chief Operating Officer</td>
<td>Chief Operating Officer</td>
</tr>
</tbody>
</table>

* Full title is Chief Nurse/Deputy Chief Executive
** Lead Nurse – managerially accountable to Divisional Manager and Professionally accountable to Chief Nurse
*** The Associate Medical Director for Medical Education is the Postgraduate Dean’s representative in the Trust and the Trust’s representative to the Deanery

‘Developing Our Staff – Our Policy & Approach’ – May 2009. Updated March 10 to include ‘time to train’
### EQUALITY IMPACT ASSESSMENT

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Does the policy affect one group less or more favourably than another on the basis of:</td>
<td>No</td>
<td>This policy equally applies to all staff who have a contract of employment with the Trust</td>
</tr>
<tr>
<td>• Race</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Gender</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Disability</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Religion or belief</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Is there any evidence that some groups are affected differently?</td>
<td>Yes</td>
<td>The practicalities of ensuring access to learning and development for staff on a bank contract will need to be given careful consideration by any area that employs bank staff to ensure they are able to access appropriate development</td>
</tr>
<tr>
<td><strong>3.</strong> If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> If so can the impact be avoided?</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> Can we reduce the impact by taking different action?</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
Update to “Developing Our Staff: Our Policy & Approach” – Ratified May 2010

From 6 April 2010, staff working in organisations with more than 250 employees in England, Scotland and Wales will have the right to request ‘time to train’.

The Trust is already committed to the development of all staff as laid out in ‘Developing Our Staff: Our Policy and Approach and that no discriminatory factors (age, gender, sexual orientation, disability, race, religion, working pattern etc.) should restrict access. The right to request ‘time to train’ therefore only formalises the approach and practices we have within the Trust. Given we already have an appraisal process in place and all staff are expected to have a personal development plan we would normally expect any requests for ‘time to train’ to be raised via the appraisal process in the usual way that we currently discuss training needs.

For training requests outside of the appraisal/Personal Development Plan process we may find a need for the ‘time to train’ request process and in any event legislation requires that we have this process in place for staff to call on if they perceive that our normal routes are not enabling them to raise the development needs they believe to be important.

- the updated Development policy includes reference to the right to request time for training which came into effect from April 6th 2010
- The key changes to the Dev policy are the addition of principle 2.3, section 3.1.2 in relation to the right to request time to train and an update of Appendix 3 where there have been changes in posts for those roles accountable for education, learning and development across the Trust
- The full review of the Dev policy will take place in May 2011 as originally planned.
- ‘Guidance on the right to request time to train’ sits in conjunction with the Dev policy and will be reviewed/monitored as part of that policy

‘Developing Our Staff – Our Policy & Approach’ – May 2009. Updated March 10 to include ‘time to train’