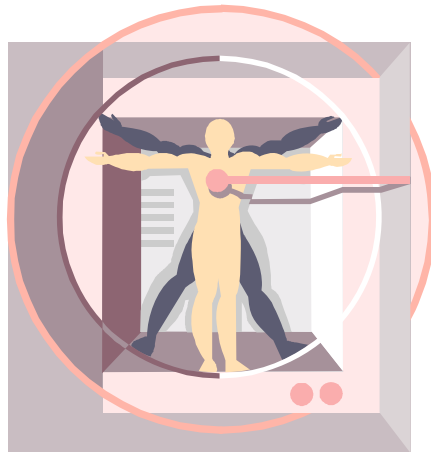


Whole Systems Working for Learning and Development

Implementation Plan



This document describes how a 'whole systems' approach to learning and development can be achieved for the health and social care community in Peterborough

WHOLE SYSTEMS WORKING FOR LEARNING & DEVELOPMENT IN HEALTH AND SOCIAL CARE IN PETERBOROUGH IMPLEMENTATION PLAN

FOREWORD

This document describes how a whole systems approach to learning and development for health and social care workers (including volunteers) in Peterborough can be achieved.

It has been developed over a period of six months after consultation with almost 100 people at a number of levels and by researching the experiences of other organisations that have sensed a need to do something similar.

During the project we considered options and tested them out with people in one to one meetings, group workshops and at conferences. As a result, many of our original ideas have been amended and moulded in the light of what others have told us and we believe that we have now found a pragmatic and cost-effective solution that will meet Peterborough's future health and social care needs.

The document is written deliberately in the conditional tense. This emphasises that it is for others, probably Chief Executives of the stakeholder groups in consultation with the Norfolk Suffolk and Cambridgeshire Strategic Health Authority, to decide whether to adopt a whole systems approach to learning and development in Peterborough. In our view, however, there is great risk in not doing so.

Whole systems learning and development can be implemented in a considered and systematic way ahead of when it is needed or it can be left to evolve once integrated services have arrived. The problem with the latter scenario is that skills, knowledge and competence cannot be turned on like a tap; they sometimes take months or years to develop. The disadvantage of an evolutionary approach is that it would be haphazard, the supply of competent people may lag demand and the considerable financial benefits that a systematic approach can deliver would not be realised.

Whilst a small project team has put together this document and its supporting paper, Mapping the Provision of Existing Learning and Development, a large number of other people have contributed significant time, expertise and effort. We thank all those people, especially for their patience when faced with providing information in our sometimes relentless pursuit of detail.

If the whole systems approach to learning and development that is described in this paper is adopted it will be a significant step for our health and social care community and, potentially, a giant leap for the people of Peterborough.

WHOLE SYSTEMS WORKING FOR LEARNING & DEVELOPMENT **IN HEALTH AND SOCIAL CARE IN PETERBOROUGH** **IMPLEMENTATION PLAN**

EXECUTIVE SUMMARY

1. Plans for a more integrated approach to the provision of future health and social care services in Peterborough are driving a need for a 'whole systems approach' to learning and development for the people who will provide those services. Furthermore, continued pressure on public spending to release resources to the front line is driving a need to ensure that taxpayers' money is spent wisely, including that spent on learning and development.
2. Whilst the current provision for learning and development for the 11,000 health and social care workers (including volunteers) in Peterborough is in some ways commendable, there is room for improvement. Present provision for learning and development is, in most cases, stove-piped and this will not support the future integrated health and social care services.
3. In addition, learning and development for the health and social care community in Peterborough costs nearly £7mn annually. If the whole systems approach to learning and development that is described in this paper was to be implemented, it would present an opportunity to improve further the quality of learning and development in the city and achieve financial savings too.
4. Broadly, there needs to be a greater understanding of the benefits for patients and services users of providing workers with learning and development; there needs to be a reduction in the duplication of effort in designing, commissioning and delivering education and training; there needs to be less emphasis on attending training courses and more on the recognition of work-based and informal methods of learning and there need to be stronger links between business objectives and learning and development.
5. Evidence from the experiences of other organisations, larger than the health and social care community in Peterborough, that have introduced joint or integrated learning and development indicate that a whole systems approach for learning and development across seven stakeholder groups, affecting 11,000 workers in Peterborough is achievable. This will, however, require people with the time, authority and capability to take the necessary actions.
6. A small team, of around eight people, is needed to drive a whole systems approach. This 'Learning and Development Support Team' would act with the agreement of heads of the stakeholder groups by providing the infrastructure and support that a whole systems approach requires. This team would:
 - a. Actively seek information from patients' and service user groups about skills, knowledge and competences of the providers of services and react to that information - link with Patient and Public Involvement Forums, Patient Advice and Liaison Services, Independent Complaints and Advocacy Services and specialist groups.

- b. Provide a one stop shop for anyone who wants advice about learning and development.
- c. Promote the use of a standardised model for the design, development, delivery and evaluation of learning programmes.
- d. Provide specialist professional learning and development advice and consultancy for anyone who needs it; for example, how to conduct a learning needs analysis, analysis of the advantages and disadvantages of e-learning.
- e. Commission generic training courses, such as Information and Communications Technology, first aid and office skills.
- f. Design and commission joint learning and development programmes, such as in leadership and management development.
- g. Undertake a biennial programme of organisational level evaluation of high cost learning and development programmes.
- h. Bid for funds, from the Learning and Skills Council for example, taking into account the requirements of the whole health and social care community in Peterborough.
- i. Act as an exchange bureau for examples of good practice within the health and social care community in Peterborough and beyond.
- j. Provide a hub of communication throughout the health and social care community in Peterborough, including a web site, newsletter and learning directory.
- k. Provide collective access to training brokerages.
- l. Help organisations whose workers (including volunteers) are not covered by the NHS Knowledge and Skills Framework to embed and use straightforward performance management systems.
- m. Provide support for the Learning Strategy and Resource Board.

7. Whilst at face value the setting up of a Learning and Development Support Team may appear to add cost, the experiences of other organisations indicate that it would not be unreasonable to expect the Team to make sufficient savings within its second full financial year of operation (say, FY2007/08) to cover its own costs. This would represent a minimum of 5% in efficiency savings and would make the introduction of a whole systems approach to learning and development cost-neutral.

8. In conclusion, setting up a whole systems approach to learning and development for health and social care workers in Peterborough is achievable. If it happens in the way that is described in this paper it will align learning and development with the future provision for integrated health and social care services that are planned for the city; it will improve the impact of learning and development on the quality of health and care services and it will be cost-neutral.

WHOLE SYSTEMS WORKING FOR LEARNING & DEVELOPMENT **IN HEALTH AND SOCIAL CARE IN PETERBOROUGH** **IMPLEMENTATION PLAN**

Background

1. There are specific and detailed plans¹ to provide more integrated health and social care services in Peterborough than are currently available. This approach is presently not supported by integrated provision for learning and development and it is necessary to consider how this can be achieved to coincide with future new methods of working.
2. There are around 11,000 health and social care workers (including volunteers) in Peterborough, many of whom receive education and training from their 'parent' organisations and some who do not. Very few learning and development opportunities are provided on a joint or shared basis across organisational boundaries and there is duplication of provision and effort. Almost £7mn² is spent each year on learning and development in the health and social care community in Peterborough and there is little tangible evidence that this money is well spent.
3. This paper forms an implementation plan which shows how a more integrated approach to learning and development for all health and social care workers (including volunteers) in Peterborough can be achieved. The approach is named 'Whole Systems Working for Learning and Development'.

Definition

4. This paper applies across the whole of the health and social care spectrum in Peterborough and it specifically *includes* the voluntary sector. Future reference to health and social care 'workers' should be taken to include people who work on a voluntary basis as well as those who are in paid employment.

Aim

5. The aim of this Implementation Plan is to describe, in broad terms, what a whole systems approach to learning and development will look like and to set down, in objective terms, the actions that would need to take place to deliver such an approach for all health and social care workers in Peterborough.

¹ Greater Peterborough Workforce Plan 2004 - 2009

² Estimated to be £6.88mn from information supplied from a number of sources and recorded in 'Mapping the Provision of Existing Learning and Development' (June 2005)

Vision

6. A whole systems approach to learning and development for health and social care in Peterborough would be achieved when:
 - a. *All* health and social care workers appreciated that learning and development contributed significantly to creating a spiral of continuous improvement in the quality of services that they provided.
 - b. *All* health and social care workers knew what actions they could take to develop their skills, knowledge and competence.
 - c. The organisations who supported health and social care workers demonstrated commitment, sometimes beyond their own aspirations, to enable an integrated approach to learning and development that would benefit patients and service users.
 - d. Learning and development were planned and designed to be provided on a shared and joint basis wherever it made sense to do so.

Present Position

7. The paper 'Mapping the Provision of Existing Learning and Development' (June 2005) shows that:
 - a. Structure and Organisation. The present structure and organisation for providing learning and development for health and social care workers in Peterborough is largely fragmented and unconnected, which inhibits whole systems activity.
 - b. Numbers of People. There are around 11,000 health and social care workers in Peterborough who require to be covered by a whole systems approach to learning and development.
 - c. Information Technology Systems. There is no single information technology training administration system in the health and care community in Peterborough. There are a large number of systems in use, most of which record different information, in different ways, for different purposes and which are incapable of communicating with each other.
 - d. Providers of Learning and Development. There are at least 25 providers of education and training for health and care workers in the city, many of which have separate agreements with stakeholder groups.
 - e. Range of Courses and Programmes. For mandatory training, leadership and management development and information technology training there is considerable duplication and financial inefficiency across the health and social care community in Peterborough. In these areas especially, there are opportunities for quick wins as far as whole systems working is concerned, which will lead to shared and joint learning as well as financial efficiencies.

f. Methods of Learning. Learning is provided in a number of ways in stakeholder groups. Whilst it is commendable that such variety of methods are used, it is disappointing that in some cases informal methods are not considered to be as valid as attending training courses. Also, it is disappointing that in some cases identical standards of competence are not recognised across stakeholder boundaries. This leads to duplication of training and assessment, frustration on the part of the individuals concerned and time and money wasted.

g. Links Across Stakeholder groups. Whilst there are a number of formal links across stakeholder boundaries many of these do not lead to integration of learning and development. There are some good examples of joint or shared learning and development activities (such as in the provision of physiotherapy services and in the intermediate care environment) but these happen because certain individuals use their initiative and make them happen, not because there is a systematic approach.

h. Methods of Communication. Each stakeholder organisation uses a number of methods to communicate about learning and development with its people. No single method is likely to be more effective than others and any future whole systems approach would need to use the full range of paper based, electronic and face to face methods.

i. Funding. Funding for learning and development originates from a number of organisations and no-one has an overall picture. It is rare to find anyone within the Peterborough health and social care community who knows how much money is spent on learning and development and, therefore, targeting training on where it is needed most and demonstrating cost benefits is almost impossible. This inhibits effective decision making.

j. Learning Needs Analysis. Whilst a number of methods of conducting learning needs analyses are used, mostly these are based on consultation with workers as part of performance review. There is, however, little evidence of stakeholder groups using patients and service users as sources of information. Furthermore, there is little evidence that future changes to working practices (driven by new legislation and Government initiatives, for example) informs learning needs analyses.

k. Evaluation of Learning and Development Activities. There are some good examples of evaluation taking place at levels other than using 'happy sheets' at the end of courses, but these are rare. If there is not a sound understanding of the improvements that learning and development bring to the quality of service delivery, learning and development will always fail to demonstrate their worth.

8. Clearly there would be a great deal to be done if a whole systems approach to learning and development was to be achieved.

Is a Whole Systems Approach a Realistic Aspiration?

9. Despite the starting point there is good reason to believe that a whole systems approach to learning and development for health and social care workers in Peterborough is a realistic aspiration. Annex A shows two organisations that have successfully adopted whole systems approaches, although they have not named them that way. One is in the public sector and the other, Reuters, is commercial.

10. Six years ago the Ministry of Defence realised that it was wasting a great deal of money by duplicating much of the training it provided for its then 200,000 uniformed and 100,000 civilian staff. Also, training was organised and delivered in ways that were based on outdated, single service doctrines and it was becoming increasingly irrelevant to present and anticipated future operational needs. A small organisation was set up to lead the change that was necessary to deliver a joint approach to defence education and training.

11. Reuters, is an international multimedia news agency, with 14,000 staff who operate in 200 cities in 94 countries worldwide. Having introduced an integrated approach to learning and development, the organisation is now delivering 'value' not 'volume' training solutions which are aligned with strategic objectives. A core staff comprising a head of global learning and a small number of specialist learning consultants provide the corporate glue necessary to achieve an internationally integrated approach to learning and development. The costs of this core group have been met through year one net savings and total payback of investment is expected in two and a half years.

12. There are a number of common themes in these two examples. The most significant are:

- a. Solutions were based on setting up small teams whose remit was to enable joint approaches to learning and development.
- b. Solutions were partially driven by a need to save money and this was achieved, in both cases, despite setting up additional structures to lead and enable the necessary change.

13. In Peterborough it would be unrealistic to expect that a whole systems approach could be achieved through existing organisational structures. As the paper Mapping the Provision of Existing Learning and Development (June 2005) shows, such structures are too disconnected and no process exists that enables people, in a systematic way, to work together. Whilst progress towards a whole systems approach can be made quickly, the end result would take time because it would require a change of culture. It should be possible, however, within two years to achieve a number of objectives that would lead to the establishment of a whole systems framework within, say, three years.

Benefits

14. There are a number of benefits that would accrue from introducing a whole systems approach to learning and development for the health and social care community in Peterborough. These fall into two categories: qualitative and financial.

15. Qualitative Benefits. A whole systems approach to learning and development would contribute to a spiral of continuous improvement in the quality of health and social care services because:

- a. Learning and development would be designed to support future integrated services.
- b. Workers who must now, or will in the future, work together, would learn together.
- c. Standards of competence would be recognised across stakeholder groups, thereby reducing unnecessary duplication of training and 'qualification'.
- d. The skills, knowledge and competences of volunteer workers would be acknowledged, through planning and action, as being equally important compared with those for paid workers.
- e. It would provide an opportunity to move away from input focused learning and development (qualifications and number of days training attended) to become more focused on outcomes. This would mean placing emphasis on assessing whether learning and development led to improvements in the quality of care that individuals provided for patients and service users.

16. Financial Benefits. A whole systems approach could have a number of financial benefits, namely:

- a. A reduction of overall costs derived from eliminating duplication of both administrative effort and learning and development programmes.
- b. A reduction of expenditure by placing larger contracts with fewer external training providers for subject areas such as IT training, leadership and management development and office skills.
- c. Bids to organisations such as the Learning and Skills Council, which provide sources of funding, would be more compelling and this would increase chances of drawing down larger sums of money than is possible at present.
- d. A whole systems approach would require the adoption of a common system for designing, delivering and evaluating learning and development. Processes and procedures would be standardised and this would improve efficiency and, therefore, cost-benefits.
- e. Crucial people such as learning and development leads, training staff and clinical and occupational leads would have access to in-house learning and development specialists. This would enable them to be more effective in the conduct of their work.
- f. Greater understanding and visibility of funding a whole systems approach would enable learning and development to be targeted at where it is likely to have greatest positive impact on the quality of health and care services.

g. A more robust evaluation system would enable the impact of learning and development on the quality of services to be better understood. This, in turn, would help decisions about learning and development to be better informed.

h. Workers across organisational (stakeholder) boundaries would have more opportunities to learn together and this would have benefits for people who, in future, will work together in integrated care centres and for people who wish to move around the local health and social care community. This would have a positive impact on retention and, therefore, reduce the costs of staff turnover.

17. In summary, a number of benefits would accrue from introducing a whole systems approach to learning and development for health and social care workers in Peterborough. Some of these are qualitative and others are financial.

18. In the light of the experiences of the Ministry of Defence and Reuters, it would not be unreasonable set efficiency targets³ as part of the introduction of whole systems working. One of these could quite reasonably be to cover set-up costs (for example, establishing a Learning and Development Support Team - see para 34) within the second full financial year (say, 2007/08) of operation. This would represent an efficiency saving of 5% on £7mn.

Risks

19. The greatest risk is in not introducing whole systems working as soon as is practically possible. If a whole systems approach to learning and development was introduced soon, it would provide health and social care workers with the skills, knowledge and competences that they will need to coincide with the introduction of integrated health services that are part of the Greater Peterborough Health Investment Plan.

20. If whole systems working was not introduced formally, sooner or later it would evolve through individual initiatives and there is evidence that this is already starting to happen. The disadvantage of an evolutionary approach is that it would be haphazard, the supply of competent people may lag demand by months or years and the considerable cost benefits that a planned approach can deliver would not be realised.

21. Given that there is widespread support for introducing a whole systems approach to learning and development⁴ there would be risks:

a. Despite the rhetoric, the resolve to take the necessary actions may not be forthcoming, or it may become diluted over time. There would need, therefore, to be an organisational structure that would create and maintain momentum.

³ As defined in the Gershon report 'Releasing Resources to the Front Line' (July 2004).

⁴ A conclusion reached as part of this project, after speaking with about 100 people in and around Peterborough who have a vested interest in learning and development in the health and social care sector in the city.

- b. It could too easily be assumed that a verbal commitment to a whole systems approach was all that was needed, but this is not so. Those people responsible for planning, providing and evaluating learning and development within their own organisations at present do not have the spare capacity to drive a whole systems approach. There needs, therefore, to be some kind of corporate glue that operates beyond present structures and in the interests of the 'whole system'.
- c. Value for money cannot be assumed merely from implementing a whole systems approach. Such an approach would need to be firmly led, have clear financial targets and be formally accountable for delivering cost benefits.
- d. Whatever organisation or structure is put into place to enable a whole systems approach, it may lack the authority or capability to do so. There would, therefore, need to be a formal agreement at the highest levels of stakeholder groups which commits them to the approach.
- e. Whatever organisation or structure is put into place to enable a whole systems approach, it may fail to communicate effectively with all health and social care workers in the city. This is fundamental because one of the tenets of the approach would be that individual workers accept responsibility for raising their skills, knowledge and competences in order to achieve a spiral of continuous improvement in service delivery.
- f. The timeliness and quality of education and training delivery could be compromised by high volume, although this could be avoided through effective planning and good communication.
- g. Joint and shared learning and development events could lead to loss of organisational uniqueness and identity. Under the principles of a whole systems approach, however, it will still be possible to retain unique learning and development events 'where it makes sense to do so'⁵.

22. Whilst there are a number of risks, they are outweighed by the risk of not implementing a whole systems approach to learning and development for the health and social care community in Peterborough. Furthermore they could be mitigated with firm leadership (of a Learning and Development Support Team - see para 34), precise objectives and targets and clear lines of accountability.

Process

23. This Implementation Plan has been developed in consultation with a Steering Group containing learning and development leads from all stakeholder groups and with nearly 100 people who have a vested interest in learning and development in the Peterborough health and social care community.

24. Good practice from other organisations in the public and private sectors has also been taken into account and synopses are contained at Annex A.

⁵ One of the principles contained in the Whole Systems Working Strategy, dated 21 March 2005.

Context

25. Nationally, this Implementation Plan directly supports the **NHS Plan** by enabling staff and associated volunteers to gain the skills, knowledge and competences they need to deliver the health and care services of tomorrow⁶. It also supports the **Agenda for Change** programme by taking full account of the Knowledge and Skills Framework (KSF) and its associated Development Review Process⁷. Furthermore, it supports much of the Government's Green Paper on 'Health and Social Care' (March 2005)⁸.

26. Locally, it supports directly the **Greater Peterborough Workforce Plan 2004 - 2009** to which the statutory organisations that provide health and social care in the city are signed up and it supports the **Local Delivery Plan**.

Description of a Whole Systems Approach to Learning and Development

27. The following description of a whole systems approach to learning and development is based on the principles described in the Strategy that was agreed by the Steering Group on 21 March 2005.

28. If whole systems working for learning and development was introduced, for example in January 2006, within two years patients and other service users would be at the centre of an approach that would lead all individual health and social care workers to take responsibility for identifying their own learning needs in order to create a spiral of continuous improvement in the provision of health and care services.

29. This means that providers of health and social care services would focus primarily on *outcomes* of learning and development. The consequence is that patients and service users would need to be involved in providing information about the quality of services they receive and where inadequate skill, knowledge or competence was identified as an issue, it would be addressed. Health and social care workers should be encouraged to think of numbers of days training they have attended and qualifications they have gained merely as enabling the acquisition of new skills, knowledge and competence and assessing their value.

30. Supporting individual health and social care workers would be line managers who understand the value of learning and development and have the skills, knowledge and competences themselves to unleash the potential of their people. In many cases the KSF and development review process would assist, but there are large numbers of people who are not covered by this framework. It would, therefore, be necessary to identify those workers to whom KSF does not apply and encourage and enable them to use some kind of straightforward system of performance management, even if it is an informal one.

⁶ The NHS Improvement Plan - Section 3: Making it Happen - Chapter 6: More staff working differently.

⁷ The NHS Knowledge and Skills Framework and the Development Review Process - October 2004 - Chapters 1 and 3.

⁸ 'Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England' - 21 March 2005 - Chapters on Service Improvement and Delivery, The Workforce and Working with the Voluntary and Community Sector.

31. Supporting organisations in the provision of education and training would be learning and development leads, training staff and clinical and occupational leads. These roles exist now, but learning and development leads would have specific responsibilities linked with enabling a whole systems approach. Clinical and occupational leads would be supported by a network of colleagues with whom they could share information across organisational boundaries and learning and development expertise which would assist them in the more specialised aspects of their roles (such as conducting learning needs analysis or applying e-learning).

32. A better understanding of the costs and routes of funding for learning and development that a whole systems approach could bring would make a considerable improvement on the present position. It would enable priorities to be set and decisions taken that would enable education and training to be targeted at where they would make the greatest positive impact on the quality of health and social care services. This element of the overall approach would require, probably, biannual high level meetings (of what could be named the 'Learning Strategy and Resource Board'), at director of Workforce Development level and assisted by non-executive directors, to provide direction for future learning, allocate funds and review the effectiveness of learning and development in meeting corporate, business and whole system objectives.

33. In support of the overall approach and helping to mitigate the risks there would be a small Learning and Development Support Team that would:

- a. Actively seek information from patients' and service user groups about skills, knowledge and competences of the providers of services and react to that information - link with Patient and Public Involvement Forums, PALS, ICAS and specialist groups.
- b. Provide a one stop shop for anyone who wants advice about learning and development.
- c. Promote the use of a standardised model for the design, development, delivery and evaluation of learning programmes.
- d. Provide specialist professional learning and development advice and consultancy for anyone who needs it; for example, how to conduct a learning needs analysis, analysis of the advantages and disadvantages of e-learning.
- e. Commission generic training courses where required, such as ICT, first aid and office skills.
- f. Design and commission joint learning and development programmes, such as in leadership and management development.
- g. Undertake a biennial programme of level 4 evaluation⁹ of high value learning and development programmes.
- h. Bid for funds, from the Learning and Skills Council for example, taking into account the requirements of the whole health and social care community in Peterborough.

⁹ This is Kirkpatrick's level 4: evaluation of the effectiveness of learning and development in meeting organisational/corporate needs.

- i. Act as an exchange bureau for examples of good practice within the health and social care community in Peterborough and beyond.
- j. Provide a hub of communication throughout the health and social care community in Peterborough, including a web site, newsletter and learning directory.
- k. Provide collective access to training brokerages.
- l. Help organisations whose workers (including volunteers) are not covered by KSF and its associated development review process to embed and use straightforward performance management systems.
- m. Provide support for the Learning Strategy and Resource Board.

Key People

34. There would be four groups of people that would enable a whole systems approach to learning and development. These are:

- a. Members of the Learning and Development Support Team
- b. Directors of Workforce Development who form the Learning Strategy and Resource Board
- c. Learning and development leads
- d. Clinical and occupational leads

Suggested Terms of Reference can be found at Annexes B, C, D and E respectively.

Strategic Objectives

35. A whole systems approach to learning and development for health and social care workers in Peterborough could be achieved in a measured way through an objective based approach, starting, for example, in September 2005¹⁰. The broad objectives would be:

SO1. Chief Executives of stakeholder groups¹¹ sign a Memorandum of Understanding on 1 September 2005, which commits them to a whole systems approach and setting up a Learning and Development Support Team.

SO2. Learning and Development Support Team starts to form and accepts its Terms of Reference and objectives (including financial targets) on 12 September 2005.

SO3. First meeting of the Learning Strategy and Resource Board (see Annex C for its terms of reference) on 8 December 2005.

¹⁰ This date is used for illustrative purposes in providing a reference point for future actions. It is probably the earliest that a whole systems approach could commence.

¹¹ Stakeholder groups are: Greater Peterborough Primary Care Partnership, Peterborough and Stamford Hospitals NHS Foundation Trust, Cambridgeshire Mental Health Partnership NHS Trust, East Anglian Ambulance NHS Trust, Peterborough City Council and Peterborough CVS on behalf of the voluntary sector and representatives of the independent sector.

SO4. Whole Systems Working for Learning and Development in Peterborough is launched on 1 February 2006.

SO5. Review progress towards a full whole systems approach and achievement in November 2006.

SO6. Assess tangible benefits of a whole systems approach in November 2007.

36. A number of the tasks expected of the Learning and Development Support Team are not presently being undertaken by anyone. A small number, however, are being undertaken by people already working within stakeholder groups and when a whole systems approach is adopted some work would migrate into the Learning and Development Support Team. Examples are:

- Commissioning of generic training courses
- Design and commissioning of management and leadership development programmes
- Bidding for funds
- Providing access to brokerages (eg the Cambridgeshire Care Brokerage)
- Some advice and consultancy tasks
- Some evaluation tasks

37. With a number of high volume training courses being commissioned 'centrally' and bids for funds being compiled on a wider, and therefore more compelling, basis than at present, some economies of scale would accrue. Given that around £7mn is spent on learning and development in the health and social care community at present, it would not be unrealistic to seek efficiency savings of 5%, covering whole systems set-up costs within two years, whilst simultaneously improving the impact of learning and development on the quality of health and social care services.

38. Each stakeholder organisation should be prepared to provide a share of the resources needed to set up and maintain the Learning and Development Support Team. Alternatively it may be preferable to commission a commercial partner to fulfil this need.

Implementation Objectives

39. The following detailed objectives would deliver whole systems working for learning and development in Peterborough:

IO1. Develop an understanding on the part of all health and social care workers in Peterborough that their own skills, knowledge and competences affect the quality of services that they provide - by December 2007. *Whilst KSF and its associated development review process would assist greatly, there are a large number of people, volunteers for example, who are not covered by these initiatives and this would have to be addressed. This would require an extensive communication and education campaign (see Annex F).*

IO2. Enable all health and social care workers to have access to advice about how they can improve their skills, knowledge and competences - by December 2007. *This would require a large education programme for line managers, supervisors and team leaders. And it would require setting up a one stop shop - one of the Learning and Development Support Team's tasks.*

IO3. Set up a structured network of clinical and occupational leads with clearly defined responsibilities for learning and development - by September 2006. *This would require all clinical and occupational leads to be identified, informed about their whole systems learning and development responsibilities and trained to use the Greater Peterborough Health and Social Care Systems Approach to Learning (see Annex G).*

IO4. Provide a common methodology for the identification of learning needs, their alignment with business objectives, programme design, commissioning of delivery and assessment of the impact of learning on performance - by September 2006. *The methodology is contained at Annex G, but it would need to be refined further and learning and development leads and clinical and occupational leads would need to be trained in how to use it.*

IO5. Broaden predominant current thinking to appreciate the value of alternative methods of learning (beyond attending training courses) to include informal and unstructured learning such as reading - by September 2007. *This would require a comprehensive communication and education campaign reaching all health and care workers in the city.*

IO6. Develop widespread appreciation of the need to see learning as output, as opposed to input, focused - by December 2006. *KSF would help for those people to whom it applies. The challenge would be to reach those people who it does not cover. In some sectors, particularly the voluntary sector, support and guidance may be needed to provide help with introducing straightforward performance management systems and techniques.*

IO7. Develop a process for assessing the impact of learning and development on business/organisational objectives - by March 2006. *This work would commence as part of the introduction of the Greater Peterborough Health and Social Care Systems Approach to Learning (see Annex G).*

IO8. Develop a common costing model for learning and development in order to compare costs on a level playing field - by March 2006.

IO9. Deliver some quick wins to demonstrate the value of a whole systems approach - for example: in the new, integrated provision of Children's Services that is currently being planned and in the delivery of mandatory training, leadership and management development programmes and Information Technology training - by December 2006.

Conclusion

40. Setting up a whole systems approach to learning and development for health and social care workers in Peterborough is achievable. If it happens in the way that is described in this paper it will align learning and development with the future provision for integrated health and social care services that are planned for the city; it will improve the impact of learning and development on the quality of health and care services and it will be cost-neutral.

Recommendations

41. It is recommended that:

- The Steering Group accepts that a whole systems approach to learning and development in health and social care in Peterborough is achievable
- The Steering Group accepts that the objectives laid down at paragraphs 35 and 39 will deliver a whole systems working for learning and development in the health and social care community in Peterborough
- The Steering Group will recommend to the Future Workforce Planning Group that a move to implementation should commence as soon as is practically possible

Chris Cordery

Project Director
16 June 2005

List of Annexes:

- A. Whole Systems Practices Elsewhere.
- B. Terms of Reference and Objectives for the Learning & Development Support Team.
- C. Terms of Reference - Learning Strategy and Resource Board.
- D. Terms of Reference - Learning and Development Leads.
- E. Terms of Reference - Clinical and Occupational Leads.
- F. Communication and Education.
- G. Greater Peterborough Health and Social Care Systems Approach to Learning.

WHOLE SYSTEMS PRACTICES ELSEWHERE

Ministry of Defence

- 200,000 uniformed (Armed Forces) and 90,000 civil service personnel
- Began to move to a joint approach to education and training in 2001, because:
 - Future operations were more likely than ever before to be joint operations
 - Duplication of effort was causing financial inefficiencies
- Now, education and training must be designed to be joint unless there are substantial reasons for it to remain single service
- There is a common model (the Systems Approach to Defence Training) that the whole organisation uses to design, deliver and evaluate training
- Costing models have been standardised so that cost of education and training can be compared on a level playing field
- External Validation (answering the question: Does the training that was provided meet the operational need) is carried out robustly for all high value (costly) training

Reuters

- 14,000 staff in 200 offices in 94 countries worldwide
- Three years ago:
 - Reuters had no global learning strategy
 - Supply and demand of learning services were separated organisationally and in budget terms (managers wanted training, training managers provided it, no-one assessed its effects)
 - To appease demand for training solutions, the training department produced a catalogue of courses
 - Training was measured in volume (numbers of courses attended and qualifications achieved) instead of value (improvements in working practices)
 - Personal performance analysis was not done or was done poorly
 - There was no ability to gather global information, including costs
 - Regional and local organisation of training led to inefficiencies and duplication and therefore high costs
 - The effects of learning on operational performance was not assessed
- In 2002 a challenge was set: To build a world class learning and development service, aligned with business strategy and priorities
- This is now being achieved by:
 - Devising a plan for a more integrated approach to learning and development for staff throughout the world
 - Setting up a small team of learning and development consultants to co-ordinate training activities
 - Centralising some training functions, eg commissioning generic learning solutions
 - Concentrating on training outputs (improved operational performance), not inputs (such as numbers of days training or numbers of qualifications achieved)
 - Establishing a Learning Advisory Board to provide and maintain strategic direction

TERMS OF REFERENCE AND OBJECTIVES FOR THE LEARNING & DEVELOPMENT

SUPPORT TEAM

1. Actively seek information from patients' and service user groups about skills, knowledge and competences of the providers of services and react to that information - link with Patient and Public Involvement Forums, PALS, ICAS and specialist groups.
2. Provide a one stop shop for anyone who wants advice about learning and development.
3. Promote the use of a standardised model for the design, development, delivery and evaluation of learning programmes.
4. Provide specialist professional learning and development advice and consultancy for anyone who needs it; for example, how to conduct a learning needs analysis, analysis of the advantages and disadvantages of e-learning.
5. Commission generic training courses where required, such as ICT, first aid and office skills.
6. Design and commission joint learning and development programmes, such as in leadership and management development.
7. Undertake a biennial programme of organisational level evaluation of high value learning and development programmes.
8. Bid for funds, from the Learning and Skills Council for example, taking into account the requirements of the whole health and social care community in Peterborough.
9. Act as an exchange bureau for examples of good practice within the health and social care community in Peterborough and beyond.
10. Provide a hub of communication throughout the health and social care community in Peterborough, including a web site, newsletter and learning directory - see Annex F for more details.
11. Provide collective access to training brokerages.
12. Help organisations whose workers (including volunteers) are not covered by KSF and its associated development review process to embed and use straightforward performance management systems.
13. Provide support for the Learning Strategy and Resource Board.

TERMS OF REFERENCE - LEARNING STRATEGY AND RESOURCE BOARD

The Learning Strategy and Resource Board (LSRB) would comprise Directors of Workforce Development (or HR) from stakeholder groups, or their nominated representatives, and a small number of non-executive directors. It would be a decision making body.

The LSRB would meet twice each year with the aim of reviewing the extent to which a whole systems approach to learning and development meets the strategic/high level business objectives for providing health and social care in Peterborough and to direct resources. It would act with the authority of Chief Executives.

The LSRB would:

- Align learning and development with the NHS Improvement Plan, the Local Delivery Plan and other relevant strategic plans
- Set high level, whole system learning and development objectives in support of strategic business/operational objectives
- Allocate resources, including staff and finance
- Approve the rolling programme of organisational level evaluation of high value learning and development activities and receives reports
- Provide direction to the head of the Learning and Development Support Team

The Chair of the LSRB would act as the line manager for the head of the Learning and Development Support Team.

TERMS OF REFERENCE - LEARNING AND DEVELOPMENT LEADS

In addition to their responsibilities within their own organisations Learning and Development Leads would have the following whole systems responsibilities:

- Use the Greater Peterborough Health and Social Care Systems Approach to Learning and Development (see Annex G) for the design, delivery and evaluation of all learning and development
- Work with other Learning and Development Leads to
 - identify opportunities for joint or shared learning
 - make best use of available funds, taking into account the wider needs of patients and service users
- Provide information to the LDST to assist with bids for joint funding
- Provide information to the Learning Strategy and Resource Board

TERMS OF REFERENCE - CLINICAL AND OCCUPATIONAL LEADS

In addition to their responsibilities within their own organisations clinical and occupational leads would have the following whole systems responsibilities:

- Assume, where relevant, the role of learning sponsor (see Annex G) and in doing so comply with relevant aspects of the Greater Peterborough Health and Social Care Systems Approach to Learning and Development
- Work with relevant clinical and occupational leads in the other stakeholder groups to identify opportunities for joint or shared learning
- Work with other clinical and occupational leads to share knowledge and good practice
- Provide information to the Learning Strategy and Resource Board

COMMUNICATION AND EDUCATION

Introduction

Highly effective communication and education would be an essential part of a whole systems approach. Without them the initiative would be in serious jeopardy. Whilst links between the statutory organisations would need to work well (as they already do in many cases), a greater challenge would be to engage the voluntary and independent sectors. These sectors have different pressures on them in terms of the ability to communicate (for instance, whilst NHS organisations may be moving towards integrated Information and Communications Technologies, many individuals working in the voluntary sector do not have access to a computer at work) and different pressures as far as funding for learning and development are concerned.

A whole systems approach would not deliver its full potential unless those people responsible for its implementation communicate with, and educate, every single member of the health and social care community in Peterborough. The reason is that it must quickly become obvious that a whole systems approach to learning and development will lead to a spiral of continuous improvement in the quality of health and social care services. This can only be assessed at the point of delivery of such services and it is individual workers (including volunteers) who would make the difference. These people must, from time to time, ask themselves how they, personally, could improve the quality of service that they provide. Their line managers or supervisors should then help them to convert this thinking into how they could improve their knowledge, skills and competences and make provision for them to do so. Neither workers nor their managers and supervisors would be able to do this without some kind of support organisation to help them and this would require communication and education.

Method

Under a whole systems approach, the Learning and Development Support Team would be responsible for:

- Designing and distributing 11,000 copies of a small card explaining, in straightforward terms, individual responsibilities for learning and development and providing information about contact details for one-stop-shop advice.
- Designing and maintaining a Learning and Development directory showing 'who's who' and the networks used for providing an effective whole systems approach to learning and development. This will not contain a list of courses, but will contain a list of different approaches to enabling learning to remind people that there are alternatives to attending training courses.
- Developing and maintaining a web site containing information about learning and development in the health and social care community in Peterborough.
- Compiling and distributing a regular newsletter so that contact can be made and maintained with people who do not have access to the Internet.
- Designing and running a programme of education on the subject of Performance Management (including performance review and identifying learning needs) for those individuals, managers and supervisors who are outside the scope of the Knowledge and Skills Framework. Appendix 1 contains some ideas of particular relevance to parts of the voluntary and independent sectors that would require further work if a whole systems approach was adopted.
- Coordinating networks of clinical and occupational leads across sector boundaries in order to look for further whole systems opportunities and to share good practices.
- Educating clinical and occupational leads and line managers on the use of the Greater Peterborough Health and Social Care Systems Approach to Learning.

A STRAIGHTFORWARD APPROACH TO PERFORMANCE MANAGEMENT

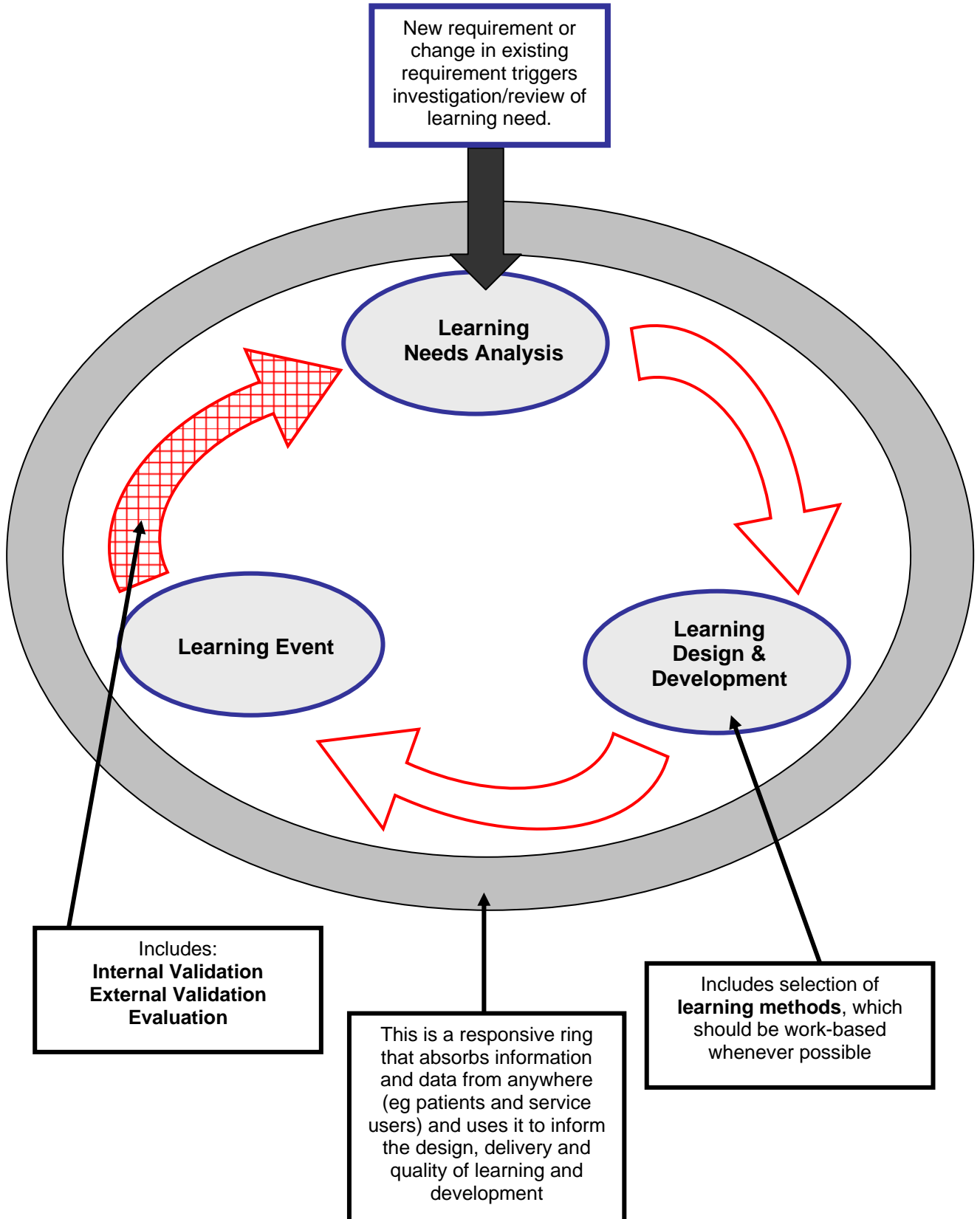
Some organisations that make up the 'whole system' in Peterborough, particularly in the independent and voluntary sectors, are not covered by the NHS Knowledge and Skills Framework and its associated development review process. This places their workers (volunteers as well as paid staff) at a disadvantage compared with those people to whom KSF does apply.

Organisations that engage people who are not covered by the KSF should use a straightforward performance management framework that, at minimum cost in time and money, ensures that their workers step onto a spiral of continuous performance improvement. This would:

- Ensure continuous improvement in the quality of service provision
- Achieve and maintain high levels of individual motivation - based on people taking pride in high levels of achievement for the benefit of patients and service users
- Maximise the effectiveness of strong team working - based on the principle that a team should be stronger than the sum of its individual components
- Minimise turnover, through job satisfaction
- Maximise the cost-benefits of education and training, by utilising low cost, high impact learning solutions

This can be achieved by enabling all staff (managers, supervisors and the people who deliver services) to play a part in the 'Five Minute Review'. This includes giving and receiving feedback, objective setting and recording basic performance information. The 'Five Minute' framework and its associated skills can be learned in half a day.

GREATER PETERBOROUGH HEALTH AND SOCIAL CARE
SYSTEMS APPROACH TO LEARNING



GREATER PETERBOROUGH HEALTH AND SOCIAL CARE SYSTEMS APPROACH TO LEARNING AND DEVELOPMENT

Introduction

This Systems Approach to learning and development will:

- Provide a common framework for designing, delivering and evaluating learning and development across the 'whole system'.
- Ensure that learning and development are focused on meeting business/operational needs.
- Ensure that learning and development are provided in the most cost-effective manner.

Sponsors

All learning programmes must have a sponsor. A sponsor is the 'owner' of such programmes and, therefore, responsible for their quality and cost-effectiveness.

Sponsors are normally occupational or clinical leads. For generic learning programmes, such as induction, sponsors may be Heads of HR.

Sponsors are responsible for conducting, or commissioning, learning needs analyses, programme design and evaluation at the organisational level. They are also responsible for obtaining and managing funds.

In all these areas sponsors are able to call upon assistance from the Learning and Development Support Team which will allocate staff to act in an advisory capacity.

Learning Needs Analysis

A learning needs analysis (LNA) is conducted for all new learning that is required. For high cost learning, likely to cost over £10,000 this must form robust planning activity.

A LNA comprises:

- A description of the business/operational need for filling a skills, knowledge or competence gap - this should be linked wherever possible with the requirements of representative groups of patients and service users
- A statement of rationale, describing why learning is the solution (as opposed to, say, a recruitment solution)
- A description of the evidence will be accepted as demonstrating successful outcomes of the learning and in what timescale
- A list of learning objectives (including statements of Performance, Conditions and Standards)
- A statement of the standards to be achieved (where necessary, in terms of academic or vocational qualifications)
- A timescale for evaluating the effectiveness of learning
- Numbers of people who need to participate in the programme
- Milestone dates for completion

Learning Design and Development

Learning design and development activity is based on information contained in the LNA. This activity:

- Considers appropriate methods for enabling learning
- Describes, in practical terms, how the learning objectives will be met
- Defines the programme to be provided
- Commissions the provider, which may be internal or external

Learning Event

Once the design of a learning programme is complete, it is handed over to a provider for delivery. The 'contract' must be specific and include much of the information contained in the LNA and design documentation.

It is the sponsor's responsibility to monitor standards and, again, this can be done with the help of the Learning and Development Team.

Evaluation

Assessing the Outcomes of Learning and Development

Assessing the outcomes of learning and development is mainly the responsibility of sponsors and line managers. Information that answers the question 'What difference has learning and development made to the quality of service delivery?' should be sought from a variety of sources, including patient and service user groups, staff and volunteers themselves, supervisors and line managers.

Outcomes can be determined only if new knowledge, skills and competences have an effect on the quality of service delivery this should be assessed against objectives. Organisational level strategic objectives, departmental objectives and individual objectives should all be translated into learning objectives and these should form the basis of learning and development events. At the highest level objective setting is the responsibility of the Learning Strategy and Resource Board and at the lowest level, it is the responsibility of line managers.

Learning objectives should be understood by staff and volunteers themselves, their supervisors and line managers and the providers of education and training. In the case of the latter, learning objectives should form part of the commercial contract when external provision is commissioned.

Validation

The learning provider is responsible for 'internally validating' the programme and information gathered must be sent to the sponsor. Internal validation answers the question: 'Did the learning event meet the learning objectives effectively?'

The sponsor is responsible for arranging 'external validation', which should not be conducted by the learning provider because it must be objective. External validation answers the question: 'Did the learning objectives meet the original business/operational objectives?' The Learning and Development Support Team may be commissioned to conduct external validations.

Evaluation

The sponsor is responsible for 'evaluation'. Evaluation answers the question: 'Did the learning achieve the desired outcomes (improvements in performance) in a cost-effective manner?'

Constant Monitoring

An important part of this particular Systems Approach is the ability to react. The model shows a 'responsive ring' which absorbs information from a variety of sources. It will, for example, be linked with PPI Forums, ICAS, PALS, clinical and occupational leads and representative groups of all kinds in order to gain information about the whole range of learning and development provision. Where gaps or inadequacies are found they will be researched and followed up.

Further Work

One of first tasks of the Learning and Development Support Team would be to draw up a list of sponsors and the learning and development programmes for which they are responsible. The Team would also produce Notes for Guidance on the application of a Systems Approach to Learning and Development, including templates and checklists to assist sponsors. It would also provide training for sponsors.