

EAST KENT HOSPITALS NHS TRUST – EDUCATION AND DEVELOPMENT POLICY AND STRATEGY

1. TRUST POLICY

The Trust is committed to:

- educating and developing staff and roles within and across professions to ensure we are able to deliver the Trust's service plans
- developing its staff and those working in association with the Trust at all levels to their full potential, as a means of providing services and individual patient care of the best possible quality, efficiency and effectiveness;
- becoming a centre of excellence for lifelong learning which is fundamental to the continuous improvement of services to patients and the realisation of the Trust's objectives, the health improvement plan for East Kent and the NHS Plan and other national policy documents;
- supporting personal growth, career development and employability, in a learning environment, against a background of ongoing organisational change.

2. PURPOSE OF THE STRATEGY

The purpose of this strategy is to ensure that the Trust's policy on education and development is fully implemented and integrated in the current operation and future development of the Trust.

3. LONG-TERM VISION

Within five years, the Trust aims to achieve the following outcomes through this strategy:

- **staff know they are valued through the education and development they receive**
- **there is integration of learning in the workplace and clear systems to support learning that are able to demonstrate an improvement in skills, knowledge and attitudes**
- **there is a partnership approach to learning**
- **the Trust is recognised as a centre of excellence for education and development**

3.1. Staff know they are valued through the education and development they receive

- Experience and expertise are valued and shared;
- Staff are proud of their work and see themselves as ambassadors for the NHS.
- The results of the attitude survey of staff are positive;
- A special fund of money is retained for developing the new ideas which arise out of education and development.

3.2. Integration of learning in the workplace and clear systems to support learning that are able to demonstrate an improvement in skills, knowledge and attitudes

- Systems are in place to ensure investment in education in terms of capital and revenue. Time and money spent, is valued, realistic, focused, co-ordinated and evaluated
- Trust reports contain evidence of the costs and benefits of education and development and evaluate the contribution they make to realising national and local targets;
- Patients are one of the main sources of learning;
- There are far fewer complaints relating to communicating with patients and staff attitude;
- Experts in education and development are integrated into the Trust's organisation structure and corporate systems;
- Appraisal is a valued part of working life, common to all and staff are clear about what is expected of them;
- There is evidence of learning throughout the organisation, maximising the use advantages of information technology

3.3. There is a partnership approach to learning

- Education and development is planned and delivered on a shared basis across the health community or wider;
- It is usual for staff from different specialities and services to learn together;
- Working relationships across services and agencies are greatly improved;
- There is greater flexibility in terms of how learning is delivered and careers are developed;
- Mechanisms are in place for sharing good practice across services and agencies and to support everyone seeking continuous improvement.
- Academic partnerships are encouraged and valued and where appropriate joint appointments are encouraged.

3.4 Recognition of the Trust as a Centre of Excellence

- The Trust is formally recognised nationally as a centre of excellence for education and development.

4. DELIVERING THE VISION FOR EDUCATION AND DEVELOPMENT

The Trust will deliver the above-stated objectives through:

- 4.1 The establishment of an Education and Development Strategy Board comprising representatives of the Trust and third party organisations who will oversee the direction and progress of the Strategy – membership is outlined in appendix one.

- 4.2 Development of a framework for professional and personal development within the Trust comprising:
- a. **Clear Standards of Clinical and Non-clinical Performance** for individuals and teams which take account of best practice and resources available covering:
 - Continuing Professional (or Vocational) Development;
 - Personal Effectiveness;
 - Management Development;
 - Working with, Managing and Leading People.
 - b. **Personal Support** provided through the management structure, complemented by such mechanisms as mentoring, clinical supervision, action learning sets and executive coaching.
 - c. **Practical Development Opportunities** within the workplace or partner organisations within the local economy including secondments, leadership or membership of project teams, work shadowing which are relevant to an individual's career development and represent Value For Money for the organisation;
 - d. **Blended Learning Opportunities** – offering a wide range and type of education and development methods and solutions. This will include E Learning, knowledge management through library facilities, accredited conferences, workshops and seminars and management development programmes as well as access to appropriate academic programmes of study;
 - e. **A System of Regular Reviews** including appraisal which link to or are integrated with formal college-based systems of re-validation/re-registration.
- 4.3 Deployment of recognised education and development professionals within the Trust.
- 4.4 Partnership with designated leads within Care Groups and Directorates, Providers and third parties e.g. PCTs

5. EXPECTED BENEFITS AND METHODS OF MONITORING

- 5.1 The benefits of this policy are expected to include:
- Improved performance standards
 - Improved recruitment and retention rates
 - Improved levels of morale and motivation
 - Greater evidence of proactivity e.g. during internal consultation processes
 - Increased evidence of service improvement and innovation
 - More positive and speedier acceptance of organisational change

- Greater individual, team and organisational confidence in current ability and future prospects;

5.2 Evidence of greater internal promotion

The principle means of monitoring progress will be the Board Performance Report, the HR Performance Management Framework, the Trust Staff Survey and site visits from the Royal Colleges and Deanery.

6. IMPLEMENTATION PLAN

- The attached plan sets out the means by which each of the outcomes planned for the long term vision will be achieved. This includes outcomes, tasks and lead responsibilities. The resources required to implement this plan will be identified will be included as this draft strategy is nearer completion.

REALISING THE EDUCATION AND
DEVELOPMENT STRATEGY – PROJECT
IMPLEMENTATION PLAN

22 August 2002

22 August 2002

EAST KENT HOSPITALS NHS TRUST

REALISING THE EDUCATION AND DEVELOPMENT STRATEGY – PROJECT IMPLEMENTATION PLAN

1. STAFF KNOW THEY ARE VALUED THROUGH THE EDUCATION AND DEVELOPMENT THEY RECEIVE

What is in place now?

Annual Awards Event in place.

Staff Charter produced in consultation with Staff and launched in January 2001.

Trust-wide generic system for Induction of all staff with the exception of junior medical staff, who have their own induction programmes, including New Starters' Handbook, corporate induction event, mandatory training and checklist for workplace induction.

Long Service Policy produced and agreed.

Recognition of innovation in nursing practice and quality of care provided – July 2001.

Long Service Policy implemented – July 2001

Employee of the Month Scheme introduced January 2002.

Planned outcomes	Tasks	Timescale	Responsibility	Resources
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<p>Staff are proud of their work and see themselves as ambassadors for the NHS/ The results of the attitude survey of staff are positive</p>	<p>Conduct staff survey</p>	<p>Early 2003</p>	<p>Director of HR Assistant Director of HR – Development</p>	
<p>A special fund of money is retained for developing the new ideas which arise out of education and training.</p>	<p>Explore possible link with spend/save scheme being developed, to ensure a proper channel is on place to develop new ideas – funding to be sought from WDC (Thames Gateway Equip Scheme?)</p>	<p>July 2002</p>	<p>Director of HR Director of Finance Finance Manager (Medical Education)</p>	

2. INTEGRATION OF LEARNING IN THE WORKPLACE AND CLEAR SYSTEMS TO SUPPORT LEARNING

What is in place now?

HR Committee accepted Organisational Development Strategy 'Ensuring Success' in 2000 which enabled introduction of:

King's Fund Lead Clinicians Programme

Coutts CSM Development Programme incorporating Individual Learning Accounts

Postgraduate Diploma in Leadership and Management (Health and Social Care) (11 during 2001/2) and Certificate in Health and Social Care (15 during 2001/2);

Leading an Empowered Organisation (Leadership program for Nurses, Midwives, AHPs & managers) with Multidisciplinary Action Learning sets
Draft Nursing Strategy in place

Clinical Skills Development training programmes with competency based learning outcomes.

Mentorship and Preceptorship for pre registration and newly qualified nurses.

Learning Sets for Operational Managers (20-30 during 2001/2);

Board Development Programme and Care Group Development Programme;

Executive Coaching Programme

Draft Education and Training Plan in place

Directorate Education and Training Plans have been produced but not prioritised

Best Practice Guidelines in draft form

Generic Appraisal Model for non-medical staff developed in consultation with staff and being implemented currently supported by appropriate training;

Medical Appraisal Model developed with senior medical staff and being implemented currently supported by appropriate training;

Junior doctors undergo regular appraisal and feedback according to Deanery and College guidelines

East Kent GP Vocational Training Scheme at three sites

Education Centres hold data bases of all accredited junior medical training

Personal Development Plans currently being implemented alongside the Appraisal Model;

Fully established NVQ Team to deliver NVQs across Trust. NVQs in Direct Care (Level 2/3), D32/33 (Assessor), D34 (Internal Verifier),

Practice Development Team centrally and within clinical directorates to integrate evidence based practice and national initiatives locally

Piloting NVQ Customer Care (Level 2/3).

Draft Personal Effectiveness/Management Development Strategy

Directorate Education and Training Plans produced (in common format) for non-medical staff for 2002/3

Agreed parameters for using the Trust HR system for recording education and development activity

Appraisal system implemented across Trust – April 2002

Workshop held March 2002 to discuss how education and training can support Clinical Governance

Pilot Learn Direct Project implemented at QEQM.

Education and Training Prospectus published in hard copy and due to be released on Trust website in May 2002

Separate Web page for NVQ Centre

On-line View to Book system available.

Planned outcomes	Tasks	Timescale	Responsibility	Resources
Systems are in place to ensure investment in terms of capital and revenue. Time & money spent is valued, realistic, focused and co-ordinated	Use Directorate education and training plans to inform Trust Plan for 2002/3 to meet NHS Plan	June- July 2002	Assistant Director of HR – Development, CSMs & Team As above	
	Review strategy for development of education facilities in the Trust to inform PFI Strategy	May 2002	Director of HR/Med Ed Director of Facilities Director of Finance	
Trust reports contain evidence of costs and benefits of education and development and evaluate the contribution they make to realising national and local targets	Develop Trust approach to evaluation of education and development at individual, Directorate and organisational levels	Autumn 2002 - 2004	Assistant Director of HR – Development Education and Training Team	
	Business case submitted for resource to input mandatory/core/career development, education and training	April 2002	Assistant Director of HR – Development Workforce Planning Manager	
	Explore options to ensure education and development is included in business case and development submissions And input education and development criteria into Trust Performance Indicators for all Directorates	June 2002	Assistant Director of HR – Development Director of Modernisation Performance Manager	

Patients are one of main sources of learning and there are far fewer complaints relating to communicating with patients and staff attitude	Bi-monthly HR Performance report to Board to include education and development	Starts May 2002	Director of HR Assistant Director of HR – Development and Team	
	Agree Customer Care Approach for Trust to include approach to complaints – set up systems to ensure lessons are learned from complaints	May/June 2002	Director of Nursing and Quality Assistant Director of HR – Development	
	Provide more clinical placement opportunities for pre registration nursing programs	March 2002?	Nursing and Quality	
	Design and implement tool to measure the quality of nursing care received by patients	March 2002	Nurse Practice Development Team	
	Develop Essence of Care project and Clinical Benchmarking to share good practice and incorporate patient views.	July 2002	Nursing and Quality	

<p>Experts in Education and Development throughout the Trust are used as a corporate resource for the delivery of Education and Development for all staff</p>	<p>Identify staff with Education and Development responsibility within the organisation /Mapping Education and Training Groups</p> <p>Agree an integrated model for teaching and mentoring in the Trust and professional and personal development of experts in Education and development</p>	<p>May 2002</p> <p>December 2002</p>	<p>Assistant Director of HR – Development Knowledge Manager</p> <p>Directors of Medical Education, Nursing and Therapies/ Asst Director of HR (Development)</p>	
<p>Experts in Education and Development throughout the Trust are used as a corporate resource for the delivery of Education and Development for all staff</p>	<p>Implement a clinical placement project to ensure longer more effective placements.</p> <p>Establish a robust link nurse system for practice assessors</p> <p>Develop a networking and mentorship program for nursing students and practice assessors.</p>	<p>December 2002</p> <p>December 2002</p> <p>December 2003</p>	<p>Nursing Practice Development Team</p> <p>Nursing Practice Development Team</p> <p>Nursing Practice Development Team</p>	

<p>Appraisal is a valued part of working life and common to all, and staff are clear about what is expected of them in their roles</p>	<p>Support the Trust Managers and staff to view appraisal as a valuable part of working life by carrying out review and offering suggestions</p>	<p>April – June 2002</p>	<p>Education Training and Development strategy Board</p>	
	<p>Ensure appraisal of all junior medical staff takes place according to Deanery and College criteria and keep records centrally</p>	<p>April 2002</p>	<p>Centre Managers</p>	
	<p>Ensure assessment of medical undergraduates is carried out according to requirements of London Medical schools</p>	<p>April 2002</p>	<p>Director of Medical Education/Clinical Tutors</p>	
	<p>Implement Appraisal/Personal Development Plans for all other staff</p>	<p>March 2003</p>	<p>Director of Medical Education/Clinical Tutors</p>	
	<p>Review Appraisal Processes with a view to integration including:</p>	<p>Report Review to Board in 2003/4.</p>	<p>Executive Team, HR Director, Director of Medical Education</p>	
	<p>Piloting competency-based approaches, 360 degree feedback</p>	<p>July 2002</p>	<p>Assistant Directors of HR – Medical Personnel and Development</p>	
	<p>Design and Implement integrated model for Appraisal</p>	<p>March 2006</p>	<p>Senior HR Team Executive Team</p>	

Ensure staff are clear about what is expected of them in their roles	Finalise Best Practice Guidelines and publish on intranet	May-June 2002	Assistant HR Director	
	Integrate medical and non-medical Best Practice Guidelines	September 2003	Assistant HR Director and Director of Medical Education	
	Facilitate a scoping exercise to define the role of the: <ul style="list-style-type: none"> • Nurse • Nurse consultant • Nurse practitioner • Nurse specialist 	January 2003	Nursing and Quality	
	Submit (1) Personal Effectiveness and Management Development Strategies; and (2) NVQ Approach for next 5 years	June 2002	ETD Strategy Board	

Ensure staff are clear about what is expected of them in their roles	Agree recommendations for further integration of education and training in Clinical Governance	April 2002	Director of Nursing Clinical Governance Co-ordinator/ Asst HR Director	
There is evidence of learning throughout the organisation, maximising the use advantages of information technology	Refine training matrices for use this year to prepare 2003/4 directorate training plans	April 2002 onwards	Education and Training Team	
	Establish Nursing Education and Training forum	December 2003	Nursing and Quality	
	Extend Learn Direct products via E-learning throughout the Trust	April 2002 onwards	Management Dev. Adviser/ Learn Direct Co-ordinator	
	Re-design Trustnet to make it easier for staff to find relevant information	April - August 2002	IT Training Manager	
	Set up hyper links between Trust and Christ Church, University of Kent and local FE Colleges	July 2002	PA to Assistant HR Director	

	Develop distance learning and self directed study packages for nursing development programmes	January 2004	Nursing and Quality	
	Determine knowledge requirements for the Trust and maximise all library and their information systems to ensure access to knowledge for all staff	April 2003	IT Training Manager Knowledge Manager	
	Set up systems to integrate results of R&D into practice	April 2003	Director of R&D Director of Medical Education Director of Nursing	

Provide opportunities to develop nursing/ midwifery skills within the workplace in order to improve recruitment and retention	Introduce Nursing Clinical Practice Forum	April 2002	Nursing and Quality	
	July 2002	April 2003	Nursing and Quality Research and Development	
	Implement East Kent Career Development Scheme			
	Develop Rotational programs for newly qualified Nurses	September 2002	Assistant HR Director, Directors of Nursing and Therapies and WDC Nursing and quality	
	Expand nurse led services and role developments	December 2003		

3. A PARTNERSHIP APPROACH AND SYSTEMS TO SUPPORT LEARNING

What is in place now?

Trust has had extensive membership on all the working groups of the Education Consortium, working in tandem with the Kent, Sussex and East Surrey Confederation on education and training;

Extensive partnership working with Canterbury Christ Church University College on pre- and post registration, nursing and midwifery;

Partnership working with: KIHMS, University of Kent at Canterbury on health-related Masters Programmes, Postgraduate Deanery on junior medical education and training, University of London medical schools to provide undergraduate medical placements, various providers e.g.

Salomons , King's Fund, Coutts, etc on design and running of education and training programmes, NHSE on University For Industry and Learn

Direct to ensure standards of learning for all staff

- Education leaders in PCG/PCT's

- UNISON and WEA and Trust-contracted out services, development of range of programmes to encourage people to return to education

Planned outcomes**Tasks****Timescale****Responsibility****Resources**

Education and Training is planned and delivered on a shared basis across the health community or wider	Meet with Chief Executive of WDC to define opportunities for networking across Kent, joint OD approaches and shared learning across health economy.	May 2002	Assistant Director of HR – Development	
Working across services and agencies are greatly improved and there is greater flexibility in terms of how learning is delivered and careers are developed	Develop rotational nursing posts between acute and community services and more shared posts with academic institutions	March 2004	Nursing and quality Therapies	
It is usual for staff from different specialities and services to learn together	Set up regular multiprofessional audit and education meetings	Ongoing	Assistant Director of HR – Development	
Mechanisms are in place for sharing good practice across services and agencies and to support everyone seeking continuous improvement	Implement ideas from Regional Deanery review of Education Centre, within the Trust	Ongoing	Trust Audit Leads	
			Director of Medical Education	

4. RECOGNITION OF THE TRUST AS A CENTRE OF EXCELLENCE

What is in place now?

Education, Training and Development Strategy Board established
Terms of reference and grounds rules for working agreed

Planned outcomes	Tasks	Timescale	Responsibility	Resources
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<p>The Trust is formally recognised nationally as a centre of excellence for education and training including:</p> <p>Investor in People accreditation; Full Royal College accreditation; Accredited UFI organisation; Evidence of using leading edge learning methods and technology; Acknowledged as centre of excellence by key bodies e.g. Audit Commission, CHI, etc. Full accreditation of junior doctor posts Excellent GP vocational training scheme Associated University Provider Trust for undergraduate medical education Strong academic links with Universities including good R&D links</p>	<p>Produce programme of lead responsibilities for achieving accreditation</p>	<p>Feb 2002</p>	<p>Director of HR Director of Medical Education Assistant Director of HR - Development</p>	
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Appendix 1

EAST KENT HOSPITALS NHS TRUST - EDUCATION AND DEVELOPMENT STRATEGY BOARD

Membership will be multi-professional and will include:

- Those in the trust with teaching/training responsibilities
- Staff and TU representatives
- Representatives of relevant universities/provider organisations
- Patient/lay membership
- Someone with a wider view of education and Development and connections with national developments

REPORTING ARRANGEMENTS FOR THE EDUCATION AND DEVELOPMENT STRATEGY BOARD

The Board will not be driven by HR. Members should feel they can contribute to the direction and implementation of the strategy and have specific roles to play. The Board will meet bi-monthly, initially (to be reviewed after six months) facilitated for the first few meetings.

The Board will be integrated into the rest of the organisation by:

- Reporting into a sub committee of the Trust Board via the HR Committee
- Regular updates to staff committee
- Trust Connect

MEMBERSHIP OF THE EDUCATION AND DEVELOPMENT STRATEGY BOARD

Membership to include:

- HR Director – Peter Murphy
- Non Executive Director – Vanessa Ling
- Senior Finance Manager – Craig Barrett
- Representative of Medical Education Directorate – Dr Alison Leak
- Nursing and Quality representative – Ms Helen Young
- Allied Health Professions representative – Kay East
- Specialist in Knowledge Management – Rhiannon Cox
- Person responsible for Education and Development strategy – Vanessa Hine
- Staff Side representative – to be agreed
- Academic representative – Dr Mark Rake KIHMS, University of Kent
- Care Group representative – Janice Duff, Clinical Service Manager, HCOOP
- Health Authority representative – to be agreed
- Lay representative – Rupert Williamson, CHC
- Medical representative – Dr Baha Al-Shaik
- Expert with wider E&D viewpoint knowledge – Andrew Ironside(Salomons/CCCUC)
- Education Centres – Prof John Butler

