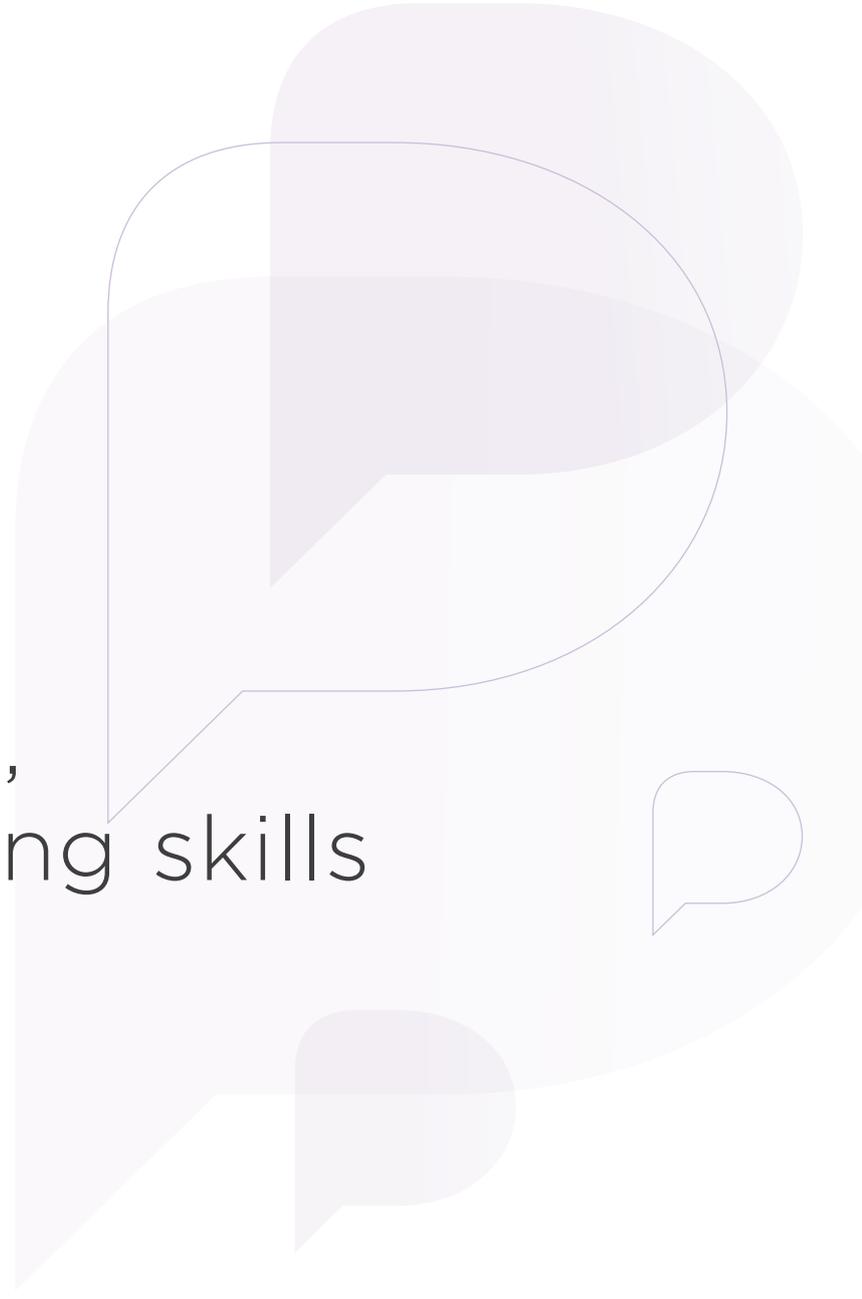


Case study – University Hospital Southampton NHS Foundation Trust

April 2015

L&D:
Evolving roles,
enhancing skills



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About Towards Maturity

Towards Maturity is a benchmarking research company that provides independent expert advice and support to help organisations modernise learning in order to accelerate business performance. It leverages the data of its in-depth Benchmark Study, the largest learning benchmark in Europe. Since 2003 over 3,500

organisations and 17,000 learners have contributed to Towards Maturity's leading benchmarks. Thanks to the support of Towards Maturity's Ambassadors (27 learning organisations), annual benchmarking findings, case studies and resources are available to download for free at www.towardsmaturity.org

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University Hospital Southampton NHS Foundation Trust

‘We’re here to make sure that we’ve got the right staff, doing the right thing, in the right place at the right time, with the right skills so that they can deliver excellent patient care.’

Organisation summary

University Hospital Southampton NHS Foundation Trust provides services to 1.9 million people living in Southampton and south Hampshire, and specialist services to more than 3.7 million people in the surrounding areas. The trust is a major centre for teaching and research in association with the University of Southampton, and employs 10,550 people.

Key drivers of change

As an NHS trust, the organisation has experienced a number of changes in recent years (Table 3).

The hospital has a new trauma centre and has expanded its range of other specialist services. There have also been challenges:

‘We’re faced with very, very tough financial pressures, we’re faced with needing to work smarter with technology. We need to have staff that are passionate about what they do and the way that they deliver it, in a way that meets the aspirations of our customers, our patients.’

NHS focus group participant

Being clear on these aspirations can be challenging, particularly as society becomes more diverse, with different patient care

expectations. This diversity also relates to the employee population, as learning and development needs differ widely between roles:

‘We’ve got a very, very diverse workforce, but also a very high number of part-time workers. ... I think a university hospital has to be one of the most complex areas that you have to provide training for, compared with a lot of other workforces.’

NHS focus group participant

The organisation is also finding that the *‘seven-day working challenge is starting to hit, which has implications for L&D activity’* (NHS focus group participant).

More broadly, this is a major driver for change in the organisation, as it necessitates increased use of technology, as releasing staff for classroom-based development becomes harder to fit around the delivery of safe patient care.

Funding is another key challenge, particularly because it can be uncertain as it tends to be set on an annual basis. If there is additional funding, this may mean new services, and in turn increased learning and development needs. Conversely, if services are transferred elsewhere, this also

Table 3: Key drivers of change

Funding challenges	Expansion of services
Patient aspirations	Seven-day working
Growth of technology	Employee diversity

has an impact on employees. In this context, effective talent management is vital, as Anita Esser, Head of Wider Healthcare Teams Education, describes:

'For us it is about how we move the workforce forward and give them the skills they need to work in the way we need them to work in the future.'

The role of L&D

Members of the L&D and HR team are very clear about the purpose of L&D in the trust:

'We're here to make sure that we've got the right staff, doing the right thing, in the right place at the right time, with the right skills so that they can deliver excellent patient care.' **NHS focus group participant**

Interestingly, this purpose also expands beyond the core employee population. As the trust is a teaching hospital, the training and development team's remit also covers the large numbers of university students in placement roles. The quality of learning and development is a critical factor in converting students to potential employees:

'Our main purpose is to provide a system of education, training and development which will enable us to develop the staff we need to deliver the service we need to the patients. Along the way, what we want to do is to give people a really good learning experience, whether it's students on placements, so they want to come and work here at the end, because they've had a good experience, or whether it's our own staff, who feel they have been given an opportunity to develop and want to stay.' **Anita**

The team also feel that they have a responsibility to conduct 'horizon scanning' and ensuring that they 'build a pipeline of staff that are equipped with the right training

and development, to move into roles as they change. ... It's not just your own staff, it's actually training the staff of the future as well' **(NHS focus group participant).**

Structured to align with organisational needs

The trust has one integrated training and development department. This enables the team to assess learning from a holistic perspective, rather than focusing on individual professional groups.

The team are structured in a matrix arrangement. There is a central training and development team, which includes a lead for leadership development and for learning support. Then there are heads of education for each of the main staff groups (such as nursing, medical, allied health professionals, healthcare scientists and support workers) and divisional education leads. The function works together 'like a hub and spoke system' **(Anita)**. This ensures a close working relationship between service needs and T&D.

Many senior members of the training and development team have a dual responsibility. They are part-time in their education role and part-time in their clinical role. This means that they are embedded in the organisation and have a full appreciation of learner needs.

Anita describes the benefits of this structure:

'All of it is brought together, and it means we can either work in each of those professional groups individually, or we can work across professional and role boundaries. ... There is now a general feeling that we can do an awful lot, and we have done an awful lot in the trust, which other organisations perhaps haven't been able to, because we can work flexibly across.' **Anita**

This structure also helps the team to prioritise:

'We know we have a finite amount of money; we know the demand will always be greater than we've got; and we've found we've got to make sure we prioritise it in a way which is very aligned to what we need in the way of skills to deliver that service to the patients, both now and for the future.' **Anita**

It also helps with assessing collective learning needs and ensuring that the team's objectives are linked to wider organisational needs, rather than individual groups:

'We set objectives against things which are related to the trust objectives, so we actually are looking at how we build into how the trust works and how the organisation is developing.' **Anita**

As funding allocations are set by the local education training board (Health Education Wessex), being able to connect the learning and development plan to organisational needs is essential. This approach also ensures that funding is allocated based on need, rather than 'a first-come, first-served basis' **(Anita)**.

The structure also enables synergies with HR. Both the HR and T&D function report through to the director of nursing. This connection is supplemented by various cross-functional groups (such as a workforce strategy group) which ensure that HR and T&D initiatives are aligned.

Evaluating impact

The training and development department has an education quality team, whose role is to ensure the training needs analysis is balanced across the organisation. They also assess the quality of learning environments for students on placement and conduct impact

evaluation. Course evaluation focuses on *'what difference they think this course will make on their job'* (**Anita**). Evaluations are conducted pre- and post-course, including line manager feedback:

'It is trying to get to the bottom of not only if the individual thinks they've made a difference, but if the manager can say they can see a difference as well.' **Anita**

Overall, greater focus on analysis and impact is helping drive activity to where it's needed most:

'We have got slicker, as an organisation, about utilising money and ensuring it's targeted to the most appropriate places.'

Focus group participant

The team are also exploring how they can best evaluate the link between T&D interventions and patient care. Part of the challenge is pulling together and analysing all of the different data sources, from patient care surveys to staff attitude survey results. Recruitment and retention is often used as a key metric, but the team appreciate that they could do more to assess strategic impact.

Recently the Care Quality Commission assessed a range of activities in the trust, alongside staff and patient surveys. While the final report is yet to be published, there are promising initial findings:

'One of the things that came out of the initial verbal feedback was that staff valued the training and development.' **Focus group participant**

The trust is also in the top 20% of trusts nationally where staff acknowledge that they can access a wide range of educational programmes. What's interesting is that focusing on more targeted

interventions has not damaged employee perceptions of the T&D offer:

'People have come round to understanding that we can't pay for everything. But actually what you do get is development for your job role, and training to help you take the next step if that's the direction you want to go in.' **Anita**

Technology

In the past two years the team have introduced new learning technologies – for example, a virtual learning environment and a system for monitoring statutory and mandatory training. The team have found that the new tools and online learning have become increasingly popular:

'We certainly have seen a huge increase in the number of education interactions that are happening electronically.' **Focus group participant**

'In the past it was a very small thing: it was about IT training. That's completely shifted to: how do we build more technology into all of our learning?' **Anita**

Anita is aware that she and the team need to build their own capability and capacity to really leverage technology and meet growing demand from learners:

'It is about trying to upskill ourselves, and have the confidence to use new technology and understand the opportunity it provides. ... It's how we make the next leap, for those of us who have been in learning and development a long time.' **Anita**

Anita shares the analogy of moving from OHP to PowerPoint years ago:

'There were some that really embraced it, and went with it really quickly. They could see how using

something directly on screen would work, and they used it to its full extent. Then there were others who really were reluctant to give up their chalkboard, and/or their flip-chart, and/or their OHP and pens. We're kind of in that place again, I think, now; I think we're at another pivotal point where it's a case of: stop looking at technology as e-learning, and start seeing it as technology in learning, as part of learning.'

The team recognise that their own mindset is a critical factor in ensuring they make the most of technology:

'I think it's our responsibility as leaders to not let our own anxiety of how to use technology in learning be a barrier to our learners. Because otherwise we could find ourselves obstructing their opportunity to use technology because we're not keen on it. So we find lots of excuses why it wouldn't work for our course, when actually it's more an excuse because we're not really sure how to do it ourselves, so we just don't want to be putting ourselves in a position where we don't feel confident.' **Focus group participant**

To help support the use of technology-enabled learning, the team have set a core objective *'to make better use of social media'*. Anita sees this as a *'recognition that we need to start moving in that direction'*. To support this objective the team are using informal learning methods, such as digital experts holding lunchtime sessions on how to get the most from Twitter. Making time to develop these new skills is both a priority and a challenge:

'There's an expectation that people are able to use technology, but there's not necessarily time to allow people to stop doing what they're doing in order to develop those skills.' **Focus group participant**

New approaches

The commitment to engaging with technology is starting to transfer to learning methods. For example, one member of the team is using text walls to engage newly qualified nurses during their induction as a blended learning intervention:

'That has proved really successful with the nurses coming through. There is that expectation now of people coming into the organisation that they will use technology, and they're happy to do so, and that's a real change of mentality.' **Focus group participant**

The trust has also equipped junior doctors with an app which offers a smartphone quick reference guide for clinicians (the Handy App).

Despite the great progress the team are making, there are some infrastructure challenges to overcome, in particular IT bandwidth for learning interventions involving video and other interactions. As a result, other pockets of innovation in learning methods are really important. For example, the use of patient simulations:

'We're looking to increase the use of simulated volunteer patients. They're people who take on a scenario we come up with, often based on feedback from patients or from near-misses or incidents that have come up, so we'll take that learning and then try to develop a scenario to use as part of the training.' **Anita**

Meeting the challenges ahead

Looking to the future, the team can see that there will be an even greater need for innovation and collaboration:

'Our chief executive talks about a hospital without walls, so we'll be having virtual wards out in the community, so again that will mean that the way we deliver training and development will have to change.'

Focus group participant

Anita recognises that the team needs to continually *'think through how the world's changing'*, particularly as education funding becomes more difficult. She anticipates that in future the trust will focus more on embedded learning, supported by technology:

'We want to see the teams actually not just delivering classroom-based stuff, but actually going out and supporting and assessing learning in the workplace. Increasingly, I think we'll become less classroom-based, and more workplace-based.'

Ultimately navigating these challenges and embracing opportunities means drawing on the team's focus on the value of development and importance of building T&D capacity through innovation:

'We have been really quite lucky, actually, as a trust, that we haven't gone down the route some organisations do of cutting training: we've tried really hard to protect

and recognise the importance of investing in staff development at times when it's not always the easiest thing to do. We do try to be really realistic and creative about how we enable the organisation to keep learning when everybody's stretched to the nth degree; when you can't get staff off the wards for whatever reason; when you can't recruit into your training team, or whatever it might be. It's about how we build capacity into the training team, and how we can think differently and creatively about how we do it.' **Anita**

With this in mind, the team are starting to think about how new technologies (such as 3D printing) and medical development (such as preventative healthcare through advanced genetics) might impact T&D. Their unique roles as clinicians and T&D practitioners is likely to be of huge benefit in enabling them to keep up with the pace of change.



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