TRAINING AND DEVELOPMENT

Special report editor
Alison Moore
Production editor
Andrew Snowball
Design
Jennifer van Schoor

ECONOMIC SQUEEZE

LIMITED OPTIONS

Organisations face harder choices about training provision but that is not always a bad thing

Perspectives on what is essential learning are having to be reviewed

ALAMY

The NHS has prided itself on offering unrivalled staff training and development. How has the financial situation affected this?

The NHS constitution gives a commitment that all staff should receive appropriate training for their jobs, personal development plans and support from their managers.

But in a bleak economic climate is the NHS struggling to live up to these promises? While the NHS budget is "protected" there is still an urgent need to make savings over the next few years and many organisations are cutting back on discretionary spend, potentially affecting training and development.

NHS Employers head of employment services Karen Charman says a recent survey of 100 trusts showed 40 per cent were no longer paying for big external training events. Over 80 per cent of these said the reason was financial.

And the Royal College of Nursing rang alarm bells earlier this year when its survey of over 3,000 nurses found them struggling to access even mandatory training. One-third said they had not been able to access it over the last year, with many doing training in their own time and, in some cases, even funding it themselves.

'In a bleak economic climate is the NHS struggling to live up to its promises on training and development?'

RCN education adviser Betty Kershaw believes the position may have worsened, with the RCN increasingly getting enquiries from nurses seeking help in funding courses. Sometimes they thought they had secured funding for a course only to see it reduced – and because of the impact of the recession on family finances, it is getting harder for nurses to fund themselves.

Nurses – and other practitioners – who work in single roles are in a particularly difficult position, she says, as backfill to allow them to attend courses may not be available.

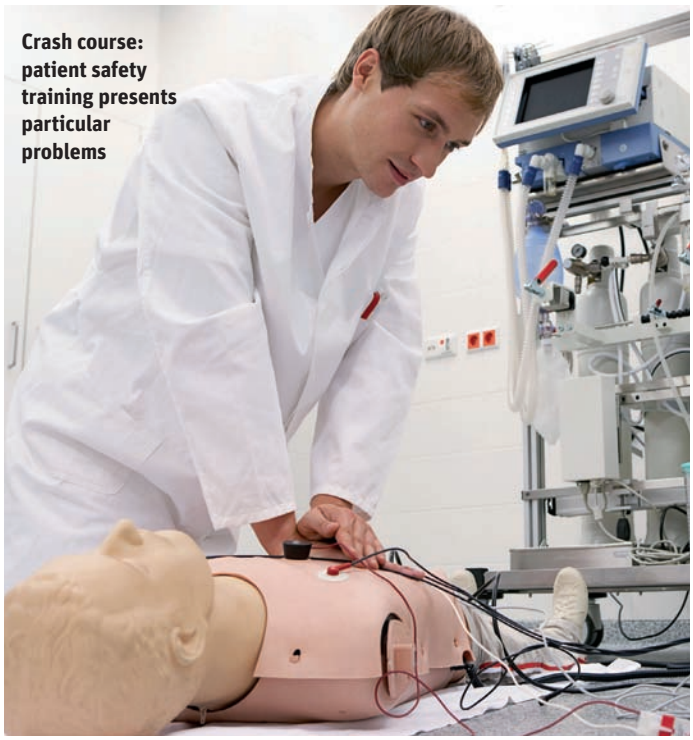
Chartered Society of Physiotherapy regional steward Carol Wood has been involved in a nationwide survey of whether physiotherapists are able to access the training they need; although results are still being analysed they are likely to show increasing difficulty in getting funded training. She says training budgets are being cut in some trusts and physios sometimes struggle to get more

than mandatory training, and have problems getting time off or funding for external courses.

There is a growing reluctance to commit to longer-term training – one of the factors in the demise of the British Association of Medical Managers earlier this year.

Chartered Society of Physiotherapy policy and research officer Penny Bromley says getting funding for advanced courses, such as masters, is harder than before. Smaller trusts and primary care trusts seem to be worse hit as they struggle to release staff for training without backfill.

Universities – which run many continuing professional development courses – are already feeling the effects. Council of Deans director of policy Matthew Hamilton says: "It is vital that continuing professional development continues to be seen as an important element in training. CPD in any organisation is one of the first areas to be cut."



Crash course: patient safety training presents particular problems

'It helps to start from the real, urgent and important challenges'

A chance to review

But are cutbacks always bad?

Consultant Neil Offley says: "A review of expenditure on training may actually provide a valuable opportunity for an up-to-date reality check over what training and development is really needed. Which areas of learning and development make a difference, and which do not in relation to the new priorities?

"When looking at the need for learning and development it helps to start from the real, urgent and important organisational challenges that exist, the type of issues that if unresolved will only create greater difficulties in future, and require even more effort and expense to address later."

At the Belfast Health and Social Care Trust in Northern Ireland, for instance, training in improvement methodologies such as lean and Productive Ward has been important in delivering the tools to make savings. Head of HR Marie Mallon says the NHS in Northern Ireland has already had to make big savings.

"The first thing you can do is take away the money from training but that is crazy when you need your people even more up to speed," she says.

The trust – formed from a six-way merger three years ago – has also seen the importance of spending on training to help managers deliver in a much larger environment and to build up their personal resilience in a difficult time. And with much less external recruitment, it has become more important to train up people internally.

But there has also been some trimming – for example, of underused programmes – and shortening of some, including making a course for clinicians four half-days rather than a two-day residential (residentials have largely been axed). E-learning has also been used extensively and trusts and other partners across Northern Ireland are keen to buy in training jointly – perhaps bringing one trainer across from Great Britain to deliver a course, rather than flying several people the other way.

And across the UK there are some imaginative solutions developing to ensure training can still go on but at lower cost. In some cases, trusts are sending fewer people on courses but asking them to "trickle down" what they have learned to colleagues.

Ms Charman points out that many trusts cutting back on external training try to use the talent and resources available internally to promote training.

"Money is under close scrutiny but they have not gone to the 'do nothing' extreme," she says.

Mandatory training – much of it linked to patient safety – presents particular problems: a lot of staff are involved and backfill is often needed.

But trusts are experimenting with new ways of delivering this at lower cost and without staff having to book time away from the front line.

A CQC survey found a jump in the percentage of staff using "self-accessed" learning from 26 per cent in 2007 to 34 per cent in 2009. Staff may also be more likely to do this in their own time or in quiet times at work – reducing the cost of backfill.

South Essex Partnership University Foundation Trust head of workforce planning and development Anthea Hockley says it has invested heavily in e-learning as it is cost effective, convenient for staff and can provide a permanent resource. The trust – which is known for its commitment to training – is trying to make it more interactive, including live chats with trainers and emailed questions.

"It is to make it more akin to the type of dynamics that you will get in face to face sessions," she says.

It has recently started providing services in Luton and Bedfordshire, so e-learning and video learning may be important in reducing travel time for staff.

At the Great Western Hospital Foundation Trust in Swindon, better use of e-learning has transformed compliance for mandatory training and has saved money – £156,000 in the first six months of operation.

Feedback from staff suggested they were often unhappy at sitting through training and then having to take an assessment to prove their knowledge; the e-learning modules now allow those who feel confident about their knowledge to go straight to the assessment. E-learning sessions are also worked into staff rosters but they are now less likely to have to leave their ward for a half-day to access training.

Training is now linked with the trust's key performance indicators, and there is already evidence that this is effective. More staff attending manual handling training, for example, has been linked to reduced staff sickness with musculo-skeletal problems.

Pressing demographics

"It has been an incredible transformation," says academic and professional lead for education and development Jenny Rosalie. "The staff are now engaged with mandatory training."

So what should far sighted training and development departments be spending their budgets on? Ms Charman describes training as a pyramid, with mandatory training as the foundation, developing the skills the organisation will need above that, and training initiatives that drive productivity at the top.

She urges trusts not to ignore the workforce they will need in the future, when demographics suggest there will be many more elderly people needing care and fewer 16 to 24-year-olds who traditionally provide the intake for registered professional courses such as nursing degrees.

All this suggests that organisations should look carefully at their support workforce and equip them with the necessary skills to take on some of this work, she says.

So to cope with the future NHS organisations should be looking to refine the training and development available – and ensure it delivers against their long-term objectives. ●

ALAMY

NEW SKILLS

Change will introduce a wide range of new skills requirements to the NHS, says Daloni Carlisle

BUILDING A FUTURE

A speaker at a conference raised an interesting point the other day. Coming from a background in the private sector, but talking to a group of NHS managers, he said: "Can you imagine another employer that would ask you to make £20bn in efficiency savings and then say, 'By the way, we are now going to make you redundant'?"

It is a rhetorical question, of course, but it does bring into sharp relief the challenges that lie ahead. As managers try to guide the health service through the upheavals of the next few years, many will also be fearing for their own jobs.

HSJ reported recently how many senior staff were leaving primary care trusts ahead of the changes, leading to some PCTs having to share key staff.

The managers who remain are going to need a whole lot of new skills to take the NHS through this period and for that they are going to need training.

As Institute of Healthcare Management chief executive Sue Hodgetts, says: "Now is not the time to start cutting the training and development budget. It is always the first thing to go and it's a false economy."

Leadership gap

Skills for Health has already shown a gap between the management and leadership skills needed by the NHS and the resources it has to draw on. The Sector Skills Assessment 2009-10 showed that 28 per cent of NHS organisations said they were short of management skills.

Skills for Health director of policy Karen Walker says: "We need to step back and ask what are the real core skills needed by managers to take us through what will be a significant period of upheaval."

'We need to step back and ask what are the real core skills needed by managers'

She identifies four broad themes. "There will be fewer managers and less money. That's absolutely clear. There will be immense upheaval with the abolition of PCTs and strategic health authorities.

"At the same time, managers will need to ensure that they deliver operationally and getting that balance between how much management and leadership energy is put into transformational change and how much is put into maintaining and raising the quality of service will be difficult.

"Finally, we need to consider what will be the impact of the Big Society on health."

Both Ms Hodgetts and Ms Walker see a real need for new sorts of skills – and training to develop them.

Ms Hodgetts says the first skill that will be needed is what she calls a "bridging function, making sure that the NHS does not lose vital corporate memory."

She adds: "It's terribly easy to say but not easy to do. It requires a high level set of skills to look backwards and forwards at the same time."

Another development need is the skills around collaborative working. It is something that is often taken as a given but in fact requires development of the workforce.

"This is already on the agenda but it will become increasingly important," says Ms Walker.

Ms Hodgetts agrees: "With public health moving into local authorities, we are going to need people who can work across sectors and understand that the language is different, the culture is different. It is a big skills gap at the moment and one that we have talked about for many years."

Developing GP consortia will also require new skills.

"Clinical engagement will become increasingly important," says Ms Walker. "Training in this area has always been there but it has been inconsistent and patchy. The changing relationships mean it will require a completely new perspective."

Management support

Clinical engagement will no longer be about managers trying to involve clinicians in what they are doing, she says, but about how managers help clinicians understand what they need to do in commissioning.

She says: "I am not aware of anything that's been done on this. It will be extremely interesting."

Ms Hodgetts agrees. "Managers are going to need to support GPs in terms of their commissioning. It is happening in some areas but it needs to become more wholesale."

The good news is the union Managers in Partnership has found no evidence yet that training budgets are being slashed – and has even identified a handful where more is being spent. That is something both the Institute and Skills for Health would applaud.

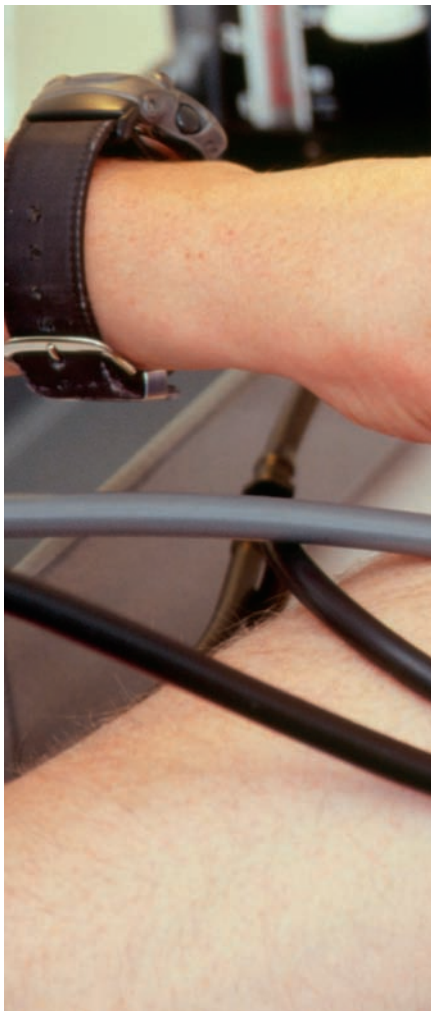
"We are going to need different skills to manage a different NHS," says Ms Hodgetts. "Cutting budgets now would be foolish." ●

FOTOLIA

INTERMEDIATE SKILLS

The new roles of assistant or associate practitioner should help to maximise the capacity of clinical staff

A WELCOME WORKFORCE



For many years the NHS has worked on a balance of doctors, nurses and other fully qualified healthcare professionals, and unskilled staff. But that is changing; the NHS will increasingly need an intermediate tier of staff with healthcare skills but not at the level of fully qualified staff.

These associate or assistant healthcare professionals will allow doctors and nurses to concentrate on the work only they can do, potentially helping to alleviate staff shortages at this higher level and saving on wage costs.

Although these roles have developed over the last decade there is still enormous variation in these band four jobs. Development has varied around the country, with just under half of trusts having ward based associate practitioners in 2007 – varying from 25 per cent to 84 per cent between strategic health authority areas.

University of York health policy group senior research fellow Karen Spilsbury has highlighted the tensions between the vision and reality – including inconsistent job descriptions and expectations.

Obvious candidate

The Royal College of Nursing would like such roles regulated – something the Nursing and Midwifery Council has been looking at – to encourage a more standardised approach.

That will be important as associate practitioners become a vital part of the workforce and NHS organisations increasingly turn to them to supplement and replace healthcare professionals.

But where are these staff going to come from? The likelihood is many of them are already working in the NHS: Skills for Health suggests 60 per cent of NHS employees for 2018 are already employed in the service. Staff with lower qualifications will need to be trained for these new roles – probably in service, often in conjunction with higher education institutions.

Existing support workers or healthcare assistants are the obvious candidates for such roles; it will typically mean a move up the career ladder. Entry requirements are likely to be a BTEC, NVQ III or foundation degree – though obviously these can be studied while working.

NHS North West has been at the forefront of developing these roles with around 2,500 associate practitioners in post across the region. Some work across professional boundaries – such as in stroke care, where they may be providing care previously done by occupational therapists, physiotherapists and speech and language therapists.

RCN healthcare assistant adviser Tanis Hand points out the role associate practitioners can play in improving continuity of care and reducing the number

NEW WAVE: EXTRA HANDS AT BLACKPOOL, FYLDE AND WYRE

Associate and assistant practitioners are helping to provide vital services at Blackpool, Fylde and Wyre Hospitals Foundation Trust – and freeing up more experienced and highly trained staff.

The trust has enthusiastically embraced the role, with 17 staff who have already qualified and 33 in training. It is recruiting up to 28 trainees to start a foundation degree course in health and social care.

Staff spend one day a week at the University of Central Lancashire for two years and the rest of the time in work based learning, backed up by inhouse courses addressing clinical skills.

Typically, recruits tend to be older healthcare assistants with an NVQIII but relatively low formal qualifications. They may only be on band two of Agenda for Change and completing the training allows them to move to band four – a substantial pay rise for many of them.

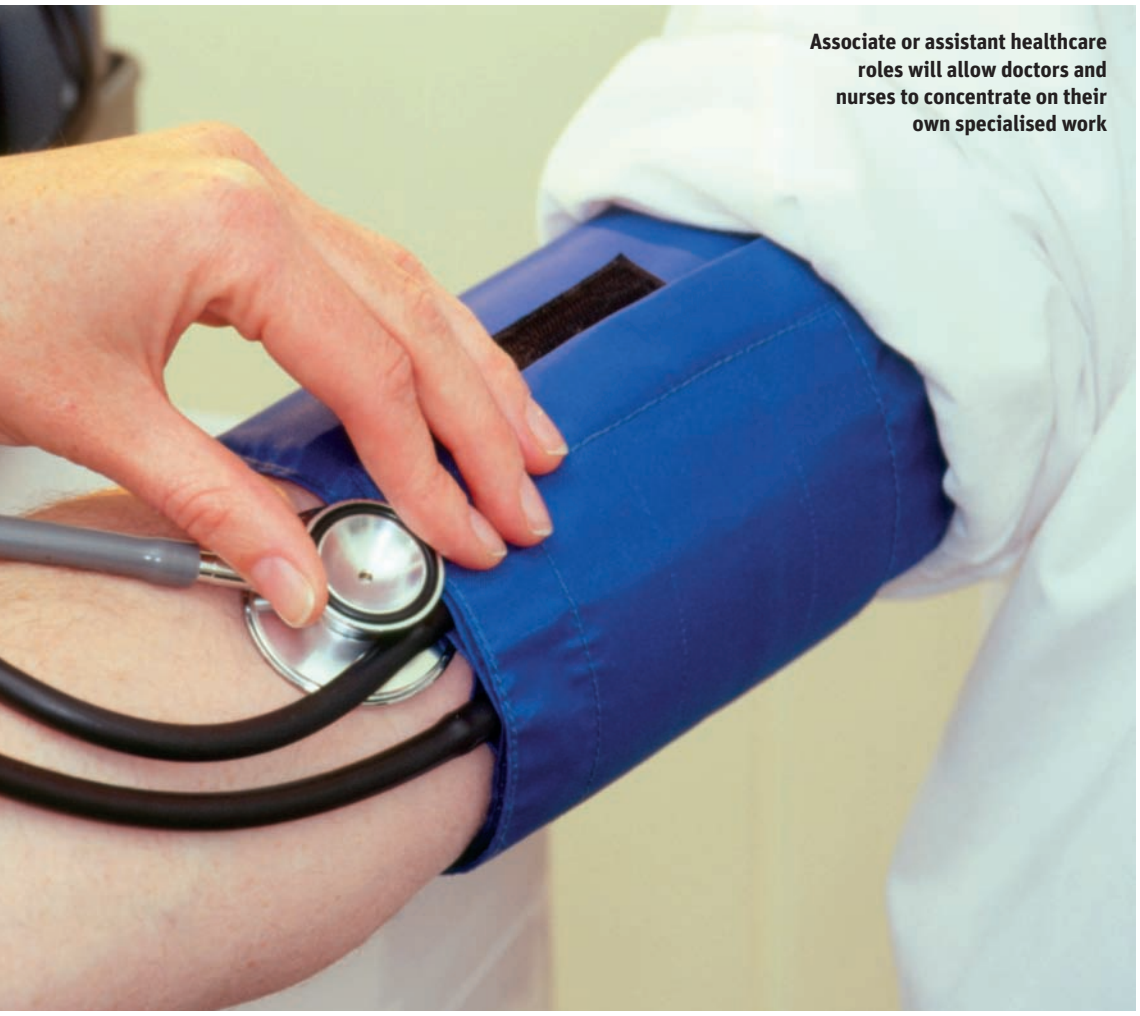
"The foundation degree they do is very difficult," says Cath Hudson, who leads on practice education for the trust. "Some of them do struggle a bit at the start."

And, of the 17 who have already qualified, five have gone on to nurse training and one to a course for operating department practitioners. Attrition has been low – and is generally due to personal reasons – and so far no-one has failed the course. Others are working as scrub practitioners in theatre – freeing up a nurse from scrub duties – and as assistants to occupational therapists and physiotherapists, aiding early discharge and providing care in people's homes. Across the trust's four hospitals, associate practitioners are now working in endoscopy, the cardiac unit, rehabilitation, accident and emergency, theatres and haematology/oncology.

As its experience of developing associate practitioners has grown, the trust has started to develop a more strategic approach with increased planning. Opportunities for the roles are identified during workforce planning and detailed job descriptions are developed.

Roles have been devised by looking at patients' needs along their care pathway and at who can then provide the care, rather than starting by specifying what staff are available. But the new roles have eased the pressure caused by the reduction in junior doctors' hours, freeing up nurses to acquire new skills and work as advanced practitioners. Associate practitioners, however, cannot help with medicines.

The scheme has not cost the trust a great deal of money – NHS North West has met the course fees and the cost of backfill when staff are at university. The trust had to commit to provide a band four job for the trainee, once qualified, but this has largely been achieved by replacing band fives as they retire or leave the trust.



Associate or assistant healthcare roles will allow doctors and nurses to concentrate on their own specialised work

'There is a growing interest in these roles, not least from the Department of Health'

of healthcare professionals needed to visit patients in the community. But sometimes opportunities to raise the skills of support workers are missed. A recent study for the National Institute for Health Research looked at how healthcare assistants are used and found many on band two, with a misalignment of pay, qualifications and tasks and imprecise definitions of the role. Consequently, many healthcare assistants were underused. Many would like to enhance their skills and even train as nurses.

"Many HCAs have got the intellectual and practical capacity to take on these roles," says Skills for Health divisional manager for practice development Robert Standfield. "Many have been there for a few years or are coming in with higher education achievements and are able to progress fairly rapidly."

But they may have family commitments and don't want a three-year full time degree course. Early associate practitioners were mainly drawn from the ranks of existing assistants and support workers but as that reservoir becomes exhausted, organisations may need to look elsewhere.

'These roles could play an increasing role in bridging the gap between unqualified healthcare assistants and expensive nurses'

With school leavers finding it harder to get a university place and graduates find it harder to get a job, associate roles could become attractive. A trainee associate practitioner is likely to be put on a foundation degree programme – including day release to study – with the option of an extra year's study to convert it to a full degree. For graduates, the roles could be the first step into an NHS career.

But if a lot of associate practitioners come from outside the service with the intention of using the role as a stepping stone, progression routes will become more important. And such candidates may also be eager to take up continuing professional development.

Mr Standfield says there is growing interest in these roles – not least from the Department of Health, which has commissioned Skills for Health to map out specific competencies for these roles. Skills for Health has developed a toolkit for employers which will apply these to individual jobs and encourage greater consistency in the roles across England. At the moment there are differences in jobs which have similar or the same titles. This can be difficult for employees, who want their skills to be recognised and to be as portable as possible, and for employers, who want to know what skills a new employee has and what role they can play in a team. In particular, there can be issues about what should be safely and appropriately delegated from a registered professional.

These associate practitioners can help fill skills gaps in nursing, rehabilitation and in midwifery.

One approach is to analyse needs in terms of teams – including associate practitioners – rather than simply thinking in terms of registered and unregistered staff. As nursing becomes an all-graduate profession, assistant or associate practitioners could play an increasing role in bridging the gap between unqualified healthcare assistants and qualified – but expensive – nurses.

The challenge, Ms Hand suggests, is in defining what work can only be done by a registered professional and what can be delegated to an associate, and what needs to be supervised. ●

ENTRY-LEVEL JOBS

People who have been out of work for a long time can, with pre-employment training, enter the NHS as well-motivated recruits

A FOOT IN THE DOOR

The NHS often finds it hard to recruit and retain staff for entry-level jobs such as porters and domestic assistants – yet many long term unemployed people lack the confidence and skills to successfully apply.

NHS organisations are increasingly getting involved with potential employees before they fill in an application form. And input from the NHS at this early stage seems to pay benefits in terms of retention and loyalty.

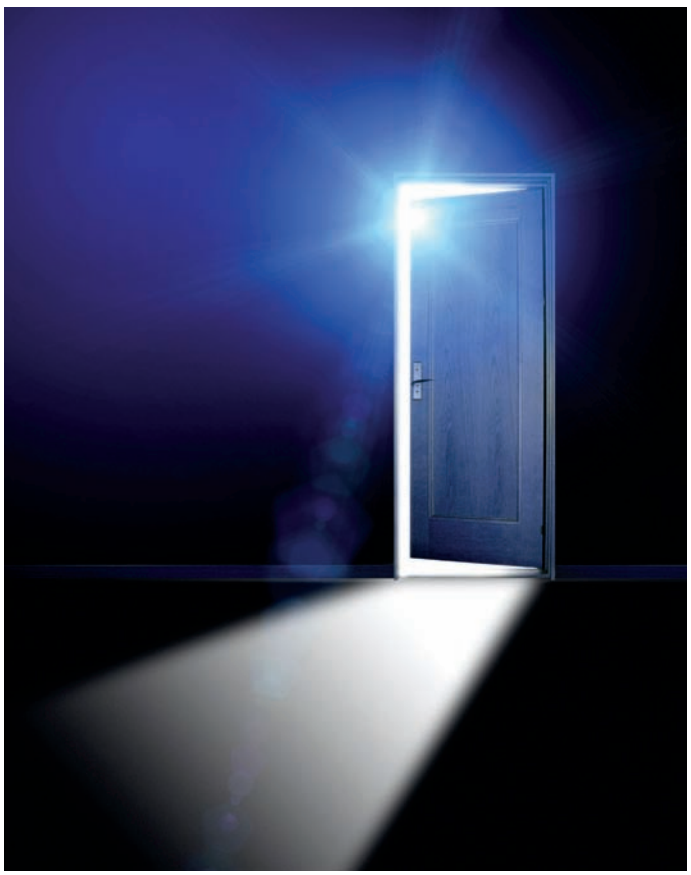
In 2009, Mid Yorkshire Trust took on 12 domestic assistants who had been through a five-week employability scheme set up by the trust together with JobCentre Plus and a local training firm.

The trust had found it hard to retain people in entry-level jobs, with annual turnover of up to 19 per cent. It was aware that a high proportion of the local population was economically inactive – 50 per cent in some areas – and 38 per cent of the local population had no formal qualifications.

Long-term unemployed people could potentially provide a pool of recruits for these jobs – but many people out of work had low qualifications, had lost confidence and were unlikely to impress or even be interviewed if they used the standard entry route. The trust used a sector employability toolkit developed by Skills for Health for exactly this sort of potential recruit.

"This is an opportunity to get people who have no qualifications but may have the potential to develop and progress within the sector," says Skills for Health extending participation manager Margaret Kelvey.

JobCentre Plus staff selected likely candidates and invited them to an information session about the jobs on offer and an informal interview and skills assessment.



'Often people are surprised to find out what opportunities there are'

"Very often people are surprised to find what opportunities there are in the health sector," says Ms Kelvey.

From this, candidates were chosen to move forward to the five-week course. Two weeks were spent developing employability skills and learning about the role they were to be considered for – including getting some basic skills. A three-week supported work trial for committed applicants followed – with the promise of a guaranteed job interview for a specific vacancy at the end.

Every person who completed the trial was offered a job – despite some having been out of work over 10 years and one applicant never having worked.

"Managers commented that they interviewed very well and were very appointable," says employability project manager Mohammed Rawat. "They were productive more or less from day one."

A year on, 11 of the 12 domestic assistants recruited are still working for the trust – and several have moved upwards to new roles. The one who left still works in the NHS, having moved county.

That means the scheme has had a big payback in not having to recruit replacements for staff who move on quickly, he says. Traditional NHS recruitment can involve many hours of reading applications, shortlisting, interviewing and then appointing.

"Some of the managers also commented to us that there was reduced training cost and time. The mandatory training was provided through the programme," Mr Rawat adds.

NEET ideas

Mid Yorks was keen to recruit domestic assistants but the template can be adjusted for local circumstances – one site in Wales has concentrated on healthcare assistant roles, for example.

A revised scheme, lasting eight weeks, is now being developed by Skills for Health to address employability among NEETs – young people not in education, employment or training – who may need numeracy and literacy help.

The costs for the NHS host organisation tend to be in time rather than money – many of the costs will be borne by JobCentre Plus. Commitment is needed from HR, training and development and managers who host the work trial.

NHS organisations also need to be involved in specifying what they hope to achieve and the content of the two-week training. But in return they may get committed workers who are less likely to leave and, by recruiting previously long-term unemployed people, may even help to address health equalities. ●

ALAMY