#### **POLICY DOCUMENT**

Policy Title: Learning and Development

Policy Group: Education

Policy Owner: Rasheed Meeran Issue Date: December 2021

Review Period: 2 years

Next Review Due December 2023
Author: Rasheed Meeran

Cross References: Equal Opportunities & Diversity Policy

Learning and Development Plan

Staff handbook

Clinical governance framework

How implementation will be

monitored:

Not relevant

Sanctions to apply for breach:

O: risk management/ policies/ education

**Evaluation report to Management Team** 

Policy Accepted by MT

Computer File Ref.

08<sup>th</sup> December 2021

Sign-off by CEO

### 1. STATEMENT OF PURPOSE

The delivery of high-quality patient care depends on appropriately trained, skilled and motivated staff in all disciplines and professions. This policy sets out the framework through which this can be achieved. It is applicable to all staff and supports the Clinical Governance Framework.

## 2. POLICY STATEMENT

The Hospital values the contribution of every member of staff and aims to develop each employee's full potential through a commitment to learning and development. A supportive, equitable learning culture with an emphasis on continuous improvement and development is actively promoted. An analysis of learning needs of individual members of staff will relate to the job description in which relevant policies are identified. Policies identify the standards, allocation of responsibilities, procedures and resources for carrying on all aspects of the Hospital to meet patient needs.

## 3. AIMS

The policy has four main aims:

- 1. Establish a system for analysing learning and development needs across all roles and for organising learning opportunities accordingly
- 2. Ensure new staff undergo a comprehensive induction training appropriate to their area of work
- 3. Ensure all staff have the skills and underpinning knowledge necessary to do their work. This includes keeping up to date clinically and professionally
- 4. Enable the hospital to continue to flourish as a centre of learning where experiences are viewed as learning opportunities and there is positive communication between all departments and professions
- 5. Support recruitment and retention strategies and contribute to good morale

## 4. PRINCIPLES

• A learning culture is promoted where both positive and negative experiences are regularly reviewed

- The importance of learning is promoted to all staff and it is established at induction that every member of staff must take ownership of their own learning and development
- Induction training is provided for new staff
- All staff should have a personal development plan which is updated annually in consultation with a line manager and includes learning plans
- Equal opportunities apply to learning and development activities
- Learning and development activities must be related to risk assessments in policies, observations of service delivery and the Hospital Business Plan
- An annual learning and development plan will be developed with information cascaded to managers and staff
- Training sessions must be planned with clear aims and objectives
- Study leave will be paid at the basic rate where training is essential to fulfil an employee's individual job role (includes internal and external training)
- Staff may be asked to make a contribution towards the costs of training where it is primarily for career development
- Learning and development activities will be evaluated

### 5. RESPONSIBILITIES

## 5.1. Management Team

The Hospital Management Team is responsible for agreeing the annual learning and development plan and ensuring resources are available evaluating expenditure to ensure good value for money. It acknowledges duties placed on it by regulations towards the care of patients and health and safety of people using the facilities. It will carefully consider all requests for training and will monitor the outcome from the training delivered.

## 5.2. Clinical Governance Team and Medical Research and Ethics Committee

The group agree the annual L&D plan before it is presented to Management Team and monitors its implementation.

### 5.4. Director of Clinical Services

The Director of Clinical Services is responsible for the implementation of the Learning and Development Policy and Plan and contributes to the review of both. The Director works with L & D Lead and department managers to identify learning and development requirements for all staff, the L&D Lead sources and plans training and maintains accurate records of how the requirements have been met.

### 5.5. Line Managers

Managers have a responsibility to ensure their staff are appropriately trained and developed. This includes:

- Organising departmental induction for new staff using a checklist
- Conducting appraisals (or delegating to a senior member of team e.g. SSN) for each member of their team
  ensuring each has a personal development plan which is reviewed regularly
- Booking relevant study days for staff, organising rotas so they are able to attend
- Ensure opportunities for 'on the job' learning is maximised
- Evaluating effectiveness of learning and development activities undertaken by their staff providing information to Director of Clinical Services for inclusion in the annual report

- Contribute to the annual learning and development plan by undertaking a 'gap analysis' providing information to Director of Clinical Services
- Pass on all training applications or details of the training (External/ specialist) to L&D Lead
- Obtain record of annual trainings (mandatory and other specialist training) completed by the employee prior to appraisal and increments

## 5.6. Individual Employees

All employees have responsibility for managing their own personal development. This includes:

- Taking an active part in appraisal
- Employees subject to revalidation are required to maintain a portfolio of evidence of Continuing Professional Development; all other employees are encouraged to maintain a portfolio and managers should ask for the portfolio when conducting an appraisal
- Agreeing an annual personal development plan, implementing and recording it
- Ensuring mandatory training is up to date
- Sharing knowledge with colleagues
- Take part in induction

## 5.7. The role of the Learning and Development Lead

- Develops the annual/quarterly plan
- Coordinates study days including booking speakers and other resources
- Maintains accurate record of L&D activities
- Reviews at regular intervals (at least quarterly) the completed training percentages
- Facilitates the completion of E learning
- Organises courses hosted by Holy Cross Hospital (e.g. Hydrotherapy)
- Develops and maintains the Hospital Intranet
- Works to achieve target levels for training completed on time percentages
- Initiates and organises E-Induction and Classroom Induction sessions

## 6. INDUCTION

All new staff undergo a formal period of induction. The programme includes: meeting with key people, specific training sessions and working in ward or department with a mentor. The induction programme is reviewed with the new employee to gain feedback to be used in future induction programmes.

#### 7. LEARNING AND DEVELOPMENT PLAN

A plan will be drawn up every quarter describing training sessions organised centrally based on:

- Essential skills required according to job role and analysed by reference to policies
- Skills to enhance practice
- Information gathered from line managers which have identified needs through a skills gap analysis
- Hospital's Business Plan
- The training completed on time figures

## 7.1. Delivery of the plan

The L&D Lead provides a list of attendees to the facilitator of the study day

- Attendees are required to complete their individual training record sheet, signing to state they have understood and are competent or highlight areas of need
- The L&D Lead will maintain records of attendance

#### 8. ADDITIONAL LEARNING AND DEVELOPMENT

### 8.1. In-service training

In service training sessions are locally organised and usually last no longer than a couple of hours. Wherever possible the sessions should be multi-disciplinary and relate to patients or case studies. Where the topic relates specifically to the work of a single department the session will be organised by that department.

### 8.2. External training

Where the need for an external course has been identified in advance it should be included in the annual plan. External training may be attendance at courses or conferences, distance learning or NVQ. All external training courses must be agreed by Management Team prior to booking. The employee must complete a training request form together with other relevant paperwork and submit it to their line manager for support. It should then be passed to a member of Management Team for approval and then to Learning & Development Lead. Once approved the course is booked by Accounts staff who will ensure correct payment is made as appropriate. All staff attending external courses will be expected to share learning with colleagues by way of an in service training session.

### **8.2.1.** Funding

Funding for external courses falls into three categories:

- Paid study leave
- Course fees
- Travel expenses

The hospital may fully or partially meet the costs depending on the nature of the course and perceived benefits to the work of the hospital. For courses involving substantial fees/ expenses the employee will be required to pay the hospital 50% of the fee if they leave their job within 12 months of completing the course.

### 8.3. Other methods of learning

#### 8.3.1 Clinical Supervision:

- Clinical supervision is aimed at improving patient care
- The Supervisor and the supervisees will ensure that there is an atmosphere of mutual beneficence during the sessions
- Supervisees and supervisors will ensure that they prepare adequately for the session
- Seeking and using research for evidence-based practice Scientific good quality literature will be used by supervisors

Each cluster has a Supervisor and 3-5 supervisees. All supervisors receive adequate training and can seek advice and guidance from DCS/ DNS as needed. The frequency of the sessions will be three monthly or as needed with protected time for the sessions. All sessions are documented and saved in the computer by L&D Lead.

External clinical supervisors are also used to provide supervision to specific teams (Outpatient Physiotherapy) or on specific topics (Respiratory). These sessions are booked as and when needed.

## 8.3.2 E-Learning:

The Hospital uses the Hospital Intranet and various E-learning packages for selected trainings.

Training packages are purchased after analysing the quality of the content. Staff are provided with appropriate facilities and time to complete the trainings. A record of the trainings is kept by the L&D Lead.

In addition to courses or formal learning there are many effective ways of developing staff which managers should use as appropriate including:

- Self-directed study
- Journal clubs
- Coaching
- Mentoring
- Shadowing someone more experienced
- Practical teaching at the bedside
- Project work
- Review and reflection

## 8.4. Conferences and courses hosted at Holy Cross Hospital

The Hospital organises specialist conferences and courses for which expert clinicians and academics are invited to speak. 1- or 2-day courses such as the Foundation Hydrotherapy course are organised by the L&D Lead. Major events will be organised by DCS with help from L&D Lead and co-opted members within the clinical Governance committee. All major event planning will be consulted with and approved by Management Team.

# 9. EVALUATION

The Director of Clinical Services prepares an annual evaluation report for presentation to Management Team. Line managers are responsible for evaluating the impact of learning and development activities on their staff and service provision. Written comments should be passed to the Director of Clinical Services for inclusion in the report. External courses should be evaluated by attendees on completion and information forwarded to Director of Clinical Services for inclusion in the report.

### 10. Review

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found. The policy will be reviewed every 2 years to ensure that the system described continues to provide an effective framework for planning and delivering learning and development.