

Appendix 1

OUH Learning and Education Strategy 2016 - 2020



**LEARNING
AND EDUCATION**



Introduction

Purpose

The purpose of this strategic document is to establish challenging but realistic goals to improve the quality of learning, education and training provision within Oxford University Hospitals NHS Foundation Trust over the next four years. The 'OUH Learning and Education Strategy' is aligned with our Trust's tripartite mission to provide excellent and compassionate care, support high quality learning and education, and encourage innovation and research.

Aim

The principal **Aim** of the Strategy is to **Support our Staff in the Delivery of Compassionate Excellence.**

Objectives

Principal **Objectives** are to:

- establish our Trust as a recognised centre of excellence in the provision of high quality healthcare education and training;
- deliver education and training which directly benefits quality and patient safety;
- develop leadership capability and capacity and retain the best healthcare talent;
- promote and support the personal and career development aspirations of our staff;
- improve staff recruitment and retention.

Strategy Development

The development of this Strategy has been informed by our Trust's strategic objectives and guided by the principles articulated within the NHS Constitution, in particular:

- putting patients at the heart of everything our Trust does;
- aspiring to the highest standards of excellence and professionalism;
- working across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population and providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.

A consultative approach has been taken, including the use of the NHS Patient and Staff Surveys, focus groups and interactive workshop events, to create debate and engagement amongst a broad cross-section of the workforce.



Strategy Implementation

The implementation of this Strategy, including the associated risk identification and management, will be overseen in detail by the Trust Education and Training Committee, which is accountable to the Trust Management Executive.

Key Themes

In order to deliver the Strategy's aim and objectives, and to respond to the education drivers for change, six **Key Themes** have been developed. The first three Themes describe "What" we intend to do and the remaining Themes describe "How" we intend to do it:

What:

Career-Enhancing Education - careers are developed and sustained such that our workforce is able to meet current and future patient needs

Talent and Leadership Development - we develop and retain effective and inspirational leaders, who are focused on delivering our Trust's mission, vision and values through engaged teams

Quality and Patient Safety - learning and education is informed by the need to continuously improve our quality and safety standards

How:

Innovative Learning - innovative and technology enhanced learning and education is adopted and optimised

Learning Together - interdisciplinary learning and development promotes effective teamwork, better understanding and excellent patient outcomes

Inspiring Learning Environments - our estate and infrastructure supports and encourages high quality learning and education





Key Drivers for Change

There are a number of key drivers for change, both internal and external, which have informed the development of the Learning and Education Strategy. The principal identified issues associated with the following key drivers are summarised under each heading:

- our Trust's vision, mission and values;
- changing nature of patient needs;
- providing healthcare across traditional boundaries;
- new ways of delivering education and learning;
- generational differences within the workforce;
- current shortcomings and risks in the delivery of education.

Our Trust's Vision, Mission and Values

Our Trust's **vision** is to be at the heart of a sustainable and outstanding, innovative academic health science system, working in partnership and through networks locally, nationally and internationally to deliver and develop excellence and value in patient care, teaching and research within a culture of compassion and integrity.

Our Trust's **mission** is the improvement of health and the alleviation of pain, suffering and sickness for the people it serves.

Our Trust's **values** reflect what is important to staff and patients with respect to both the standards of care and treatment we provide, and the way in which we behave. Our core values of: excellence; compassion; respect; delivery; learning, and improvement define how we want to be recognised as an organisation and are implicit in our commitment to 'Deliver Compassionate Excellence' - the healthcare we all want and expect for ourselves, our friends and our families.

Our Trust's vision, mission and values have underpinned the development of this Strategy, and its implementation will support the achievement and demonstration of all three



Changing nature of patient needs

The treatment of long term health conditions, rather than illnesses susceptible to a one-off cure, now accounts for 70% of the health service budget. At the same time, many people wish to be more informed and involved with their own care, thereby challenging the traditional divide between patients and professionals, and offering opportunities for better health through increased prevention and supported self-care.

Within Oxfordshire the average life expectancy is above the national average and growth in the catchment population will be greatest in the oldest population groups in the period to 2021. The over 75 population is expected to grow more quickly than the population as a whole and by nearly 30% in the 75-79 group, almost 20% in the 80-84 group and over 30% in the 85 plus group. Already, around two thirds of patients admitted to hospital are over 65, and more than a quarter of hospital inpatients are recognised as having a dementia-related condition. An increasingly ageing population presents challenges for the way in which high quality end of life care is resourced and provided.

The main demographic issues driving demand for health and social care in Oxfordshire and beyond are the increasing age and obesity of the population, and the rising dependency ratio (the proportion of older people to adults of working age). These demographic factors alone will cause substantial changes in the incidence and prevalence of illness requiring healthcare intervention, particularly relating to vascular disease; diabetes; musculoskeletal failure, and brain degeneration. Older and more obese people are at risk of acquiring more than one of these problems simultaneously, with this multiple morbidity contributing to a rapid increase in the number of frail older people in particular.

The cancer incidence rate in Oxfordshire is higher than the average for England and has been steadily increasing across all areas in men and women under the age of 75. The number of people surviving cancer treatment is growing rapidly, with 10-year survival rates for some relatively common cancers having risen by over 20% since the 1970s. A treatment issue influencing overall demand is that case-fatality rates for illnesses such as stroke and myocardial infarction have fallen dramatically in recent years (and continue to fall). This 'de-coupling of morbidity and mortality' means that people are living longer with their conditions and requiring a different pattern of care, often including sporadic acute intervention needing intensive hospital support interspersed with much longer episodes of low-intensity supportive care.

Culturally, Oxford is more ethnically and culturally diverse than the county as a whole, with the third-highest minority ethnic population in South East England and twice the national proportion of 16-29 year olds (32% of all residents). In the decade 2001 to 2011, the city's population grew by 12% - a growth rate equalling that of London.

Our learning and education provision must be responsive to support the diversity of the population we serve and to meet the changing nature of our patients' conditions and care needs



Providing healthcare across traditional boundaries

The NHS five year forward view (Forward View), published by NHS England and other National NHS bodies (2014), sets out a shared view on the models of care that will be required in the future. There is a clear outline of how services need to change over the next five years and beyond to dissolve existing boundaries, in order to meet the desire from patients and service users to move towards partnership working and away from the traditional single, often disconnected 'episodes' of care. As a consequence, there is now a wide consensus on the direction the NHS takes, namely:

- increasingly there is a need to manage systems, networks of care and not just organisations;
- out of hospital care needs to become a much larger part of what the NHS does; services need to be integrated around the patient (for example, a patient with cancer needs their mental health and social care coordinated around them, just as patients with mental illness need their physical health addressed at the same time);
- there is a need to learn much faster from the best examples, not just from within the UK but internationally;
- as our Trust introduces them, there is a need to evaluate new care models to establish those that deliver the best experience for patients and represent the best value for money.

Many of the new models of care outlined in the Forward View require collaboration between organisations to achieve a closer integration of care. This collaboration may involve GPs working with specialists and other clinicians in multispecialty community providers, hospitals and primary care providers coming together in primary and acute care systems (PACS), and a range of organisations and services establishing urgent and emergency care networks. Similarly, urgent and emergency care services are likely to be redesigned to integrate between Emergency Departments, General Practice out-of-hours services, urgent care centres, NHS 111, and ambulance services. Smaller hospitals will need to consider how they are to remain viable, including the possibility of forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services. For example, midwives will have options to take charge of the maternity services they offer and the NHS will provide more support for frail older people living in care homes.

Within Oxfordshire, OUH is strengthening its work with local GPs to inform a programme of service change that will transform a range of services delivered primarily (though not entirely) for the local community. OUH will redesign its local services, especially in acute medicine, to reduce unnecessary and potentially harmful extended stays in hospital, and put in place a model of care that is more clinically and financially sustainable. In particular, this will necessitate changing the way in which vulnerable, older people are cared for by offering more integrated care closer to home, applying acute clinical expertise in the non-hospital setting and 'right-sizing' our Trust's inpatient capacity.

Our learning and education provision must support the delivery of new care pathways and greater collaboration across the healthcare system



New ways of delivering learning and education

Amongst our workforce there is a growing demand for a more flexible approach to be applied to learning and education; typically learning and education which is accessible anywhere, anytime, through a variety of channels. Individuals now also place a greater value on undertaking learning that is accredited. Therefore, we must think differently about how future learning and education is designed, delivered and evaluated.

Within recent years, we have witnessed a substantial increase in the application of e-learning, gamification techniques and simulation training. Furthermore, many organisations are moving towards the use of the 70/20/10 delivery model and utilising blended learning methods. As its name implies, the 70/20/10 model proposes that a 'blend' of different learning approaches, applied in concert, can provide for powerful and effective learning that is grounded in the local prevailing environment and what is real for the organisation. The model suggests the most effective development will be derived from:

- approximately 70 per cent workplace experiences, tasks, and problem solving;
- approximately 20 per cent feedback and observation of both good and bad practice;
- approximately 10 per cent formal programme interventions and self-study.

The three components of the 70/20/10 model reinforce one another, helping to promote new and sustainable behaviours, leading to improved performance.

Systems are becoming increasingly smart, and learning analytics are expected to play an even greater role in the future. Learning and education providers must be prepared for this change and actively embrace new tools and techniques. The use of social learning networks is also expanding. Since networking can offer one of the most effective ways in which to develop learning capability, there is significant potential value in building connections with those who can both share insight and challenge thinking.

There is a growing shift towards creating a 'learning culture', with the increased use of internal knowledge-sharing events, job rotation, secondment and shadowing, action learning sets and collaborative learning.

Learners now expect to have greater control of their learning, reflecting the need for agility and flexibility in meeting bespoke individual needs (one size does not fit all). In-house methods of delivery remain more popular than external methods and are expected to grow further in use. Over recent years OUH has launched a new learning management system and successfully made the transition to e-learning for some training programmes, as well as delivering clinical simulation and human factors training.

Our learning and education provision must support a flexible delivery model to ensure individuals receive the right learning (accredited, where appropriate), in the right place at the right time



Generational differences within the workforce

A recent report entitled 'Mind the Gap - Exploring the needs of early career nurses and midwives in the workplace' (2015) highlights that there are generational concepts that require consideration if we are to appropriately support individuals as they begin their professional careers. For the first time in history, four different generations will be working together in the same employment environment, namely the so-called 'baby boomers' (born between 1946 and 1964); 'generation X' (born between 1965 and 1979); 'generation Y' (born between 1980 and 1994) and 'generation Z' (born between 1995 and 2005). Within the workforce, these generational groups demonstrate differences in values, expectations, perceptions and motivations, all of which are highly relevant in terms of education and engagement. In understanding these differences, we have a real opportunity to better align support to meet individual needs and to improve recruitment and retention.

By way of example, typically, nurses and midwives within the earlier generation are better educated than their predecessors, are self-motivated, hard-working (driven), team oriented, highly experienced and 'live to work'. Colleagues who are earlier in their working lives typically have higher expectations for their work/life balance, but nevertheless are career-minded. In this context they need to see a clear pathway of progression and be supported to achieve through personal development: They want a clear career framework, not just for linear promotion but to enable them to diversify within their profession.

With high expectations of employment and employer, generation Y (or 'millennial') employees are "digital natives" who recognise that education and development are enablers that will help them achieve their ambition, and who expect employers to address these development needs. This group tends to attach great importance to employer-supported training, continuing personal and professional development (CPPD), career progression planning, mentorship and preceptorship. Millennials also look for real meaning, variation and self-fulfilment in their work, and want greater flexibility in the way in which they provide their services. Should these expectations and needs not be met, early career staff are likely to be more willing than their older colleagues to consider other options.

Forecasters predict that, by 2020, millennials will account for half of the global workforce, whilst many more generation Z employees will have entered the job market. The emerging traits associated with this latter group are that they are highly self-directed digital multi-taskers who value personal freedom, and who will seek progressive and supportive work environments: They are also likely to spend more time changing jobs than their more senior work colleagues.

The implications of these generational differences are multifaceted and are an essential consideration for future proofing the attraction, recruitment, development and retention of our staff.

Our learning and education provision must recognise and appropriately respond to generational differences within the workforce, by offering more choice, greater flexibility and better support through structured career development



Current shortcomings and risks in the delivery of learning and education

At a national level, Health Education England (HEE) continues to work with employers, employees and commissioners to identify the learning and education needs of the current and future workforce, equipping them with the skills and flexibility to deliver new and emerging models of care, including the development of transitional roles. In order to become more sophisticated in this process there will need to be greater investment in workforce planning, training for existing staff, and in the active engagement of those clinicians and managers who are best placed to know what support they need to deliver these new and emerging models of care.

Yet, at a local level education funding is exposed to the challenges to make ever increasing efficiency savings. On behalf of HEE, Health Education Thames Valley (HETV) provides the majority of finance for education within our Trust and, as with all public bodies, is mandated to ensure it meets its own cost reduction requirements. Therefore, in response to reduced levels of funding made available in future years, OUH will need to make informed decisions relating to the prioritisation of financial investment in learning and education provision.

Historically, workforce planning and education commissioning have not been comprehensively linked, either at national or local level. This has impacted on recruitment shortages in a number of staff groups, including registered nursing, as well as a number of specialist roles across the organisation.

Whilst recognising and supporting the realistic expectations of staff with respect to personal and career development, CPPD activity must also be aligned to key requirements in the delivery of high quality, safe patient services (informed by comprehensive training needs analysis). To date, such analysis has largely been undertaken in professional and divisional 'silos' and there is a need to adopt a more multidisciplinary approach to the planning and provision of learning, education and training which supports both staff and patient care.

Locally, within our Trust, a significant issue impacting on professional development is the inability to protect sufficient time for learning, education and training interventions (for both the member of staff and the educator or supervisor). The ability to protect learning time and maximise personal and professional development opportunities is also dependant on the effective scheduling of work activity and individuals' working patterns.

The physical infrastructure associated with learning, education and training provision is currently of a mixed standard across the organisation and, historically, has suffered as a consequence of the absence of a planned development and improvement programme. Some of the estate is no longer serviceable.

Similarly, capacity within our Trust's local learning and education provider 'community' is limited and has not received any significant level of investment in recent years. In particular, the current complement does not include an 'overarching' senior leadership post which has lead responsibility for coordinating the commissioning, development and delivery of multidisciplinary learning and education. Consequently, the potential of our existing respective functions is not being fully realised.

Our learning and education provision must, as far as possible, mitigate these shortcomings and risks



Key Drivers Summary

These key drivers for change are captured in the following table, which summarises the characteristics of our workforce now, and those required in the future:

Workforce Now	Workforce Future
Inconsistent engagement	Full engagement
People working hard	People working more effectively
Largely hospital-based traditional roles	High quality, safe care provided in a range of settings
Professional and career development needs not always met	Sustained careers, improved satisfaction and better staff retention
Services largely fit traditional ways of working and desired work patterns	High quality services delivered at times and in places that better suit patients
Staff aware of our Trust values	Everyone proud to deliver our Trust values



Strategic Themes

In response to the key drivers for change, this Strategy is informed by six strategic themes, as follows:

Theme One: Career-enhancing Education

Careers are developed and sustained such that our workforce is able to meet current and future patient needs

As one of the largest providers of healthcare in the country, OUH employs around 12,000 people who occupy positions across an extensive number of disciplines. In partnership with HETV, we use the Local Delivery Agreement (LDA) framework to agree commissioning numbers for the education and training of future healthcare professionals. OUH also works closely with a range of education providers, including Oxford Brookes University, the University of Oxford, the University of Hertfordshire and Coventry University to support the delivery of education for nurses, midwives, doctors and a range of allied healthcare professions such as radiographers, physiotherapists and occupational therapists. In other areas, such as healthcare support, administration and clerical, and housekeeping, we directly recruit and train people to undertake the associated roles.

Within a workforce which is as large and diverse as ours, inevitably people will have different plans and aspirations regarding their personal and career development. Our principal aim must be to ensure that our Trust maintains a workforce that has the capacity and capability to deliver competent and compassionate patient care across all of our services, but we must also ensure that our learning and education provision meets the realistic expectations of individuals and supports them in their career development. This is good for our Trust, because we need to retain high quality staff, at all levels, in sufficient numbers.

Historically, guidance for career planning and development within the NHS has been disjointed. More recently healthcare profession leads have collaborated with organisations such as Skills for Health to establish a number of career frameworks, which aim to establish a more systematic and supportive approach. For example, there are now defined career frameworks for allied health professions, support roles, health informatics, public health, and business support services. These frameworks establish a clear route upwards from initial entry/support worker, through to advanced/consultant practitioner level and above. Similarly, for healthcare scientists, who contribute to prevention, diagnosis, treatment and rehabilitation, the modernising scientific careers (MSC) programme provides an opportunity to refocus and re-energise this essential part of today's healthcare team. MSC aims to support healthcare science in meeting future service needs by ensuring that scientific and technical advances are integrated into emerging models of integrated care: Furthermore, it introduces a clear and coherent career pathway and structure for the healthcare science workforce. Aspects of the programme cover every step of the career pathway, and include education, training and workforce planning.

We will ensure future learning and education provision supports career development and is informed by emerging career frameworks



Theme Two: Talent and Leadership Development

We develop and retain effective and inspirational leaders, who are focused on delivering our Trust's mission, vision and values through engaged teams

The link between leadership and organisational performance, development and culture, and employee engagement is acknowledged by most organisations, across all sectors. Furthermore, it is recognised that, through the development and promotion of desired leadership qualities, our Trust must capitalise upon its strengths, progress and opportunities to embed a values based culture and environment.

Our leadership and talent development framework describes how traditional 'command and control' models of leadership are no longer appropriate. The power invested in and represented by established hierarchies is diminishing, while change is happening at an ever increasing pace and is becoming more disruptive in nature. Today's challenging operating environment requires leadership practices which are based on inclusivity, influence and authenticity, rather than authority; and shared ownership, rather than responsibility vested in the few. In order to meet these challenges we need individuals who are capable of: creating a compelling vision and taking people with them; leading across boundaries; utilising high levels of emotional intelligence in order to influence through a shared mission or goal; promoting and developing distributed leadership (i.e. leadership at all levels, not just at 'the top'), and embracing diversity, innovation and being open to alternative views. In doing so, our current and future leaders need to recognise talent and solution all around.

The concept of 'talent' refers to those individuals who can make a difference to organisational performance, either through their immediate contribution or, in the longer-term, by demonstrating the highest levels of potential. Successful enterprises are likely to view the management of talent as a strategic priority and an important long-term investment that is closely aligned to 'succession planning'. Locally, the goal of talent development is to identify and support people who demonstrate the capabilities, commitment and behaviours needed to deliver current and future organisational success. This means ensuring we provide access to opportunities and 'stretch' development that enable people to achieve their potential.

Our Trust has successfully supported individuals in accessing leadership development programmes that have been delivered by the national and local NHS leadership academies, whilst also directly delivering 'learning to lead' programmes and providing coaching, mentoring and values based conversations interventions. These programmes need to continue, and others designed and implemented, which support the development of collective multidisciplinary capabilities across healthcare boundaries, underpinned by key leadership qualities centred on services, people, quality and collaboration.

We will provide targeted leadership and talent development programmes which support our clinically-led structures and build effective multidisciplinary teams



Theme Three: Quality and Patient Safety

Learning and education is informed by the need to continuously improve our quality and safety standards

In recent years the Department of Health and other external agencies have implemented a number of important quality initiatives. Some of these have been commissioner-led, such as Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP), whilst others, such as the requirement to publish Quality Accounts, are laid in statute. The initial Darzi report (High Quality Care for All) maintained that quality has to be at the heart of everything the NHS does and defined the three key domains that underpin quality as:

- Patient Safety (consistently delivering safe, harm-free quality care to all patients);
- Patient Experience (providing an excellent quality healthcare experience for patients, carers and visitors);
- Clinical Effectiveness and Outcomes (providing high quality evidence based care that is effective to ensure the best possible outcomes).

This interpretation of the importance of quality in all aspects of healthcare provision is also reflected in the Care Quality Commission assessment domains, namely: 'safe'; 'effective'; 'caring'; 'responsive' and 'well led'.

Supporting all of our Trust's plans and objectives is a clear focus on the quality of care we provide, in terms of patient safety, patient experience, and quality of outcomes, and this is fully articulated in our Quality Account. We are committed to embedding and improving quality in everything we do and our Quality Strategy seeks to ensure that what we do and how we work delivers the best outcomes for our patients, in a safe and caring environment. In order to achieve this, quality considerations must be included in our learning and education provision and the scope of our patient safety training further expanded. In particular, every occasion on which we fail to deliver the standard of care we aspire to, and every time we cause harm, must be recognised, acknowledged and treated as an opportunity to improve. Therefore, learning from clinical incidents, near misses, poor patient experience, and complaints received from service users should be widely shared, discussed and reflected upon. Furthermore, where appropriate, we should actively promote and support patient and public involvement in future learning and education provision.

We will align statutory, mandatory and essential training with all patient safety and quality domains, promote organisational learning from incidents and complaints, and further include patients and public in informing our learning



Theme Four: Innovative Learning

Innovative and technology enhanced learning and education is adopted and optimised

The provision of workplace learning and education has changed significantly over recent years and we no longer rely on just a few delivery methods, alone. The advent of technology, such as smart phones and other mobile devices, and the associated use of 'applications' ('apps'), podcasts and 'downloads' and the strength and scope of the internet, means that most people are able to access information at any time of their choosing and in most locations. The availability of such technology is increasingly being used to support the delivery of healthcare education and training, and individuals at all stages of their career (but particularly those who are newest) expect that web based tools will be available to deliver 'bite size' chunks of educational material, and to interact with other learners, at a time of their choosing. The impact of social networking on methods of communicating and establishing networks is also influencing the learning environment and will continue to do so.

As technology is further embedded into everyday life there are significant advantages in developing its application in the delivery of workplace education and training, particularly when local resources are finite and learning time has to be utilised in the most efficient manner. Furthermore, there is growing evidence that innovative educational technologies, such as e-Learning, simulation and m-Learning (mobile learning) provide opportunities for learners and educators to acquire, develop and maintain the essential knowledge, skills, values and behaviours needed to deliver for safe and effective patient care. Technology enhanced learning (TEL) provides an exciting opportunity to promote invention and innovation in our provision of education and training.

Over recent years our Trust has made good progress in the development of e-Learning applications, across a range of areas and in the provision of simulation training. OxSTaR (Oxford Simulation, Teaching and Research) is the University of Oxford's purpose built, state-of-the-art medical simulation teaching and research facility in the Nuffield Division of Anaesthetics, through which simulated learning scenarios provide invaluable opportunities to observe, develop and test how healthcare teams work within their environment and interact with each other and the patient.

Research and development is an important aspect of our Trust's tripartite mission and we are fortunate to host both the Oxford Biomedical Research Centre and the Biomedical Research Unit, organisations which set the standard in translating science and research into new and better NHS clinical care. Similarly, we are the host of, and a partner within, the Oxford Academic Health Science Network, which aims to support the identification and more rapid uptake and spread of research evidence and innovation at pace and scale to improve patient care and local population health. Through the future provision of multidisciplinary learning and education, we need to ensure we maximise the opportunities provided by these important associations in the professional development of our staff and the in the delivery of our services.

As an innovative, forward-looking organisation, we will build upon our current offerings by embracing and capitalising on the opportunities presented by technology enhanced learning (TEL), simulation training and our research and development collaborations



Theme Five: Learning Together

Interdisciplinary learning and development promotes effective teamwork, better understanding and excellent patient outcomes

Multidisciplinary learning is proven to strengthen teamwork and communication, and improve the patient experience. National work undertaken over the past decade by, for example, Professor Michael West (Lancaster University and the King's Fund), demonstrates the correlation between effective teamwork and increased patient satisfaction and outcomes. Research shows that teams are more effective and innovative to the extent that they routinely take time out to reflect upon their objectives, working practices, processes and environments, and make changes accordingly.

The concept of 'learning together' is not new and is now an integral part of many pre and post-registration health and social care professional programmes, nationally. Learning together is also supported globally by, for example, the World Health Organisation (WHO), which recognises it as developing collaborative practice through which individuals from different disciplines work together with patients, families, carers and communities to deliver the highest quality of care. This includes the engagement of professionals with any other person who contributes to delivering desired outcomes, and therefore requires the adoption of learning and educational approaches which enable the development of working together with a common purpose, commitment and mutual respect.

Learning together is already well established within our Trust and we deliver a number of programmes on a team and/or multidisciplinary basis, including leadership development, simulation and resuscitation training, statutory and mandatory training, and delivering compassionate care training. Simulation based training among multidisciplinary teams offers several benefits beyond other methods. Simulation provides an engaging learning environment that replicates the tasks and equipment encountered in the work environment presents an opportunity for practicing dynamic teamwork skills among team members from different disciplines. Such methods serve as a safe environment for learning without the risk of patient harm and, when errors do occur, simulations allow for immediate feedback to optimise learning. The adaptability of simulation allows the learning experience to be tailored to meet specifically identified training objectives.

In addition to benefitting team working and promoting better understanding between individuals undertaking different roles (thereby helping to remove occupational 'silos'), bringing people together to learn represents a better use of our resources.

We will build upon our current successes by identifying further opportunities to design and implement multidisciplinary learning and education interventions, and promote their benefits



Theme Six: Inspiring Learning Environments

Our estate and infrastructure supports and encourages high quality learning and education

In order to establish an appropriate infrastructure that effectively supports the planning, design, delivery, administration and evaluation of the full range of learning and education activity, our Trust needs an appropriate environment within which all of these functions are undertaken and, ideally, brought together. In essence, this consideration is fundamental in ensuring the provisions of this Strategy and its associated themes are delivered.

The Oxford “brand” is a strong one, which is synonymous with “excellence” in education and learning and recognised globally. This association extends beyond our main University partner to include many aspects of our Trust and our reputation as a leading teaching hospital. Many staff, of all disciplines, are attracted to our Trust because of this reputation; however, we do not always meet expectations with respect to the promotion of and access to developmental opportunities. Attaining a recognised level of excellence in the provision of learning, education and development of our staff requires that we have an appropriate delivery infrastructure and are able to provide high quality and inspiring learning environments. Not only will establishing the right environment motivate our staff and stimulate, it is also likely to assist us in attracting and retaining greater numbers of high quality individuals to our organisation, and potentially generate income through the provision of education and training to external bodies.

Whilst we comply well with, for example, the requirements of the General Medical Council’s regulatory structure for the provision of safe, effective medical education (which includes standards for medical trainers), for other staff groups and in other areas of learning and education provision, our infrastructure and facilities are of a differing standard. A distinct variation in the ability for individuals to access learning and education in a timely way is becoming more evident, across our multiple sites and departments. In part, this is due to the quality and availability of some of our internal training venues. Increasingly, problems are occurring with the availability of education facilities because of maintenance issues and, in some cases, rooms have been taken out of service.

Compounding these issues is the absence, within our Trust, of a single discernible facility or ‘centre’ (‘Healthcare Academy’?) which is recognised as being at the principal facility and point of contact from which the majority of our education and training is provided. The rather limited facilities which currently are available for this purpose are disparate and not as effectively coordinated as they could and should be.

We will establish a central ‘Healthcare Academy’ from which high quality education and training is administered and provided within a modern, stimulating and well-resourced environment



Delivery

Outline Delivery Plan

The Outline Delivery Plan (overleaf) illustrates, at a high level, the key objectives, principal actions and intended outcomes (success measures) associated with each of the Strategy's six **Strategic Themes**.

The implementation of the Strategy will be overseen by the Trust Education and Training Committee, which will:

- prioritise the Delivery Plan - what will be delivered in the short term (year 1), medium term (years 2 to 3) and longer term (year 4 plus);
- determine specific and more detailed actions;
- identify resource implications;
- develop performance metrics;
- identify and mitigate principal risks;
- provide performance and progress reporting to the Trust Management Executive.

The Education and Training Committee will agree a detailed delivery plan for implementation from early 2016.

Summary of Key Deliverables

Successful implementation of this Strategy aims to:

- ❖ establish an appropriately resourced OUH 'Healthcare Academy', through which innovative and flexible learning, education and training programmes are accessible to all staff;
- ❖ position OUH as a recognised centre of excellence for the provision of leadership and talent development programmes;
- ❖ ensure that learning, education and training underpins quality and safety improvement, and supports the personal and professional development of our staff.

Outline Delivery Plan

Theme One: Career-Enhancing Education

Objectives	Actions	Success Measures
All new staff receive an excellent induction experience (both corporate and local).	<p>Review the induction process for all staff groups to include the use of e-learning and streamlining the current organisational processes.</p> <p>Extend and strengthen the content of induction to include, for example, the completion of a standardised programme and the endorsement of key competencies, and the provision of information and advice relating to career opportunities.</p>	<p>Staff provide excellent feedback regarding the quality of their induction, feel competent and supported to undertake their new roles and are appropriately 'welcomed' to our organisation.</p> <p>Reduced staff turnover and strengthened team working.</p>
All students and trainees receive an excellent experience during their placements within our Trust.	Review current practice to ensure students and trainees on placement are provided with high quality support in their personal and professional development.	More students and trainees are attracted to our Trust and greater numbers wish to remain/return.
Programmes are designed/commissioned and implemented, which underpin the delivery of excellent patient care, and support the professional and career development of our staff.	<p>Ensure our education and training programmes align with existing and emerging career frameworks.</p> <p>Review and strengthen the Divisional training needs analysis process.</p> <p>Develop an online portal to support informed decision-making in the commissioning of education activity across the organisation.</p> <p>Establish an OUH education framework that recognises and registers academic achievement, and provides the necessary mechanism for accreditation with education providers.</p>	<p>More of our staff are following a recognised career pathway and are fully supported in progressing within it.</p> <p>Demonstrable progress in the implementation of the modernising scientific careers initiative and in the implementation of career frameworks for other staff groups (e.g. allied health professionals).</p> <p>More staff benefitting from relevant and accessible CPPD opportunities.</p> <p>Improved retention and better staff experience.</p> <p>Improved patient experience.</p>

	Review and improve our current provision and promotion of continuing personal and professional development (CPPD) programmes.	
Excellent postgraduate medical education and training is consistently delivered.	Continue to build upon the already excellent standard of education and training provided in most areas, by addressing those shortcomings highlighted by external review.	Our Trust continues to be recognised for the quality of our postgraduate medical education and training, across all disciplines. Excellent feedback from our trainee doctors and external assessors.
The appraisal system recognises individuals' career aspirations and fully supports personal and professional development.	Overhaul our current annual appraisal system such that it more effectively meets the needs of our Trust and supports the personal and career development of our staff.	The appraisal process is recognised as being an essential intervention in the support of personal, professional and career development. All staff participate in meaningful appraisals which are recognised as being essential for their development.
The MAGNET accreditation process is fully supported.	Assess the implications for education and training provision in the pursuit of MAGNET accreditation for nursing and midwifery staff.	Education and training provision fully supports the attainment of MAGNET status. Improved staff and patient experience. Improved staff recruitment and retention.
Career development opportunities are improved for our staff occupying bands 1 to 4 (i.e. non-registered) roles.	Further develop and improve the capacity and capability of our care support worker academy (CSWA) in the delivery of accredited education and training, the establishment of career pathways, and the promotion and support of modern apprenticeships.	Increased numbers of modern apprenticeship placements being filled. Increased number of assistant practitioners. All care support workers and assistant practitioners attaining the Care Certificate qualification and more entering the registered healthcare workforce.

Theme Two: Talent and Leadership Development

Objectives	Actions	Success Measures
The leadership, management and governance of the organisation assure the delivery of high quality person-centred care, support learning and innovation, and promote an open and fair culture.	<p>Review our current leadership development programmes to ensure they fully support our needs and priorities.</p> <p>Revisit our leadership and talent development strategic framework and prioritise those programmes and initiatives to be taken forward.</p> <p>Continue to promote participation in the NHS national leadership programmes.</p> <p>Fully evaluate the outcomes of our new consultant development programme and 'scale up' future provision.</p>	<p>Wide understanding of the leadership skills and behaviours needed to deliver organisational success and embed 'compassionate excellence' in the provision of the highest standards of patient care.</p> <p>A diverse, capable and expanding leadership population across all levels and disciplines.</p> <p>Improved staff and patient experience.</p> <p>Improved staff recruitment and retention.</p>
The capability and effectiveness of our managers is improved.	<p>Further expand and promote our current portfolio of training interventions for all line managers and supervisors.</p>	<p>Line managers and supervisors are confident and competent in their effective management of people and resources, and are fully familiar with the correct application of relevant Trust policies and procedures.</p> <p>Staff are better supported by their line manager or supervisor.</p> <p>Improved team working and engagement.</p> <p>Improved staff experience and retention.</p>
Talent, at all levels of the organisation, is recognised and developed.	<p>Evaluate the current talent development pilot sites and implement the talent development framework across all areas.</p> <p>Include talent development within appraisals and leadership development programmes.</p>	<p>Talent development is embedded as part of good management and leadership practice.</p> <p>Improved succession planning.</p> <p>Improved staff experience and retention.</p>

Theme Three: Quality and Patient Safety

Objectives	Actions	Success Measures
Statutory and mandatory training supports our quality and patient safety priorities, and compliance is improved.	<p>Undertake a comprehensive review of all elements of our statutory and mandatory training framework.</p> <p>Enhance the accessibility and deliverability of all statutory and mandatory training elements.</p> <p>Ensure statutory and mandatory training content is informed and directed by quality and patient safety concerns and issues.</p> <p>Enhance the functionality of the electronic learning management system (ELMS).</p>	<p>Statutory and mandatory is recognised as being relevant and essential.</p> <p>Improved compliance across all areas.</p> <p>Reduction in patient safety incidents and near misses.</p> <p>Improved patient experience and outcomes.</p>
All staff develop and maintain a strong quality and patient safety focus throughout all areas of work.	<p>Develop and implement an annual patient safety training plan.</p> <p>Establish a comprehensive process by which learning from incidents and complaints informs education and training programmes and interventions.</p> <p>Increase the capacity to provide our “delivering compassionate care” training programme to a larger number of multidisciplinary staff.</p>	<p>Quality and patient safety considerations and learning from incidents are demonstrably embedded in core induction programmes and subsequent education and training interventions.</p> <p>Incidents and complaints are recognised by all staff as being opportunities to learn and improve.</p> <p>Improved patient experience and outcomes.</p> <p>Improved staff experience, engagement and retention.</p>
The application of simulation in promoting quality and patient safety is enhanced.	<p>Identify ways in which the current portfolio of simulation training can be further expanded and accessed by all staff groups.</p>	<p>OxSTaR facility is recognised as being an international leader in the provision of simulation training and research.</p> <p>More teams benefitting by participation in simulation training.</p>

<p>All students and trainees receive education and training which is underpinned by quality and patient safety considerations.</p>	<p>Establish OUH Standards for induction, placement, mentorship and supervision of students and trainees.</p>	<p>OUH Standards are recognised as outstanding by HETV and the Oxford Deanery.</p> <p>Excellent levels of student and trainee satisfaction.</p> <p>Improved staff experience, engagement and retention.</p> <p>Improved patient experience and outcomes.</p>
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Theme Four: Innovative Education

Objectives	Actions	Success Measures
<p>All opportunities to assess, test and apply innovative educational technologies are pursued.</p>	<p>Further improve and expand our e-Learning and other IT/web based applications.</p> <p>Review other available applications by which to promote and apply technology enhanced learning (TEL).</p>	<p>High numbers of staff accessing a range of TEL applications, which enhance and improve the overall learning experience.</p> <p>Our Trust is recognised as being a leader in the application of TEL.</p> <p>Improved staff experience, engagement and retention.</p> <p>Improved patient experience and outcomes.</p>
<p>The application of simulation training is enhanced.</p>	<p>Identify ways in which the current portfolio of simulation training can be further expanded and accessed by all staff groups.</p>	<p>OxSTaR facility is recognised as being an international leader in the provision of simulation training and research.</p> <p>More teams benefitting by participation in simulation training.</p>
<p>Our Trust provides leading research in practice based education.</p>	<p>Establish a research focus to inform and develop practice based education across all areas of the organisation.</p>	<p>A demonstrable increase in research activity and publication related to practice based education and its relationship to learning and patient outcomes.</p>

		Our Trust is a leader in nursing, midwifery, healthcare science, and allied health professions research.
The opportunities afforded by our association with our local innovation, research and development partners are fully realised.	Fully assess how the future provision of multidisciplinary learning and education can benefit by our relationship with the Oxford Biomedical Research Centre, the Biomedical Research Unit, and the Oxford AHSN.	<p>Effective collaboration with partner organisations is demonstrably contributing to the professional development of our staff and the more rapid uptake and spread of research evidence and innovation for the benefit of patient care.</p> <p>Improved staff experience, engagement and retention.</p> <p>Improved patient experience and outcomes.</p>

Theme Five: Learning Together

Objectives	Actions	Success Measures
All opportunities by which to increase the application of multidisciplinary learning and education are pursued.	<p>Building on current practice, establish systems to identify further areas in which practice based multidisciplinary learning and education can be applied.</p> <p>Develop and implement a portfolio of generic and specialty-specific multidisciplinary education and training interventions.</p> <p>Maximise the use of simulation training and research in the design and delivery of multidisciplinary learning.</p> <p>Determine ways in which patients, families and carers can contribute to multidisciplinary learning. Develop a framework within which care delivery developments/service improvements inform multidisciplinary learning opportunities.</p>	<p>Team practice is a recognisable component of care delivered by our Trust.</p> <p>Participation in interdisciplinary learning is demonstrably increased and positively evaluated.</p> <p>Improved team working.</p> <p>Improved staff experience, engagement and retention.</p> <p>Improved patient experience and outcomes.</p>

Contemporary research and evidence based practice informs the development and delivery of multidisciplinary learning and education.	Incorporate research and evidence based practice within future multidisciplinary education programmes and interventions.	Our Trust is recognised as a leader in this field. Improved team working. Improved patient experience and outcomes.
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Theme Six: Inspiring Learning Environments

Objectives	Actions	Success Measures
We have the necessary capability and capacity to deliver excellent education and training in inspiring environments.	<p>Review the capacity and capability of our delivery structure and propose changes to improve the capacity and capability of the team.</p> <p>Review our physical infrastructure and propose ways in which this should be consolidated, modernised and improved.</p> <p>Determine how our staff are afforded sufficient “time to learn”.</p>	<p>Our Education Team is recognised as being highly effective in the design/commissioning and delivery of high quality, relevant and accessible learning and education.</p> <p>The establishment of a “Healthcare Academy Oxford”, as the central “home” of our learning and education provision for staff.</p> <p>TEL is fully embedded within our delivery structure.</p> <p>Improved staff experience, engagement and retention.</p>
Our learning and education, and leadership development provision meets or exceeds recognised “best practice” standards.	Pursue “kite mark” accreditation with the appropriate professional bodies (e.g. Institute of Leadership and Management; Investors in People).	<p>Accreditation is attained.</p> <p>Improved staff experience, engagement and retention.</p>