



Delivering High Quality Care Through Effective Widening Participation

Unleashing Talent – A Learning and Productivity Demonstrator



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Overview

People make the biggest impact on organisational performance and there is sound evidence that work-based learning can improve individual, team and organizational productivity. Yet despite the substantial amounts spent on workforce development in the NHS each year (around £5 billion in England alone) getting learning right can be a challenge. According to the latest evidence from the NHS Staff Survey almost four out of ten health workers who received some form of training last year were unable to say that their learning helped them do their job better. This represents a substantial waste of resources and a real missed opportunity to improve healthcare at a time when the NHS needs to increase productivity. Harnessing the power of learning can however contribute significantly to improved performance, if it is done right.

‘Unleashing Talent’ is the name given to a local partnership venture initiated by the Beeches Widening Participation Unit in 2006. It is aimed at increasing Health and Social Care productivity through engaging Health and Social Care support staff with learning and thereby helping ‘unleash their talent’ through work based learning.

The ‘Unleashing Talent’ initiative is project managed by a Partnership Board representative of the Western Health & Social Care Trust (WH&SCT), the Beeches Widening Participation Unit (WPU) and the former Department of Health Widening Participation in Learning Strategy Unit. Other partners include the Educational Guidance Service for Adults (EGSA) and the North West Regional College (NWRC). The WH&SCT Human Resources Director, Nuala Sheerin chairs the Project Board and the Project Co-ordinator is Philip Young. Full details of the Project Board and Project Team, membership, terms of reference etc are available from Philip Young (WH&SCT) or Paul Donaghy (Beeches Widening Participation Unit). The enclosed report is the independent, external evaluation of the ‘Unleashing Talent’ project undertaken by Richard Griffin. Richard is Senior Research Fellow in the Health & Social Care Faculty of London South Bank University.

This pioneering project would not have delivered the success detailed in the external evaluation but for the enthusiasm, commitment and hard work of all stakeholders. The developmental, inclusive and collaborative approach adopted by the ‘Unleashing Talent’ project has been central to its success. The challenge now is to ensure that the successful approach detailed in this pathfinder project becomes mainstream throughout Health and Social Care.

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Delivering high quality care through effective widening participation

The report of the assessment of the 'Unleashing Talent' Learning Programme. Western Health and Social Care Trust, Widening Participation in Learning Strategy Unit and The Beeches Management Centre Widening Participation Unit.

Report by Richard Griffin
January 2009



About the Author

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I would like to thank all of the students, managers and tutors who gave up their time to be interviewed and assist this project. I would also like to thank the Project Board members for allowing me to attend their meetings and particularly Phillip Young, UTLP lead and Paul Donaghy, Head of the Beeches WPU for all their help and assistance.

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The Western Health and Social Care Trust is committed to improving the health and well being of its local population. Ensuring that all the trust's staff - including support staff - are able to maximise their contribution to safe and effective care is critical. Widening participation in learning is an important part of this and I am delighted that Unleashing Talent is producing such positive results. It is demonstrating that learning can improve health outcomes and organisational performance. It also shows how the Knowledge and Skills Framework can support delivery of high quality care through developing support staff skills. Better learning, ensuring that widening participation meets service and patient needs, means better care.

Elaine Way, Chief Executive, Western Health and Social Care Trust

Executive Summary

In 2007 the Western Health and Social Care Trust in partnership with the Beeches Widening Participation Unit and local education providers introduced the *Unleashing Talent* learning programme (UTLP). The programme has two aims: firstly to widen participation in learning for HSC support staff in the trust and secondly to improve organisational efficiency and productivity. Students on UTLP have been overwhelmingly community based domiciliary social care workers. Between October 2007 and October 2008 the UTLP was independently evaluated by London South Bank University to assess whether it had produced a return on investment.

There are two elements to the UTLP. The first, called *Realise Your Potential*, developed by the Educational Guidance Service for Adults (EGSA), comprises a two-day workshop with follow-up one to one interviews with learners. The second, the *Health and Social Care Progression Certificate* (HSCPC) is a taught programme built around the six core competencies of the Knowledge and Skills Framework (KSF).

The evaluation shows that the UTLP has produced a transformation in support worker's attitudes to learning. Most of the UTLP students had not received any formal education since leaving school. Not surprisingly many felt anxious about commencing the programme. By the end of the course learners were not only recommending the UTLP to their colleagues but also seeking further opportunities to learn and develop themselves. Understanding and attitudes towards the KSF and appraisals had become more positive amongst students. These outcomes have allowed the trust to develop its staff, increase capacity and more effectively workforce plan. The UTLP has produced tangible improvements in organisational performance. Most notably perhaps the UTLP students have a sickness absence rate a third less than non-UTLP students - representing a minimum annual saving of £272 per trained employee. The learning has also resulted in a range of improvements in client care including a greater recognition by care workers of hazards in client homes. This is likely to result in fewer trips and falls and hospital admissions. Better verbal and non-verbal

communication skills are leading, for instance, to improved assessments of client equipment needs and personal care. Clients of the UTLP trained care workers reported considerably greater satisfaction with services than those whose care worker had not yet been UTLP trained.

The UTLP has also resulted in improved motivation and morale amongst employees, better team working and increased discretionary effort. Furthermore there is evidence that the training has reduced turnover amongst the trained staff – representing a further saving to the trust.

There are a number of reasons why the UTLP has resulted in gains for employees, their teams, the organisation and clients and carers. The partners have developed a supportive organisational and learning culture

for widening participation, specifically aligned learning to organisational strategy and patient/client care needs and ensured that learning is competency based (by using the KSF).

Delivering high quality health and social care requires a high quality workforce. Changes in health care needs, demographic and technological trends coupled with rising public expectations are resulting in new demands on HSC. Transforming the workforce is essential to meet these challenges. Workforce development through effective high quality education is central to this. The *Unleashing Talent* learning programme provides an example of excellence in education. It effectively widens participation in learning leading to better outcomes for clients and also organisational productivity and capacity gains.

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Introduction

A number of equity and efficiency arguments are put forward to support widening access to learning for Health & Social care support staff. These include encouraging “greater representation across the profile of health care staff and the communities that they serve”,¹ the need to develop essential skills, addressing recruitment and retention problems and building capacity through improved workforce planning². Increasingly it is also being recognised that learning, including widening participation, can be an effective lever for improvements in productivity³.

There remain though a number of barriers to widening participation including limited resources, restricted access to learning opportunities, difficulties in securing time off to attend courses and other learning events and a failure to address issues that may affect those excluded from learning (for example the need to overcome negative previous experiences of education). A further and significant challenge has been the lack of evidence of widening participation’s impact on individual, team, organisational performance and patient/client care. While there is good evidence that learning – both formal and informal - positively impacts on objective measures of organisational productivity⁴, there has been a paucity of research

¹ Skills for Health, (2007). *Sector Skills Agreement*.

² Fryer, RH (2006). *Learning for a change in Healthcare*. London: Department of Health.

³ “There is a real need to do more to grasp the potential of learning as a lever for service improvement”. Lord Darzi, (2007). *Our NHS, Our Future*. London: Department of Health

⁴ See for example: Brunello G, (2007). *The effects of education on employment, wages and productivity: a European perspective*. Thematic review seminar of the European Employment Strategy p. 39-79. http://pdf.mutual-learning-employment.net/pdf/thematic%20reviews%202007/TRSF_sept%2007/thematic_paper_brunello_TRS%20F_EN.pdf

evaluating the impact in health and social care and even fewer on support staff learning.

The UTLP represents a rare example of a NHS training programme that has been evaluated - firstly to assess whether it has effectively widened participation in learning and secondly whether it has improved productivity including whether it has delivered tangible benefits to service users.

The challenges associated with measuring health care productivity such as the lack of consensus on meaningful outcome measures, the need to adjust for quality and the lack of reliable data in some areas, coupled with the particular challenges in establishing cause and effect between learning and productivity may explain the lack of evaluation noted above⁵. However ensuring that HSC staff - including those in *Agenda for Change* bands 1-4 have the right skills to deliver safe, effective and high quality health and social care is essential. It is also important to maximise the potential of all support staff as they are central to HSC transformation.

‘Unleashing Talent’ Learning Programme – Building learning around the KSF

In January 2007 The Western Health and Social Care Trust in partnership with the Northern Ireland Beeches Management Centre’s Widening Participation Unit (WPU) and local education providers introduced a

⁵ Many studies on learning and productivity, following human capital theory, use wages or other factors as a proxy for the stock of learning in an organisation, see for example: Cowling M A, (February 2007) *A Note on Productive Learning*. IES Working Paper WP4. This means that learning events and experiences are not being directly measured.

training programme designed explicitly to address widening participation and assess the impact of learning on organisational performance in this case along a care of the elderly pathway.

The Western Health and Social Care Trust

The Western Health and Social Care Trust was created on 1 April 2007 and bought together the former Altnagelvin, Foyle and Sperrin Lakeland Trusts and Westcare Business Services. It employs almost 12,500 staff and has an annual budget of £400 million. It serves an area of almost 5000 square kilometres and has a population of over 290,000 – almost 17 per cent of the total population of Northern Ireland.

Beeches Widening Participation Unit

The Beeches WPU was established in 2006 to help find new ways to Unleash the Talent of HSC support staff and ensure they are equipped to meet the needs of the future HSC workforce by engaging them in new learner centred but organisationally aligned learning initiatives, building on the KSF and PDR process.

The *Unleashing Talent* Learning Programme (UTLP) has two linked elements. The first is a two-day workshop, and follow up 1:1 interviews called '*Realise Your Potential*' (RYP). The Educational Guidance Service for Adults (EGSA) delivers this element. RYP aims to enable the learning excluded⁶ to take stock of their skills, create interest in and awareness of learning opportunities, and identify personal progression routes, within the context of the Knowledge and Skills Framework (KSF) and Personal Development Review.

⁶ The term 'learning excluded' is used in this report in preference to 'non-traditional learners' and refers to groups of staff or individuals who have had limited access to educational opportunities since leaving full time education.

The second element, called the *Health and Social Care Progression Certificate* (HSCPC) programme, has six modules, each containing between three and six sessions. The HSCPC learning programme is designed around levels 1 and 2 of the six core KSF competencies, which are:

- Communications
- Personal and people development
- Health, safety and security
- Service improvement
- Quality
- Equality and diversity.

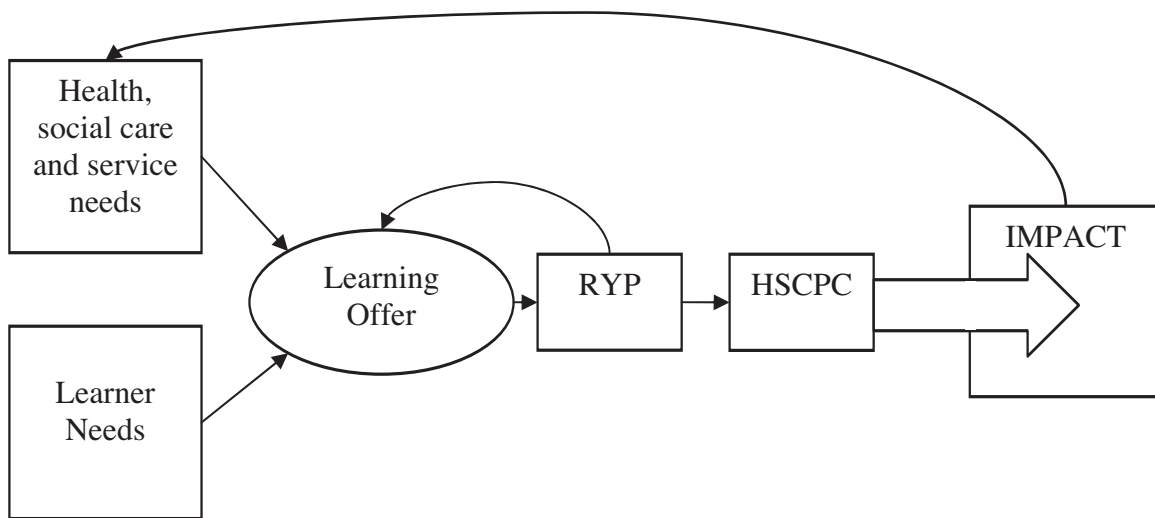
While classroom based, learning is tailored to the real life work experiences and responsibilities of the students, for example through assignments. Topics covered include: customer care, effective communications, respect (such as privacy, language barriers, food issues and religion), patient choice, team working, self-reflection and evaluation. Full details of the HSCPC learning programme are available from the Beeches Widening Participation Unit (see below).

Aims of the HSCPC

- Develop work-related essential skills such as communications
- Build confidence and self-esteem
- Develop the skills needed to undertake work effectively
- Increase understanding and improve the operation of the KSF and Personal Development Plans and Reviews
- Help staff pass through the KSF Pay Gateways

Diagram 1 below sets out how the UTLP is structured. As will be discussed the UTLP widens participation by providing a supportive learning environment within the context of the work place to staff that may have had few positive experiences of formal education and opportunities for work based learning in the past. Indeed for the majority of the UTLP students interviewed for this report the HSCPC programme was the first formal learning other than statutory learning they had received since leaving school.

Diagram 1



Widening Participation in Northern Ireland

The Beeches Management Centre *Widening Participation Unit* was established in 2006 to help trusts in Northern Ireland maximise the potential of support staff through learning (www.bmc.n-i.nhs.uk and follow WP links). It promotes best practice in the development of support workers and facilitates liaison between partners to deliver successful widening participation initiatives. Working with service and education providers it supports and develops a number of learning initiatives aimed at widening access to learning in order to meet HPSS *Priorities for Action* which include improving workforce productivity, reducing staff turnover and tackling absenteeism (2007-08).

In addition to addressing the needs of the learning excluded, the learning offer was also constructed to address key performance indicators and utilise existing organisational human resource processes particularly appraisals and the KSF. The UTLP is learner centred and organisationally objectives aligned, thereby enabling it to address issues of equity (widening participation) and efficiency (productivity).

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Methodology

A predominantly qualitative approach was adopted utilising semi structured face-to-face interviews, focus group discussions and observations (including attendance at four *Unleashing Talent Learning Programme Project Group* meetings). Quantitative methods were deployed to analyse sickness absence records and feedback, in survey form, from the RYP workshops.

The aim of the methodological approach was to seek to establish if a link exists between the UTLP learning and performance. The complexity of the relationship between learning and productivity means it is unlikely that one method alone would be able to satisfactorily establish a link. Corroborating the findings from one method with the findings from other approaches however strengthens the claim that learning positively improves performance – measured in this study by productivity.⁷ Details of each method used are shown below:

- On 20 November 2007 a focus group discussion was organised with UTLP students and their tutor at the North West Regional College, Glendermott Valley Business Park. Students were asked to think of tangible examples of how their learning had helped them do their job better. They discussed these amongst themselves (in 'pairs'). Examples were reported to the group and then discussed. There followed a semi-structured discussion involving the whole group. The discussion was centred on the following issues: student's views of learning before commencing the course, whether the course had changed their attitudes to learning, whether it had 'stretched'

⁷ For further details of methodological issues please contact the author.

them, whether it impacted on their practice and whether they would recommend it to others. The discussion was (with participants' permission) recorded.

- A second focus group discussion was held on the 5 September 2008 with six different students who had completed the programme. The same structure and approach was adopted as above.
- A series of semi structured face-to-face interviews were undertaken with individuals or pairs. The following were interviewed: the WPU representative, the UTLP Project Manager, domiciliary care workers and A&C staff who had attended the EGSA *Realise Your Potential* workshops in May and October 2007 and a domiciliary care worker who was part of the first cohort of the UTLP learners. Interviews were recorded, (with permission).
- The following quantitative data was gathered and analysed:

The external research and evaluation reports of the EGSA RYP workshops which captured participant's views of the workshops and their value.

Sickness absence data. Data was collected for workers who had attended the UTLP and a control group of similar care support workers who had not.

Review of course and other documentation.
- It is a novel feature of this evaluation that the views of clients were sought. Visits were made to fourteen clients

between 23 September and 9 October 2008. Clients were chosen at random. Seven clients had care workers who had been trained on the UTLP and seven care workers who had yet to go through the programme assisted. Clients were asked the following: - *'the WHSCT is always looking at how it can improve the care it gives to its patients, carers and clients. As part of this we are undertaking a survey of client and carer's views of the support you receive from your care worker'*. Each client was asked to describe in their own words what they thought about their care worker and the service he/she provides. It was pointed out that the survey was completely anonymous.

The data gathered from the interviews and focus groups was analysed thematically. As discussed in section 3, studies have identified a number of ways that effective learning can improve organisational performance, for example, by reducing staff turnover or improving team working. Data gathered was categorised around improvement levers identified by research in order to establish whether such evidence could be found for improved productivity at the Western Trust.

References to 'learning' and 'training' in this report relate, unless otherwise stated, to the formal leaning programme delivered through the UTLP (including its RYP element). Productivity is defined as the change in ratio of inputs to outputs.

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Learning and Productivity

Delivering cost effective and high quality health and social care outcomes is the key objective of the HSC in Northern Ireland. Over half of total NHS revenue is spent on its workforce⁸. The OECD notes that workforce is the biggest contributor to organisational productivity⁹. In Northern Ireland around £130 million is spent by the DHSSPSNI on formal learning each year, with a similar amount spent by individual trusts. In England the figure is over £5 billion. Despite this substantial expenditure there have been very few studies investigating NHS workforce productivity and specifically the impact learning has on performance and productivity.

Where learning has been assessed evaluations have tended to focus on level one of Kirkpatrick's training evaluation model - 'reaction of students'¹⁰. Very few employers or researchers have attempted to assess training's direct impact on organisational performance, level 4 in Kirkpatrick's model, in the health sector¹¹. Positive responses from students stating that they 'enjoyed' attending a training course, while useful, do not necessarily demonstrate increased skill levels, changed behaviours or the adoption of innovative working following the learning episode. In fact research suggests that the most effective and sustained learning is often associated with feelings of anxiety as

students are forced to 'unlearn' what they previously 'knew'.¹²

Studies show on the whole that investing in training improves not only individual, but also team and organisational productivity and that this productivity gain is greater than the cost of training or any impact on wage rates. *The Institute of Fiscal Studies*, for example, has calculated that a 5 per cent rise in training activity increases productivity by 4 per cent but only results in a 1.6 per cent increase in wage rates¹³.

Learning increases the stock of skills and knowledge within an organisation. Within health care the limited research that has been undertaken shows that training, alongside other human resource interventions, can result in improved health outcomes such as reduced errors, lower infection rates, access, reduced mortality rates and higher patient experience¹⁴. The literature on learning and productivity suggests that learning, whether formal such as classroom teaching or informal such as 'learning by doing'¹⁵ improves performance in a variety of ways. These are discussed briefly below.

Reduced costs and increased capacity

Trained employees have been shown to be less likely to change or quit their jobs. Labour

⁸ Office of National Statistics, (January 2008). *Public Service Productivity: Health*. Paper 1.

⁹ OECD (2002). *Productivity Manual*. Geneva

¹⁰ Donald L Kirkpatrick published *Evaluating Training Programs* in 1975 (ASTD) and set out a four level evaluation model: (1) reaction of students (2) learning – has the training increased knowledge? (3) behaviour and (4) results.

¹¹ <http://www.nhsemployers.org/aboutus/aboutus-2587.cfm#NHS-41759-4> See also Tamkin P, Yarnall J and Kerrin M (2002). *Kirkpatrick and Beyond. A review of models of training evaluation*. Report 392, Institute of Employment Studies

¹² Illeris, K (2007). *How We Learn*

¹³ Dearden, Reed and Reenen, (2000). *Who Gains when Workers Train? Training and Corporate Productivity in a panel of British industries*. Institute of Fiscal Studies, WP 00/04. See also: Blundell R, Dearden L, Meghir C and Sianesi B (1999). *Human Capital Investment: The Returns from Education and Training to the Individual, the Firm and the Economy*. Fiscal Studies 20 (1) pp 1-23.

¹⁴ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134266

¹⁵ Bahk and Gort (1993). *Decomposing learning by doing in new plants*. The Journal of Political Economy 101 (4) pp 561-574.

turnover is estimated to cost the NHS between £2,500 and two and a half times the salary of each leaver¹⁶. Effective learning has also been shown to reduce sickness absence. Sickness absence can cost an average acute trust £5.4 million a year¹⁷. Introduction of an inclusive training programme for operating theatre staff in one trust resulted in a 63 per cent fall in sickness absence releasing an annual saving of £98,000¹⁸ in that area. The Chartered Institute of Personnel Development has suggested that discretionary performance depends on an employee's knowledge, skills and motivation. This is another source of increased capacity for organisations¹⁹.

Improved employee motivation

The main reason training reduces turnover and sickness absence is that it has a positive effect on employee morale and job satisfaction. It also helps reduce stress levels. There is a body of evidence that suggests employee motivation is a key determinant of high organisational performance²⁰. Employees, in organisations committed to learning, have greater commitment resulting in stronger psychological contracts.

Team working and communications

There is good evidence that effective team working contributes to improved health outcomes, as well as reducing staff turnover and stress. A study by UCLA found that effective team working reduces depression amongst older people by 50 per cent, compared to just 19 per cent for non-team working approaches. Effective learning facilitates team working, partly through improving communication skills.

¹⁶ Bamford and Hill (2007). *A case study into labour turnover within a NHS trust*. Health Services Management Review, 20.

¹⁷ Department of Health (2005). *A National Framework to support local workforce development strategies*.

¹⁸ www.nhsemployers.org. The trust was Isle of White Healthcare Trust.

¹⁹ Helen Bevan (30 March 2006). *Motivation and productivity*. Health Services Journal

²⁰ Barker et al., (1999). *From People to Profits*. Institute of Employment Studies: Report 355

There have been a number of studies showing communications to be central to the provision of high quality care (for example increased compliance with medication and improved patient experience)²¹.

Innovation

Studies have shown learning to be positively related to the introduction of more effective ways of working such as the development of new roles, improved organisation of work processes and the efficient introduction of technology.²² Improved ways of working can, for example, result in reduced errors which currently cost the NHS £2 billion a year. Trained workers are more able to cope with change and work flexibly.

Management capacity

Managers and supervisors play a critical role in influencing organisational performance. There is evidence that high performing organisations are those that, amongst other things, invest in their manager's skills and knowledge.²³

²¹ http://www.employmentstudies.co.uk/pdflibrary/nhsi_hrm.pdf

²² Laplagne and Bensted, (1999). *The Role of Training and Innovation in Workplace Performance*, Productivity Commission Staff Research Paper, AusInfo, Canberra.

²³ <http://www.cipd.co.uk/subjects/maneco/general/rolefrntlinemngers.htm>

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What is effective learning?

While studies show that training improves performance, the way in which training is delivered is critical in achieving this. Poorly constructed training interventions will be a waste of funding. Evidence from the English *NHS Staff Survey* undertaken by The Healthcare Commission found in 2008 that over a third of employees who had received training felt it had not helped them do their job better²⁴. The figures were even higher for

some groups of support staff such as maintenance workers.

Studies of high performing organisations show that there is no 'one size fits all' approach to delivering effective training. However while there is no single way in which the organisation of learning contributes to productivity there are a number of characteristics that are common amongst high performing organisations.

Effective Learning in High Performing Organisations

- The organisation is explicitly supportive of learning activity. There is a 'learning culture'. The role of managers and supervisors is particularly important here- "trust between workers and managers is a crucial pre-condition for effective learning"²⁵.
- There are high levels of employee participation and involvement.
- Learning activity is systematically and regularly reviewed, assessed and reported to ensure a return on investment.
- Learning activity is embedded in work organisation and aligned with other human resource interventions (such as team working and appraisal).
- Learning is competency based and applied to the whole workforce (widening participation).
- Learning is aligned with the overall organisational strategy and meets health needs (see diagram 2, after *Dussault and Dubois*).²⁶
- A range of learning approaches are adopted ranging from formal structured programmes to team meetings, general supervision and induction to self-directed learning. Different ways of learning may be more effective for different employees or at different times, for example support staff may find learning closely associated with their job (e.g. self reflection, learning by example) more effective.

²⁴<http://www.healthcarecommission.org.uk/healthcareproviders/nationalfindings/surveys/healthcareproviders/surveysofnhsstaff/2008.cfm>

²⁵Fuller, et al., (2003). *The impact of informal learning at work on business productivity*. The University of Leicester and The Centre for Labour Market Studies. Page 34.

²⁶Dussault and Dubois (2003). *Human resources for health policies: a critical component in health policies*. Human Resource Health, Apr 14, 1:1.

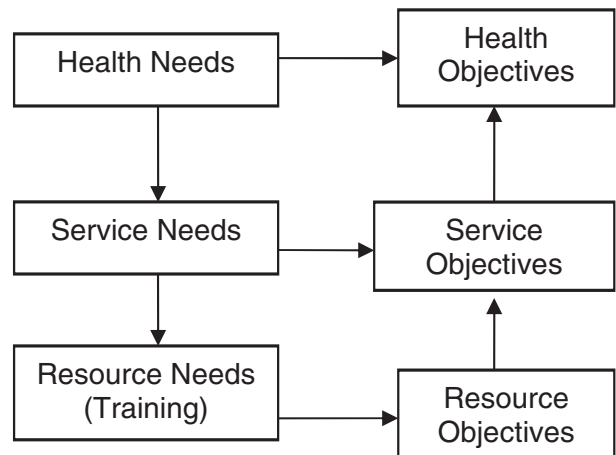
Does the UTLP meet the characteristics of effective learning?

In assessing the efficacy of the UTLP, as a means of widening participation and improving productivity consideration needs to be given as to whether the programme meets some or all of the characteristics of effective learning described above.

The UTLP is learner centred. In the words of the Project Manager - *“I love the fact that Derry takes the lead from the learners and that the learning isn’t ‘done to them’”*. It was striking how often students and others used expressions such as ‘realise my potential’ or ‘unleash talent’²⁶. The positive approach to learning adopted by the trust and its partners is mirrored by the learners, helping to create a supportive ‘learning culture’. Learners feel that they have a voice and are listened to. Building the course content around the KSF has enabled it to be competency based and from the beginning of the project the need to ensure that learning was directly relevant to service objectives was explicit. While classroom based teaching is related to the real life work experiences of the students.

Since the introduction of the UTLP none of the students have left the trust’s employment and, as discussed below, the UTLP students sickness absence rates are a third less than domiciliary care workers who have not been on the training programme. This suggests a higher degree of commitment.

Diagram 2: Effective learning and organisational strategy



The turnout and participation of the members in the Project Groups was impressive, indicating commitment to the project and learning more generally. The commitment of the Western Trust’s Chief Executive, Elaine Way to ensuring that the trust’s staff have the right skills and can maximise their potential and contribution is also notable. Clear and effective leadership is an essential if human resource interventions, including learning, are to improve quality outcomes. It is clear that the learning programme has high-level organisational support including from the DHSSPSNI. This is recognised and valued by the students. Success is also celebrated. For example events are organised to acknowledge students completion of the programme.

²⁶This point is based on observations of discussions at the Project Group and other meetings, as well as interview and focus group discussions. Comments were unprompted.

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Productivity, learning and social care

The majority (so far) of students on the UTLP have been domiciliary care workers. As a result any assessment of productivity outcomes has to be considered in terms of social care, the principle aim of which is to improve or prevent deterioration in an individual's health and functional ability.

Individual measures have been developed to assess the quality of social care interventions based on client's health and functional ability.²⁷

- Personal cleanliness and comfort
- Social participation and improvement
- Control over daily life
- Meals and nutrition
- Safety
- Accommodation, cleanliness, order and accessibility
- Employment and occupation
- Role support (for carer or parent)

Such objectives do not lend themselves readily to the identification of tangible "cashable" productivity gains, compared to, for example, a training programme for acute care staff that helps reduce length of stay. However in health care productivity means more than costs. Quality of care and patient experience, as the Department of Health has noted, are important productivity outputs.²⁸

Assessing Productivity

The productivity gains from the UTLP have been assessed with available data against reduced input costs (such as lower staff turnover and sickness absence) and improved health outputs for domiciliary care for the elderly. The impact of staff skills development and application has also been evaluated along with whether the programme has effectively addressed its own learning objectives (allocative efficiency).

²⁷ Netten and Forder (2007). *The Cost of What? Measuring Services and quality of care*. Social Policy and Society 6(3).

²⁸ Derbyshire K, Zerdevas, P, Unsworth R and Haslam M, (2007). *Further Developments in Measuring Quality Adjusted Healthcare Output*. London: Department of Health

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FINDINGS: BETTER LEARNING, BETTER PERFORMANCE

Introduction

Students interviewed on the UTLP programme had no difficulty in the focus group discussions identifying ways in which their learning had improved skills and behaviours at work, which in turn had resulted in better services to clients and carers. No prompts were required in either focus group to assist students describe tangible benefits. The student's enthusiasm was particularly striking. While the UTLP is clearly teaching new skills, which are being applied in the workplace, it is also increasing student's confidence. This is likely to have a number of indirect benefits including reduced turnover and increased discretionary performance (see below). Students felt that the learning meant, in the words of one: *"the quality of service is better and family and client satisfaction improved"*.

For ease of reading benefits have been grouped together, however in reality many of the benefits overlap.

Widening participation in learning

It is apparent that the training approach adopted by the partners and the creation of a supportive learning environment has resulted in the over coming of barriers to learning for this group of staff, many of whom prior to joining the UTLP were, in their own words: *"scared" of learning*, *"afraid I would look stupid"*, *"apprehensive"* and *"a bit nervous"*²⁹. The HSCPC was the first learning most students had received (other than statutory training) for a considerable period of time - quite often since leaving school.

Students reported that the two-day EGSA RYP workshops and linked 1:1 interviews

²⁹Comments made by four separate individuals.

helped build their confidence around learning. The ability and skill of the RYP tutors was particularly commented on. Feedback from the workshops revealed that all but one of the 47 participants agreed that they were "more positive about learning" (35 strongly agreed) and were "more aware of learning opportunities" (34 strongly agreed) as a result of attendance.

At the projects launch a care worker said:

I left school at 16 with very little qualifications and have been away from formal learning since. I know that I can contribute more to the health care team and understand more of what is involved in care packages. If I have more support and learning I know I could achieve this.

This was an on-going theme in the interviews I undertook. Students felt that the training had resulted in them realising their potential – *"I am capable of doing things I didn't realise I could"* as one student put in the second focus group discussion. This sense of personal transformation helps build confidence and self esteem which is likely to result in increased commitment and effort. Indeed, as reported below, there is evidence that the student's had a more positive view of their employer as a result of the learning.

All the students in both the focus group discussions said that they would recommend the course to colleagues – in fact the majority already were. The Project Manager reported that students from the first UTLP cohort had encouraged students on cohort 2 to join the course.

The majority of students were already considering further training opportunities and ways in which they could develop their

careers. One in the first focus group discussion said:

I am making time for learning now. I want to find out what's next because I am thinking of doing something else.

Another, again in the first focus group, said: *"the course has made me realise that I have potential".* A third commented: *"the course has let me realise the skills that we had. They were already in my head but now I can use them"* while a student in the second focus group said: *"the training has stimulated my interest in learning – I want to do more".*

A student interviewed face to face who had completed the programme reported that she was now undertaking an IT course and was planning to complete a NVQ level 3. Over half of the students in the second focus group discussion had enrolled for a NVQ level 3. *"Unleashing Talent"* one said *"really boosted my confidence about learning. It really gave me a push"*. The Project Manager reported that five of the ten people who had first completed the level 2 UTLP programme had subsequently contacted him to find out when the level 3 courses were running. Another student reported that through the course she had discovered that she *"loved maths"*.

Students and others appreciated the learning approaches and styles adopted by the HSCPC course, specifically its flexibility, the fact students perceived that they were all *"at the same level"* when they started and the team based learning – *"people struggled together, worked together, enjoyed it together"* one said.

In both focus group and 1:1 interviews students praised College and EGSA tutors. Students also praised the UTLP Project Manager as approachable and positive. They felt the role was an important one allowing them to contact a single person with any issues/problems. Given the challenges involved in widening participation in learning having a single person identified as responsible for such learning may be an approach worth adopting elsewhere.

The Project Manager reported that the structure of the programme including the EGSA workshops was *"breaking down barriers and building confidence for non traditional learners, particularly older learners. The supportive atmosphere gets the best out of people and helps them achieve their potential"*.

It is clear that the UTLP has transformed student's attitudes to learning from being, in their words *"scared"* to *"uplifted"*.

Communication skills: meeting client needs

Studies have shown that improving communication skills has a positive impact on health outcomes³⁰. The majority of the UTLP students were domiciliary care workers. The main objective of social care is to enable people to be able to live in their own homes. Understanding client needs to support autonomy and being able to communicate effectively is an important element of care workers' jobs.

The evidence is that the UTLP is having a positive impact on student's communication skills. One student interviewed who had completed the course identified communications as the main competency she felt had improved as a result of the training. In the focus group discussions students reported that they were able to more competently 'listen' to clients including observing non-verbal communication signals and communicate more effectively. One said she felt more able to raise concerns and issues, citing as an example her view that a client would benefit from a specific piece of equipment – *"we know that our voice can be heard; if we don't like what we see, we can raise it"* she said.

Other examples of more effective communications included students slowing down the speed at which they spoke to clients (raised separately in both focus group discussions), allowing clients more time to

³⁰ See, for example, the *Health Communications* journal (Routledge).

speak, having a greater understanding of clients whose first language is not English and getting clients to write down their needs if they were unable to verbally communicate clearly. Students adapted and applied the learning from the UTLP to their work settings: finding their own solutions (problem solving) to help improve communications with clients including those with conditions such as dementia. The fact that learners were able to apply the knowledge and skills they had learned is a critical reason for the success of the UTLP in improving productivity.

Student's recognition through their learning of the need for effective two-way communication was having a mutually beneficial and reinforcing effect on their relationships with clients (and carers) and their own confidence. Student's ability to communicate more effectively but also to use 'listening' skills meant not only that they were getting "*a much better response*" but also that clients were "*more aware of us as people*". Students felt that clients were now "*more content*" and "*empowered*". One reported that clients were more likely to ask their views following the training. The responses from clients (see below) appear to corroborate the views of students expressed here.

Other colleagues, students reported; also saw them as more confident following training—"*people now see us as being more professional*".

Examples were provided of how students were now performing their work more efficiently as a direct result of the learning that they had received:

- One student reported that she supported a client with Parkinson's disease. As a result of the learning she had received she had changed the way she communicated with him. Instead of simply asking whether he was "*ok*" she had begun to ask "*leading questions*" which had resulted in her identifying a number of needs including improved toileting. "*In the past*" she said: "*the approach we used was helping him be incontinent*".

- Another student had felt confident enough as a result of the UTLP to raise with a carer of a client with dementia, that she had observed the risk that the client might slip out of a reclining chair he sat in most of the day. The carer had thanked the care worker for raising this and adjustments were made to the chair.
- Another reported that she was considerably more sensitive to issues of respect and dignity when she washed clients, ensuring through effective communications that they were relaxed and comfortable. Other students also reported that their behaviour had changed as a result of the cultural awareness training they had received. All students felt that they were more culturally competent as a result of the UTLP.
- Students reported a greater awareness of risks and hazards in client homes that they have actively addressed (for example "*clearing clutter*"). Improved understanding of safety issues is likely to result in fewer trips, falls and other injuries – a potential cost saving to the trust

Client-centred care

The above also provide examples of care workers becoming more client-centred in their practice. "*Unleashing Talent really makes you aware of the needs of clients*" a student who had completed the programme said. The EGSA run *Realise Your Potential* workshops also provided examples of students identifying ways in which they could better meet client needs through training including learning first aid, counselling skills and reflexology. There were also examples of students wanting to find out more about client's conditions such as epilepsy and motor neurone disease so that they could work "*more effectively and sensitively with clients*"³¹

³¹ 'Unleashing Talent: Outcomes of Individual Learning Plan Session with EGSA on 23 and 25 May 2007', EGSA 1 June 2007.

Discretionary effort and innovation and thinking beyond the job

Discretionary effort and performance should not mean working harder but rather working more flexibly, effectively and being willing and able to innovate. The degree of discretionary performance exhibited by an individual is related to the skills and knowledge they have, their motivation and the opportunities that they have to deploy their skills.

When asked directly whether they thought that they were working harder as a result of the UTLP all the students in the first focus group said 'yes'. One said: "*I'm not afraid to take on more responsibility any more*". As noted above the EGSA sessions also provide evidence of students identifying how they could improve the care they provide patients – while all may not be appropriate to their post or grade they provide clear examples of 'thinking beyond the job'. In an interview one student said that before the programme she had taken her job for granted but that this had now changed.

UTLP and the KSF

The HSCPC learning programme is designed around the six KSF core competencies. It is apparent that this approach has a number of benefits that are likely to contribute to service improvements:

- Core job related skill requirements (such as Safety and Quality) are addressed.
- Learning is directly and easily related to student's work demands and experiences assisting the application of learning.
- Essential Communication skills (Language and Literacy) are addressed,
- Staff awareness and understanding of personal development needs are raised, supporting career development and workforce planning.
- Learning is linked to the core competencies directly required for the job.
- Learning complements and reinforces induction training.
- Learning is organisationally efficient improving appraisals, movement through Pay Gateway, workforce development and impact on service outcomes.

Motivation and confidence

I used to think that being a care worker was a 'dead end' job, now I know I can improve in the job. I feel more professional, (HSCPC student, focus group discussion).

I am more confident about doing my job, (HSCPC student, focus group discussion).

Students reported that as a result of the learning they now felt more confident and assertive and that others were noticing this. Indeed the students interviewed in the second focus group discussion felt that increasing their confidence was the main benefit of the learning. One social care worker told me that a nurse had said to her "*you are much more confident – you are not scared of anything anymore*".

At the launch of the project a student said of the RYP training she had received:

I took part in the Realise Your Potential programme with EGSA and I am glad I did. It gave me the confidence and support to explore other opportunities and gave me the information about the opportunities that are out there. Now I am looking forward to the next learning opportunity within the Western Trust, which will enable me to progress in a personal and professional way. I know that everyone on the course feels the same as I do. By attending this course I now feel a more valued member of the Western Trust. A few months ago I would never have considered writing a speech never mind giving one, but through the course I have realised I can.

Students also reported positive changes in the way they interacted with their teams and managers. "*Supervisors trust you more following the course*" a student in the second focus group said. Effective team working and good employee/manager relationships have

an impact on organisational performance. The UTLP Project Manager, who has previously managed care workers, said that he was aware that the training had made the students more positive about their job and the trust which augers well as HSC embeds KSF and PDP's.

Increased job satisfaction is likely to result in improved employee commitment and strengthen the psychological contract. This in turn will cause benefits such as reduced turnover. No students who had been on the UTLP had left the trust's employment.

Workforce development: building capacity

I have started looking at job descriptions and thought 'I could do that'. I would never have done that before the course. (HSCPC student, focus group discussion)

The UTLP has resulted in staff considering how best they could further develop their careers and skills within the trust. Feedback from the RYP workshops and interviews reveal at least six students considering progressing to nursing and one (A&C staff) considering a career in social work - "RYP" she said "opens doors for me. It made me think what was possible". Another had commenced an occupational therapy/physiotherapy NVQ while another reported that the course "made me realise that I could do more. I am applying for other jobs in social care".

Grow your own (GYO) is an effective means through which trusts can develop staff and fill vacancies. GYO employees are more likely to reflect their community and have lower quit rates than externally recruited staff³². Two of the staff that had been through the UTLP have been appointed to new band 3 HSC posts created through local role redesign discussions.

The UTLP students had also identified, with the help of EGSA tutors other training needs including essential skills. In an interview a

³² Malhotra G (2005). *Grow Your Own*. London: Kings Fund

care worker said that RYP "made me realise that I needed literacy skills and that I should do something about it". Another had discovered for the first time that she was dyslexic as a result of the UTLP. Addressing essential skills reduces errors and ensures that all employees are skilled, competent and able to make a full contribution to the success of the organisation. Skills for Health, along with the other UK sector skills councils are supporting the Skills Pledge which is "a voluntary, public commitment by the leadership of a company or organisation to support all its employees to develop their basic skills, including literacy and numeracy, and work towards relevant, valuable qualifications to at least Level 2 (equivalent to 5 good GCSEs)"³³. The UTLP will assist the trust meet this.

Appraisals

The UTLP students reported a greater understanding of the trust's appraisal system and the KSF as a result of the learning. They felt more positive and confident about appraisals and their own personal development. Effective appraisals have been shown to be associated with lower mortality rates in the NHS³⁴.

Sickness absence data

Sickness absence data (per cent days lost) was analysed for staff that had comprised the first cohort on the UTLP³⁵ and compared with a random selection of non-UTLP staff working within similar areas. The UTLP students had substantially lower sickness absence rates at an average of 4.8 per cent, compared to 6.78 per cent for the control group. Reducing sickness absence is a key objective for HSC in Northern Ireland. Evidence suggests that effective training can help improve attendance and this would seem to be the case with the UTLP.

³³ <http://www.skillsforhealth.org.uk/>

³⁴ West, M. A., Borrill, C. S., Dawson, J. F., Scully, J. W., Patterson, M. G., & Carter, M. R. (2002). The link between management of employees and patient mortality in acute hospitals. *International Journal of Human Resource Management*, 13 (8), 1299-1310

³⁵ Covering the six months to July 2007

A second data set was gathered showing days absent from 1 July 2007 to 1 September 2008. This again showed that the UTLP students had a lower sickness absent rate than non-UTLP students – a mean average of 18 days over the period compared to 27 days, again a third less taken off by the UTLP staff.

Two separate sets of sickness absent data both showed that the UTLP care workers have a third less days absent through sickness than non UTLP students. This represents substantial annual saving to the trust.

Other Benefits

Students reported that the training had made them more positive about the trust. *“I feel more valued,”* one said, while another commented: *“It is great that they have invested in our learning”*.

Students in the second focus group discussion reported that the training they had received in respect of infection control had raised their awareness of the issue and resulted in changed behaviour to increased hygiene. *“I feel more equipped to deal with change,”* another student said.

It was clear in all the interviews that the programme had increased student’s confidence and skill with ICT. One student told me – *“I had never been near a computer. I have had one in my house for six years and never went near it. Now I love it. I help my grandchildren with their homework”*. This is a good example of how the UTLP transforms attitudes to learning.

Client Feedback

The following methodology was employed to gather the views of clients:

- Community visits took place between the 25th September 2008 and the 9th October 2008. The Assistant Domiciliary Care Manager randomly selected all Clients.

- Joint visits were undertaken involving Philip Young, Project Manager, “Unleashing Talent” Project and the respective Domiciliary Care Coordinator. Fourteen visits were undertaken in total. Seven to clients who’s Home Carer, had undertaken learning via the project and seven visits to clients, who’s Home Carer, had not participated in learning via the project.
- Those clients visited were representative of the different localities within the Northern Sector of the Western Health & Social Care Trust – Cityside, Waterside, Limavady and Strabane.
- Clients were asked the following: - *The WHSCT is always looking at how it can improve the care it gives to its patients, carers and clients. As part of this we are undertaking a survey of client and carer’s views of the support you receive from your care worker.* Each client was asked to describe in their own words what they thought about their care worker and the service he/she provides. It was pointed out that the survey was completely anonymous.

The responses from each group are set out below. Positive comments have been highlighted in bold. As might be expected both sets of clients express generally positive views about the service they receive. However two comparative points stand out. Firstly the number of positive comments gathered from clients whose carers had been trained on the UTLP is considerably greater than those who had not (twenty compared to ten). These clients were also more extensive in their comments (303 words used compared to 104 words). The comments provide further examples of UTLP carer’s increased confidence, communication skills, willingness to ‘go beyond the job’ and meet client needs.

These results are suggestive that UTLP has improved the performance of the care workers

who have received the training and that this has resulted in improved quality of client care.

Responses from clients whose care workers had not been UTLP trained.

- “No problem with staff at present. They arrive before 9.00 am to help me to wash and dress as I have difficulty because of my shoulder. No complaints at present they are all kind.”
- “**Very good, very clean.** They make the breakfast and peel the potatoes for my dinner. I am **content** and **happy** with the service.”
- “**Very nice staff. No complaints. Very good.**”
- “They do all that they can for me. **Very happy** with service.”
- “I am **happy enough** with the care I receive. No improvement needed.”
- “**Very good service.** They peel the spuds for the dinner.”

Comments from clients whose care workers had been UTLP trained

- “I have no problem with the service provided for me. The staff call at 7.30am to make my breakfast, they **encourage me** to do as much as possible for myself in terms of dressing and undressing, they try to keep me as independent as possible. **I would be lost with her. I am very happy with the service and have no complaints.**”
- “The carers call to help my brother get up washed and dressed in the morning. He had a dense stroke 5 years ago. I think they are the **best of “crack”** and I can hear her and my brother laughing in the morning, as he is getting washed and dressed. **I could not say a word against the care staff. I am very lucky** to have such **nice dedicated staff** calling into my home.”
- “**I am very well looked after.** All the girls are **very good.** I am **very happy with the service.**”

- “The carer makes my breakfast in the morning and helps me to get dressed. **She is very kind. I could not manage without the service.** I have no problems at present. **I am very happy.**”
- “**The service is great.** She is **very kind and helpful** – she has left her home phone number with me because I am on my own at night. She said I can phone her at any time. This gives me a great sense of security, especially at night. She takes her time and does not rush me. **She can’t do enough for me. The service is excellent.**”
- “I now only have the home help service at lunchtime, but I had home carers for the past 3 years, without their help, after my surgery, **I would not be here today.** I have no problems with the staff.”

Delivering High Quality Care Through Effective Widening Participation

A Learning and Productivity Metric

Metrics gather data on the impact of an intervention or interventions in order to assess the extent to which they are impacting on performance indices. While much work has been done to develop NHS metrics little attention has been paid to developing learning metrics, despite learning being identified as a human resource 'high impact change'³⁴.

Effective metrics need to be: reliable, appropriate and robust. Assessing the impact of learning's impact on performance presents a number of challenges however including:

- The complex nature of learning at work particularly informal learning.
- The benefits of a learning activity can take time to be applied.
- Not all benefits accruing from learning are 'cashable', for example increased motivation - although the 'knock on' benefits of these can (such as reduced turnover).

Data can though be collected through a range of methods and sources including staff surveys, HR data on sickness absence, questionnaires, *NHS Staff Survey*, interviews, 'happy sheets', patient satisfaction data and KSF outlines.

A full assessment of the efficacy of a learning intervention also needs to consider 'non cashable' benefits such as impact on team working and delivering of better patient/client care so a wider checklist needs to be developed.

HSC Learning Metric

The metric below has been developed to assist in the evaluation of widening participation learning impact and return on investment. It covers the following areas—

- A. Capacity,
- B. Work Organisation,
- C. Quality of Care,
- D. Skills Development and Application,
- E. Allocative Efficiency (delivering training itself more effectively).

This metric has been populated using data gathered from the UTLP but could be adapted for any learning intervention not just those linked to widening participation.

³⁴ Department of Health (2006). *HR High Impact Changes*

IMPACT MEASURE	EVIDENCE OF EFFICIENCY
A. INDIVIDUAL & ORGANISATIONAL CAPACITY	
A1 Staff Turnover	UTLP staff report greater commitment to their job and organisation (e.g. the majority are considering career development within the trust) and report that they are more likely to stay in their jobs. No UTLP had left the trust's employment. Potential cashable saving= up to £2,500 per employee retained
A2 Sickness Absence	The UTLP student sickness absence of 4.8%, compared to 6.78% for similar non-UTLP staff. Managing sickness absence costs represent a substantial saving to NHS trusts. Cashable saving for UTLP (based on mid point Band 2) = £272 per employee trained.
A3 Discretionary effort	UTLP students are: <ul style="list-style-type: none"> • Taking on additional responsibilities • 'Thinking beyond the job' • Undertaking additional effort • Working more flexibly
A4 Innovation/new ways of working	UTLP students are: <ul style="list-style-type: none"> • Identifying additional responsibilities to improve client care and safety (such as improved first aid and infection control skills)
A5 Staff morale	Strong evidence that UTLP students are: <ul style="list-style-type: none"> • More confident • Feel more valued • More assertive Leading to a strengthened psychological contract & increased commitment to the organisation resulting in improved patient care and reduced stress, absence and turnover.
B. WORK ORGANISATION	
B1 Team working	Evidence of more effective team working and interaction between staff and managers/supervisors. Leading to improved quality of care through better Multi Disciplinary Team working and sharing of information.
B2 Appraisals	Better understanding of the appraisal process and objectives including the KSF. Effective appraisals are associated with better organisational performance and lower mortality rates.
B3 Workforce planning and development	<ul style="list-style-type: none"> • 98 per cent of UTLP students are now 'more aware of learning opportunities'. • UTLP students are 'champions' for learning – recommending learning to colleagues • Evidence of care workers considering career development opportunities (e.g. into band 3 health & care workers, nursing and social work). • Majority of UTLP cohorts are actively seeking 'follow up' (level 3) training. • Two UTLP students employed in new band 3 roles Leading to better succession planning & effective recruitment to new roles. Development of effective 'grow your own' workforce development strategies, workforce more representative of their community.
C. QUALITY OF CARE	
C1 Patient/Client satisfaction	<ul style="list-style-type: none"> • Evidence that improved confidence and work relevant skills development (particularly communications) are resulting in greater client satisfaction and well being.
C2 Care impact	Application of UTLP learning resulting in: <ul style="list-style-type: none"> • Improved quality of life (e.g. better management of incontinence) • Better risk assessment (reducing for example risks of trips and falls) • Greater understanding of client needs including those associated with respect and dignity, resulting in more client centred care. •

C3 Reduced errors	The UTLP is identifying and addressing essential skill needs which will result in fewer errors thereby improving client safety.
D SKILLS DEVELOPMENT AND APPLICATION (KSF Core competencies)	
D1 Communications	<p>UTLP students are in respect of their clients and colleagues:</p> <ul style="list-style-type: none"> • More confident and effective verbal communicators • More competent 'active' listeners • Aware of non verbal communications • Greater understanding of client/carer needs when English is not the first language <p>Leading to client needs being better met/identified and client/carer satisfaction improved, better team working, more effective organisation of work (including appraisal) and improved employee morale.</p>
D2 Personal & People Development	<p>Evidence of:</p> <ul style="list-style-type: none"> • More positive attitude to job • Seeking further learning opportunities • Better team working • Greater understanding of KSF and appraisals
D3 Health & safety	Greater awareness of trips and falls hazards and correct use of equipment.
D4 Service Improvement	Evidence of better client needs assessment, for example more appropriate equipment and improved continence. Building capacity to 'grow our own'.
D5 Quality	Highly positive client feedback and better client centred care.
D6 Equality and Diversity	Workers are demonstrating better understanding of respect and dignity and greater cultural awareness.
D7 Job/Role Specific Skills Development	Evidence of more vocational competence and up-skilling in job specific aspects of their role
E ALLOCATIVE EFFICIENCY	
E1 Widening participation needs met	<ul style="list-style-type: none"> • 98 per cent of support staff who attended the RYP programme are 'more positive about learning' • UTLP students recommending learning to colleagues • Students identifying additional learning such as ICT and NVQs • Learners 'take ownership' of their learning-identifying future learning and development needs ?associated • Learners develop self reflection skills • Staff report that the UTLP has helped them realise the potential that they have to develop • Staff have achieved essential skills and vocationally related qualifications that match their KSF job profiles.
E2 Effectiveness of learning	<p>Learners and managers report high levels of satisfaction with both elements of the UTLP – RYP and HSCPC and the partnership and collaborative ways of working. Organisation and delivery of training deemed as effective.</p> <p>The commitment of learners to the training programme, resulting in low 'quit' rates from the courses makes training delivery costs efficient as they have helped 'negotiate the curriculum' and are 'active participants' rather than 'passive recipients' of the learning</p>
E3 New capacity and capability to support learning	Through the work of partners new resources have been levered for health and social care from the further education and adult learning sectors helping to meet level 2 skill needs.
E4 Partnership working	The UTLP has been delivered in partnership between service and education providers and others including the WPU. This has improved partnership working and relationships in a way that begins to build 'high trust' relationships around a new recognition for all partners of the need for a 'shared future' approach.

Delivering High Quality Care Through Effective Widening Participation

Conclusions

People enter the health-care field seeking self worth in their work life. Any activity that assists in creating meaning for them increases satisfaction, retention and job performance³⁵

To be effective learning offers need to address four issues. These are shown in the diagram below.

<u>Content</u>	<u>Support</u>
Relevant Appropriate	Context Organisational Team Tutor
<u>Barriers</u>	<u>Incentives</u>
Organisational Personal Social	Personal Organisational

Adapted from Illeris K (2007) *How We Learn*

The UTLP works because it provides learning that is relevant to the individual, addresses barriers such as funding and time off, but also personal fears of learning. The students in the second focus group described their feelings about embarking on learning prior to commencing the programme as being ‘scared’ and ‘apprehensive’. Their attitudes had transformed by the end of the learning; as evidenced by the desire to undertake more learning, they’re recommending the HSPC to other colleagues and their positive descriptions of learning. A key factor in bringing about this transformation has been the fact that all those involved in the *Unleashing Talent* project – EGSA, the

³⁵ Waldman and Yourstone (2007). *Health Service Research* 20(4).

College tutors, trust staff including the Project Manager (who has direct work experience in the area students worked in) and the WPU understand the demands the learning can create³⁶ and have ensured that this has been addressed.

Effective Learning Checklist

When devising widening participation (and other) learning offers consideration needs to be given to the following factors:

- Is the organisation supportive of widening participation? Is there board level support? Is there a designated widening participation contact?
- Does the learning programme take account of service and health needs, as well, if appropriate, as the needs of non-traditional learners? Is it aligned with organisational strategy and other human resource interventions?
- Are there systems in place to regularly review and assess the efficacy of the learning and evaluate its impact on organisational performance?
- Is it (KSF) competency based?
- Is account taken of innovative ways of learning?

Ensuring that the content of learning is relevant by linking it to organisational objectives and other human resource interventions such as the KSF is another key reason for success.

³⁶ Described by many researchers as akin to an emotional crisis. See for example Coutu D (2002) *The Anxiety of Learning*. Harvard Business Review March.

The Trust and WPU had a clear incentive to invest in the learning programme. Both partners wished to investigate whether it could be demonstrated that widening participation in support staff learning improved organisational productivity. From the learner's perspective it seems from the comments made by the students that once on the course the training they received increased their confidence and self-esteem providing an incentive for them to continue to learn and apply that learning to their work. This, as the quote at the start of this section suggests, may be the key reason why UTLP has resulted in improved care.

Widening participation has both an efficiency and equity dimension. It can be argued that in the NHS the equity argument has dominated over the efficiency one. The two though are linked. Increasing access to learning, if done effectively, improves organisational performance, creating more opportunities to learn but also allowing the learning excluded to see that learning is for them and in this way links personal growth to organisational growth.

Richard Griffen
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January 2009

NOTES

Delivering High Quality Care Through Effective Widening Participation

The Western Health and Social Care Trust is committed to improving the health and well being of its local population. Ensuring that all the trust's staff - including support staff - are able to maximise their contribution to safe and effective care is critical. Widening participation in learning is an important part of this and I am delighted that Unleashing Talent is producing such positive results. It is demonstrating that learning can improve health outcomes and organisational performance. It also shows how the Knowledge and Skills Framework can support delivery of high quality care through developing support staff skills. Better learning, ensuring that widening participation meets service and patient needs, means better care.



Elaine Way, Chief Executive, Western Health and Social Trust

For more Information on linking learning, productivity and widening participation contact Paul Donaghy, Head of the Beeches Widening Participation Unit at Clady Villa, Knockbracken Healthcare Park, Saintfield Road, BELFAST, BT8 8BH Tel: 028 90 204015, E Mail: wpuenquires@clady.bmc.n-i.nhs.uk

Or look at the Beeches website www.bmc.n-i.nhs.uk and follow the Widening Participation Unit links.

The Beeches WPU was established in 2006 to help find new ways to unleash the often hidden talent of HSC support staff and help ensure they are equipped to meet the needs of the future HSC workforce. A central element has been to engage support staff in new ways through new learner centred approaches to work based learning. Increasing confidence and competence and service transformation, leading to better patient and client care, is then driven from the 'inside out'. The Beeches WPU promotes best practice in the development of support workers skills and facilitates collaboration between the various partners to deliver successful widening participation initiatives.

