
LEARNING NEEDS ANALYSIS REPORT

Overall Summary

Cwm Taf NHS Trust

Welsh Institute for Health and Social Care | University of Glamorgan

June 2008



METHODOLOGY AND RATIONALE

This questionnaire was designed by the Welsh Institute for Health and Social Care (WIHSC) at the University of Glamorgan in order to ascertain and analyse the learning needs that were found in either Divisional Directors, Clinical Directors or Heads of Service for Cwm Taf NHS Trust. The survey was sent to every new Divisional and Clinical Director, Head of Service and the Medical Director – in total 17 potential respondents:

- Medical Director
- Divisional Director: Acute Services
- Divisional Director: Integrated Services
- Divisional Director: Clinical Support Services
- Clinical Director: Acute Medicine and A&E
- Clinical Director: Anaesthetics, Critical Care and Theatres
- Clinical Director: General Surgery, Trauma and Orthopaedics, and Urology
- Clinical Director: Head and Neck, Eyes, ENT, Oral and Maxillofacial
- Clinical Director: CAMHS
- Clinical Director: Mental Health
- Clinical Director: Obstetrics and Gynaecology including Sexual Health
- Clinical Director: Paediatrics Acute and Community
- Clinical Director: Rehabilitation, Intermediate for Adults
- Clinical Director: Pathology
- Clinical Director: Radiology
- Head of Service: Therapies
- Head of Service: Pharmacy

Replies were received from all of the respondents, and the following report analyses the ‘cohort’ response.

REPORT STRUCTURE

The structure of this document mirrors that of the questionnaire. Analysis is given at the cohort scale, and responses by question are given, with the cohort average provided for each of the criteria. The average score is calculated differently for Sections 1 and 2 than for Section 3. In calculating the average for Sections 1 and 2, each of the answers was given a numerical value as such: Strongly agree = 5; Tend to agree = 4; Neither agree nor disagree = 3; Tend to disagree = 2; and Strongly disagree = 1. The average was therefore determined on the total divided by the 17 responses. For Section 3 the same approach was taken, but the categories were given different scores: Essential = 3; Desirable = 2; and Other = 1. These average scores are provided in the tables below in order to contextualise the individual respondent reports.

This analysis should be carefully interpreted because of the very small sample size (n=17). That said we have used numbers and percentages indicatively throughout the report to show interesting trends and patterns. It would however be irresponsible to put the data to a purpose of which it was not intended and we have sought to minimise this risk throughout. However any errors of interpretation are solely due to the authors.

ACKNOWLEDGEMENTS

Thanks are due to Shona Sullivan, Medical Director of Cwm Taf NHS Trust and Jo Carruthers of NLIH for clarity and helpfulness in the early stages of commissioning this study. Thanks also to the participants for answering freely and with speed, and to Anna Jones of Cwm Taf NHS Trust for administering the study so effectively.

Dr Mark Llewellyn
Senior Fellow, WIHSC | June 2008

1. ABILITY, SKILLS AND KNOWLEDGE – OVERALL

	COHORT AVERAGE	<i>Strongly agree</i>	<i>Tend to agree</i>	<i>Neither agree nor disagree</i>	<i>Tend to disagree</i>	<i>Strongly disagree</i>
a. Understand complexities of the NHS	3.94	5	8	2	2	0
b. Identify a vision for the future of clinical services	4.12	4	12	0	1	0
c. Inspire others to work towards my vision	4.12	5	9	3	0	0
d. Think strategically and seek opportunities in context	3.94	2	12	3	0	0
e. Develop practical, innovative and creative solutions	4.00	5	8	3	1	0
f. Achieve service improvement and change	4.41	8	8	1	0	0
g. Understand how business plans are developed	3.29	2	7	2	6	0
h. Manage budgets efficiently	3.18	2	7	2	4	2
i. Ensure and monitor systems for clinical governance	4.00	3	11	3	0	0
j. Understand governance and guarantee compliance	3.29	1	8	4	3	1
k. Implement risk management and ensure adherence	3.47	3	7	2	5	0
l. Make informed judgements on clinical priorities	4.53	9	8	0	0	0
m. Interpret clinical decisions for others	4.12	5	10	1	1	0
n. Build, maintain and utilise partnerships	3.35	2	5	8	1	1
TOTALS	3.84	56	120	34	24	4
%	-	24	50	14	10	2

[n=17 respondents]

2. QUALITIES – OVERALL

	COHORT AVERAGE	<i>Strongly agree</i>	<i>Tend to agree</i>	<i>Neither agree nor disagree</i>	<i>Tend to disagree</i>	<i>Strongly disagree</i>
a. I am motivated and have the confidence and resilience required to operate in a high profile organisation	4.41	8	8	1	0	0
b. I am an inspiring and successful leader who leads by example and empowers others	3.94	1	14	2	0	0
c. I have effective influencing, negotiation and conflict resolution skills	4.00	3	12	1	1	0
d. My personal and professional demeanour and credibility generates trust and confidence in others	3.94	2	12	3	0	0
e. I have credibility across range of professional groups	4.24	5	11	1	0	0
f. I have developed oral, written, and presentation skills	3.65	2	10	3	1	1
g. I can communicate with impact and convince through personal credibility rather than managerial authority	3.88	2	12	2	1	0
TOTALS	4.01	23	79	13	3	1
%	-	19	66	11	3	1

[n=17 respondents]

3. PERSONAL AND PROFESSIONAL DEVELOPMENT – OVERALL

	COHORT AVERAGE	<i>Essential</i> <i>Vital learning</i> <i>need within the</i> <i>first 6 months</i>	<i>Desirable</i> <i>Important</i> <i>learning need in</i> <i>first 12 months</i>	<i>Other</i> <i>Lower priority</i> <i>learning need in</i> <i>first 24 months</i>
a. Service Delivery				
i. Service improvement	2.38	8	6	2
ii. Objective setting	2.53	11	4	2
iii. Decision making	2.44	10	3	3
iv. Patient involvement	1.88	3	10	3
v. Negotiation and collaboration	2.41	9	4	4
vi. Welfare of patients and carers	1.88	5	6	5
b. Financial Accountability				
i. Managing resources	2.53	9	7	1
ii. Governance and audit	2.18	4	12	1
c. Performance Management				
i. Information and measurement	2.24	8	6	3
ii. Analysis and control	2.18	7	6	4
iii. Workforce development and planning	2.65	13	2	2
iv. Delivering through team/networks	2.19	7	5	4
v. Effective communication	2.53	12	2	3
d. Clinical Standards				
i. Compliance	2.00	3	10	3
ii. Risk management	2.19	5	9	2
iii. Healthcare Standards	2.06	5	7	4
e. Staff Management and Team Leadership				
i. Core skills [recruitment, appraisal, job planning]	2.25	9	2	5
ii. Objective setting and performance review	2.35	9	5	3
iii. Diversity and equality	1.75	4	4	8
iv. Working and delivering in partnership	1.88	4	7	6
v. Influencing and behaviour shaping	2.13	7	4	5
f. Strategic Leadership				
i. Setting direction and vision	2.53	10	6	1
ii. Leading cultural change	2.56	10	5	1
iii. Strategic influencing	2.63	11	4	1
iv. Political astuteness	2.56	10	5	1
TOTALS	2.28	193	141	77
%	-	47	34	19

[There were n=16 respondents for questions 3ai, 3aiii, 3aiv, 3avi, 3civ, 3di, 3dii, 3diii, 3ei, 3eiii, 3ev, 3fii, 3fiii, 3fiv; and n=17 respondents for all other questions]

ADDITIONAL INFORMATION PROVIDED

Further to the answers given above, seven respondents provided information in response to the open text question:

Other than those mentioned above, what other areas, if any, would you like to see as part of your personal and professional development in your new role in the organisation?

Finance: different approaches to budgetary management and reporting

Planning: the conversion of the national annual operating framework and other external "must do's" into service provision, how are priorities decided?

Clinical Ethics: e.g. application of clinical ethics to:-

- resource allocation with respect to NICE and other High Cost Drugs
- should we tell patients that there are medicines to treat their condition but that they can't have them for cost effectiveness reasons?
- how do we reconcile the use of large amounts of low/medium cost medicines that have very little attention paid to them and the use of low amounts of high cost medicines that attract lots of attention? are we fair?

Lean Management: a better understanding and examples of application within secondary care

Time management and how to reduce the number of meetings!

Service delivery and service improvements will be top priority. I will be interested in learning available management tools to achieve these goals. Core training in budgeting and resource management will be very useful.

I think most of the topics above cover most of the issues for my personal and professional development. Some of the issues I feel are important to cover are the political pressures on the NHS around performance which spans a couple of the boxes. It's essential that there is an understanding of the "knock on" effect of changing or not doing something in one place to meet performance targets invariably has an impact somewhere else, i.e. whole systems approach needed and as clinical directors we need to be developing those approaches throughout the service (not just working in silos).

Great need to familiarise with Community and Hospital functions at all levels in RCT

Though there is now a divisional tier in the management structure, Trust integrations across Wales means that there are fewer Clinical Directors in each speciality which may mean paradoxically that at a regional or national level CD's are likely to have a bigger role to play in influencing issues within their speciality. I would value training and mentoring that would enable me to develop in that role.

Communication in an organisation like CAMHS with multiple stakeholders is a major area deserving attention – mentioned in main list as well. It is important that everyone who links with other organisations properly represent the Trust. There should be a proper remit; he/she should keep the Trust informed effectively of what is taking place. I think training in this is useful with appropriate policies.

SUMMARY AND IDENTIFIED LEARNING NEEDS

Abilities, skills, knowledge and qualities

Taking Questions 1 and 2 together, the following list ranks responses on the basis of the cohort average, with the greatest reported cohort strength at the top, and the greatest reported cohort weakness at the bottom.

Cohort Rank	Cohort Average	Criteria
1	4.53	Make informed judgements concerning clinical priorities
= 2	4.41	Achieve service improvement and change
= 2	4.41	I am motivated and have the confidence and resilience required to operate in a high profile organisation
4	4.24	I have credibility across a wide range of professional groups
= 5	4.12	Identify a vision for the future of clinical services
= 5	4.12	Inspire others to work towards my vision
= 5	4.12	Interpret clinical decisions for others
= 8	4.00	Develop practical, innovative and creative solutions
= 8	4.00	Ensure and monitor systems for clinical governance
= 8	4.00	I have effective influencing, negotiation and conflict resolution skills
= 11	3.94	Understand complexities of the NHS
= 11	3.94	Think strategically and can seek opportunities in context
= 11	3.94	I am an inspiring and successful leader who leads by example and empowers others
= 11	3.94	My personal and professional demeanour and credibility generates trust and confidence in others
15	3.88	I can communicate with impact and convince through personal credibility rather than managerial authority
16	3.65	I have highly developed oral, written, and presentation skills
17	3.47	Implement risk management policies and ensure adherence
18	3.35	Build, maintain and utilise outward facing partnerships
= 19	3.29	Understand how business plans are developed
= 19	3.29	Understand integrated governance and guarantee compliance
21	3.18	Manage budgets efficiently

Personal and professional development

In a similar way to above, the following table ranks responses on the basis of the cohort average, with the essential and immediate reported cohort learning needs at the top, and the less urgent reported cohort learning needs at the bottom. Criteria listed in the top part of the diagram should form the basis for a learning needs programme to be implemented with haste.

Cohort Rank	Cohort Average	Criteria
Essential Vital learning need within the first 6 months		
1	2.65	Performance Management: Workforce development and planning
2	2.63	Strategic Leadership: Strategic influencing
= 3	2.56	Strategic Leadership: Leading cultural change
= 3	2.56	Strategic Leadership: Political astuteness
= 5	2.53	Service Delivery: Objective setting
= 5	2.53	Performance Management: Effective communication
= 5	2.53	Strategic Leadership: Setting direction and vision
= 5	2.53	Financial Accountability: Managing resources
Desirable Important learning need within the first 12 months		
9	2.44	Service Delivery: Decision making
10	2.41	Service Delivery: Negotiation and collaboration
11	2.38	Service Delivery: Service improvement
12	2.35	Staff Management and Team Leadership: Objective setting and performance review
12	2.25	Staff Management and Team Leadership: Core skills [recruitment, appraisal, job planning]
14	2.24	Performance Management: Information and measurement
= 15	2.19	Performance Management: Delivering through team/networks
= 15	2.19	Clinical Standards: Risk management
= 17	2.18	Financial Accountability: Governance and audit
= 17	2.18	Performance Management: Analysis and control
19	2.13	Staff Management and Team Leadership: Influencing and behaviour shaping
20	2.06	Clinical Standards: Healthcare Standards
Other Lower priority learning need within first 24 months		
21	2.00	Clinical Standards: Compliance
= 22	1.88	Service Delivery: Patient involvement
= 22	1.88	Service Delivery: Welfare of patients and carers
= 22	1.88	Staff Management and Team Leadership: Working and delivering in partnership
25	1.75	Staff Management and Team Leadership: Diversity and equality

Welsh Institute for Health and Social Care

University of Glamorgan
Glyntaf Campus
Pontypridd
CF37 1DL

www.wihsc.co.uk
wihsc@glam.ac.uk
01443 483070