

JISC
Midlands Health Academy
Lynda Austin, Birmingham Metropolitan College discusses
The Response Project
Transcribed 16th February 2011

Q: Question from the floor

LA: Lynda Austin

DrJB: Dr. Julia Brown

SW: Sue Woodward

LA: I'd like to thank you all for coming to hear about what has been a very exciting journey that we've undertaken, and I must admit, when we first put in our proposal for a JISC project, which was our first, I didn't expect it to be how it was. I didn't expect the level of technology that we would need to be able to communicate with some of our partners. So it's been a steep learning curve but I think we've mastered a lot of the lingo now.

Although things have changed over the last few months, when we started this project, the political, social, economic landscape was completely different and I know that you've all been through these journeys'.

My name's Lynda Austin and I work for the NHS, and I'm sure people are aware of all the changes happening in the NHS at the moment. I can get my colleagues to introduce themselves.

DrJB: Hi, I'm Dr. Julia Brown and I'm from Aston University and I am the Director of Business and Marketing there in the School of Life and Health Sciences.

SW: I'm Sue Woodward and I'm the HE manager that actually performs every function to do with HE within the FE college of Birmingham Metropolitan College. We've gone through a great period of change with merger of four colleges coming together as one, a period of redundancy and that's the sort of landscape that the project has been moving through, something we've had to manage. And we are both members of the Midlands Health Academy.

DrJB: And our changes in HE are yet to come; we'll find out in October what our cuts will be.

LA: So throughout the project things changed, and when we filled in the risk analysis at the very beginning, we knew there was going to be a general election at some point; what we didn't expect were the radical changes. So I just want to frame the project against that background of redundancies, of key staff in the project, which means we've all been scrambling around trying to cover the skills that we were missing. And I'll stop there...

SW: I've not said I wanted her to pause on that particular photograph (laughter) which I think is probably the worst of any being taken on in the project.

LA: Okay, we called our project the 'response project'. Although we're under the data security theme for this presentation, our project was very much based on collaboration and partnership, and that for us, was the key, and the whole issue of knowledge exchange rather than transfer between the NHS and academia. What we're going to do is briefly look at the background to the project, look at steps to success, the things regardless of the political landscape we found ourselves in, the steps that we took that made the project successful, what actually happened and then briefly look at sustainability, because of the changes that we're experiencing.

So the purpose of the project, and Di went through this morning so I'm not going to dwell on it, it's to support institutions' engagement with the wider community.

Very much for us, the focus of the project was on this highly skilled workforce within the NHS, and two parts to that, our existing workforce and our future workforce, and working with the academic partners in order to ensure that the products we were getting were fit for purpose for a changing landscape within the NHS. Changed even more now...

Employer engagement, from an academic perspective, is essential, and Ramsay MacDonald said the skills issue will only work if driven by employers. So that was very much the thinking behind our partnership in the first place as the Midlands Health Academy, but also how we produce online collaborative tools to strengthen the partnership and to widen it within all our partners, because face to face, we were meeting the same people; online tools allowed us widen our pool within each institution, which I think added to the success. I can hand over to Julia...?

DrJB: I'm going to do a very brief introduction to Midlands Health Academy and I'm going to talk to you about the historical background of the Midlands Health Academy. How it started was, the Chief Executive of the Heart of Birmingham Teaching and Primary Care Trust approached some of the education providers in Heart of Birmingham to see whether or not they would be willing to work together to provide the education and training that people needed to work within the NHS. So we approached Aston University, we approached Matthew Boulton College and we approached Birmingham City University, and at that time, we all got together and decided, 'Did we want to be involved, did we want to work in partnership?' which means collaboration rather than competition, and that was a major step forward in saying, 'Yes, we do want to work together in collaboration, and we can provide...' And we had sufficiently different portfolios that we could work together like that.'

Well, we've survived a number of things over the years, we've survived Matthew Boulton College merging with Sutton Coldfield College, and you can imagine the restructuring and loss of posts that have gone on since that merger. We survived a number of different things at Birmingham City University where they've had to reapply for their jobs at certain levels and we've lost people. So from our original Midlands Health Academy steering group, only two people survive, and I'm one of them, and Will Murdoch, who is a GP from Heart of Birmingham is another one. He was going to be here today but he's not. So I'm just the one surviving member that you'll meet. But we've survived a lot and we decided there is so much work going on,

especially with all our community engagement projects that we had that we needed someone on the Board to work with us, and that's when we appointed Lynda as our project manager to work with us, and keep us all together.

But our community engagement is really a vibrant part of the whole Midlands Health Academy; we've had money from the Lifelong Learning Network, £5,000, and we generated a website which is basically the skills escalator web tool where people can come in, look at what skills they require to jump up the ladder or side step into a new role within the NHS, and the partners all have their various course materials information on there so that people can look at what training is available.

When Lynda came on board, which was two years ago now, we acquired another three partners, so we've now got Walsall College, we've got South Birmingham College and we've got the University of Wolverhampton, so we cover a reasonably wide area. And we still have the same mandates, even though the political landscape is changing, we're still really trying to educate people in the community to get a sort of widening participation to bring more people into the NHS and to have a workforce that represents our local communities, and I'm sure you know that Birmingham is the world in one city, so there's lots and lots of different groups in learning, who we don't really represent currently.

We also have the aging workforce and a lot of people about to drop off from the aging workforce that we need to replace. So we're all about working together with the employer, looking at workforce development and trying to tailor our educational provision to the workforce. And I'll hand back to...

LA: Thank you. Okay, so the context that we started the project with was, the NHS employs 1.4 million staff in England alone. It's the biggest employer in Europe, however, 62% of the workforce are not doctors, nurses or other healthcare professionals, they are admin and managerial. Workforce planning, traditionally, is always focused on doctors and nurses, so when we're looking at our aging workforce we know that although it's ten years for a doctor we

do our plans to ten years before we know those doctor posts are required. It doesn't happen with senior managers or any managerial roles. How are we going to plan for succession for the admin staff as well as other health professionals who aren't part of the SHA workforce?

So what we did was say, workforce plans that Heart of Birmingham produced, and other NHS Trusts, are not being shared with our academic partners, so how can we really do any knowledge exchange around workforce development unless they are saying what workforce really require? How can academia plan otherwise?

So knowledge exchange, and again, Di went through this, it's how higher education and further education interact with external organisations. So what we did was went out and spoke to all our MHA partners, asked them if they wanted to be involved in this project, made it clear there would be a time commitment, but again, this was at the beginning of last year when things were very different.

We then looked at laptops because a lot of our partners, and Julia was in India, I think, for one meeting, a lot of our partners do travel, we want them to be able to come to online conferences, use the framework, the sites that we've set up, wherever they were.

And then choosing the project team, now, our skills are not technical, so choosing the right people from Birmingham Met to drive the project and drive the technology, was crucial; and we did get the right people.

And then we sat down and thought, 'which collaborative tools do we actually want to test?' The project team for the non-technical staff, we said to each institution, 'We want someone with knowledge of clinical and non-clinical courses, someone who understands the NHS, and someone with understanding of workforce planning.' And that really opened up, for us, access to people that they hadn't met in those institutions before.

When we were looking at the tools we were going to trial, we sat down and said, 'Okay, what requirements do we need, what do we need technology to give to us?' and it was document sharing, it's knowledge exchange, we were going to be sharing documents. We wanted forums, so if a partner had

something really 'wow' then let's start a forum on it, and we wanted online chat facility. We also wanted online conferencing and we wanted to be able to record the presentations that we were giving online. So that was a pretty tall order.

We chose Moodle for one of the platforms. We did that because it's reliable, we did it because it's already used in a lot of academic institutions, we weren't asking people who weren't technology together, knowing what they were using, we weren't asking them to go in at the deep end. They were going to use a tool they'd used before. We also had a Moodle developer on the team, and, most importantly, and that's why I'm in this data security, we spoke to the NHS at length, the network analysts and they would allow us access to Moodle.

This is what we came up with. Unfortunately I was going to demonstrate this but I'll demonstrate an online site in a moment. This is offline today, of all days, we can't access it. But we came up with this, we had partner resources, we had our forums, we had 'latest news' so anything happening within the NHS or one of the institutions, we could share.

What I take you to now is part of that site, so Moodle sat within here but one of the outcomes is, we all got together and came up with these videos that Julia has already mentioned, and we'd just like to show you this. This is partnership working, we all got together, we did agreements and we came up with which videos we wanted to support, getting a career in the NHS... That won't go... I've got no sound... (*inaudible part of presentation on screen*).

Please go onto the site, we'll have the link; the sound's not very good, is it? And it's full, it's got 24 videos that illustrate a range of jobs available in the NHS. This guy actually started off as a porter, had no, or very few, qualifications, and went on the skills escalator and is now training to be a radiographer, and indeed, *is* a radiographer now. So please have a look...

So then we were looking at what sort of videoconferencing tool we wanted to use, and we wanted one, very important for us, that would record. We considered Skype, DimDim, WebEx and none actually really met our needs,

because we had so many partners, there were 7 to 8 people accessing every time we went into a videoconference. Also, the NHS network hates Skype, hates DimDim and hates WebEx. Every time we tried to discuss it with the network analysts it was always down to patient confidentiality and they felt that that software was a threat to the network.

So our final choice was Elluminate. Has anyone ever used it? Yes? It was brilliant for us because JISC Advance had a licence and so it saved a lot of money on licence fees. Most importantly, we had support when using it online, so someone from Elluminate would come on and go through each step until we were quite au fait with using it, and we can record the sessions, save the presentations to online, it gave us everything we wanted. Again, that's just a screen shot of Elluminate...

To do all that we still needed substantial staff training, and I think we underestimated that when we started the project. It's no good just having one session on how to use Moodle, one session on Elluminate, we needed several because some of our staff's IT levels were very low. The training initially focuses on using the laptops, using new software, lots of staff hadn't used Windows Vista, and using Moodle.

The good stuff, having the laptops was an excellent idea, all the academic institutions allowed access through their network, and the technical support we received from Birmingham Met was excellent and extremely necessary, and knowledge exchange happened.

Less good stuff; the NHS wouldn't allow us to put on a laptop unless they had tied it up so in fact it couldn't access anything, I also had an issue to use Elluminate because all our laptops actually had a camera in there, to use Elluminate in the office, I needed a webcam and they refused access to a webcam on the system because in this open plan office I could get up to all sorts of things, apparently. So we weren't allowed to have the webcam. We also had an awful lot of problems with Elluminate, we had dropouts, freezing where everything sort of didn't move for five minutes, we had loss of sound, some of our partners couldn't use the webcam and some had intermittent reception.

The online training was fine that we had from the Elluminate team, for some people; for others, it was just a constant stream of instructions and if you're not up to speed technologically, you wouldn't be able to follow them. If I can ask Sue to chip in there?

SW: I've asked to chip in because I am one of those people that if you handed me a mobile phone that had Internet access, I wouldn't know how to use it. That was where we started with this project. When we talked about online tools, I thought I was going to actually order a hammer and saw from Argos online. I had no idea what we were actually entering into. We entered it, we went to a start-up project, it was like entering into an alien world, and I really want to say this in terms of people running projects in the future, because if you come from an environment where I think I'm an intelligent woman and I think that I operate and am capable, and walk into an arena where words are being used that you have no understanding of, where jargon is used that you have no context to sit back and think... It is really off-putting and I did feel at the beginning of this journey that I was going into a foreign country that had its own culture, had its own language, and I was at times treated as an alien in that land. Now, to carry the analogy further, what we discovered through this project was a wonderful tour guide and translator, and we had a brilliant techie who came and helped us. And he didn't just go, 'I'm over here, this is where you need to be' he came and took us by the hand and said, 'Right, this is what you do, Sue, this is what this needs, this is what Moodle is actually doing. Imagine this...' and took, with empathy from the position that I started at, and I'm sure many people start at, and it's one of the key barriers to actually getting people to work with online tools. Now I can use the word Elluminate and know it's a platform. I thought you got a train from a platform. I have moved on, I've gained in confidence in my ability to use these tools and to have knowledge of far broader things than the project but it was only enabled by someone having an understanding of where you are. So being able then to work with partners and say, 'Okay, we're going to have a videoconference' that's fine, you're familiar with that,

but for people it is so often off-putting, and Pam was saying about her project this morning, trying to get people to do things, 'Yes we'll do it, yes, we'll do it...' you become the 'stalker' and people want to switch off immediately from anything to do with that foreign world that they don't know about, and so it is really important to ensure that you know that it's somewhere that, you know, in that foreign land there will be a corner of that forgotten field that will be for you and you can go there and live it and just if only, it's a plea that I would put this back as a 'top tip', ensure that you know where the people that you are wanting to work with, where they are, and make no assumptions. I hear, you know, I can say Wimba now, I can hear some words and think, 'That's probably to do with this...' Second Life, that we talked about, I had no knowledge.

Now... After being involved in the project, it was great and to sit at a desk and to be able to use Elluminate and to be talking to people and having people be able to give you instructions and to upload things was wonderful, and I enjoyed it, I really liked it, but I like things that are intuitive because I like things to be led, and again, so second point, to be able to use tools that people really don't have to discover for themselves in a very convoluted way or go through a maze to find out how to operate it, it has got to be straightforward. So survived it... I did have this white streak before the project, so that's not as a consequence of it. (Laughter).

LA: Thanks. So let's just sort of wind up at the end. I've come up with our 4 top tips. If working across a number of organisations, and I must emphasise that the NHS is probably the worst organisation you would ever want to go into partnership with, you need to become best friends with the network manager, and that's again what our techie did, he went out, introduced himself and got really friendly. Unfortunately he didn't become good enough friends with the NHS manager, but I'm sure he was trying hard.

And also, test, test, test again, everything. We thought we had things working smoothly across the 6 partners, and things kept going wrong. That repeated

testing would probably have highlighted, you do something twice and you have access, 'Oh it's fine,' and it wasn't.

Something I can't emphasise enough, our project would not have worked unless we'd have had face-to-face interaction to begin with. So we've got partners together, first of all round a table, over some biscuits and coffee, and established relationships with them. And that's very much what JISC does, and I think that's highlighted by that first partnership meeting. Thoroughly test Elluminate before using it. One of our partners from Walsall College was very lucky; Walsall have just had all their roads redone, and while they were having that, had fibre-optic cables fitted throughout the city, and she had no problem whatsoever, very, very quick and seamless and no interruption, work perfectly. The other 5 of us had problems, and I think it depends on what time we were booking the meetings; afternoon, the strain on the network is far greater than if we'd have booked them early in the morning, so again, I think we learnt a lesson, go for 9 o'clock because there's not that much on the networks.

Have we got another couple of minutes? Yes? Has anybody got any questions?

DrJB: I'm just going to show you some things that happen when we do actually get together, and we had the British Science Festival last week and we put in a thing to the British Science Festival called 'Blood, Guts and Gore - The Journey Through Life' where all 7 partners got together and had several exhibition stands each, in fact, 35 exhibition stands in one room, and all 7 partners, we had 2 sponsors, 'Aim Higher' and 'Skills for Health', and we had a celebrity guest, Johnny Ball. So he came and he was brilliant and he came and spoke and gave out all our competition winners, gave them their prizes. So this is just a sequence, well, it's sort of 20% of the photos that were taken on the day by our photographer, so I just thought we'd put those up there to show you, but you can live in the virtual world, but as partners, we do have to get together and when we work together we do great things, but the day

was a 9 to 5 day and we had well over a thousand people visit us over the day. So that's really getting our message out.

So I think I'll leave that there (*photo of grinning teeth up on presentation screen*) you can ask us any questions... And before you ask, they're not Sue's teeth by the way, (laughter), it's the Dental Care professionals from the Birmingham Met. So any questions for us?

Q: What would you replace Elluminate with if you could?

LA: I actually think it's a really good tool; the others, you couldn't do the recording or anything else. I think, I mean, we tried Skype, we tried DimDim and they were worse than Elluminate for dropout and everything else, with multiple people on. I think you just have to plan your Elluminate sessions at the quietest time on your networks, and I mean, I asked the NHS network guy and he said it was 9 o'clock and it's probably the same for...

Q: It's quieter then?

LA: Yes. But to try and get people together for 9 o'clock... (Laughter).

Q: I think that's very helpful to try and pinpoint exactly what the cause of technical problems were, because I think to start with, I thought you were saying there were problems with the Elluminate *system*...

LA: No.

Q: It sounds actually like, well maybe network capacity...

LA: They were.

Q: So I think there's a lesson there in terms of how you manage that effectively, such as the timing and/or where people are accessing them from.

You know, maybe if someone is at home, maybe they work from home, maybe if they were in the office, they could. But to answer your question, something that we've just come across, I haven't really used it much but something called 'Big Blue Button', which looks like it's a very slimmed down Open Source version of Elluminate, and as far as I understand it is quite quick, it's quite a low network traffic, it's sort of Flash based, it has a lot of the facilities... It has some of the basic facilities of Elluminate but it doesn't do so well in the advanced stuff, and one thing it doesn't do is the recording of the sessions at the moment, which I know some people find really useful, but it's worth keeping an eye out on these things because these types of functionality are available from different types of tools, and if network is a key issue for the partners and the way that you are working, then it could be a slightly different tool.

LA: Yes, and I think that's a really valuable point because, 18 months ago when we looked, that certainly wasn't around, so it must be fairly recent. So any project you are undertaking, have a look what's out there because three weeks ago somebody could have put some other Open Source... But I like Elluminate and I don't want to put anybody off, it wasn't the tool, but you've got to consider what networks you're working on. But yes, what was it, Big Blue Button? I'm going to look for that.

Q: You mentioned at the beginning that one of the key bits for the issues for the academic institutions to the staff was that all of a sudden they could work in collaboration rather than just in their institution. How much of the choice of partners was serendipitous or, yes, did that just happen or did you deliberately choose...?

LA: I'll hand over to Julia. I'm sure there was deliberate choices.

DrJB: Well the original approach came from Sandy Bradbrook, who was Chief Executive at Heart of Birmingham Primary Care Trust at the time, and he

came to the providers on the patch, the immediate Heart of Birmingham patch, which is Aston University, Birmingham City University and what was Matthew Boulton College at the time, and when Lynda came on board, we'd been thinking about extending the partnership, so when Lynda came on board, it was... I think we were approached actually, by the University of Wolverhampton, and they wanted to come on board, and we approached Walsall and South Birmingham as well. So I think some of it was by choice and some was by people knocking on the door, but I think we realised, when we got to 7, that's big enough, that's the critical mass, and in putting together this event that you can see here, 'Blood, Guts and Gore', keeping 7 partners together for me, because this was, you know, I wrote this original application to have an event, and to keep everybody together and make sure that everybody was turning up to meetings and participating, it was like pulling in jelly along with an elastic band. (Laughter). You can imagine how difficult it is. But the end result is there, because when it comes to it, everybody turns up on the day and everything works fantastically.

LA: And next year?

DrJB: And next year it's going to be 'Blood, Guts and Gore on Tour!' (Laughter). We were hosting it this year, Aston University hosted the Science Festival this year, but next year it's at Bradford and so we're going to do this then we are going to be on tour. But it was a very successful event.

SW: It's a very strange network to be involved in, in terms of the Academy, from an FE college point of view because we are so driven by beating the competition and being the first provider there to actually bring in the money and to get the delivery. There's a range of courses, not solely our FE courses but our HE provision as well. Initially limited by geography and it was that we had particular niche markets in various institutions that were around the table. But that's not the case, it's... We have, you know, we have people who use institutions and have got the same...

DrJB: I think we need each other at the moment, I think partnerships may help us through the next few years, which I feel are going to be quite difficult, and I think to keep in contact with each other and understand what is going on with all of the different partners is going to help us to keep up with this changing landscape. Those are my hands by the way... (Laughter).

SW: Her hands but not my teeth; I'm not sure... (Laughter).

Q: The last point you made there, sort of suggested to me then that this is very much driven by a sort of winning hearts and minds and spreading the message agenda rather than there's somebody there with a spreadsheet saying, 'If for the X amount of effort we get Y number of bums on seats...' Is that the case?

DrJB: We're not looking at it in that kind of way, no. I mean, at the end of the day we will get people, this event, harking back to this, we gave out so much in terms of prospectus information, booklets about various courses, booklets about research or invitations to be volunteers in our research projects, so much went out through this event on Saturday, we had so many schoolchildren come down as well, they were taking part in our competition, lots of competition winners there that were at Johnny Ball's talk and were given their prize afterwards, so there are so many different ways that we are hooking people in and at the end of the day we will get outcomes. Johnny Ball, for example, agreed to be an ambassador for the Aston Research Centre for Healthy Aging, it's an outcome. So we are always looking for outcomes, but like we say, there is this sense of fun and we have the Midlands Health Academy steering group, but I chair the Midlands Health Academy Community Engagement Subcommittee, and we have loads of fun, don't we? Working in a partnership way, which is outside of the normal, competitive atmosphere, it's a lot of fun, and we do benefit greatly from it. So yes, it's fun. And at the end of the day we do benefit.

LA: I think we're nearly finished. Any more questions? Well thank you all for coming. I'm so glad you didn't leave early to catch the train. (Laughter). Thank you.

(Applause).