Staff Training and Development Policy and Procedure

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Contents

Appendix A: Equality Impact Assessment
Appendix B: Sanctions
Appendix C: Training needs analysis non mandatory training
Appendix D: Training Needs Analysis mandatory training
Appendix E: Training needs table 2012-14
Appendix F: Trust performance standards for mandatory training

Staff Training and Development Policy and Procedure

1 Introduction

1.1 The Tavistock and Portman NHS Foundation Trust (the Trust) is committed to developing a strong learning culture, in which everyone is able to achieve their full potential, and which will increase job satisfaction and support career development. As such, the Trust is committed to providing excellent training and development opportunities for its staff, which meet the operational and strategic objectives of the organisation, as well as individuals' own learning aspirations and needs.

1.2 The Trust is committed to ensuring that all members of staff are provided with the training they need to perform their jobs safely at all times. As such, the Trust will maintain and keep under review a list of training that is mandatory for some or all staff members, and ensure that appropriate training is available at the required intervals.

1.3 The Trust is aware that resources, including funding, time, and effective use of internal expertise, will be required to achieve success in this area. The Trust is committed to identifying and allocating such resources as required, within the constraints placed on it. In addition, sources of external funding will be identified wherever possible.

1.4 The Trust will ensure that all staff training and development activities are developed, managed and delivered with due regard to fairness and equity. All applications for staff training and development activities will be considered strictly on merit and relevance. Access to training and development activities will be monitored and reported by demographic group, as required by law. In addition, specific programmes will be developed to meet the needs of under-represented and minority groups within the workforce.

2 Purpose

This policy and procedure sets out the measures that the Trust has in place to support its objectives in relation to staff training and development, and the responsibilities that staff at all levels have to ensure that the Trust develops a strong culture of learning and continuous development.

The procedure sections set out the way the trust will deliver both mandatory and non-mandatory training.

3	Scope

The requirements for mandatory training including induction apply to all directly employed staff.

The requirements for local induction apply to all new staff including those members of administrative staff employed on a temporary basis via agencies and staff employed on the staff bank.

Non-mandatory training arrangements apply to all permanent staff and at the discretion of the Trust can be made available to long term bank staff.

4	Definitions

For the purposes of this policy the following definitions will apply:

Staff Training and Development	Used to include all activities which aim to assist staff to maintain, update and enhance their knowledge, skills and capabilities. This includes formal, informal and on-the-job training, as well as a range of other learning and development activities including: electronic learning; self-managed learning; mentoring and coaching; and the use of shadowing and secondment opportunities.
Statutory training	Is that training which an employer is required to deliver and is determined by legislation, to ensure the safety of the workforce and those that come in contact with the workplace and include the Health and Safety at Work Act 1974, Employment Regulations 1999, and the Equalities Act 2010.
Mandatory training	Is that training which an employer requires its staff to receive to ensure that its workforce is competent to deliver the services of the organisation; this will include 'generic skills' that the service determines are required by all employees and specific training for particular groups of staff.

Note: *For the purpose of this policy the term 'mandatory training' will be used to denote 'statutory and mandatory training'.*

5 Duties and responsibilities

5.1 Chief Executive

- Will ensure that sufficient resources are committed to staff training and development such, that the aims and objectives of this policy can be achieved.

5.2 Director of Human Resources

- Has overall responsibility on behalf of the Trust Board for the implementation of this policy. Their role is also to advise the Board and the Management Team of any risks of failing to deliver appropriate training to Trust staff.

5.3 Human Resources Directorate

- To manage the annual training needs analysis (TNA) process and to lead on the planning, development, monitoring and evaluation of staff training and development activities in conjunction with key staff and the Staff Training and Development Committee.

- To produce the annual training prospectus to reflect training needs analysis.

- To support the Staff Training and Development Committee.

- To manage induction and INSET mandatory training days.

- To monitor and report attendances and staff compliance regarding mandatory training events, issuing sanctions for non-attendance where necessary.

5.4 Staff Training and Development Committee

- To facilitate and promote good practice in training and development for all staff in the Trust.

- To refer decisions about priorities and resource allocation to other Trust Committees (e.g. Management Team; Clinics Committee) where necessary.

5.5 Line Managers

- To ensure that staff are attending relevant mandatory training events, including Induction events, and follow up individual staff who fail to attend required induction/mandatory training escalating the issue to relevant Director if individual persistently fails to attend.

- To ensure that new staff (both temporary and permanent) receive local induction as per the Trust's arrangements and to return the completed local induction check list to HR department within one month of appointment of a new member of staff.

- To ensure that details of all training and development needs identified via annual appraisal and Personal Development Plan process are forwarded to Human Resources to inform the TNA process.

- To identify team or service-wide training needs within their areas of responsibility as part of the annual training needs analysis, in conjunction with the HR (training) manager.

- To assist with delivery of staff training and development activities where appropriate.

5.6 Staff Training and Development Committee Chair

- To provide leadership in the area of staff training and development, working closely with relevant committees and key personnel, including the Human Resources Directorate to ensure that the Trust has appropriate induction, training and development programmes for staff at all levels.

- To chair the Staff Training and Development Committee.

5.7 All staff

- To take responsibility for their own training and development, including attending relevant induction and mandatory training events.

- To make all necessary arrangement to attend training events.

- To participate in the appraisal / personal development review process with their manager, at least annually, and to take up opportunities that are provided in support of their learning and development needs, whether within their own department or centrally.

- To meet the training and/or professional development requirements of their professional body, where relevant.

- To seek appropriate authorisation to attend training events, usually from their line manager.

6 Procedures

The procedures section is subdivided in to the following sections:

6.1   Training Needs Analysis

6.1.1 The Trust will undertake an annual Training Needs Analysis. (TNA) This will be led by the Human Resources Directorate according to a process agreed and monitored by the Staff Training and Development Committee. Full details of the process is at **Appendix C** . The aim of the training needs analysis will be to identify priorities for staff training and development. A separate but parallel process will be undertaken to assess the need for mandatory training see **Appendix D.**

6.1.2 Priorities for staff training and development identified through the training needs analysis process will be discussed initially at the Staff Training and Development Committee and at other relevant forums, leading to an agreed annual Staff Training Programme for the Trust.

6.1.3 The TNA for non-mandatory and mandatory training will be used to develop and agree an annual training prospectus which will be made available to all staff via the intranet and through the circulation of printed copies to all departments

6.2   Appraisal and Personal Development Scheme

6.2.1 The Trust will maintain and keep under review an appraisal and personal development review scheme including guidance on its operation. The aim of the scheme will be to provide a fair framework for assessing performance, and to support learning, development and career progression.

6.2.2 The Trust's policy is that all staff should have a well-structured appraisal / personal development reviewed at least annually with their line manager. The Trust will monitor performance against this accordingly.

6.2.3 Development needs are identified and a personal development plan ('PDP') will be mutually agreed between the member of staff and their manager. This plan should be reviewed and updated regularly as part of normal supervision. In addition, copies of all PDPs should be forwarded to Human Resources (Staff Training).

For those staff that have been in the Trusts employment for less than 6 months of the appraisal cycle, the managers are not required to complete the entire appraisal process. Though as an on-going basis and regardless

of the length of appointment, development and performance management of the staff should be discussed between the manager and the staff.

6.2.4 Training sessions on the operation of the appraisal / PDR scheme will be provided for both line managers and staff.

6.3 **Induction of New Staff**

6.3.1 This section of the procedure sets out the Trust's arrangements for ensuring the effective induction of all new staff (permanent and fixed term). Through its induction arrangements, the Trust aims to ensure that it meets its health and safety and other statutory obligations, and ensure that new staff become familiar with the organisation, its management of risk and their roles in a timely and effective way. Local induction also ensures staff receive specific information and guidance on how to undertake their designated role in the organisation.

Attendance at the Trust wide Induction and completion of local induction is mandatory for all new members of staff on permanent or fixed term contracts.

6.3.2 **Trust-wide Induction Event**

The Trust will run a Corporate Induction Session (i.e. trust wide) for all new staff four times a year.

All newly appointed staff will receive an invitation to the next available event in their offer of employment letter, and this will make clear that they are required to attend. In the event that a new employee is unable to attend the first Trust-wide event after he/she commences employment, he/she will be invited to the following event.

Staff who fail to attend mandatory training events including induction, will be subject to sanctions. The details of these sanctions and which events these apply to are shown in **Appendix B**

6.3.3 Booking and follow up arrangements

- The new starter offer letter which is generated by HR will contain details of the induction date that the new member of staff is expected to attend

- A list of new starters generated from ESR monthly, is to be used to compile the attendance lists

- The training administrator, or other nominated staff member will coordinate the event and ensure all attendees sign in; this sign in sheet is used as evidence of attendance

- All non-attendees will be followed up by the training administrator (via email) who will inform them of the next induction date, and advise them that they are required to attend on that occasion. The training administrator will also advise their line manager of the non-attendance (by email).

- Attendance details will be added to each member of staff's electronic record (ESR).

Note: Part-time staff will be expected to attend induction, if the event falls outside their normal working hours' time off in lieu will be given.

6.3.4 Content of Trust Induction

The Trust-wide Induction event will be delivered by senior staff and will include input on the following topics:

- Welcome address
- HR matters including: support, training arrangements trade union arrangements; Human resources policies and staff benefits
- Health and Safety issues including slips trips and falls and care of the back (mandatory)
- Risk management including; incident reporting, investigation; hand washing; inoculation injuries (mandatory)
- Clinical matters including: clinical risk assessment; clinical supervision; health record keeping standards; medicine prescribing (if doctors in the audience) (mandatory)
- Caldicott Principles, Information governance and Confidentiality (mandatory)

The programme for the event will be kept under review and updated in response to feedback and /or changes to the needs of the Trust.

6.3.5 Annual Clinical Induction

Due to the small number of clinical staff joining the trust outside the start of the academic year the trust runs one clinical induction programme annually in September, to coincide with the Directorate of Education and Training (DET) induction programme for new trainees. The induction for new students is three days long and is predominantly for all new trainees starting academic courses at the Trust. The first two days are organised by the DET and forms the academic induction to the training at the trust.

The third day is organised by the Trust Medical Director and is managed in the Trust's Clinical Governance office by the Clinical Governance and Quality Manager and takes the form of trust induction of new students and Trainees who will be working clinically at the trust.

Note: Attendance at day three of this induction is considered as equivalent to attending the Trust induction session, the mandatory topics listed above are also included in the clinical induction.

6.3.6 Booking and follow up arrangements for Clinical Induction

The Clinical Governance Office will coordinate attendance at Clinical Induction in the following way:

- The DET Operations Manager with the support of DET Course Administrators will provide the Clinical Governance and Quality Manager with a list of new trainees who will undertake clinical practice at the Trust.

- HR will provide the Clinical Governance Manager with details of any new clinical staff starters who have been invited to attend clinical induction training.

- The Clinical Governance Manager and Quality Manager will produce sign in sheets.

- The Clinical Governance Manager will co-ordinate the event and ensure all attendees sign in and pass copies of other record sheets to HR for their records.

- The Clinical Governance Manager and Quality Manager will pass details of all staff non attendees to the HR training administrator

who will contact any non-attendees and offer them a place on the next trust induction session and inform their manager and director of non-attendance.

- The Clinical Governance Manager and Quality Manager will also inform the Operations Manager of all clinical trainee non-attendees who will inform the relevant Course Team staff including the relevant Portfolio Managers.

- If on the second occasion the member of staff fails to attend, the agreed sanctions will be applied by HR.

6.3 7 **Local / Workplace Induction (All staff)**

- Line managers will ensure that all new starters in their department (including those transferring to new employment within the Trust, and staff on fixed-term contracts and secondments) will have an effective local induction into their new role within their new department. In order to assist with local induction the Trust has prepared a checklist of topics that the line manager must cover with the new staff member[1]. There are two check lists one for permanent staff and one for short term agency staff.

- Line managers must ensure that new staff are taken through the local induction checklist during the first week of their employment. Once completed, a copy of the checklist, signed by both manager and new staff member should be sent to Human Resources (Staff Training), who will monitor completion of local induction. It is expected that the completed form will be returned to HR within 1 month of the person's start date.

- In the event that Human Resources (Staff Training) do not receive a completed local induction checklist relating to a new staff member, the line manager will be contacted by email and reminded that the process should be completed as soon as possible, and confirmation sent in the form of a signed checklist.

- Failure to return completed local induction checklists, within two months of a new staff member starting work will lead to sanctions being applied, **see Appendix B**

6.4   Mandatory training (post induction)

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[1]The most up-to-date version of the form can be downloaded from the HR page of the trust intranet, together with guidance notes for managers on conducting an effective local induction

6.4.1 Training Needs Analysis

The trust will determine what it will include in its Mandatory TNA with reference to legal requirements; CQC and NHSLA requirements and requirements identified by the trust. The process followed is described at Appendix D. Following the analysis a table of requirements will be produced and published in the Staff Training Prospectus which summarises the training topics; frequency of training and which groups of staff are required to attend training.

6.4.2 Arrangements for the delivery of mandatory training

Mandatory training is delivered by subject specialists who are either Trust staff, or occasionally, accredited external trainers who are required to teach in accordance with the Trust's policies and procedures. Training is delivered in four main ways: at induction, at INSET, by specialist training and by e-learning. Details of method of delivery are shown on the training matrix. With the exception of a small number of specialist mandatory training requirements (as shown on the TNA) most training is delivered in a day long INSET training session which is run twice yearly and staff are required to attend once every two years. This is managed by HR (Training).

6.4.3 Invitations and attendance at INSET

All staff who work more than 2 sessions per week for the Trust are required to attend INSET once every two years. HR (training) will send out targeted invitations to attend INSET to staff, based on the date of their last attendance. Names will be identified from the staff mandatory training data base which is updated monthly from the ESR data base to reflect new starters and leavers.

Sign in sheets will be kept for each INSET event and attendance logged on the database so that attendance figures can be generated.

In the event that a member of staff who was due to attend fails to attend an invitation will be sent out for the next session and the manager notified. If they fail to attend on a second occasion, sanctions will be applied (see Appendix B)

Note: Staff working 2 sessions or less will be invited to attend INSET training, however it is not mandatory that these staff attend due to the very part time nature of their employment.

6.4.4 Invitations and attendance at other mandatory training

The following mandatory training attendance is managed by the Health and Safety Manager. Those staff who are required to attend these sessions are identified on the TNA

- Manual handling training
- Conflict resolution training
- First aider training
- Basic life support training
- Ladder safety training (working from heights)

The Health and Safety Manager will arrange for external trainers to attend the Trust when there is a sufficient number of staff who require training. The Health and Safety Manager will liaise with HR to ensure her local data base of staff who require the training is up to date The Health and Safety Manager will keep a local data base to log attendance and will retain documentation in relation to the training including attendance sheets and communication with the trainers.

Note: As only a small number of Trust staff require the above training, the Trust accepts the risks that there may be a delay in training some individuals who are unable to attend fixed training days, however this is judged to be a small risk as the turnover amongst these staff groups is very low.

6.4.5 Other Mandatory Training Includes Information Governance and Safeguarding Level 2 and Level 3 training.

6.5 Staff Training Prospectus

6.5.1 Based on the results of the annual training needs analysis, the Trust will publish an annual Staff Training Programme (Prospectus) covering both mandatory and non-mandatory training opportunities available for staff, in the year ahead. This will include a clear statement of which events are mandatory. The Staff Training Programme will include: course descriptions; who the activities are designed for; booking and administrative arrangements; and contacts for further information.

6.5.2 In addition, each clinical directorate will publish its own programme of training and development activities, including details of scientific meetings relevant to the work of their directorate, and other topical workshops e.g. related to research. Where possible, the central Staff Training Programme will detail opportunities and activities developed and delivered locally within Directorates, so that all staff are aware of training that may be of interest and relevance to them.

6.6 Staff Training and Development Budget

6.6.1 A central Staff Training and Development budget (CPD) will be held by the Human Resources Directorate. This will be carefully prioritised to ensure that the limited funding available is allocated to achieve maximum benefit.

6.6.2 Disciplines hold continuing professional development (CPD) budgets for all clinical staff although the amounts vary according to the discipline. It is essential that this funding is also prioritised so that limited resources can be used to benefit as many staff as possible

6.7 Study leave

6.7.1 In support of its aims the Trust will provide a Study Leave scheme. Staff may apply for study leave when they have been employed by the Trust for a minimum of one year. Study Leave is for a maximum of 10 working days per annum (pro rata for part time) and is to be used for undertaking study for exams or other work related studies, and all conferences. Staff should apply for study leave to their line manager/head of discipline who will authorise applications provided that he/she decides that the study leave time will be put to appropriate use and that service needs will be met during the individual's absence. The amount of study leave granted will be in proportion to the type of study being undertaken. Details of the Study Leave process is contained in the Trust's Leave Policy on the Intranet.

6.8 Bursary Scheme for Non clinical staff

6.8.1 The Trust will provide an Educational Bursary Scheme for non-clinical staff, with the aim of providing support for further education relevant to job roles. Eligibility for the scheme will be determined by the Staff Training and Development Committee. A sub-group of the Committee will meet to consider applications and assess them against the agreed eligibility criteria.

6.9 Academic courses, conferences and consultancy programmes

6.9.1 So far as possible, the Trust is committed to supporting staff at all levels who wish to take up places on its academic, conference and consultancy programmes. In support of this a Staff Discount Policy is in operation, setting out the discounts that are available for staff who wish to undertake such programmes.

6.10 Sabbatical Leave

6.10.1 The Trust will operate a Sabbatical Leave scheme. Requests for paid Sabbatical Leave should be made to the relevant Head of Discipline, or director. Further details are contained in the Trust's Leave Policy.

7	**Training Requirements**

Mandatory training requirements are summarised in the Mandatory training TNA at appendix D.

Non mandatory training opportunities are published annually in the Staff Training Prospectus available from the Trust intranet.

8	**Process for monitoring compliance with this Procedure**

The Trust will monitor compliance with this policy and procedure in the following way: HR will maintain a training data base to record induction and mandatory training. This will be reviewed monthly and updated with leavers and starters from a list generated from ESR.

The Health and Safety Manager will hold a separate spread sheet and will liaise with local managers to ensure that s/he has a full list of staff requiring specialist mandatory training.

Induction and local induction – attendance

Attendance at induction will be monitored on a quarterly basis by the corporate governance and risk workstream which will receive a report prepared by HR (training) covering attendance at induction, follow up of non-attenders and return rates for local induction forms. Data will show performance against Trust KPIs (see Appendix F).

Induction – content

The HR (training team) will review feedback received from participants and consider feedback in monitoring of the programme, whilst ensuring that it meets core topic requirements.

INSET (mandatory training day)

Attendance at INSET will be monitored on a quarterly basis by the corporate governance and risk workstream which will receive a report prepared by HR

(training) covering attendance at INSET and follow up of non-attendance. Data will show performance against Trust KPIs (see Appendix F).

INSET - content

The HR (training team) will review feedback received from participants and consider feedback in monitoring of the programme, whilst ensuring that it meets core topic requirements.

Mandatory training delivered outside INSET

The Health and Safety Manager will provide a 6 monthly report on attendances and follow up of non-attenders to the Corporate Governance and Risk Workstream.

The Trust has set a number of KPI's (see **Appendix F**) which will be monitored by the Corporate Governance and Risk work stream, and reported up to the Clinical Quality Governance and Risk Committee (CQSG).

Training budget

This will be monitored via the Trust's financial monitoring systems.

9	**References**

- Department of Health. (2006). *Safer Recruitment – a guide for NHS employers.*London: Department of Health.

- *Health and Safety at Work etc., Act 1974*. London: The Stationery Office.

- Health Professions Council. (2004). *Standards of Education & Training.*London: Health Professions Council.

- NHSLA Risk Management Standards available from www.nhsla.com

10 Associated documents[2]

This document should be read in conjunction with the following policies and procedures

Health Record keeping standards
Risk Strategy and Policy
Incident Reporting Procedure
Serious Incident Procedure
Health and Safety Policy
Infection Control Policy and Procedure
Safeguarding Children Policy
Safeguarding Vulnerable Adults Policy
Medicines Management Procedure
Leave Policy
Capability Procedure
Performance Monitoring and Reviewing
Equal Opportunities Policy

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[2] For the current version of Trust procedures, please refer to the intranet.

Appendix A : Equality Impact Assessment

Name of policy, function, or service development being assessed:

Staff Training and Development Policy and Procedure

Name of person carrying out the assessment:

Namdi Ngoka, Assistant Director - Human Resources

Please describe the purpose of the policy, function or service development:

To set out clear principles and practices regarding the management of staff development and training at the Trust. This includes processes for Mandatory and Non-mandatory training.

Does this policy, function or service development impact on patients, staff and/or the public?

YES - Staff

Is there reason to believe that the policy, function or service development could have an adverse impact on a particular group or groups?

NO. Principles applied throughout the staff development process ensures that all groups are treated fairly and equitably and any specific needs by individual groups are addressed

Based on the initial screening process, now rate the level of impact on equality groups of the policy, function or service development:

Negative / Adverse impact:

Low - minimal risk of having, or does not have negative impact on equality

Date completed ……………17.09.14……………………………..

Name ………………………Namdi Ngoka…………………………

Job Title   …………………Assistant Director Human Resources…………………

Sanctions for Non- Attendance and Incentives for Attendance at Mandatory Training

1.   **Introduction**

Over the past few years the Trust has experienced difficulty in achieving the required levels of attendance at Mandatory Training events. These training events includes –

- INSET Training
- Trust-wide Induction (including clinical induction)
- Local Induction
- Safeguarding / Child Protection
- Information Governance

2.   **Proposed sanctions to improve attendance**

Having considered various options, the following proposals are being put forward to address non-attendance. It is also proposed that these sanctions should be applied to the individuals concerned as well as to line managers, in circumstances where team members fail to attend training.

2.1 Sanctions to be applied to individuals

Where individuals fail to attend the necessary training activity, it is proposed that the following sanctions should be applied –

- Where a staff member is due an incremental increase, this increase will not be applied until all relevant trainings have been completed.
- Staff will also not be able to access training funds for their personal development or attend other non-mandatory training events necessary for their development unless they have successfully completed their mandatory training.
- Staff will also not be eligible to apply for internal posts such as secondments or promotion opportunities unless they have attended necessary mandatory training.

2.2 Sanctions for Senior Managers

Directors are required to ensure that staff in their Directorate have attended training. In circumstances where a Director has attended training but members of their Directorate are not compliant, it is possible that the Director could also be subject to sanctions, including non-progression of incremental pay.

It is expected that, as a part of their management role, Directors will work actively with staff to ensure their attendance at mandatory training.

3.   Action to address Local Induction

The responsibility for completion of Local Induction rests with both the new appointee and their line manager (i.e. the appointing officer). Where these are

not returned within two months of the staff member commencing working, the sanctions listed in 2.1 will be applied to both the member of staff and their line manager. However, if the member of staff provides evidence showing that they have made reasonable attempts to complete this with their manager, then sanctions will only be applied to their manager. All sanctions will be lifted, upon completion and return of checklist.

4. Incentives and Rewards for teams with high levels of attendance (well performing teams)

It is also proposed that positive rewards and incentives could be made available to high performing teams.

5. Conclusion and Recommendations

In order to facilitate the above processes, it is proposed that each member of staff should be issued with a mandatory attendance card, containing details of all the mandatory training the employee has attended and is required to attend in any year. This card will need to be provided to line managers during appraisal and at other intervals during the year for signing and approval. The member of staff will be required to indicate their attendance at the required mandatory events on their cards.

Approved by Management Committee Sept 2011

STAFF TRAINING & DEVELOPMENT COMMITTEE

Process for Training Needs Analysis

1.   INTRODUCTION

1.1   This paper sets out the process for carrying out training needs analysis (TNA) within Tavistock and Portman NHS Foundation Trust.

1.2   Systematic and inclusive training needs analysis is central to the Trust's overall aim of co-ordinating the various important development activities within the organisation and establishing a coherent approach to learning and development for all staff. The Staff Training and Development Committee has an important role in this, including keeping this process under review, scrutinising the results of the annual TNA process, and agreeing on priorities for staff training and development activity.

2.   BACKGROUND TO TRAINING NEEDS ANALYSIS

2.1   Training needs analysis is based on the belief that where possible, training and staff development provision should be based on the accurate identification of learning needs. Perhaps the best definition comes from the Chartered Institute of Personnel and Development (2007) i.e. "it is an analysis of any gaps in the knowledge, skills or attitudes of employees which identifies what they need to learn to be fully competent in the jobs they will be doing now - or in the future." Note, however, that the term "training needs analysis" is not meant to imply that the means of filling the gaps is always through formal training – learning needs may be met by a range of means and interventions.

2.2   A systematic and inclusive process will provide the Trust with a number of benefits, including the development and retention of key staff in a coherent and cost-effective way, linked with individual, service, and organisational objectives.

2.3   Training needs analysis will be undertaken at a number of levels notably:

•   Individual needs – usually discussed at the appraisal meeting. Within this organisation, the Trust's Appraisal/Personal Development Review process is used.

•   Department or service needs – line managers play the key role here, thinking about the demands on the service in the future, and/or the ways in which the service is expected to develop. Analysis at this level is also based on work undertaken at the individual level.

•   The whole organisation's needs – usually undertaken by the HR Staff Training and Development Team. This is likely to require a survey to understand the amount and types of learning needed overall to ensure all staff have the right knowledge skills and attitudes. This may be based on analysis carried out at the other levels, as well as scrutiny of other sources of information such as the annual Staff Attitude Survey and the Trust's Annual Plan.

2.4   Training needs will ideally be described in terms of required knowledge and skills including with reference to agreed knowledge and skills frameworks for particular types of work or posts.

2.5   The types of information that will be collected to inform the training needs analysis will include:

   2.5.1   The information contained within individual staff members' <u>personal development plans (PDPs)</u> i.e. the statements of staff's learning needs, as agreed with their line managers.

   2.5.2   <u>Business and organisational objectives</u> – there may be items in the business plan that have an influence on training needs, and the commitments to training made in an organisation's policies are also highly relevant.

   2.5.3   <u>Technology and organisation of work</u> i.e. how jobs are done and the technologies used. If changes are planned (e.g. the introduction of an IT system such as RIO) this is likely to impact on training needs.

   2.5.4   <u>Employee demographics</u> – e.g. whether significant numbers of joiners are expected, and how this might affect training needs (e.g. CAMHS staff joining this organisation).

   2.5.5   <u>Job roles and responsibilities</u> – whether these are likely to be changing to meet particular service needs or developments.

   2.5.6   <u>Education / vocational training framework</u> – e.g. the requirement that people in particular roles become qualified or gain additional qualifications in the future.

   2.5.7   <u>Other external requirements</u> – especially those coming from the law, "the centre" (e.g. Monitor), or other authorities. These will typically lead to an analysis of training that is mandatory – it has to be done. However at times, training may be linked to the wider NHS Agenda.

   2.5.8   <u>Other internal data</u> – e.g. the results of employee surveys, and of course the evaluations of previous training and development activities.

2.6   Training needs analysis will be carried out in plenty of time for those responsible for managing staff training and development activities to be able to prioritise and formulate training plans for the organisation. Key steps after the training needs analysis will then be:

   2.6.1   preparation of a report of overall training needs, to form the basis of discussions on training and development

   2.6.2   prioritisation of learning needs and;

   2.6.3   the setting of plans.

2.7   The factors presented in the brief overview above have all been considered in developing the following timetable for training needs analysis within the Trust, which is presented in the following section.

3.   PROCESS FOR TRAINING NEEDS ANALYSIS

3.1 The process, including time-tabling, is set out here. Some of the proposed stages are already in place within the Trust, but need integrating within an effective overall approach. Others will be new and will need consideration.

Stage / Month	Activity	Key personnel / stakeholders
1. October to March	Appraisals carried out / PDPs agreed and sent to HR for recording. Heads of discipline and Managers chased to achieve Trust target of 75% +	All staff with line managers. HR
2. April & May	Content of PDPs analysed and summarised – information broken down by department / service and Trust-wide	HR
3. May	Summaries of training needs by department / service circulated to line managers for info. and a request for any further training needs (i.e. team-wide needs) to be submitted to Human Resources Manager	HR and line managers
4. April & May	Other data gathered by HR from relevant sources (see 2.5) especially: - review of training that has mandatory status (H&S, risk and other legal obligations) - review of training that may be required by other external agencies ('Monitor' / SHA / CNST / other) - Business Plan / organisational objectives / policies - Issues raised by staff attitude survey - Evaluation of previous year's activities	HR H&S Mgr / Directors and Managers Risk Manager
5. June	Report of overall training needs based on 2. 3. and 4. written and presented at Staff Training Committee. Initial discussion about priorities, funding etc.	HR and STC
6. June to September	Process of discussing and agreeing priorities, putting plans in place continues, overseen by Staff Training and Committee.	HR , STC and other training committees
7. September	Staff Training Programme finalised and communicated	HR

TNA Process Mandatory training

Statutory and Mandatory Training Needs Analysis (TNA) Process

1.   Introduction

This document summarises the results of a Trust-wide risk management training needs analysis (TNA) in relation to Statutory and Mandatory Training that was initially conducted in December 2008, and has been reviewed at least annually thereafter

The purpose of the statutory and mandatory training needs analysis was to:

- Fulfil the TNA cycle as set out in the Staff Training Policy

- Ensure that the TNA fully considered the specific requirements as detailed in the related polices

- Inform the production of a training prospectus that accurately reflects the current needs of the Trust

- Ensure that the Trust has documentary evidence to support the TNA process to support compliance with National Health Service Litigation Authority (NHSLA) Standards for Risk Management and CQC Standards for Better Health.

2.   Definitions

The Trust have adopted the NHSLA definition of a training needs analysis:

'A breakdown, usually presented in the form of a spread sheet or table, which contains as a minimum: all staff groups; all training required by each group; and the frequency of training required by each group. The training needs analysis (TNA) may also include further details such as who will provide the training, the specific training package to be used, etc.'

In order to develop a TNA spread sheet, the Trust referred to its training policy and all relevant risk related policies and procedures that detail statutory and mandatory training, and took advice of subject specialists.

The Trust has adopted agreed definitions for statutory, mandatory and desirable training and these are set out at Section 4 (Definitions) in the Staff Training and Development Policy.

3.   Subject areas to feature in the Mandatory Training Needs Analysis

In order to determine the subject areas to be covered in the TNA the Trust took account of relevant legalisation, NHSLA Risk Management Standards, CQC Standards for Better Health, and specific topic areas that the Trust has determined will be mandatory for it staff based on the specific service needs of the Trust. This includes essential standards as set out in the TNA section of the current NHSLA Standards Manual available from www.nhsla.com

4. **Training Needs Analysis Process**

The TNA process considered the following information:

- Subject area.

- Summary of how the training need was identified (including national guidance and legislation, requirements of regulatory bodies, Trust policies etc.)

- Summary of the staff involved/consulted with in the TNA process.

- Description of how the staff groups requiring the training were identified.

- A description of target staff groups, content of training, delivery method and duration, delivery mode and frequency of updates.

- Gap analysis and, where required, a training delivery action plan.

Line managers and professional leads/discipline heads were also asked to review the training needs identified for different staff groups (based on the previously agreed matrix) and to notify the Head of Learning and Development of any issues or required changes.

Based on the data received from both of these sources the TNA matrix was updated, and where required, minor amendments made to relevant polices to ensure accurate cross referencing and reflection of agreed delivery plans and frequency of training was consistent in the current documents.

The TNA is subject to an annual review to ensure that it remains fit for purpose.

5. **Implementing the TNA**

The TNA for mandatory training will be implemented as follows:

- The TNA schedule has been updated in line with the process detailed above.

- The updated Annual Staff Training Programme (Prospectus) will be updated to reflect the findings from the TNA.

- The HR (Staff Training) team will maintain records for all staff completing training. Managers whose staff fail to attend at the required intervals will be notified.

Training Needs Analysis Table 2012-14

Training topic	To be included in trust induction	To be included in local induction	To be included in INSET day	Frequency of training	Admin and Managers				Clinical staff						Medical staff	
					Office admin and clerical	Non office based support staff	Front line admin and clerical	Managers (including Directors)	Clinical managers	Trainees	Psychologists/psychotherapists	Social workers	Nurses	Clinical outreach workers	Doctors in training	Consultants
Statutory training																
Back care (3.7)	x			all staff once at induction	x	x	x	x	x	x	x	x	x	x	x	x
Fire Safety		x	x	all staff at INSET (2 yearly) Local arrangements to be part of local induction)	x	x	x	x	x	x	x	x	x	x	x	x
Health & safety principles (incl slips trips and falls) (4.3)	x			all staff at induction	x	x	x	x	x	x	x	x	x	x	x	x
Required by NHSLA/CQC[3]																
Basic life support				all permanently employed medical staff 3 yearly												x
Confidentiality (Caldicott)	x		x	all staff at induction and INSET (2 yearly)	x	x	x	x	x	x	x	x	x	x	x	x
Safeguarding children Level 1				All staff INSET (2 yearly)	x	x	x	x	x	x	x	x	x	x	x	x
Safeguarding children Level 2				once and then 3 yearly (clinical staff not working with children)					x	x	x	x	x	x	x	x

[3]Number in bracket corresponds to the NHSLA criterion number for standards published April 2012

[4] We only offer BLS training to permanent medical staff, medical trainees on rotation will receive more frequent updates via the mental health trusts with in-patient services where they rotate to

[5]For most up to date definition of staff groups requiring training refer to the Safeguarding Children Policy on the intranet

Training topic	To be included in trust induction	To be included in local induction	To be included in INSET day	Frequency of training	Admin and Managers				Clinical staff						Medical staff	
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Safeguarding children Level 3[6]				once and then three yearly (clinical staff who work with children					x	x	x	x	x	x	x	x
Safeguarding adults			x	All staff at INSET 2 yearly	x	x	x	x	x	x	x	x	x	x	x	x
Conflict resolution (Violence and aggression) (4.2)				Facilities (incl. security)front line staff once (with periodic updates) ,		x										
Clinical supervision (6.1)	x			see footnote[7]					x	x	x	x	x	x	x	x
Clinical risk assessment (6.3)	x			Introduced at induction, on-going through supervision					x	x	x	x	x	x	x	x
Promoting Equality & diversity			x	all staff INSET 2 yearly	x	x	x	x	x	x	x	x	x	x	x	x
Inf Control hand washing, and inoculation injuries (4.6 and 4.7)	x		x	all staff at induction and included at INSET 2 yearly	x	x	x	x	x	x	x	x	x	x	x	X
Information Governance	x		x	all staff at induction and INSET	x	x	x	x	x	x	x	x	x	x	x	x
Moving and Handling (non patient) (3.7)				all staff whose role involves lifting, once and periodic updates (local training)		x										
Ladder Safety Training				All staff using ladders and step ladders (all staff in general office, maintenance and Library (every 3 years)		x										

[6] As 3 above Note all clinical staff seeing patients are required to have attended level 2 or level 3 training at least 3 yearly.

[7]Requirement for supervision raised at induction Not formally taught but provided through professional training and support (refer to procedure) Trainee supervision managed by DET

Training Needs Analysis Table 2012-14

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Medicines management (6.9)	x			Raised at induction, on-going via personal CPD for prescribers											x	x
Investigation of incidents, complaints and claims (2.5)	x			Any staff member required to lead an investigation (1 to 1 training) (see footnote)· Overview at induction												
Risk Awareness training for Senior Managers (3.6)				All Board members and members of the Management Committee annually												
Risk assessment and incident management				Training offered on rolling annual programme and one to one (not mandatory but managers are encouraged to gain skills)												
Security and staff safety, incl lone worker	x			All staff as part of induction	x	x	x	x	x	x	x	x	x	x	x	x
Harassment and Bullying (3.8)				All Trust Managers as part of policy briefing once				x								
Health Records Keeping training (1.8)	x			Introduced at induction All clinical staff continuously as part of supervision					x	x	x	x	x	x	x	x
Required by the Trust																
First aid training				3 yearly update training all first aiders												
Rio training				All staff using care notes once before login granted	x											

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[8]*Trust has very few SUI's (less than 1 a year), and up to 10 complaints a year therefore expert training provided to the Trust appointed investigator and investigation team (e.g. may include a NED) by Governance and Risk Adviser on a case by case basis*

KPI's for Training

Performance Area / Provision	Performance Standard	Performance Management / Controls	Performance Reporting
All new employees will attend induction	**Performance standard** **At least 85% of new employees to attend corporate induction within 6 months of starting** (Quarterly target = 75%) (Cumulative quarterly Target = 85%)	- see procedure for details of controls	quarterly report of performance with trend data to corporate governance and risk workstream lead, who will escalate poor performance to Management Committee and CQSG
Completion of local induction checklist .	**Performance standard** **Completed checklists to be filed for at least 75% of new employees**	- -see procedure for details of controls	quarterly report of performance with trend data to corporate governance and risk workstream lead, who will escalate poor performance to Management Committee and CQSG
Attendance at In-Service Education and Training ('INSET') Day	**Performance standard** **75% all staff will have attended INSET within the last 2 years**	-see procedure for details of controls.	quarterly report of performance with trend data to corporate governance and risk workstream lead, who will escalate poor performance to Management Committee and CQSG.
Appraisal and completion of a PDP Note : Appraisal / PDR meetings to take place between October and March each year. All staff should have an appraisal / PDR leading to an agreed Personal Development Plan filed with Staff Training	**Performance standard:** **Completed PDPs to be received for 80% of staff by year end**	- Appraisal / PDR Scheme for year distributed in Oct each year with full instructions, reminders sent out until year end. All completed PDP's returned to HR Poor level of return escalated to Management Committee	Performance data (number of PDPs received compared to number expected) to be reported in first HR Monitoring Report after year end to the Management Committee.