

POLICY CONTROL SHEET

Policy Title And ID number	Training Needs Analysis Policy CCW 2.6		
Sponsoring Director:	Director of HR and Organisational Development		
Implementation Lead:	Assistant Director of HR (Learning and OD)		
Impact:	(a) To patients		
	(b) To Staff	✓	
	(c) Financial		
	(d) Equality Impact Assessment (EIA)	Completed: Yes (delete as applicable)	
	(e) Other		
Additional Costs:		<i>Budget Code</i>	<i>Revenue or Non Revenue</i>
	(a) Training:	£	
	(b) Implementation:	£	
	(c) Capital:	£	
	(d) Other	£	
Training implications:	<i>To be incorporated into induction:</i> Yes (delete as applicable)		<i>Other: supports all corporate curriculum training</i>
Date of consultation at:	<i>Board of Directors</i>		
	<i>Executive Team</i>		
	<i>Divisional Medical Directors/Clinical Directors</i>		
	<i>Assistant Divisional Directors/Heads of Department</i>		<i>Reviewed by Divisional HR Managers and discussed at HR Senior Team meeting on the 28TH March 2011</i>
	<i>Board Committee</i>		
	<i>Joint Partnership Forum</i>		
	<i>Local Negotiating Committee</i>		
	<i>Infection Control Committee:</i>		
	<i>Health & Safety Committee</i>		
<i>Other (state name/s):</i>			
Alignment	<i>HR:</i>		✓
	<i>Strategic Direction:</i>		
	<i>Board Assurance:</i>		✓
	<i>Clinical Governance:</i>		✓
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Date of Final Approval:			Approved by: Trust Board May 11
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Date of last review:	Current policy agreed July 2007	Date of next review:	April 2013
Circulation Date:	May 2011		
Circulation:		Yes	Comment
	<i>Directors</i>		
	<i>Non Executive Directors</i>		
	<i>Divisional Medical Directors/Clinical Directors</i>		
	<i>Medical Staff Committee/SMSF</i>		
	<i>Assistant Divisional Directors</i>	✓	
	<i>Assistant Nursing Directors</i>	✓	
	<i>Heads of Department</i>	✓	
	<i>H&S Committee Members</i>	✓	
	<i>Policy database/warehouse</i>	✓	
<i>Others (to be listed):</i>			

TRAINING NEEDS ANALYSIS POLICY

CCW 2.6

April 2011

**SPONSORING DIRECTOR – DIRECTOR OF HUMAN RESOURCES AND
ORGANISATIONAL DEVELOPMENT**

**TRAINING NEEDS ANALYSIS POLICY
(POLICY ID: CCW 2.6)**

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TRAINING NEEDS ANALYSIS POLICY (POLICY ID: CCW 2.6)

1. Introduction

1.1 The Trust is committed to providing a robust risk management mandatory training programme through the Corporate Curriculum, to ensure that the organisation and staff are compliant with statutory requirements and to act as a foundation for future development opportunities. The Trust embraces the principles of Continuing Professional Development, (CPD) and Life Long Learning and recognises that education, training and development can bring a range of benefits. Collectively, these can help to:

- ◆ Improve patient care
- ◆ Reduce risk to patients and staff
- ◆ Improve efficiency and productivity
- ◆ Have a positive effect on recruitment and retention
- ◆ Enable effective workforce and succession planning

1.2 The Trust commitment applies to all staff whether permanent, temporary or seconded including volunteers. All staff are expected to complete all the mandatory training that forms part of their position document, before non-mandatory training can be considered. Compliance against individual mandatory training targets will be closely monitored to ensure the policy is implemented effectively.

1.3 This policy addresses the principles and procedures underpinning training and development within the Trust in relation to Mandatory Training. It also addresses the principles in relation to non-mandatory training though for procedural and specific guidance; please refer to the Policy on Knowledge and Skills Framework - Appraisals and Gateways, version 3 and the Policy for Approval of Post Graduate Management and Professional Qualifications (1995)

1.4 The Trust Workforce Planning strategy incorporates business planning to enable the Learning & Development department to continue to annually review and monitor the Corporate Curriculum to align to key organisational needs, and to develop a flexible workforce fit for the future.

1.5 Other policies which involve training elements will refer back to this policy for procedural clarification. Examples of these would include the Resuscitation Policy CC48.

2. Purpose and Procedures

2.1 The aim of this policy is to ensure that all staff complete the Mandatory Training appropriate to their role and as defined in the Corporate Curriculum.

2.2 The policy places the reduction of risk, whether to staff or service users, at the heart of its operation. As such, attendance is monitored rigorously. Monthly compliance reports are available to Trust managers via the HR Workforce SharePoint site. In addition, training competencies are mapped to all Trust position documents for all staff and managers to view via the HR Workforce SharePoint site. Attendance and compliance is reported on a quarterly basis to the Trust Health and Safety Committee and Trust Board. The policy

clearly lays down the procedure for non-compliance, providing recourse to the disciplinary procedure should this be necessary.

2.3 This policy acknowledges two classifications of training / development: Mandatory Training (which comprises induction for new employees) and Continuing Professional Development (CPD) Training which are highlighted during the KSF Appraisal.

2.4 Mandatory Training is compulsory for all staff regardless of staff group or professional status. However, the Corporate Curriculum comprises different requirements dependent on the staff group and role concerned. These are detailed in the Corporate Curriculum – which incorporates the following four sections:-

Priority 1, Risk Management Mandatory and Statutory Minimum Compliance

Priority 2, Job Specific Policy Compliance

Priority 3, Best Practice

Priority 4, Job Specific and Individual Development Opportunities

For further details, please refer to the full version of the Corporate Curriculum.

2.5 CPD includes all other training and continuous professional development opportunities which can be accessed once the Mandatory Training requirements have been fulfilled. Further details of how this can be accessed and supported can be found in the Trust Study Leave Policy (2009)

2.6 In making a distinction between Mandatory Training and CPD, it is acknowledged that some staff are required to undertake specific training and updates in order to fulfill professional registration requirements. Such training may or may not be included within the Trust Corporate Curriculum and therefore the identification and fulfilling of these requirements remains the responsibility of the staff member. It is emphasised that these requirements must be undertaken in addition to the requirements specified in the Trust Corporate Curriculum.

2.7 Non compliance with the required mandatory training (whether initial or update training) may result in an investigation from which possible disciplinary action may be taken in accordance with the Trust's Disciplinary Procedure.

2.8 Mandatory Training is delivered in both taught format by trainers and through an alternative E-Learning programme accessed through the NLMS (National Learning Management System) which offers flexibility and choice for staff and services.

2.9 If individuals' roles change this may affect their mandatory training requirements. Any changes to the mandatory training requirements must be updated on ESR via the form included as part of Trust position document template.

3. Duties

3.1 Board

3.1.1 Overall responsibility for the management of risk lies with the Chief Executive as Accountable Officer.

3.1.2 All Trust Directors are responsible, collectively, for the Trust's systems of internal control and management. The Board of Directors is responsible for signing Annual Health Check statement and it needs to be satisfied that appropriate policies and procedures are in place and that systems are functioning effectively. The Board of Directors has delegated its accountability arrangements for the Training Needs Analysis to the Director of Human Resources.

3.1.3 The responsibility for Training Needs Analysis involves the whole management structure, and all members of staff have a responsibility to ensure the effective implementation of the policy and procedures.

3.2. Executive Team (ET)

3.2.1 The Executive Team will review the Corporate Curriculum annually and update in accordance with external and internal changes. For emergency responses e.g. Pandemic Flu issues, development will be approved outside of the Corporate Curriculum by ET members and communicated to the Assistant Director of Human Resources (Learning and Organisational Development) for monitoring and inclusion. These interventions should be the exception rather than the norm.

3.3 Learning and Development Department

3.3.1 The Learning and Development department will monitor and manage the Corporate Curriculum content through consultation with subject leads, to ensure the Curriculum remains current and fit for purpose, ensuring the minimum data set is given overriding priority.

3.3.2 The Learning and Development department will work with subject leads and HR projects to ensure effective monthly reporting of corporate curriculum compliance.

3.3.3 The Learning and Development department will work closely with subject leads and Trust departments to ensure training is delivered flexibly to meet department needs and achieve compliance.

3.3.3 Learning and Development are responsible for ensuring that all staff training and development is accurately recorded centrally.

3.3.4 The Learning and Development department are responsible for reporting on staff who do not attend training (DNA) rates. Learning and Development will run a monthly report for DNA's and disseminate these reports to Divisional Human Resource Manager's for action.

3.3.5 Will evaluate and submit annual compliance reports to Trust Board and to the Executive Team.

3.4 Divisional Human Resources Managers

3.4.1 Divisional HR Managers will act upon and disseminate relevant breakdown of the monthly DNA reports received from the Learning and Development department to area managers who will investigate staff non attendance at training sessions.

3.5 Subject Leads

3.5.1 Lead contacts for each subject have responsibility to update the Corporate Curriculum via the Assistant Director of Human Resources (Learning and Development) and ensure there are adequate training opportunities for staff and that it is delivered flexibly and at times convenient to operational areas. They must ensure they have a nominated deputy that is able to cover in times of absence.

3.6 Managers

3.6.1 Managers are, through appraisal, responsible for risk assessing staff roles and responsibilities in relation to training and ensure staff receive training and remain competent in line with requirements for policy compliance both internally and externally.

3.6.2 To ensure that any new development needs appropriate to the Corporate Curriculum is brought to the attention of the Assistant Director of Human Resources (Learning and Development).

3.6.3 To ensure staff are released with protected time to attend development sessions to ensure they are fully compliant with the Corporate Curriculum.

3.6.5 To ensure mandatory training compliance rates of 90% are achieved and Did Not Attend (DNA) rates for their department are kept below 7%.

3.6.6 Managers are also responsible for their own learning and development and attending any training necessary for their role(s) and responsibilities(s).

3.6.7 Annual KSF Appraisal

All annual KSF appraisals MUST ensure the member of staff has achieved outline competencies and undertaken the statutory and mandatory courses required for the post.

Attendance at mandatory training will act as key evidence towards the core dimensions of all KSF outlines.

To achieve gateway requirements, staff will need to demonstrate attendance at annual mandatory training.

3.6.9 It is important to ensure that all records of the learning, which a member of staff has undertaken, are maintained. This includes records of attendance at formal and informal training.

3.6.10 Managers are responsible for ensuring that records of staff training, learning and development are maintained locally.

3.6.11 Managers are responsible for acting upon information contained in monthly compliance reports to ensure non compliance areas are addressed within one month.

3.7 Ward Link/Key Trainers

3.7.1 Ward based link/Key trainers delivering training such as moving and handling and hand hygiene, will ensure follow up of non attendees.

3.7.2 Ward based link/key trainers are responsible for ensuring that copies of any record of staff training are forwarded to the Learning and Development Department for recording on ESR (Electronic Staff Record).

3.8 All Staff

3.8.1 All staff are responsible for their own learning and development and attending mandatory risk management training as required for their post and as set down in their KSF outline and personal development plan.

3.8.2 All staff are responsible for keeping their own personal records of their training and development and encouraged to maintain a Learning & Development Portfolio.

The Portfolio provides evidence of training and development to support

- Completion of their relevant KSF outline
- Completion of annual mandatory training
- Completion of relevant professional or departmental training

3.8.3. Staff are responsible for keeping their portfolios up to date and ensuring that all entries are appropriately recorded and dated. It is recognized by the trust that registered professionals must maintain learning and development portfolios to maintain their registration. Maintaining registration is the responsibility of the individual staff member.

4. Medical Staff

4.1 Post Graduate Medical Education Director

4.1.1 The Post Graduate Medical Director (PGME Director) holds responsibility and reports to the Trust Medical Director, Yorkshire and Humberside Deanery and PMETB regarding both mandatory risk management training, role specific and curriculum training requirements for Junior Doctors.

4.1.2 Educational Supervisors report to College Tutors (Consultants) then to the PGME Director. All aspects of Junior Doctors training are raised at the PGME Committee meeting held quarterly in the Trust.

4.2 Consultants

Additional management responsibilities to those detailed in section 3.6

4.2.1 Consultants who hold the role of Educational Supervisor for trainee doctors are, through the E-Portfolio appraisal, responsible for ensuring junior doctors attend mandatory risk management training (taught and e-learning), and that exposure to adequate training and learning opportunities to ensure compliance for their development and to meet curriculum requirements as set by the Yorkshire and Humberside Deanery.

4.2.2 Educational Supervisors must ensure Junior Doctors attend and complete mandatory risk management and job specific training.

4.2.3 Must ensure that the junior doctors whom they are supervising have completed a competency form within the first week of being in post.

4.3 Junior Doctors

Additional responsibilities to those detailed in section 3.8

4.3.1 Junior Doctors are required to ensure their appraisals and training and development record is accurately recorded on the E-Portfolio through the Yorkshire and Humberside Deanery.

4.3.2 Juniors doctors are responsible to ensure they attend and complete mandatory risk management training.

4.3.3 All junior doctors must complete a competency assessment form which must be countersigned by their supervising consultant within 1 week of being in post. This must be forwarded to the Medical Personnel Department. Medical Personnel will follow-up any doctors who have not completed the competency assessment form.

4.4 Medical Education Team – Learning and Development

4.4.1 The Deanery Co-coordinator within the Medical Education Team ensures that all Junior Doctors appraisals and training are recorded centrally on the Trust ESR system and on the Deanery E-Portfolio recording system.

4.4.2 The Deanery Co-coordinator and Post Graduate Co-coordinator within the Medical Education Team make Junior Doctors aware of Trust and Deanery training and learning requirements, and ensure Junior Doctors have places booked onto relevant training.

5. Nursing Staff

5.1 Nurse Managers

Additional management responsibilities to those detailed in section 3.6

5.1.1 Where a manager holds management responsibility for newly qualified staff nurses, the manager must ensure that each newly qualified staff nurse has a preceptor for 6 months as set in NMC Guidelines, and allows the newly qualified staff nurse adequate learning and development opportunities to complete the Preceptorship Handbook which must be completed within 6 months.

5.1.2 Preceptorship Handbooks are held locally within clinical areas and responsibility for maintaining currency for the handbooks is held by a nominated member of the senior nursing team on the appropriate ward/clinical area.

5.1.3. In the event of a newly qualified nurse not completing the Preceptorship period within 6 months the nurse manager shall refer to the Personal Responsibility Framework Policy to performance manage the individual staff member.

5.2 Newly Qualified Nurses

Additional responsibilities to those detailed in section 3.8

5.2.1 Newly qualified Staff Nurses have a responsibility to ensure they complete the 6 month Preceptorship period and Handbook in line with NMC Preceptorship Guidance (2006)

5.2.2 Identify and meet with their preceptor as soon as is possible after they have taken up post and identify specific learning needs and develop an action plan for addressing these needs.

5.2.3 Ensure that they understand the standard, competencies or objectives set by their employer that they are required to meet.

6. Required Attendance

6.1 Although all staff are expected to comply with their mandatory training requirements, it is acknowledged that levels of sickness and leave make 100% compliance aspirational. The Trust has therefore set a compliance target of 90% in relation to this policy. This target will be reviewed according to organisational needs and risk assessments.

7. Trust Induction

7.1 All new staff must attend Corporate Induction; refer to Corporate Induction Policy CCW 2.1 for further details.

7.2 Managers must ensure all new staff attends corporate induction. Non attendance will be followed up by the Learning & Development Department.

7.3 Records of attendance are recorded on ESR.

7.4 All Junior Doctors attend a Junior Doctors Induction on their first day which includes the minimum data set for mandatory risk management training.

8. Local Induction

8.1 All new staff (permanent, temporary, voluntary, bank and locum/trainee doctors) must also complete a Local (department) Induction (refer to Local Induction Policy – Permanent Staff CCW 2.2 or Local Induction Policy – Temporary Staff CCW 2.3

8.2 Local induction includes details of department procedures for fire, health and safety, infection control, manual handling and security. The local induction should also include training in departmental procedures, use of appropriate medical devices and any relevant clinical guidelines.

8.3 Managers must ensure all new staff completes a local induction and that this is formally recorded using the induction checklist. Completed induction checklists should be forwarded to the Learning & Development Department for recording onto the central ESR database.

9. Mandatory Risk Management Training

9.1 The Health & Safety at Work etc Act 1974 requires employers to provide information, instruction, training and supervision as is necessary to ensure so far as is reasonably practicable, the health and safety at work of their employees.

10. Corporate Curriculum Implementation

10.1 Headline legislative areas of the Training Needs Analysis are not exclusive they are open to expansion and will be based on identified Risk Management requirements of the Trust.

10.2 Minimum Data Set

All development contained in this section is the compliance required to meet both best practice and legislative requirements of the Trust. This section would mirror the national guidance issued by PASA commissioned by the DoH. The Executive Team and Trust Board working with this guidance has set the recommended subjects as:-

1. Induction – (Corporate/Local)
2. Fire, Health and Safety
3. Resuscitation
4. Infection Control & Hand Hygiene
5. Major Incidents
6. Moving and Handling
7. Conflict Resolution
8. Equality and Diversity
9. Safeguarding Adults
10. Safeguarding Children
11. Information Governance

10.3 With the increasing pressure of legislative requirements placed on organisations, each development intervention will be investigated to determine the most appropriate delivery method. This will include specialist face to face training, e-learning, open learning, cascade training or a blended approach utilising one or all of these methods. Grouping of training sessions will take place to aid staff and departments that are reliant on rota staffing levels.

10.4 Current Corporate Curriculum development includes alternative methods of delivery to be considered. Where alternative methods of delivery are suggested this will need further consultation with the subject specialist, the ultimate final decision on content and delivery methods is the responsibility of the Executive Team.

11. Monitoring & Evaluation

11.1 A monitoring report will be submitted to the Executive Team twice yearly, detailing high level target achievement along with supporting information relating to individual compliance of staff against the Corporate Curriculum requirements.

11.2 Any incidents in relation to the minimum data set will be reported via the IR1 incident reporting system and where appropriate to the Chief Executive.

11.3 An annual evaluation of attendance and recommendations will be submitted to the Executive Team for action.

12. Recording

2.1 Records of all training attended by permanent, temporary, locum and volunteer staff will be recorded as below;

- Centrally on ESR – Learning and Development
- Locally – Managers
- Personal development records – staff

13. Reference Documents

13.1 In order to provide a comprehensive overview of training and development procedures, this policy should be read in conjunction with the following policies;

Induction Policy – An Employee Guide (2007)
Corporate and Local Induction Policy – A Manager Guide (2007)
Policy on Knowledge and Skills Framework - Appraisals and Gateways, version 3
Policy for Approval of Post Graduate Management and Professional Qualifications (1995)
Equality, Diversity and Human Rights GEN 6.2
Corporate Curriculum
Corporate Induction Policy CCW 2.1
Local Induction Policy – Permanent Staff CCW 2.2
Local Induction Policy – Temporary Staff CCW 2.3
Study Leave Policy (2009)

14. Review Dates

14.1 Corporate Curriculum Content Annually to be approved by 31st March.

14.2 Training Needs Analysis Policy April 2012.