

briefing

M A R C H 2 0 0 1

Hidden Talents

Education, Training and Development for Healthcare Staff in NHS Trusts

Education, training and development for the 600,000 healthcare staff in NHS trusts is key to meeting patients' needs, improving the quality of care, supporting clinical governance and modernising NHS services.

The average NHS trust invests over £1 million per year in education and training for its (healthcare) staff, but training needs are often not identified or planned for.

- one-third of staff in trusts visited had not had their training and development needs identified and one-half did not have a personal development plan (PDP)
- training needs across a service or trust are often not systematically identified
- health improvement programmes have not yet influenced the training planned or provided by most trusts

Who you are, what you do and where you work can determine access to training and development as much as your needs...

- the five-fold variation in spending between trusts, partly reflects the priority they have historically given to training
- registered nurses and midwives in some trusts have more than ten times as much higher education-based training available to them as those in other trusts



- some groups of staff experience poorer access than others; for example, nursing auxiliaries and assistants and part-time staff

...so trusts should improve access to training and development to meet identified needs.

- one in five trusts had used less than three-quarters of the post-qualification nurse training available to them – trusts need to work with higher education providers to improve uptake and appropriateness
- in the majority of trusts, one-third or more of nursing staff had not updated their skills in basic life support – trusts need to

make training more accessible, for example, for those staff who cannot easily be released from their job

- 40 per cent of trusts had 20 or more staff per NVQ assessor – trusts need to ensure that they have sufficient appropriately trained mentors/assessors for staff undertaking NVQs and for other learners

Individual members of staff, managers, training specialists and the board all have key roles to play.

- individuals need to take responsibility for their personal development and share what they have learnt with others
- managers need to agree PDPs with all their staff and create opportunities for on-the-job development
- the board needs to have an overview of resource use and to performance manage training and development issues

Taking staff development seriously is not merely about having good management systems. Commitment at board and senior level is needed to engender a culture which values and expects training and learning – where all individuals and managers recognise and act on their responsibilities for education, training and development.

Patients and clients depend on the skills and knowledge of NHS staff.

Introduction

I The words, 'education', 'training' and 'development' can have various overlapping meanings and not all writers use them in the same way. In this report 'education' refers typically to learning that leads to a formal qualification, based on a university or other academic institution. For simplicity, the terms 'training' and 'training and development' are used interchangeably in the report to cover the full range of learning activities, from formal education to short in-service courses and on-the-job learning. Examples of on-the-job learning include coaching, mentoring, secondments and supervised practice.

II For ease of reference the term 'healthcare staff' is used in this report to refer to the staff groups who were the focus of the study, that is, nurses, midwives and health visitors, allied health professions, other scientific, therapeutic and technical staff together with nursing auxiliaries and assistants, helpers and other healthcare staff without a professional qualification. Doctors and dentists were outside the scope of the study. Medical education was covered by a previous Audit Commission report, *The Doctors' Tale*. Staff such as ancillary workers and administrative staff were also outside the scope of the study.

1. Together, the Audit Commission and the National Audit Office (NAO) have reviewed education and training^I for healthcare^{II} staff and students.

Hidden Talents examines ways in which NHS trusts can get the best for patients, clients and the service from training and development activities needed by their existing healthcare workforce. It is aimed primarily at boards, managers and training specialists in hospital and community trusts, although many of the principles would also apply to staff working in primary care trusts. The NAO's reports (see back page for details), review the effectiveness of the current systems for educating and training health professional students in England and Wales. Taken together the reports provide a comprehensive picture of education, training and staff development, and make significant practical recommendations for improvement.

2. Patients and clients depend on the skills and knowledge of NHS staff. Education, training and development are crucial to maintaining and enhancing the abilities of the 600,000 healthcare staff in NHS trusts. These staff provide most of the direct care and services to NHS patients and clients and are the focus of this study.

3. Creating and leading the changes required for modernisation will depend to a great extent on maximising the potential of staff who are already employed by NHS trusts. Lifelong learning for every individual is at the core of clinical governance and supports the management of risk to patients and staff. Opportunities for personal and professional development can also play an important role in the recruitment and retention of healthcare staff.

Getting the best from training and development

4. It is impractical for trusts to demonstrate conclusively that every training and development activity staff undertake benefits patient or client care. But examples of well-designed education and training have been shown to improve services and reduce risks to patients and staff. For example, one trust halved the number of adverse incidents on wards where an intensive programme of risk assessment, investment and training in moving and handling patients had been introduced. There is also broader evidence of beneficial effects on the confidence, knowledge and practice of healthcare staff.

5. Developing the skills and abilities of trust staff is so important to the quality of patient and client care, particularly in a period of such major changes in service provision, that it should not be left to chance. The service

cannot afford not to actively manage the significant sums of money being spent in this area.

6. Getting the best for patients, staff and the service means having an organisation-wide culture that values and expects training and learning, coupled with effective supporting systems for: identifying

needs; enabling training and development to happen; and, monitoring, reviewing and evaluating [EXHIBIT 1].

EXHIBIT 1

Getting the best from training and development

Getting the best for patients, staff and the service means having an organisation-wide culture that values and expects training and learning, coupled with effective supporting systems.



Source: Audit Commission

Investment in trust staff

7. Education and training for the healthcare workforce at an average trust costs at least £1 million per year – a total of approximately £350 million across England and Wales, and equivalent to 2.5 per cent of payroll costs.

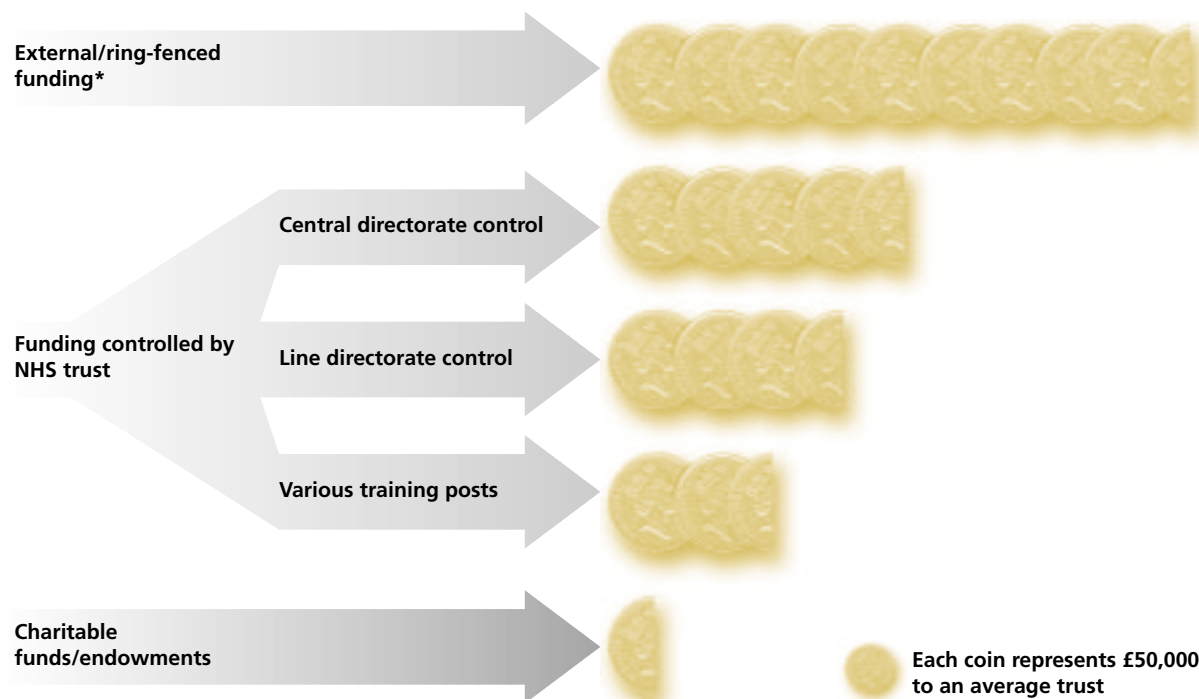
8. Few NHS trusts have systematically reviewed how all this expenditure is being applied. One of the reasons is that education and training for trusts’ healthcare staff is funded from a variety of sources [EXHIBIT 2]. About one-half of the costs are met from national levies and other funds committed to higher education. These funds can only be applied to

certain purposes; national levies, in particular, can only be used for staff groups specified by the health departments. Other education and training, such as in-house provision and training purchased from organisations other than higher education institutions, is mostly funded by NHS trusts out of normal revenue.

EXHIBIT 2

Sources of funding for education and training for healthcare staff (1999/2000)

Funding comes from a variety of sources.



*‘External/ring-fenced funding’ includes non-medical education and training (NMET)-levy funding in England, and ring-fenced contracts with higher education institutions (HEIs) and funding from the Professional and Managerial Education and Training Branch (PMETB) in Wales, and in some trusts other external sources such as funding from training and enterprise councils (TECs).

Source: Audit Commission survey of NHS trusts (summer 2000)

Identifying Training and Development Needs

9. Developing current staff is one of the main ways of ensuring that services continue to meet evolving patient needs and policy changes. This ranges from basic skills such as moving and handling to avoid injury to staff and patients, to complex new skills such as prescribing.

10. To achieve this, trusts must combine sources of information on organisational and individual views of training and development needs. This should include ‘top-down’ priorities from business plans, clinical governance processes and the local health improvement programme (HIMP/HIP); as well as individuals’ needs highlighted from PDPs and other sources.

11. At *directorate or organisational level*, formal statements of training needs were not commonplace in trusts visited by the Commission. And most human resources directors indicated that the local HIMP/HIP had not yet had a significant influence on the training and development provided or planned for by the trust. However, some trusts are taking deliberate steps to identify and respond to training needs to support service developments or clinical governance processes.

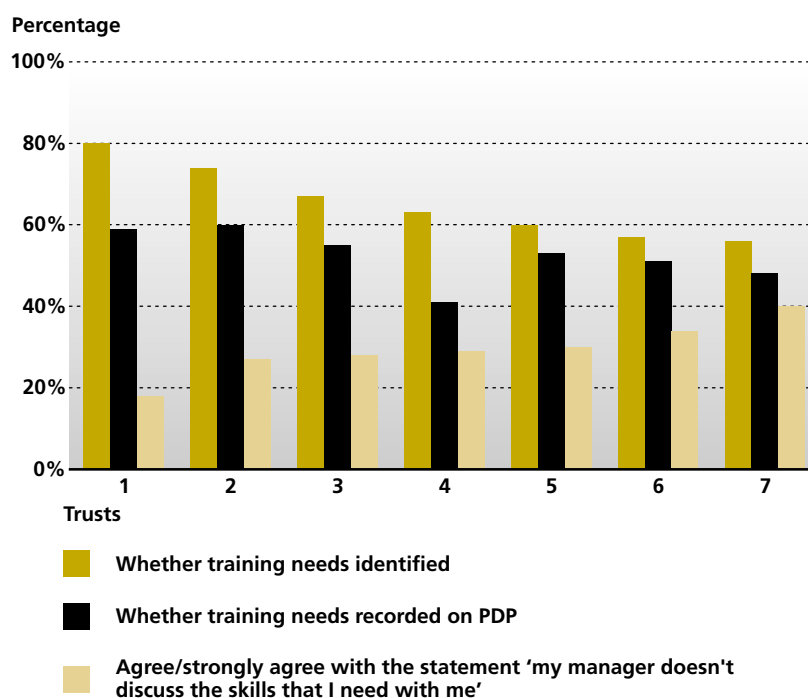
12. At the *individual level*, one-third of staff providing clinical services to patients, said they did not have their training and development needs identified

[EXHIBIT 3] and one-half did not have a PDP. Even where PDPs are in place, the standard of completion varies widely and can be very poor, sometimes raising questions about the value of the process and the likely outcome. But senior management commitment and regular audit can make a difference to PDP coverage and quality.

EXHIBIT 3

Identifying individuals’ training and development needs

In some trusts fewer than half the staff have their training and development needs recorded.



Note: Excludes staff who had been in post for less than 12 months.

Source: Audit Commission surveys of trust staff (1999/2000)

Access to Education, Training and Development

13. Line managers have a key role to play. Trusts need to provide training and support so that they gain the skills, confidence and commitment to identify training and development needs with their staff, and to link these to the requirements of the service.

14. Planning training and development to meet the identified needs of staff across a service can help trust managers to:

- set priorities for the use of resources;
- meet common needs more efficiently;
- target and schedule in-house provision; and
- organise staff release.

In some trusts visited, individual departments produce their own training plans from PDPs, managers' views and other information. Wider planning of training across the organisation is less common, but maximises the benefits.

15. Lack of good information systems for training and development in many trusts adds to the difficulties of identifying needs across the organisation and monitoring and reviewing what training is provided and taken up. The new national payroll and human resources information system for the NHS, when fully implemented, offers many potential benefits.

16. Once training and development needs have been identified and prioritised, staff need to undertake the right activities to meet them. NHS trusts, as good employers, should provide development and training opportunities that are accessible and open to all staff irrespective of their working patterns. But evidence shows that who you are, what you do and where you work can determine access to training and development as much as your needs.

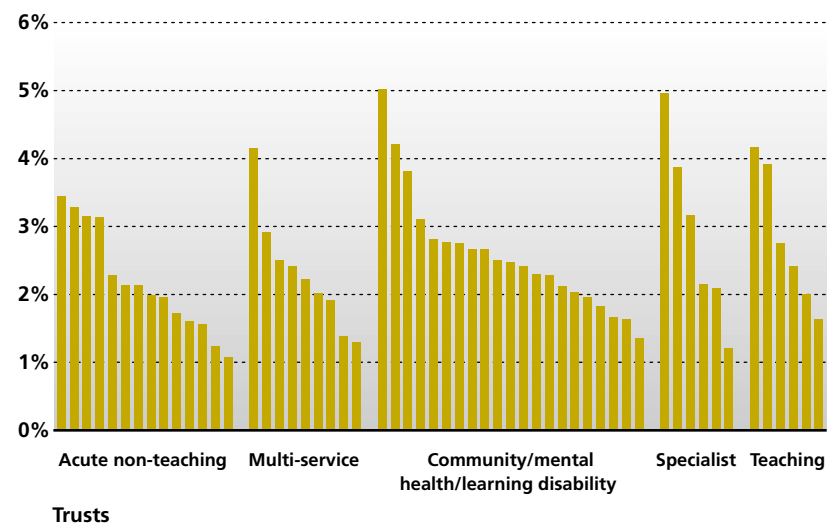
17. At the extremes, trusts vary five-fold in their investment in education, training and development for their healthcare staff as a proportion of the pay bill [EXHIBIT 4]. Together, factors such as: trust type and size; levels of part-time working and labour market factors, account for 47 per cent of the variance in spend as a proportion of the pay bill. The remainder appears to reflect culture or history – the relative importance trusts give to training and development, and budgets or contracts that may have changed little over the years.

EXHIBIT 4

Investment in education and training for healthcare staff in 1999/2000

Trusts vary five-fold in the overall level of resources that are invested in education, training and development for their healthcare staff.

Percentage spend as a proportion of pay bill



Note: These spending figures include actual expenditure from trust budgets and other sources such as NMET levy funds (or in Wales funding from the PMETB).

Source: Audit Commission survey of trusts (summer 2000)

18. In addition to differences in the overall level of investment, the make-up of these resources varies considerably from trust to trust. This variation has consequences for the package of education, training and development opportunities available to staff. For example, an Audit Commission survey found that registered nurses¹ in some trusts have more than ten times as much higher education-based training available to them as their counterparts in other trusts.

19. Some staff groups also miss out. For example, staff surveys demonstrate that nursing auxiliaries and assistants experience

poorer access to training than registered nurses [EXHIBIT 5]. This suggests their training needs are taken less seriously than those of professional staff.

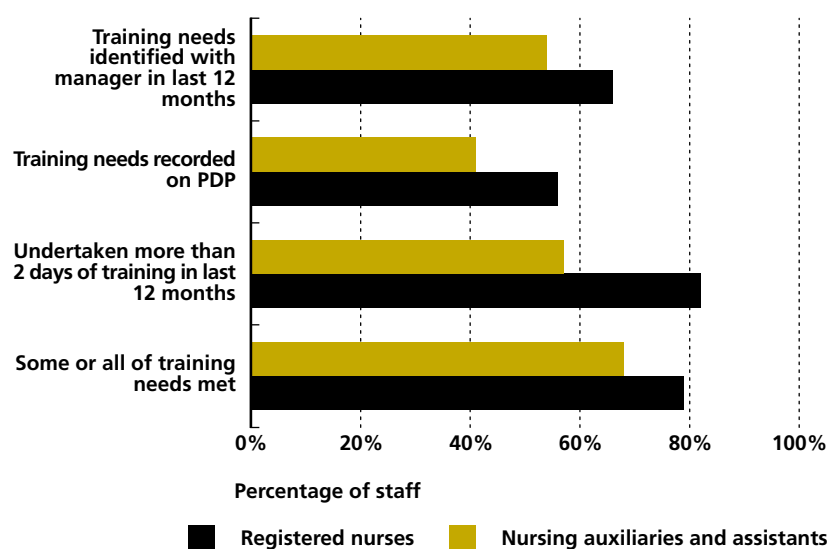
20. Staff with different working patterns can also experience poorer access to training and development opportunities. For example, part-time staff, who make up around one-third of the healthcare workforce, undertake fewer days training than their full-time colleagues, although they have similar skill requirements. Over time this is likely to undermine their ability to perform new extended roles.

...registered nurses in some trusts have more than ten times as much higher education-based training available to them as their counterparts in other trusts.

EXHIBIT 5

Differences in access to training between nursing auxiliaries and assistants and registered nurses

Nursing auxiliaries and assistants are less likely to have their training needs identified and met.



Note: Excludes staff in post for less than 12 months. All differences significant to at least 0.05 level.

Source: Audit Commission surveys of trust staff (1999/2000)

¹ The term 'nurse' is used for conciseness to refer to registered nurses, midwives and health visitors.

Improving Access

21. Trusts should address the barriers to meeting staff's identified training and development needs, such as lack of access to funds, difficulties being released from the workplace and inconvenient learning opportunities.

Funding

22. Trusts need to review the amount they are spending and how this is distributed in the light of identified training and development priorities. They need to examine how internal training budgets are allocated and, if necessary, move towards allocation on the basis of identified needs and priorities.

23. Trusts also need to ensure that they are making best use of levy and ring-fenced resources. An important element of this is the funding available for post-qualification training for nurses and midwives. Some trusts are not making full use of the available places. One-fifth of trusts used three-quarters or less of their allocation in 1999/2000

[EXHIBIT 6]. This means that some higher education providers have had spare capacity and the NHS is missing out on opportunities to meet further training needs. But some trusts and consortia have made significant improvements in their take-up rates. Factors helping this included, for example, trusts

responding to feedback from the higher education provider on staff attendance.

24. Staff's own contributions supplement the amount invested by the NHS. In some trusts visited almost one in four healthcare staff had contributed to at least some of the costs of their training and development in the last year. Trusts should have clear policies on staff contributions and implement them consistently.

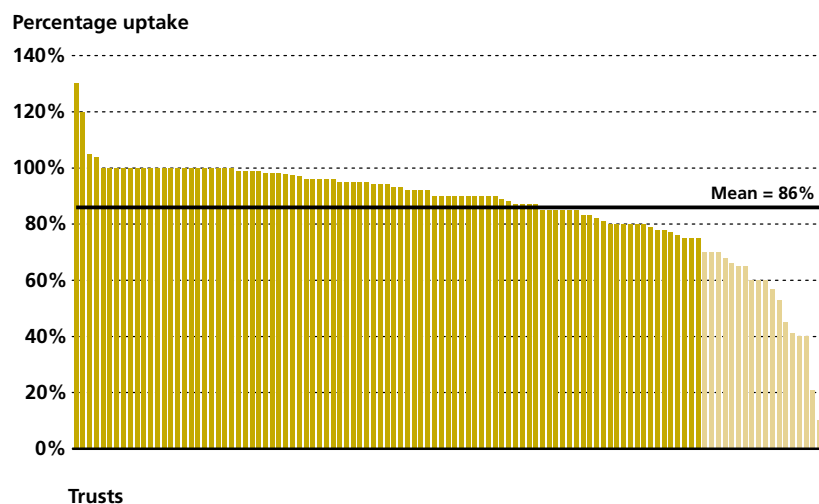
Releasing staff for training and development

25. Staff in the health service are under increasing pressure to care for more patients, carry out more laboratory tests and so on. This pressure can be exacerbated by recruitment difficulties and staff vacancies. As a result, staff cannot always be released from their jobs to undertake training, and may even undertake essential training in their own time. Difficulty releasing staff is also one of the reasons why trusts are not achieving the desired coverage of mandatory training – for example, in the majority of trusts visited, one-third or more of the nursing staff had not received training to update their basic life support skills in the last 12 months.

EXHIBIT 6

Take-up by trusts of post-qualification course allocations for nurses and midwives

One-fifth of trusts used 75 per cent or less of their allocation in 1999/2000.



Source: Audit Commission survey of directors of nursing (summer 2000)

26. Approaches to lessening the problem of staff release can include: improved planning of training and staff rostering; redesigning training and development interventions so that they take staff away from the workplace for fewer days or at more convenient times for the service; or by making greater use of work-based or on-the-job learning.

Appropriate provision

27. Identified training and development needs may also remain unmet if local provision is not appropriate. Some service managers consider that the post-qualification courses available at their local higher education institution (HEI) do not meet the needs of the staff or client groups. Equally, many HEIs believe that trusts (or consortia) are not effective commissioners of this training. Some trusts are working in partnership with local HEIs to successfully improve the match between the training available and service requirements.

Convenient, accessible training and development

28. Training and development can be difficult for staff to access due to its timing, location and other aspects. These problems are greater for staff such as part-time and night staff. Trusts need to work with their HEIs locally in order to

develop new or innovatory models of delivering priority training, such as evening classes and distance learning. Trusts also need to examine flexible options (such as the use of video or CD ROMs) for in-house training to enable all staff to engage in learning.

Mentors/assessors

29. Some types of courses and qualifications require staff to be mentored or assessed: for example, a nursing assistant undertaking a national vocational qualification (NVQ). The NHS Plan makes a commitment to increase the numbers of nurses and therapists in training and it guarantees NVQ training (or an individual learning account) for all staff without a professional qualification. More time will be required from qualified staff to act as mentors/assessors if national policy targets are to be achieved. Busy clinical staff are only able to act as mentors/assessors for one or two individuals at a time. But 40 per cent of trusts had 20 or more potential candidates per NVQ assessor. Trusts will need to review their current and likely future need for appropriately trained mentors/assessors.

Some trusts are working in partnership with local HEIs to successfully improve the match between the training available and service requirements.

The Way Forward

30. Review and evaluation of training and learning is needed to complete the cycle. Individuals and managers have a key role to play. Investors in People recommends that staff have pre- and post-training discussions with their manager as part of the overall process of getting best value out of investment in training and development. But for significant numbers of trust staff this does not happen.

31. Evaluating the effects of training programmes on clinical practice and patient care takes time and resources. Trusts should particularly focus their efforts, in partnership with education providers in the case of external provision, on those programmes that are designed to support significant service changes.

32. Staff training and development is in principle everyone's business. In practice, however, attitudes vary from trust to trust, within and between directorates. Getting the best for patients, staff and the service means trusts developing an organisation-wide culture that values training and learning by all staff – coupled with effective management systems. This culture is also one in which the responsibilities of individuals, managers and the board are explicit and each plays their part in getting the best from training and development [EXHIBIT 7]. The board and senior management should give a lead by: ensuring training and development issues are built into the trust's performance management systems; and undertaking periodic reviews of the overall strategy and processes, supplemented with regular updates on progress, activity and performance.

New organisations and ways of working

33. It is not just hospital and community trusts that need a culture that values and supports training, development and learning. Over the next three years large numbers of staff from community and combined trusts in England will transfer to the employment of primary care trusts (PCTs). More and more staff will also work in services provided through inter-agency partnerships in arrangements enabled by the 1999 Health Act. When setting up these new service providers those involved need to ensure that experience and good practice is not fragmented and dissipated. They need to build on the strengths in training and development from all parties, whether coming from primary, secondary or social care.

EXHIBIT 7

Examples of responsibilities and actions to get the best from training and development

Individuals, managers and the board need to play their part in getting the best from training and development.

Examples of responsibilities and actions	Every member of staff, eg:	Dept/line managers, eg:	E/T/D specialists, eg:	Board/senior management, eg:
<p>Identify and prioritise training and development needs</p>	Identify own needs and engage in jointly agreed PDP	Agree PDPs with all staff Draw up own local T&D priorities and plans	Support managers in identifying needs and the planning process	Set T&D priorities in line with HlMP/HIP and service plans Ensure request for post-registration training is realistic/in line with needs
<p>Ensure enabling factors, such as resources and release time, are in place</p>	Act as mentor/assessor for other learners based on appropriate experience	Plan staff release effectively Create opportunities for on-the-job development	Support development of flexible and work-based training and learning to meet identified needs	Review resources in line with priority needs Engage in joint working with HEI (direct/via confederation) to help provision match needs
<p>Undertake training and development activities and put learning into practice</p>	Engage in learning and put into practice (professional staff have a responsibility to maintain their competence)	Support individuals and teams in putting learning into practice	Deliver/facilitate training and development activities as appropriate	Act as role models for continuous learning and development
<p>Monitor, review and evaluate the learning and the training programmes</p>	Reflect on learning and effect on practice and share with others	Engage with staff re: effect on practice Provide feedback to E/T/D specialists re: impact of training for their staff	Specialist support to evaluate effect of major training programmes on practice	Regular monitoring and periodic review of T&D programme and systems Agree priorities for evaluation

Source: Audit Commission



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If you want to know more:
the full national report, **Hidden Talents: Education, Training and Development for Healthcare Staff in NHS Trusts** looks at all these issues in more detail and includes background information, case studies and specific guidance.

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The National Audit Office has published complementary reports, **Educating and training the future health professional workforce for England**, and **Educating and training the future health professional workforce for Wales**, National Audit Office, 2001.

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Copies of the report are available from:

The Stationery Office
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And are available on the NAO website:

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The Welsh report is only available on the AGW website:

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