

W M Hooper

Per Distribution

WMH/LD

08 September 1999

INVESTORS IN PEOPLE REPORT

I append for your information, the report submitted on our behalf by Richard Sloane which resulted in us winning the Investors in People Award on 26th August 1999.

This was presented to me at the feedback session on 7th September 1999 and highlights all the sections and processes of good performance that we undertake within the Division and the Contract Groups Trustwide.

In view of the enclosed excellent comments from all services, I am happy for you to circulate this within your Contract Group Leads and I will be thanking everyone again in the September Information Exchange for their contribution and the hard work that went into the Portfolio.

Many thanks

Enc.

Distribution:

*Barbara Robinson
Jane Parvin*

Code A

Fiona Cameron (memo)

Code A (For Information)

MAX & P.C.I.G. C.C.

STRICTLY COMMERCIAL IN CONFIDENCE

NOT FOR CIRCULATION

**WESTERN TRAINING AND ENTERPRISE COUNCIL
ON BEHALF OF HAMPSHIRE TRAINING AND ENTERPRISE COUNCIL**

(Conflict of interest)

INVESTORS IN PEOPLE ASSESSMENT

REPORT AND RECOMMENDATION

OF

**CLIENT: PORTSMOUTH HEALTHCARE NHS TRUST
COMMUNITY HOSPITALS/THERAPIES DIVISION**

ASSESSOR: RICHARD SLOANE

WORKING ON BEHALF OF ASSESSMENT SOUTH WEST

DATE: JULY 1999

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INVESTORS IN PEOPLE

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INVESTORS IN PEOPLE ASSESSMENT REPORT AND RECOMMENDATION

1. INTRODUCTION

The Organisation

The primary activity of the Division is the care of the elderly in hospital and in the community. The hospital service is provided from five hospitals serving the population of Portsmouth and district. Two are located in the Fareham and Gosport area and three within Havant and Petersfield. The beds are both consultant and GP managed. The community services include professional support teams based in the hospitals of physiotherapy, occupational therapy, podiatry, community dental services and community psychiatric nurses. Some of the hospitals also provide outpatient and consulting suites for visiting consultants from the acute hospitals Trust, minor injuries services and Day Hospital facilities. There are also five Health Centres and two community bases providing a service to the area.

It is interesting to note the naval connections with the Gosport War Memorial Hospital and the potential impact of the closure of the Royal Navy's sole surviving Haslar Hospital on the local hospital and community services.

The Division currently employs 980 staff both part and full time.

2. THE COMMITMENT TO INVESTORS IN PEOPLE

The Portsmouth Healthcare NHS Trust committed itself to Investors in People in 1994 and various divisions have achieved the standard during this period. The Community Hospitals/Therapies Division made a decision to achieve recognition in 1999. The General Manager recorded this commitment in a letter dated October 1998 to the Managing Director Hampshire Training and Enterprise Council. The commitment is also cascaded to departmental teams on a regular basis.

3. AUTHORITY

The Division is part of Portsmouth Healthcare NHS Trust. Through the portfolio review, on-site evidence and discussions with the General Manager, the Assessor was satisfied that it meets all the criteria for authority required for Investors in People (UK).

4. ASSESSMENT PROCESS: DESKTOP PORTFOLIO REVIEW AND ON-SITE INTERVIEWS

The Portfolio Review

The Portfolio was collected on 23rd June 1999. It was well presented and carried a storyboard explanation against each indicator together with supporting written evidence. The whole Portfolio was well documented and demonstrated a sound understanding of the principles that comprises the National Standard.

The desktop review of the Portfolio of Evidence was conducted off site and the following sections report on the organisation's Commitment, Planning, Action and Evaluation as evidenced by the Portfolio with comments on:

- Strong points
- Additional information requested and received
- Key issues to probe on site

Commitment

STRONG POINTS

- Mission Statement – clearly visible
- Professional Development Strategy 1999/2000
- Development and Training Policy
- Written staff meeting records
- Joint Negotiating Committee
- Annual Staff Conference
- Professional Advisory Group to encourage clinical governance
- Staff Charter being formulated with input from the trade unions

ADDITIONAL INFORMATION REQUESTED

NIL

KEY ISSUES TO PROBE ON-SITE

- Are staff aware of the commitment of the Division? **(Indicator 1.1)**
- Do staff know what their contribution to the Division is? **(Indicator 1.3)**

Planning

STRONG POINTS

- Key Strategic Training and Development Areas 1999
- Job Descriptions/key accountabilities issued to all staff
- Comprehensive Performance Review process
- Business Plan contributed to by staff contract groups

- Quality and variety of external qualifications offered

ADDITIONAL INFORMATION REQUESTED

NIL

KEY ISSUES TO PROBE ON-SITE

- How do staff benefit from the performance review process? **(Indicator 2.3)**
- Has a budget been set for the Training and Development Plans **(Indicator 2.4)**
- Are the Training and Development Plans drawn from the performance review process **(Indicator 2.6)**

Action

STRONG POINTS

- Comprehensive induction programme for new staff
- Personal Development Plans
- Individual Performance Reviews
- Information Exchange – monthly training and development opportunity leaflet
- Clinical Supervision Training Programme
- Competency Record and Development Plan
- Away days for all teams

ADDITIONAL INFORMATION REQUESTED

NIL

KEY ISSUES TO PROBE ON-SITE

- Check on the quality of induction for new staff, promotees and jobchangers **(Indicator 3.1)**
- Do managers receive performance review training **(Indicator 3.2)**
- How the sharing of good practice actually benefits the organisation **(Indicator 3.3)**

Evaluation

STRONG POINTS

- Audits of performance review
- Full evaluation of training and development courses
- Staff evaluation and manager follow-up of training and development
- Service Plan and Training Plan regular review by management team
- Annual staff opinion surveys
- Review of Training and Development Plan costs
- Celebration of staff achievement
- Certificates awarded for all courses satisfactorily completed

ADDITIONAL INFORMATION REQUESTED

NIL

KEY ISSUES TO PROBE ON-SITE

- **Do staff believe in the continuing commitment of management to training and development (Indicator 4.6)**
- **Do the Senior management Team possess the broad costs of training and development (Indicator 4.4)**

All Key Issues under the four principles have been checked to the satisfaction of the Assessor.

ASSESSMENT PROCESS: THE ON-SITE INTERVIEWS

Basis of Sample

liP guidance on percentage of staff to be interviewed for an organisation with 980 staff is between 5% and 15%. The interview sample shown at Appendix A represents 6% of the work force. The selection took into account gender, job grade, length of service, job function and location.

The on site interviews were conducted between 5th and 9th July.
Interviews were conducted individually.

Examples of tracking training and development at all levels, linked to the Business Plan.

Appendix C shows a selection of audit trails at the Division in respect of training and development activities linked directly to business objectives.

FULL ASSESSMENT EVIDENCE: ANALYSIS OF THE PORTFOLIO AND ON-SITE VISITS AND INTERVIEWS

PRINCIPLE ONE: COMMITMENT

1.1 The commitment from top management to train and develop employees is communicated effectively throughout the organisation.

The Division's commitment to train and develop staff is communicated primarily through the information cascaded from General Manager to teams via departmental managers. The Trust as a whole is about to launch a Staff Charter that has been developed in conjunction with staff representatives. The Staff Handbook contains clear messages about Equal Opportunities, and Training Policies are displayed for all staff to review. The General Manager also ensures that staff participate in the planning process culminating in the production of the Division's Service Plan. The Assessor was impressed by the number of staff who were aware of their part in the planning process.

Quote " I have never worked anywhere before where so much information is produced for us"

1.2 Employees at all levels are aware of the broad aims or vision of the organisation.

The Mission Statement is displayed in all the hospitals and forms the front sheet of individual Staff Supervision Folders. Additionally there is an Annual Staff Conference to which all staff are invited. The principal subject for discussion this year is the proposed Staff Charter. The purpose of the Charter is to inform staff what they should expect of their managers and their employers within the Trust. It is also intended to inform managers, senior clinicians and supervisors of how they are expected to manage staff. The Division has incorporated this principle in the Service Plan which relates to the promotion of open dialogue and communication with staff. Staff interviewed confirmed they were aware of the aims of the Division. A strategy of structured Away Days is in place for all levels of staff based in the hospitals and health centres. Common features in all such days are team building and training and development courses. The Assessor was able to see many examples of minutes of meetings where the aims of the Division were discussed. These included Clinical Managers and Away Day meetings. Employee pay slips are also used to disseminate key messages from the Division. The Division also provides a weekly Information Exchange that includes details of current management thinking and is given to all departments in the hospitals and health centres.

1.3 The organisation has considered what employees at all levels will contribute to the success of the organisation, and has communicated this effectively to them.

All staff are issued with a Job Description which clearly details the duties and responsibilities appropriate to their individual role. This is reviewed on an annual basis at the time of performance review. The Division recognises the contribution of staff towards their overall success and celebrates individual contributions using 'Communicate' the weekly newsletter and the Trust quarterly journal 'Healthcare First'. The General Manager also presents certificates at staff meetings. Linking to Indicator 2.3 below, employees confirmed that the appraisal process is used to measure performance against responsibilities for each role. Cascading of information relating to current affairs within the Division takes place monthly. The Division has recently introduced a Professional Advisory Group across the professions. This group is set to provide guidance to various teams of staff and will also look at clinical governance and best practice. It is expected that standards will rise as a result.

1.4 Where representative structures exist, communication takes place between management and representatives on the vision of where the organisation is going and the contribution that employees (and their representatives) will make to its success.

The Division recognises all professional and trades union organisations. There are shop stewards representing the unions on site. Recently union representatives have also been appointed as Health and Safety representatives. The Assessor was pleased to note from union representatives that communications and trust within the Division is high. A good example of co-operation is the Annual Staff Conference initiative fully supported by the union representatives.

The Department of Health have just published a document entitled 'Report of the NHS Taskforce on Staff Involvement'. It refers to the Trust's initiatives in working with the trade unions on a variety of subjects including the new Staff Charter and reduction in staff turnover from 18% to 11% over a three year period.

PRINCIPLE TWO: PLANNING

2.1 A written but flexible plan sets out the organisation's goals and targets.

The business planning cycle begins at the performance review level and progresses through Contract Lead Groups that have responsibility for GP beds, elderly medicine, elderly mental health and therapy services. These plans are then distilled into the Division Service Plan, Action Plans and Development and Training Plan culminating in the Trust Business Plan. It commences as a bottom-up process and the Assessor was able to see the direct involvement all staff have in its production. Reviews do take place of the previous year Business Plan to determine how far those objectives were met. The Away Day culture referred to in indicator 1.2 also

contributes to the overall planning process. A copy of the Business Plan is pinned on hospital notice boards.

2.2 A written plan identifies the organisation's training and development needs, and specifies what actions will be taken to meet these needs.

Staff interviewed confirmed that their training and development needs were discussed during their individual performance review. This is a comprehensive review at six and twelve monthly intervals. In some areas a monthly supervision meeting between employee and line manager to review progress towards goals and objectives set at performance review has been introduced. The Division has a Development and Training Strategy that describes to all staff how training and development is managed. Each area has a training plan which is linked to service plans that identify the courses that will be provided, and in some cases the participants, for the coming year. The Plan is updated as individual and group requirements are identified – often resulting from changes to the Business Plan. Ownership of these plans rests with the managers of hospitals and community services such as podiatry, physiotherapy, dental etc. The Training Plans are only partially costed because much of the funding is provided directly by the Trust or external agencies such as Southampton University. This aspect is reflected in the Feedback section of this report.

Quote "I have recently been on an Away Day within my contract group when we made detailed plans for the future"

2.3 Training and development needs are regularly reviewed against goals and targets at the organisation, team and individual level.

Staff discuss workloads with managers and training and development regularly stems from that process – usually at the annual appraisal review. At organisational level the Service and Development and Training Plans are reviewed by the Senior Management Team at the quarterly review. Some reviews are undertaken during the supervision sessions that are now being introduced into the Division

There are a number of Contract Lead Groups that meet monthly. At these meetings a review of progress towards training and development goals is undertaken. At the individual level, staff have performance reviews with their line manager at which specific training and development needs are identified. There is also mandatory training for all staff and this is identified at induction. Examples are: Health and Safety and manual handling and lifting techniques. All staff have Personal Development Plans which are retained by individuals. The Assessor reviewed several of these comprehensive documents.

2.4 A written plan identifies the resources that will be used to meet training and development needs.

The Development and Training Plan identifies training and development objectives, targeted individuals, training methods, e.g. the job, external courses, responsibilities

and timeframes. This process is co-ordinated by line managers. Funding for the programme comes from the Division budget, Trust funds, Southampton University and occasionally by staff themselves. Courses run by the Division are organised Trust wide and through local colleges.

2.5 Responsibility for training and developing employees is clearly identified and understood throughout the organisation, starting at the top.

Staff regard the General Manager as the focal point for training and development and it was clear from interviews that this is delegated to the immediate line manager. The informal nature of the Division allows staff to seek advice on training and development matters from either professional or administrative managers in their area. Staff interviewed confirmed they shared the responsibility for identifying their own training and development needs with their manager. It was evident during the interview process that staff are aware of who is responsible for their personal development and some staff brought Personal Development Plan files to interview which included job descriptions. The appraisal policy also gives clear guidance on responsibilities for training and developing employees.

2.6 Objectives are set for training and development actions at the organisation, team and individual level.

At the organisation level, all objectives for training and development actions are set out in the Service Plan and Development and Training Plan. The Senior Management Team monitors the latter Plan on a quarterly basis. Each area produces a report on achievements that encompasses training and development. These are consolidated into a Division report that is then presented to the Senior Management Team on a monthly basis.

At the team level the Contract Lead Groups undertake monitoring of all training and development and the Away Day culture complements this. Additionally there are department Training Plans. At the individual level Personal Development Plans set the objectives for the coming year and review past achievements. An Information Exchange is produced that identifies courses that are available. Pre and Post training forms are required to be completed in all cases of training and development needs. Contract Lead Groups consist of the departmental heads throughout the Division representing hospital and community services such as physiotherapy, occupational therapy etc.

2.7 Where appropriate, training and development objectives are linked to external Standards, such as National Vocational Qualifications (NVQs) or Scottish Vocational Qualifications (SVQs) and units.

There is a requirement to maintain professional standards across a wide range of hospital and community staff. As a result there are a substantial number of staff engaged in English National Board courses run for qualified nurses. There are also links with both Portsmouth and Southampton Universities to recognise the hospitals as a placement location for student nurses. The Division has embraced NVQs and has been proactive in recruiting support workers to undertake Levels 2 and 3. This is the first step in undertaking student nurse training provided by Southampton University. As the reader will be aware there is an acute shortage of trained nurses in all disciplines. The student nurse commitment has led to the establishment of assessors and internal verifiers within the hospitals. A further innovative move will have enrolled many managers and supervisors on the Health Care Supervisor's Development Programme (NEBS) by the year 2001. It is felt that this will provide a basic standard of management and ownership throughout the division.

There are a number of other initiatives including:

- Distance Learning Course
- Mid Life Planning – 10 years prior to retirement
- NVQ 3 Diagnostic and Therapeutic Physiotherapy
- NVQ 2 and 3 Care of the Elderly

Quote "Every day in this job I learn something"

PRINCIPLE THREE: ACTION

3.1 All new employees are effectively introduced to the organisation and all employees new to a job are given the training and development they need to do that job.

There is a comprehensive induction programme in place for both the hospital and community based staff. A checklist of items for the induction complements this process and includes local induction seminars, orientation, systems and procedures and personal development – each item has to be signed off by the appropriate line manager. Each induction programme includes a session with the General Manager and these are organised on a group basis. The Assessor was able to observe one of these sessions that covered the organisation and main aims and objectives. A Starter Pack is issued to all new staff identifying mandatory short courses. The Pack also includes a Staff Handbook that carries information such as Health and Safety rules and salary information. Full documentation is supplied including Job Descriptions and the Division's policies and procedures. Staff who change their jobs are given induction training and a new job description.

3.2 Managers are effective in carrying out their responsibilities for training and developing employees.

There are mandatory appraisal training courses for all line managers and supervisors. This extends to one over one reviews of completed appraisals to ensure the quality is being maintained. Clinical Governance is now being embraced and they are continuously improving the quality of their service. To be proficient in this role a number of courses have been held for senior managers and four staff have been appointed as Practice Development Facilitators. Job descriptions of managers contain information regarding their responsibility for identifying training and development needs with their staff and supporting action to meet these needs. Effective training and development of staff by providing Away Days is also encouraged. This is an opportunity to get together and discuss the business of the department/team and invoke reflective practice.

3.3 Managers are actively involved in supporting employees to meet their training and development needs.

Linking closely to Indicator 3.2 above, this Indicator looks to determine that managers are actively supporting their staff at each stage of the training and development process. Performance reviews is one of the tools used by line managers to support their department/team and staff interviewed confirmed this. Managers are also involved in setting objectives with their staff and completing the pre and post course forms of the training and development process (Indicator 2.6 refers). Some line managers have been able to create non-paid deputy roles to give managerial experience to promising staff. The Assessor was given evidence by a number of staff of managers searching for courses following appraisal. In addition to the Practice Development Facilitators referred to in indicator 3.2 the Division has created supervisory roles for the reflective practice/clinical supervision initiative. A further inspired initiative relates to the 'Return to Learn – its never too late' programme. This is a joint venture between the Trust and UNISON, the principal trade union. It seeks to give staff who have not undertaken any recent development confidence to enrol for NVQ courses.

3.4 All employees are made aware of the training and development opportunities open to them.

There is an Internal Vacancy Bulletin Information and an Information Exchange flyer produced monthly and sent to all staff detailing training and development opportunities. The Trust compiles a weekly newsletter 'Communicate' which includes details on courses and other personnel information. The Trust also produces an annual 'Programme of Training Events' containing courses funded by them. This is circulated to all departments/ teams for wider dissemination and is used during performance reviews. It is comprehensive ranging from first line management to preparation for retirement courses. The Development and Training Policy has statements such as '*each individual is enabled to develop his/her potential to our mutual benefit*'.

Quote “The training here is much better than other places I have worked”

3.5 All employees are encouraged to help identify and meet their job-related training and development needs.

It was noted during interview that employees are actively involved in identifying and discussing their own development needs within the goals and targets and recognise opportunities for their future career development. This is achieved by various methods:

- Personal Development Plan
- Annual staff surveys
- Practice Development Facilitators including clinical leadership
- Performance review
- Notice boards where training opportunities are displayed
- Away days where staff review past training and development courses and identify further opportunities
- Internal promotions
- Programme of Training Events Booklet
- Information Exchange
- Communicate newsletter

There is a novel initiative entitled ‘Lets go gardening’ – what’s growing nicely and what needs weeding out! This is clinical effectiveness which imports good practice from elsewhere in the Trust. The Assessor observed this philosophy being put into practice during a line manager’s induction of a senior member of staff. In this example the member of staff had devised a good management policy of the ward drug trolley in a previous post and wished to implement it in the new environment. Following discussion the line manager agreed to implement the policy throughout the hospital.

3.6 Action takes place to meet the training and development needs of individuals, teams and the organisation.

The Development and Training Plan identifies the needs, costs and responsibilities for staff training and development. This is monitored by the General Manager and discussed at quarterly review meetings of the Senior Management Team. It is also an agenda item on Contract Lead Team meetings to ensure all the actions take place. A variety of methods of delivering training and development are used including Away Days, attendance at conferences, seminars and in-house programmes. The Trust provides an Annual Staff Conference. This year it was held in the Royal Marine Museum near Portsmouth with the theme ‘Working Together’. Some 130 staff attended with management and trade union representatives. The proposed Staff Charter was a principal agenda item. The philosophy of the Division is that all training is free to the staff. For some development activity the philosophy is ‘we will give staff the time and part cost of courses providing they find the remainder’. This does stimulate ownership.

PRINCIPLE FOUR: EVALUATION

4.1 The organisation evaluates the impact of training and development actions on knowledge, skills and attitude.

Training and development is evaluated through the 'Application to undertake Training and Development Activity Form' (Pre and Post course forms) and this was confirmed at interview. Prior to training taking place the request must list the objectives and expected outcomes of the course which is then agreed between the employee and line manager. Before embarking on training an appropriate manager must sign off on the cost implication. The actual outcome is monitored through a record of evaluation of benefits and at performance review. Staff are expected to be flexible and pass on experience, knowledge and skills gained eg Health and Safety updates. There is a Professional Advisors Group with members being drawn from the professions supplementary to medicine and the dental services. This group reviews the training and development spend and whether it was spent wisely. They review the numbers of staff attending courses and query any courses with significant attendees to determine whether it could be provided more effectively in house or with post course cascade of learning. This group also set guidelines for professional training.

4.2 The organisation evaluates the impact of training and development actions on performance.

Pre and post course evaluation as noted in indicator 4.1 above is used to evaluate the impact of training and development on performance. This links back to Indicator 2.6 above. The appraisal process takes place at annual intervals with a six monthly follow up. Some departments/teams have introduced monthly supervision programmes. The clinical governance programme has set the following evaluation criteria:

- Achievement is measured against National Service Standard
- Achievement against national effectiveness standards
- Individual/Team/Organisation compliance
- Reflective practice – no blame scenario

The Division has annual staff surveys and acts on the information provided. However the effectiveness of the survey is diluted by the time lapse between return of forms and publication of results.

There are a number of courses provided for staff including Bereavement Counselling. One method of evaluation is to determine whether the staff feel confident about tackling the issue following course attendance.

The Assessor was appraised of the evaluation of a computer course by an attendee. It was noted that fewer mistakes were made as a result of the course attendance and time was saved allowing more work to be performed in the allotted time.

4.3 The organisation evaluates the contribution of training and development to the achievement of its goals and targets.

A consumer survey was conducted with carers and patients to determine responses to Day Hospital provision and views on aromatherapy services. Feedback was given at team meetings. Occasionally the Division will allocate specific Away Days for the roll out of new ideas resulting from a training and development initiative. The Annual Report is a further evaluation tool. Staff performance and training and development achievements from the previous year are reviewed in the document. A staff survey was conducted in 1998, the results of which offered valuable information about the performance of the Division, its staff and, the areas requiring further improvement and development. Action Plans were prepared and disseminated to all staff as a direct result of the survey with timescales for implementation.

4.4 Top management understands the broad costs and benefits of training and developing employees.

The General Manager monitors resources and judges the effectiveness of training through the Development and Training Plan that contains some good cost information. In addition the General Manager monitors cost statements prepared by the Financial Manager on a monthly basis. Subheads of expenditure can be switched to increase training and development activity if required during the year. The Division uses both external and internal audit to monitor that staff are properly trained to required standards. The criteria for benefit to the Division of training and development relates to the question 'What would have happened if we had not invested the money'. This is especially true of the initiative to train student nurses through the NVQ route. Career Pathways are used in the nursing service to discuss the best route for training and development. An example of this was a review recently undertaken to determine whether NVQs or Access programmes were more appropriate for student nurse pre training courses. The outcome was that Access offered a faster and simpler route.

4.5 Action takes place to implement improvements to training and development identified as a result of evaluation.

The Division's planning processes are the methods used to evaluate the achievements of the previous year including performance and areas for future improvement. There was disappointment that the staff surveys results took too long to be provided. The most significant success in the Division is the implementation of the individual performance reviews. It has made staff feel valued by the line management and whole departments/teams are talking about objectives. As one interviewee said:

Quote" We used to skate over poor performance but not any more. A realistic attitude is taken to benefit the whole department"

The Personnel Department randomly selects staff who have been appraised and seeks to review the method of interview and quality of written reports. In this way they can apply a standard of appraisal across the Division and amend the appraisal course for line managers, if required. The Assessor heard evidence of a bereavement course that was changed because of concerns from course attendees concerning its relevance to the audience.

The Away Days noted elsewhere in this report have enabled staff to solve problems and improve relations.

4.6 Top management's continuing commitment to training and developing employees is demonstrated to all employees.

The General Manager is clearly committed to staff development as a means of achieving continuous improvement and success. This commitment is demonstrated through resourcing and encouraging staff at all levels to seek training and development appropriate to their role and career plans.

The NVQ initiatives for student nurse training; diagnostic and therapeutic physiotherapy and NEBS Supervisory Managers courses all clearly point to continuing commitment. The Divisions' line managers are proud of their NVQ achievements and despite a very difficult year financially they are fully committed to its continuance. Despite the slow production of information from staff surveys they are committed to them for the future.

Success is celebrated openly through:

- Trust Award prizes – each team recipient is given a cash prize and certificate
- Communicate Newsletter
- Certificate presentation at Away Days
- Letters of thanks on notice boards
- Discretionary point for one year on salary scale to recognise good work

There is a culture of awarding Trust certificates for all courses organised. There is great motivation and staff satisfaction in this.

Quote " At least training now matches the business – best management tool I have come across"

5. CONCLUSION AND RECOMMENDATION

Based on the evidence provided in the Portfolio of Evidence and that confirmed at interview, I have no hesitation in recommending to Western Training and Development Council that Community Hospitals/Therapies Division, Portsmouth Healthcare NHS Trust be recognised as an **INVESTOR IN PEOPLE**.

Richard Sloane
Assessor
Assessment South West
July 1999

6. SUMMARY OF FEEDBACK POINTS TO THE CLIENT

The assessor observed considerable evidence of good practice and the comments that follow are intended to encourage the management team at Community Hospitals/Therapies Division to continue to build on these good practices in the search for continuous improvement.

Communications

There are a large number of ways with which to communicate with staff and these are well used. Line managers try to ensure that all staff are given the correct level of information whether it be written or verbal as in the case of monthly information cascade. The Assessor noted that staff had not picked up on some important issues such as the Annual Staff Conference. In a few areas the Away Day culture and Team Briefing had lapsed. Managers should be made aware of the importance of the need to inform staff. The excellent relations between management and the trade unions should help here. It may be possible to check if information is received and understood by the *management by walking about* method.

Attendance at courses

There are a substantial number of courses provided both in-house and externally. The Trust should be commended for this initiative. There is no real attempt to attach costs to these courses at unit/team/departmental level. Consequently there is no incentive for line managers to ensure that staff attend the courses or to evaluate the outcomes. It is suggested that the cost of training and development (including back fill costs) is applied or, there are sanctions imposed for non-attendance at courses.

Individual Performance Review

The initiatives undertaken over the past two years have seen the whole Division applying the appraisal process. There are also initiatives to ensure that line managers and supervisors attend appraisal courses. It might help if a system of senior manager supervision (grandfather rights) were introduced throughout the Division to ensure a balance of equality in appraisal processes.

ASSESSMENT SOUTH WEST

DETAILS OF INTERVIEW SAMPLE & METHODOLOGY

ORGANISATION PORTSMOUTH HEALTHCARE NHS TRUST COMMUNITY 333

Grade or Function of Employee	Total No of Employees by Grade/function	No Interviewed by Grade	Interview Method	% Interviewed by Grade
General Manager	1	1	1:1	100
Senior Managers	7	3	1:1	42
Middle Managers	15	6	1:1	40
Departmental Managers	28	4	1:1	14
Nursing and Professional staff	357	12	1:1	15
Support Workers	223	7	1:1	3
Admin	101	14	1:1	13
Catering	52	5	1:1	9
Bank Nurses	171	3	1:1	2
Other	25	3	1:1	12
Male	97	10		
Female	883	48		
Full Time	294			
Part Time	686			
Trade Union representatives	6	2		
TOTAL:	980	58		6

No people interviewed by each method: 1:1	All
Group	
Telephone	
Other (specify)	

Total No of Sites: 5 Hospitals, 5 Health Centres and 2 Clinics	No of sites included in the sample: All sites were represented at the interviews held in two geographical areas.
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**Rationale for sample – Investors in People (UK) guidelines for 980 employees are 5 % to 15 %.
The numbers selected rigorously cover all levels, without too much disruption or expense.**

Signed by Assessor:	Date: 12 th July 1999
Signed by IV:	Date:

COMMUNITY HOSPITALS/THERAPIES DIVISION PORTSMOUTH HEALTHCARE NHS TRUST

APPENDIX C1

OBJECTIVE	RELATED TRAINING AND DEVELOPMENT NEEDS	T & D ACTION PLANNED / TAKEN	OUTCOME / BENEFIT ACHIEVED
<p>To improve the handling of complaints in a Day Hospital environment. At an Away Day many subjects of an operational nature are discussed. One of these was how to improve the complaints handling system.</p> <p>The objective was to ensure all staff responded positively.</p>	<p>It was agreed to source an appropriate course that the Clinical Manager could attend</p>	<p>A half-day course provided by the Trust was identified. The aim of the course is to examine the Trust policy regarding complaints and examine practices and procedures to ensure complaints are dealt with effectively and efficiently.</p>	<p>There are three specific outcomes to this initiative as follows:</p> <ul style="list-style-type: none"> ➤ New information and leaflets are now available for all staff as a resource in the Day Hospital ➤ A senior member of staff is skilled in handling patient/carer complaints – real or imagined ➤ The main points of the course have been rolled out to all Day Hospital staff at an Away Day seminar.

COMMUNITY HOSPITALS/THERAPIES DIVISION PORTSMOUTH HEALTHCARE NHS TRUST

APPENDIX C2

OBJECTIVE	RELATED TRAINING AND DEVELOPMENT NEEDS	T & D ACTION PLANNED / TAKEN	OUTCOME ACHIEVED
<p>To ensure that all clerical staff in the General Office can act up when the Patient Affairs Officer is absent</p> <p>In order to achieve this objective it was necessary to review the core competencies of all staff in that office. One member of staff was felt to be deficient and this also came out of the individual performance review process</p>	<p>Training and development was required in the fields of effective supervision and bereavement counselling</p>	<p>In house courses on Introduction to Effective Management (ITEM) and Loss and Bereavement were identified and the staff member enrolled on them</p>	<p>The member of staff completed both courses successfully and a certificate was awarded. Post course evaluation showed that the outcome of making supervisory level decisions was satisfactory.</p>