

FAREHAM & GOSPORT
PRIMARY CARE TRUST
AND EAST HAMPSHIRE
PRIMARY CARE TRUST
TRAINING
AD - W17204 & N17201

File
Internal
Audit

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EXECUTIVE SUMMARY

SCOPE

The audit reviewed the mandatory training requirements of the PCTs and their systems to ensure full participation by staff. The audit also reviewed the management arrangements for the delivery of training, development programmes and monitoring criteria. The audit looked at the identification of processes in place to ensure that the training and development needs of the PCTs employees have been assessed, and to ascertain that the processes are adequate and appropriate for the level of personnel. Finally, the audit evaluated whether Fareham & Gosport PCT is providing the training as specified in the SLA with East Hants PCT.

OPINION

It should be noted that both Fareham & Gosport and East Hants PCTs are providing training to their employees, however the controls operating over the administration, identification and evidencing of training provided are not adequate to meet the PCTs' training aims. These aims are to ensure that staff development and training adequately reflects the needs and objectives of the Primary Care Trust as stated in its Training and Development Strategy (2005-06). A number of recommendations have been made within the body of this report which will help to improve the overall control environment.

The SLA between TDSS, East Hants and F&G was reviewed and, although it can be considered adequate prior to the PCT becoming a cluster, there are number of areas which could be further enhanced to reflect the new management structure and these are outlined in the main body of this report.

RESULTS

SATISFACTORY

Fareham & Gosport and East Hants PCTs

- East Hants and Fareham & Gosport are moving towards a combined corporate induction course which will allow for cohesiveness of function and help to maintain a corporate identity.
- Formal notification from TDSS regarding post qualification course confirmation of approval of funding was noted.
- A complaints process is in place and appears to be robust, with investigation and action plans leading to root cause analysis for serious complaints, feeding into continued training and development of staff.
- Induction packs were found to be comprehensive and regularly used by the Learning Disability support division and Fernhurst Ward at St. James Hospital. Gosport War Memorial Hospital is the process of implementing induction packs within their area.

Fareham and Gosport PCT

- Good practice was noted for the Learning and Disabilities division who have a robust monitoring and evaluation model.

East Hants PCT

- The PCT are in the process of revising their Mandatory and Service Specific Training provisions and as such a number of changes are being made to the process with the development of a Mandatory and Service Specific Training grid, with internal review of all Mandatory training course content including attendance obligations. The PCT are also piloting a 'Passport' scheme where staff will retain a personal record of their Mandatory training.
- Good practice was noted for the Elderly Mental Health team at St. James Hospital who are developing their own bespoke training data base, and have devised the ADAPT training course which it is hoped will become 'the Standard' and as such may be commissioned by other health authorities.

AREAS FOR IMPROVEMENT

	<i>RISK</i>
<input checked="" type="checkbox"/> Evidence could not be found that a time-scale had been established for rolling-out the new cluster Induction programme.	Medium
<input checked="" type="checkbox"/> Evidence could not be found that a time-scale had been agreed for the conclusion of the re-evaluation review of the Training and Development Strategy.	Medium
<input checked="" type="checkbox"/> Both Fareham & Gosport and East Hants were found to maintain insufficient records to confirm whether mandatory training has been provided as required. Inconsistent filing and registration methods also made tracing evidence of training attendance difficult.	High
<input checked="" type="checkbox"/> New managers do not have a formal induction process specifically designed for their role.	Medium
<input checked="" type="checkbox"/> Evidence could not be found of a PCT directive, or checklist used to induct relocated staff, student nurses, or casual workers, into their new work environment.	Medium
<input checked="" type="checkbox"/> Disclaimers on the HR (East Hants St James Hospital) checklist are not being routinely signed off by the employee as evidence of their acceptance.	Low
<input checked="" type="checkbox"/> Both PCTs may struggle to guarantee adequacy of the training provided under the arrangement for using Portsmouth University lecturers to provide contractor training services.	Medium
<input checked="" type="checkbox"/> The Mandatory Training and Service Specific Training Grids for both PCTs have not been finalised, as a result some managers remain unclear regarding refresher timescales for some of the mandatory training elements such as Data Protection.	High
<input checked="" type="checkbox"/> Management monitoring and control could not be fully evidenced as full and complete. Training records were either not available or incomplete.	Medium
<input checked="" type="checkbox"/> TDSS administer and retain a number of training records, however management information regarding attendance and dropout rates does not appear to be routinely fed back to line managers.	Medium
<input checked="" type="checkbox"/> Accessing expert and inexpensive training for specialist or non-standard equipment is a problem for staff at St James Hospital and Gosport War Memorial Hospital.	Low
<input checked="" type="checkbox"/> Training SLAs do not contain criteria against which delivery and progress can be measured.	Medium
<input checked="" type="checkbox"/> It is unclear whether a budget provision has been specifically allocated for the ADAPT training course.	Medium

POINTS TO NOTE

Those areas for improvement that do not represent a control weakness but could lead to more effective communication have been noted within this section.

RECOMMENDATIONS

Thirteen recommendations have been made, which are listed in the Audit Findings. These have been discussed and a response agreed with the appropriate PCT staff.

POINTS TO NOTE

Note 1

In order to ensure full participation by staff and management, it is suggested that the New Cluster Induction Policy makes reference to the Mandatory and Service Specific Training Matrix Grids for each PCT.

Note 2

In order to ensure a central focal point for Mandatory training during induction, it is suggested that one function is nominated to act as the over-arching controller for booking, tracking induction attendance and chasing non attendees. It should also take responsibility for ensuring Induction Mandatory Training follow-ups are taken within a reasonable timescale and evidenced, especially in the case of cancelled induction seminars.

Note 4

In order to ensure the on going review of the East Hants Mandatory and Service Specific Training Grid remains high priority it is suggested that it be made a standing agenda item for the Training and Education Steering group committee meetings.

Note 5

Evidence suggests that staff experience problems accessing courses due to schedules clashing with work rotas, or due to inconvenient course locations. It is suggested that this aspect should to be further reviewed by the Risk Manager and Director of HR and Learning to establish the level of risk posed by this issue.

Note 6

Audit findings showed that record keeping and management monitoring is inconsistently being applied. In order to maintain a consistent and corporate approach to employee record keeping and management activities, and to ensure a sustainable audit/management trail is maintained, a PCT wide directive should be issued outlining guidance for best practice.

Note 7

The number of risks and issues caused by the fragmented training record audit trail will lessen with the introduction of the Electronic Records system. To ensure that the training records transferred are complete and accurate it would be beneficial for the PCTs to review and update existing manual records.

Note 8

It was found that it was not usual practice to counter-sign appraisals. Best practice suggests appraisals should be signed by the appraiser and appraisee with verification and sign off by a third party in order to evidence that the appraisal process has been conducted consistently and impartially.

*Note 9**Fareham and Gosport*

It was noted that some Care Homes lack access to computers or clerical support. Management information is collated manually by the Senior Clinical Nurse, which may not be an efficient use of this individual's time. It is suggested that a feasibility study be undertaken to investigate the viability of releasing provisional funding for a part-time 'Piecemeal-Link' Administrator to provide clerical support across care homes within the same geographical area.

*Note 10**East Hants, St James Hospital Wimborn Ward*

In order to ensure that new staff are evidenced as being inducted into their new work environment it is suggested that Wimborn Ward develop and utilise a ward specific induction pack.

THE AUDIT REPORT

Rec. No.	Audit Finding	Recommendation	Risk	Summary of Management Action Plan	Name & Title of Person responsible	Action Date
Control Objective1 : To ensure that all new starters are given and attend induction training and that all mandatory training requirements are met.						
1	As a result of the clustering of East Hants and Fareham & Gosport PCTs the induction policy is being reviewed to align it to the new cluster structure. At the time of this review this activity remains a work in progress and as such full testing of the new induction policy and procedures could not be performed. It is the auditor's understanding that although a provisional timeframe has been set for September this does not appear now to be practicable as a number of issues remain unresolved.	<i>A timescale should be defined for rolling- out the new cluster Corporate Induction programme.</i>	Medium	<i>An action plan will be developed identifying a timescale for rolling out the new cluster induction programme. It is intended to start the new Induction 1 April 2006.</i>	Denise Farmer, Director of Human Resources and Learning	31 December 2005
2	A review is currently being undertaken by the Education and Leadership Team to re-evaluate the Training and Development Strategy, as it is currently acknowledged that it does not reflect the needs of the PCT or the new PCT cluster structure. However, a timescale has not be formally agreed for when the review will be finalised and ratified.	<i>A timescale for bringing the training policy into line with national guidance standards and aligning it to the new PCT structure should be defined.</i>	Medium	<i>Complete review.</i>	Denise Farmer, Director of Human Resources and Learning	31 December 2005

Rec. No.	Audit Finding	Recommendation	RISK	Summary of Management Action Plan	Name & Title of Person responsible	Action Date
3	Both Fareham & Gosport and East Hants were found to maintain insufficient records to confirm whether mandatory training has been provided as required. Inconsistent filing and registration methods make tracing evidence of training attendance difficult. There is a risk that staff do not receive required mandatory training, particularly when induction training has been delayed, or has not been attended, when the 'bolt on' elements of training in mandatory areas may not be delivered.	<i>A clear policy and process for the consistent, accurate, maintenance of training records within both Fareham & Gosport and East Hants should be developed to ensure that the delivery of mandatory training can be monitored effectively.</i>	High	<p><i>Plan for introducing individual (passport) records agreed.</i></p> <p><i>Monitoring of specific records enhanced.</i></p> <p><i>Integrated computerised records fully implemented with ESR.</i></p>	<p>Bob Smith, Organisation and Staff Development Co-ordinator</p> <p>Bob Smith, Organisation and Staff Development Co-ordinator</p> <p>Denise Farmer, Director of Human Resources and Learning</p>	<p>31 December 2005</p> <p>31 October 2005</p> <p>31 July 2006</p>
4	New managers do not have a formal induction process specifically designed for their role. There is a risk that managers will not be fully and adequately inducted into their new working environment.	<i>Both PCTs should ensure that there is a Formal Induction process in place for all new managers.</i>	Medium	<i>Review of management induction to be implemented as part of management development initiative.</i>	Denise Farmer, Director of Human Resources and Learning	31 December 2005

Rec. No.	Audit Finding	Recommendation	Risk	Summary of Management Action Plan	Name & Title of Person responsible	Action Date
5	Evidence could not be found of a PCT directive, or checklist used to induct relocated staff, student nurses, or casual workers, into their new work area. Audit could not therefore evidence that all Mandatory training and especially ward specific training for this group was up to date, relevant and to the appropriate level. There is a risk that staff will not be adequately inducted into their new work environment. This is of particular concern in the event of large numbers of relocated staff, for example the relocation of staff from St Christophers Hospital.	<i>A formal check list should be used for relocated staff, student nurses, and casual workers to ensure this group are adequately inducted into their new ward, service, unit or department.</i>	Medium	<p><i>Change management process to include induction process following staff changes.</i></p> <p><i>Student nurses covered by student nurse training pack.</i></p> <p><i>Induction policy to be changed to include induction for those staff relocated to a new area and managers informed.</i></p>	<p>Sandra Grant, Head of HR-work force reform</p> <p>Bob Smith, Organisation and Staff Development Co-ordinator</p> <p>Denise Farmer, Director of Human Resources and Learning</p>	<p>30 November 2005</p> <p>Complete</p> <p>31 March 2006</p>

Rec. No.	Audit Finding	Recommendation	RISK	Summary of Management Action Plan	Name & Title of Person responsible	Action Date
6	In East Hants St James hospital, disclaimers on the HR induction check lists are not signed off by the employee. There is a risk that in the event of a grievance or disciplinary the PCT could find their position compromised, as the employee has not formally agreed that they 'have received and are content to sign off the induction'.	<i>All managers should be made aware that the HR checklists are to be signed off by the employee, and dated when completed -prior to returning to HR.</i>	Low	<i>A reminder will be sent out to all PCT managers that Induction checklists must be signed off.</i>	Denise Farmer, Director of Human Resources and Learning	31 December 2005
<i>Control Objective 2: To ensure that training is effectively co-ordinated and monitored in accordance with the PCT training framework and that adequate records are maintained of all training provided.</i>						
7	The short-term measure of using Portsmouth University lecturers to provide contractor training services in place of the accredited courses provided by Portsmouth University, poses a number of risks. Over time the training may lose its accredited status. Secondly the Clinicians group set up to oversee the training content enlists existing PCT employees who may not be up to date with modern practices. There is the risk that the PCT may struggle to guarantee adequacy of the training provided under this arrangement.	<i>A critical review should be performed to determine the timescales, adequacy and effectiveness of training provided under the TDSS short-term training plan.</i>	Medium	<i>Currently reviewing provision including options for alternative provision. Not intended to be long term solution.</i>	Bob Smith, Organisation and Staff Development Co-ordinator	31 March 2006

Rec. No.	Audit Finding	Recommendation	RISK	Summary of Management Action Plan	Name & Title of Person responsible	Action Date
8	There is no single data repository from which training can be easily verified, evidenced or monitored. Managers were unaware of the Fareham and Gosport Mandatory Training Grid which had been submitted to the board June 2004. As a result some managers remain unclear regarding refresher timescales for mandatory training elements such as Data Protection. It is acknowledged that the East Hants Mandatory Training grid is still being developed however managers were generally unaware that this work was being undertaken. There is a risk that both PCTs may struggle to evidence that they are complying with their mandatory training obligations.	<i>The Mandatory Training and Service Specific Training Grids for both PCTS should be finalised and distributed across the PCTs.</i>	High	<i>Under review by Ed & t ref group - to be re-issued once agreed.</i>	Bob Smith, Organisation and Staff Development Co-ordinator	30 November 2005
9	Levels of management monitoring and control vary widely across the PCTs. Generally assurances were given that training needs are reviewed during annual appraisals. However due to Training Records, Training Matrix, Appraisal, PDP, Supervision Notes, either not being available or incomplete, evidence of this could not be found to support this statement.	<i>Managers should ensure that Mandatory and Service Specific training is entered onto the training Matrix. This to include refresher schedules.</i>	Medium	<i>Revised appraisal policy and training covering this point already in place.</i>	Denise Farmer, Director of Human Resources and Learning	30 November 2005

Rec. No.	Audit Finding	Recommendation	Risk	Summary of Management Action Plan	Name & Title of Person responsible	Action Date
10	TDSS administer and retain a number of training records however, it was noted that management information regarding attendance and dropout rates does not appear to be routinely fed back to line managers. This does not allow the Senior Clinical Nurse or Modern Matron to challenge and address training issues, for example where staff are failing assessments of post qualification courses, due to non submission of assessments.	<i>Managers to be supplied with relevant and timely information to allow them to monitor, supervise and where necessary to take corrective action when required.</i>	Medium	<p><i>Process for cascading info agreed.</i></p> <p><i>Responsibility of managers reinforced in revised appraisal policy and at training workshops.</i></p>	<p>Bob Smith, Organisation and Staff Development Co-ordinator</p> <p>Bob Smith, Organisation and Staff Development Co-ordinator</p>	<p>31 October 2005</p> <p>Complete</p>

Rec. No.	Audit Finding	Recommendation	Risk	Summary of Management Action Plan	Name & Title of Person responsible	Action Date
Control Objective 3: To ensure that the development of staff is adequate and all employees have an effective programme that assists this development.						
11	Obtaining expert equipment training for specialist or non-standard equipment, at a reasonable cost, appears to pose considerable problems due to the use of proprietary equipment. Where training is provided by senior or experienced nurses there can be the risk of a lack of quality assurance, non standard workarounds, etc. being passed on to inexperienced staff.	<i>An investigation in to the feasibility of pooling PCT funds to support a joint cluster equipment trainer should be conducted.</i>	Low	<i>Trainer role not feasible at present - system for maintaining record and clarifying training processes agreed.</i>	Bob Smith, Organisation and Staff Development Co-ordinator and Wendy Ball, Clinical Governance Facilitator	30 November 2005
Control Objective 4: To ensure that the PCT is effectively meeting its SLA obligations to East Hants PCT.						
12	The SLA between TDSS F&G and EH is 'high level' without quantifiable measurable targets, KPIs, and does not set out a process for dealing with changes in scope. Furthermore it does not define the PCTs' responsibilities in the event of cancellations, or inter-department charges and is not signed by the TDSS manager. It was noted that there was a general lack of knowledge of who has responsibility managing the SLA. There is a risk that without accessible SLAs the Line Managers/Heads of Service are not in a position to monitor or challenge the effectiveness or adequacy of the training provided.	<i>The SLA should include measurable KPIs, provide for changes in scope, and should be signed by all interested parties. Responsibilities should be established for each of PCTs, with all nominated functions within the SLA formally distinguished.</i>	Medium	<i>SLA under review due to change in funding arrangements - will include processes for monitoring the effectiveness of training.</i>	Denise Farmer, Director of Human Resources and Learning	30 November 2005

Rec. No.	Audit Finding	Recommendation	RISK	Summary of Management Action Plan	Name & Title of Person responsible	Action Date
13	East Hants PCT St James Hospital. Audit understand that there is no budget provision specifically allocated for the development and facilitation of the ADAPT training course. Although it is expected that the TDSS budget share is likely to include provision for this type of training, it is unclear whether funding has been re-allocated to cover the ADAPT training. There is the potential risk that adverse pressures are placed on other areas of the budget to compensate, and lack of clear visibility of the total training spend/requirements within the division.	<i>All Course development/ expenditure should be authorised in advance of development with all expenditure being correctly assigned to ensure clear visibility and control over training expenditure.</i>	<i>Medium</i>	<i>Service responsible for identifying appropriate funding from training budgets.</i>	Ann Smith, Director of Operational and Corporate services	Complete