



## BARNSELY HOSPITAL NHS FOUNDATION TRUST

# INCREASING TRAINING AND APPRAISAL COMPLIANCE

### SUMMARY

The aim of this project was to significantly increase mandatory training and appraisal compliance at Barnsley Hospital NHS Foundation Trust in order to ensure the Trust have a safe, competent and valued workforce.

Continued significant low compliance reported to the Trust Board led to the heightened focus on staff training and appraisals.

### KEY OUTCOMES

Overall training compliance for mandatory subjects increased from 45% in April 2011 to 84% in March 2012. This included an overall compliance rate of 91% for both safeguarding adults and children's training, (clinical and non-clinical compliance combined), which was part of the Trust's Commissioning for Quality and Innovation (CQUIN) target. The presentation slide pack that supports this case study provides a breakdown review of compliance undertaken.

The initial target set for training was 90% compliance. The Trust will continue to strive to achieve a compliance rate beyond this target; however, as at April 2012 the compliance rate had already increased to 86%. Prior to this, appraisal compliance increased from 58% in April 2011 to 88% in March 2012.

Increased compliance provides evidence that the Trust's workforce is safe, competent and valued. If we had not embarked on this project, the training and appraisal compliance would have continued to remain below acceptable standards or could even have worsened. This would have resulted in an increased risk to patients and staff because staff would not have been appropriately trained to a high standard, with the most relevant information.

### KEY AIMS

Achieve 80% appraisal compliance by 31st March 2012.

Obtain 90% mandatory and statutory training compliance by 31st March 2012.

Attain the benefits associated with a fully trained and appraised workforce. It is important that staff receive training as this demonstrates that the Trust is developing its staff. Mandatory training ensures that staff have the skills necessary to recognise potential problems and to deal with them by contacting the right people. It also helps to improve patient care and the outcome of their stay within hospital by covering communication and recognition of issues relating to safeguarding patients. Other training equips staff to do their job better and to ensure that the care given to patients is streamlined and to a high standard. It reassures patients that the people looking after them are trained to the highest standards in line with best practice.

Evidence of the project's success is already showing in the Trust's staff survey results; this year's staff survey is expected to improve further because of this work.

Towards the end of 2011, the Trust received a high grade B in an internal audit of appraisals (a grade B indicates significant assurance for the organisation with only minor adjustments needed; these were undertaken immediately). The Audit also stated that the Trust was quite a distance ahead of other Trusts in this area.

The Trust is independently regulated by MONITOR, and assessed by the Care Quality Commission (CQC) and the NHS Litigation Authority (NHSLA). Failure to appraise employees and provide essential training could have serious ramifications for the Trust, especially if employees are not fit to practise, which could cause serious harm to patients and/or the organisation.

The overall results achieved during 2011/12 should help the Trust to evidence to regulators/assessors that as an organisation we are effectively managing risk, directly improving the quality of our workforce and ultimately our services where needed.





# GOOD PRACTICE CASE STUDY

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## BACKGROUND

Barnsley Hospital NHS Foundation Trust is among the leading NHS Trusts in the country, employing almost 3000 staff. The 425-bed hospital was built in the 1970's. It serves a population of over a quarter of a million people in the Barnsley area. The Trust is renowned not only for top performance but also for its friendly culture, first-rate environment and convenient location.

Barnsley Hospital NHS Foundation Trust has been at the forefront of several Electronic Staff Record (ESR) developments and has successfully implemented the ESR National Learning Management System (NLMS) eLearning as a fully Smartcard enabled application.

Barnsley Hospital NHS Foundation Trust was recently runner up in the category of 'best practice and innovation using ESR' at the Healthcare People Management (HPMA) Excellence in HRM Awards 2011. The judges' verdict was that Barnsley has 'pushed the boundaries of ESR further with their exemplar deployment of the system for eLearning and access to clinical systems'.

## KEY STAGES

- Competency requirements were set up on all positions in ESR in order to clarify the specific training requirements for each post. This was carried out prior to April 2011.
- Increased roll out of eLearning packages.
- Review of all training requirements, frequencies and packages to ensure the right staff, get the right training at the right time. This included tailoring packages to non-clinical staff, reviewing the frequency of training needed, using alternative media such as leaflets, eLearning and classroom packages.
- The workforce information SharePoint site was further developed to include new reports and traffic light reports to highlight poor performing areas to managers. The site provides monthly reports for appraisal and mandatory and statutory training compliance by employee and department. The purpose of these reports is to make it easier for managers to monitor compliance levels and target employees who are out of date.
- The project took place over a 12-month period April 2011 – March 2012. Information was routinely reviewed. The managers of any areas not showing increases above 50% (June 2011) and then 70% (January 2012) received a

letter from the Chief Executive and any areas performing within these thresholds, within target were sent a more 'gentle' letter from the Human Resources (HR) Director.

- In July 2011 a simplified appraisal process for Agenda for Change employees was rolled out which made the Knowledge and Skills Framework (KSF) appraisal easier to complete, although not less time consuming, as a qualitative appraisal is still deemed imperative.
- Where appraisals for staff had never taken place, the employee and line manager were contacted directly via email and asked to carry out an appraisal as a priority.

- A new induction programme was introduced to ensure all new starters received all priority 1 mandatory training within their first two weeks at the Trust.
- Additional classroom training was provided at quieter times such as bank holidays and over the Christmas period.
- Training was provided to teams in their department, at key meetings or at handover times.
- A new letter (training statement) was created and sent to individual employees which provided individuals with the status of their mandatory and statutory training and appraisal; they also showed the date they were next required to complete each subject. Individual training statement's will continue to be sent to staff every 6 months to enable them to see their own progress and allow them to plan to ensure they maintain their compliance.
- Computer rooms and support for eLearning were made available within the Education Centre.
- Home working policy was encouraged for eLearning.
- Meetings were held with the managers of low compliance areas to provide help and support on how to address the issues.





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## HOW IT WORKS

- Support from the Trust Board is vital to push the importance of compliance and as such, the topic was on the Board's monthly agenda, which presented the monthly overall status for the Trust and the performance of individual divisions.
- Divisions monitored the performance of their teams/departments at monthly performance meetings.
- Direct letters from the Chief Executive were sent to the managers of the poorest performing areas. Mid range, areas were sent letters from the HR Director.
- New reports were introduced for managers to enable them to continually monitor their staff training and appraisals more easily (see supporting presentation slide pack).
- Simplified information with regard to what courses staff needed to carry out, how to complete them and who to contact, were published on SharePoint, intranet pages and via links in a weekly bulletin.

## WHO WAS INVOLVED?

There was significant leadership and support from the Trust Board.

The Learning and Development, Informatics, KSF, HR Projects and Training Leads were the key groups involved in promoting, running and supporting this project.

All staff and managers were included in the project, including medical staff. Direct targeting and meetings with clinical areas were available. Board support and performance meetings ensured it was high on the agenda of all areas.

## RESOURCES

The project was both resource intensive and time consuming for the key groups who worked well across teams to achieve increases in compliance. This was particularly evident in the early months of the project when staff either had queries on the new information provided or had completed the

wrong eLearning course, which needed to be further explained.

Increased capacity was required from the practical training leads that provided locally delivered training within departments.

Simplified documents, guidance and information were sent direct to individuals and managers. Previously, reports were provided to show compliance for individual subjects as opposed to being tools that enabled managers to manage training and appraisal compliance.

Entering competency requirements onto all positions in ESR meant we could identify and provide staff with details of exactly what training was required for their role. Previously statements such as 'all clinical staff' were used to define requirements.

## KEY CHALLENGES

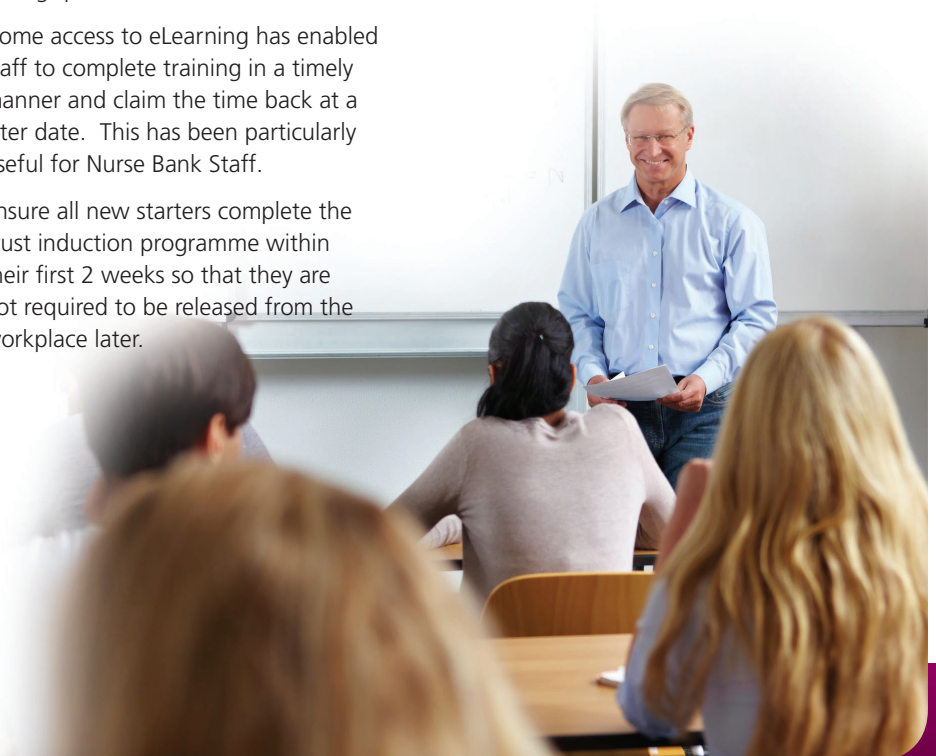
The main challenge faced was being able to release staff to complete training and appraisals. Several methods were used to address this:

- Ensuring all training is relevant and of appropriate duration minimises the time staff spend away from their workplace.
- Provide eLearning training that can be completed at any time. For example night staff, have completed packages during quiet times on wards.
- Home access to eLearning has enabled staff to complete training in a timely manner and claim the time back at a later date. This has been particularly useful for Nurse Bank Staff.
- Ensure all new starters complete the Trust induction programme within their first 2 weeks so that they are not required to be released from the workplace later.

- Provide additional classroom sessions at quiet times.
- Training was provided to teams/departments at handover or in meetings.
- Training course bookings were monitored; where attendance was low, managers were contacted directly to notify them of available spaces.

Staff completing incorrect eLearning packages was a definite issue. As there are a wealth of courses available staff would often select the incorrect course, for example, selecting Health and Safety training rather than Fire Safety training. As a result, improved simplified documentation was provided and reports have now been set up to monitor this to enable staff to be contacted if they enrol on the wrong course. This has resulted in a reduction in the number of incorrect enrolments each month.

Bank Nurse staff was a significant group that had low training compliance; these staff were notified by letter that compliance must be achieved to allow them to work any future shifts. This group of staff increased its training compliance from 29% to 70% over the 12-month period.





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## KEY LEARNING

Board support was vital to the success of the project.

Team working across the key departments and with training leads was also fundamental to the overall success.

Simplifying documentation, reports, and entering competency requirements significantly helped staff understand what was required and when.

Engagement with managers and communication was crucial. Direct letters from the Chief Executive to poorer performing areas had a positive impact.

The provision of classroom training at times that suit staff, not the training team, is important to ensure attendance e.g. during the Christmas period or on bank holidays.

## SUSTAINABILITY

The reports and monitoring will continue this year and the plan is to build on the success already achieved. Key documents and guidance will continue to be maintained and individual training statements will continue to be sent to staff every 6 months.

The Trust needs to manage compliance going forward as some peaks for subjects in specific months, when large amounts of staff will no longer be compliant, have been identified. Plans are being put in place to work with training leads and managers in order to help plan for this to avoid any dramatic drops in compliance.

## NEXT STEPS

Further work needs to be carried out to improve the compliance of some specific practical subjects.

The Trust is in the process of drawing up an action plan for the next 12 months to maintain and improve on the compliance rates already achieved. An assessment of the quality outcomes will be included in the action plan.

In April 2012, the Trust introduced improved management reports for priority 2 training courses (policy specific training). These will hopefully have the same impact as the priority 1 training reports and improve the overall compliance for these subjects.

The Trust expects to meet the 90% targets (as a minimum) for both training and appraisals by March 2013.

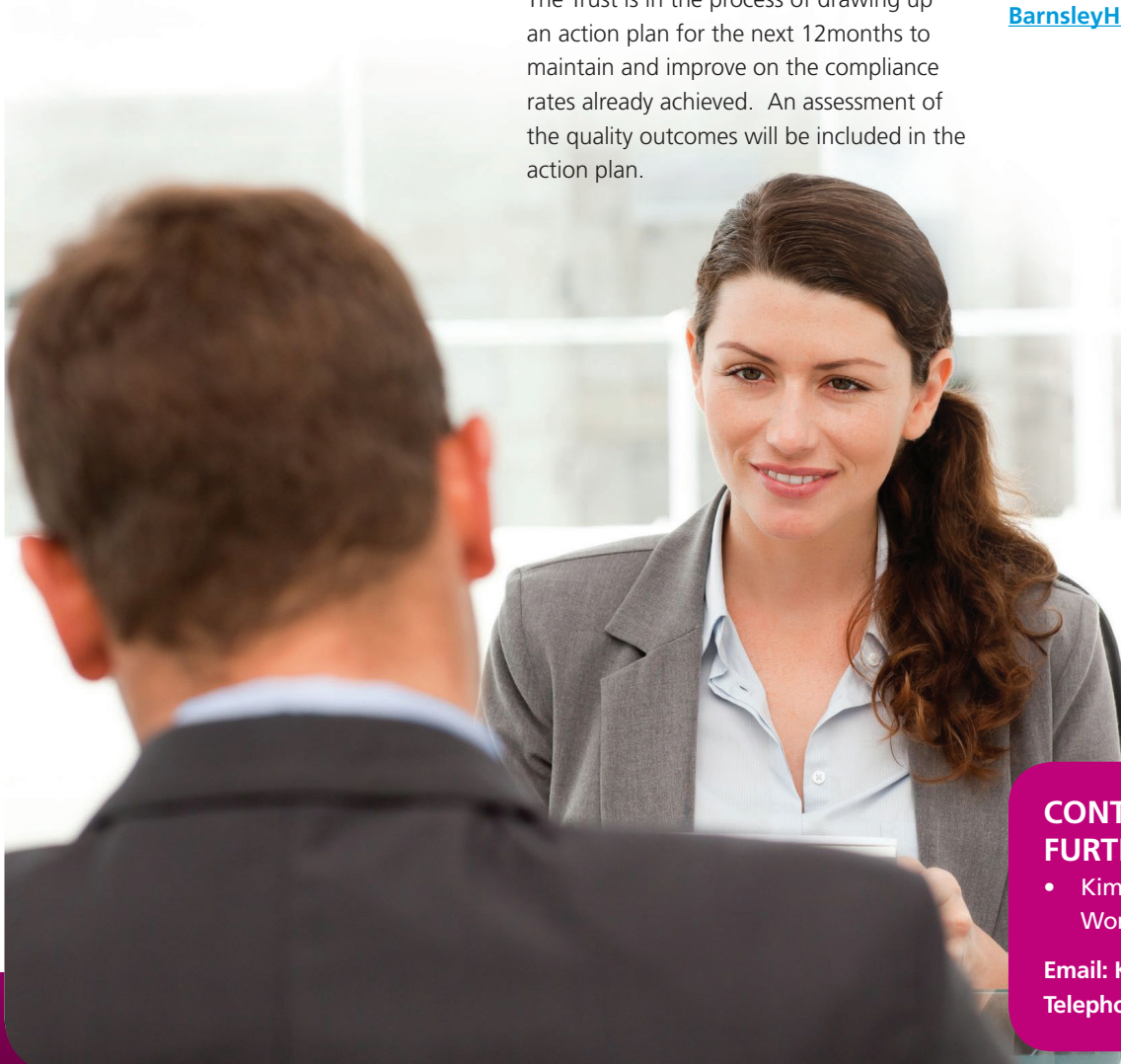
## SUPPORTING MATERIAL

Breakdown of compliance presentation slide pack.

## FURTHER LINKS

**NHS Employers Simplified  
KSF Case Study**

[http://www.nhsemployers.org/  
SharedLearning/Pages/SimplifiedKSFat-  
BarnsleyHospitalNHSFT.aspx](http://www.nhsemployers.org/SharedLearning/Pages/SimplifiedKSFat-BarnsleyHospitalNHSFT.aspx)



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