

ORIGINAL RESEARCH

Nursing, midwifery and support workers training needs analysis in an integrated care organisation

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ABSTRACT

Health Education North Central and East London (HENCEL) provide funding support every year to the Whittington Health NHS Integrated Care Organisation (ICO). This ensures that nurses and midwives who are in current employment receive consistent high quality education and training to support the delivery of excellent care in line with the NMC standards. This article describes an analysis of nursing, midwifery and support workers training needs for academic year 2016/17 to meet service improvement. The analysis provides the clinical education and practice development team with information of whether the organisation is in the right direction in achieving its clinical strategic objectives to deliver consistent high quality and safe services and be recognised as a leader in the fields of multi-professional education.

Key Words: Training needs, Continuing professional development, Nursing care, Service development, Service improvement

1. BACKGROUND/LITERATURE REVIEW

The Whittington Health became one of the first in the UK to be established as an Integrated Care Organisation in April 2011. The organisation's acute and community services were incorporated and extended succeeding the alliance of the Whittington Hospital with Haringey and Islington Primary Care Trusts. Ham and Curry^[1] reported that integrated care is the procedure by which health care providers are capable to amalgamate their services. The Department of Health (DH)^[2] stated that the ambition of the transforming community services programme is to establish markers for quality enhancement. Ham and Curry^[1] recognised that the interests of this programme will be achieved only if alliance or organisational amalgamation is used to encourage clinical and service integration.

The Whittington Health Clinical Strategy 2015-2020 "Helping local people live longer, healthier lives"^[3] supplies a

structure and guidance for the organisation to be a nationwide leader in delivering safe, integrated care to the regional society. It demonstrates the organisation's aspiration for the future and provides a structure of how it will maintain its exceptionally robust position by remaining to be patient centred, clinically led and high accomplishing. As an integrated care organisation our strategic objective is to facilitate integration of care by working closely in partnership with social care to promote expansion of services. With constant expansion of services there is a demand to prepare nursing, midwifery and Allied Health Professionals (AHPs) staff to have the ability to work across boundaries and across pathways, therefore the need for new training programmes to support professional development and change in practice.^[3]

With improvement in research, technology and treatment the nursing role is speedily expanding. Nurses are gradually been designated to undertake wider responsibilities of health-

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care roles that were once the remit of junior doctors. The Department of Health (DH) 'Modernising Nursing Careers: Setting the Direction'^[4] backs the demand to widen nurses' roles. Melby et al.^[5] stated that nurses have ceased providing compliant care, but are moderately practicing more independently and are providing expertise nursing-led as well as medicine-led services.

The Nursing and Midwifery Council (NMC) standards for competence^[6] are set in four main areas of professional nursing practice which are: professional values; communication and interpersonal skills; nursing practice and decision making; and leadership, management and team working. Nurses and midwives must maintain these standards for competence by undertaking continuing professional development (CPD) throughout their careers to remain on the register.

From April 2016 Nurses and Midwives have to go through a new process of revalidation to demonstrate that they are practicing safely and effectively to meet the NMC standards.^[7] Two key requirements of revalidation are that nurses or midwives must have undertaken 35 hours of CPD relevant to their scope of practice including 20 hours of participatory learning and must also prepared written reflective accounts on instances of their CPD. This will allow them to meet the code of prioritise people, practice effectively, preserve safety and promote professionalism and trust.^[7]

The evidence-based national framework 'Developing People – Improving care'^[8] is an action guide on improvement skill-building, leadership development and talent management for people in National Health Service (NHS)-funded roles. Changing demands on health and care services are creating different development needs among staff in NHS-funded services across England. The purpose of the framework is to equip and encourage staff to deliver continuous improvement in local health and care systems and gain pride and joy from their work.^[8]

The Care Quality Commission (CQC)^[9] is an independent regulator of health and social care in England. It monitors, inspects and regulates health services to make sure they meet fundamental standards of quality and safety.

To meet the CPD requirements for Nurses, Midwives and support workers, along with employer's duty to achieve the CQC standards, the Whittington's Clinical Education Department has been entrusted to establish a clear and vigorous process to enable clinical managers to identify their staffs training requirements. To establish that the training requirements are specific and receptive to the changing needs of the organisation and nursing practice, a Training Needs Analysis (TNA) for each clinical area will be required.

According to The Economics Times^[10] a TNA is the process in which the company identifies training and development needs of its employees so that they can do their job effectively. It involves a complete analysis of training needs required at various levels of the organisation. A study by Salas et al.^[11] demonstrated that a TNA is a practical approach to regulate who and what should be trained based on the mindset of users when planning training and development. Hamilton^[12] stated that the benefit of a TNA activity can support the progress of a well suited programme of skills training. A report by Dierdoff et al.^[13] suggested that a TNA is a fundamental step to implement imperative information in the improvement of education programme in order to meet the demands of nurses.

Aim and objectives

The aim of the TNA was to demonstrate how each department will meet the directorate objectives for standards of quality and safety; service delivery and the professional development of the workforce in line with NHS Improvement national framework.^[8] The objectives of the TNA were to enable all nurses and midwives to identify how to develop their skills and knowledge to achieve organisational goals by:

- Ensuring their proficiency keep pace with the current NMC standards and their role.
- Demonstrating that they maintain their revalidation to practice safely and effectively.
- Enhancing the knowledge and skills that they need to deliver quality care to patients and clients.
- Establishing that their knowledge stay relevant and up to date with role expansion.
- Assisting them in their career development so that they move into new post or senior roles.

2. METHOD

2.1 Rationale and Implementation

To meet the requirements of the national framework, nursing and midwifery managers from band 7 onwards were encouraged to use the appraisal process to plan the training needs against staff that require development and to establish how the development will impact on their directorate objective of achieving the standards of quality and safety.

Health Education England (HEE) commissioning cycle for 2016/17 took place over May and June 2016. Prior to the cycle starting, the process of gathering information on training nurses, midwives and support workers in all bands and the need to be able to deliver services was completed between December 2015 to February 2016.

To identify the training requirements for the organisation for academic year 2016/17, the author devised and circulated a TNA template (see Figure 1). Alongside the TNA template a letter with all the required information to guide the managers was also disseminated. Included in the letter were links to 7 HEE contracted universities prospectus where managers can access a list of CPD courses for all bands. The letter explained the commissioning process and that requests for

all training should already form part of the staffs Personal Development Plan/Appraisal. Managers were encouraged to consider all request needs carefully especially if training is essential for the running of the service and a tangible outcome is expected. The letter also highlighted that it is a requirement that all staff is up-to-date with mandatory training before any further education will be funded.

Insert Trust/Company logo

Training Needs Analysis 2016/17

Submitting Managers Name:Service Area:

Title:Staff Group/Team:

1a - Staff Training needed to support Corporate or Directorate Objectives – ‘Contracted’ University courses provision

Staff Name /Band	Places Required	Module/Course/ Training Required	Module/ Course Code	Provider	Cost £	Outline the Expected outcome for:	
						Directorate Objective	Strategic Objective

1b - Staff Training needed to support Corporate or Directorate Objectives – ‘Non- contracted’ university courses, external providers, study days or conferences provisions

Staff Name /Band	Places Required	Module/Course/ Training Required	Module/ Course Code	Provider	Cost £	Outline the Expected outcome for:	
						Directorate Objective	Strategic Objective

2. Training Required to Support Professional Registration

Staff Name /Band	Places Required	Module/Course/ Training Required	Module/Course Code	Provider	Cost £	Outline the Professional Requirement to be Met
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3. Training Required for Personal (Professional) Development

Staff Name /Band	Places Required	Module/Course/ Training Required	Module/Course Code	Provider	Cost £	Outline the Professional Requirement to be Met
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Figure 1. TNA template

The different sections of the TNA were devised to establish how the organisation’s objectives to deliver consistent high quality and safe services and be perceived as a leader in the areas of medical and multi-professional education, and community-based clinical research will be met.^[3]

Section 1 of the TNA indicates any training required for staff to be able to fulfil their current role or to develop the service to support corporate or directorate objectives. Section 2 any training staff must undertake in order to register with a governing body and Section 3 any training that staff would like to undertake in order to develop personally or professionally.

2.2 Data Collection

The organisation is composed of 7 Integrated Clinical Service Units (ICSUs) and consists of the following number of

staff per ICSU: Integrated Medicine (234), Surgery and Cancer (255), Emergency and Urgent Care (375), Children and Young People (418), Patient Access, Prevention & Planned Care (34), Woman’s Health (241) and Clinical Support Services (26).

A total of 48 TNAs were issued across both acute and community services and 37 were received which reflects a 77% compliance rate of submission. They were grouped under the 7 ICSUs as follows: Integrated Medicine 10 (27%), Surgery and Cancer 5 (13.5%), Emergency and Urgent Care 6 (16.2%), Children and Young People 10 (27%), Patient Access, Prevention & Planned Care 3 (8.1%), Woman’s Health 2 (5.4%) and Clinical Support Services 1 (2.8%). Two key data from the TNAs were collected by number of places requested by bands and CPD courses to establish whether

the organisation is heading towards the right direction of achieving its clinical strategic goals.

2.3 Data analysis

The data was arranged into 2 sets with the first one representing number of places requested for 3 different staff groups;

bands 2 to 4, band 5 and bands 6 to 8 and the second set representing 2 categories of CPD courses. The 2 sets of data were recorded on 2 separate spreadsheets under each ICSU to have an in-depth understanding of the TNA requests. To visualise the individuality of each data set over the 7 ICSUs two charts were generated (see Figures 2 and 3)

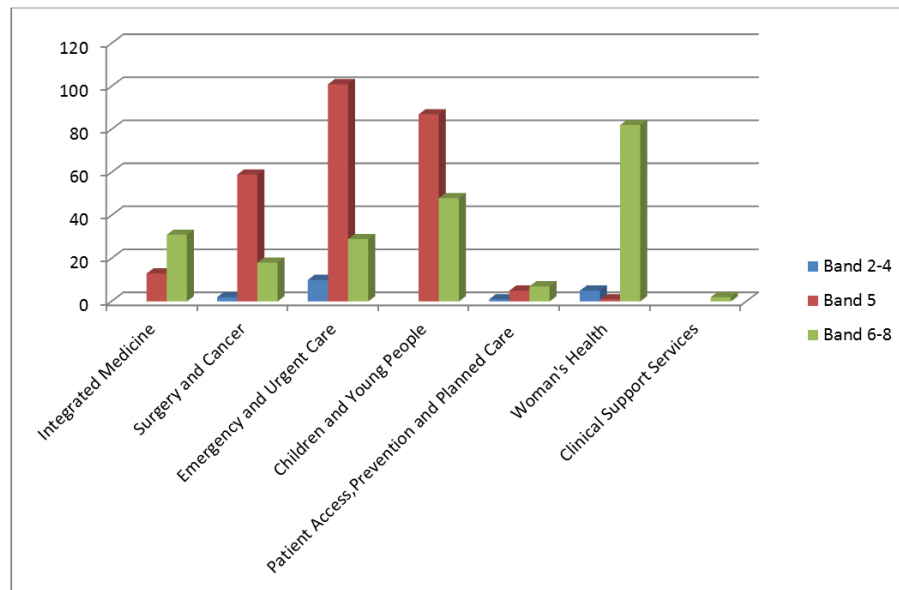


Figure 2. Training Needs Analysis by Bands 2016-17

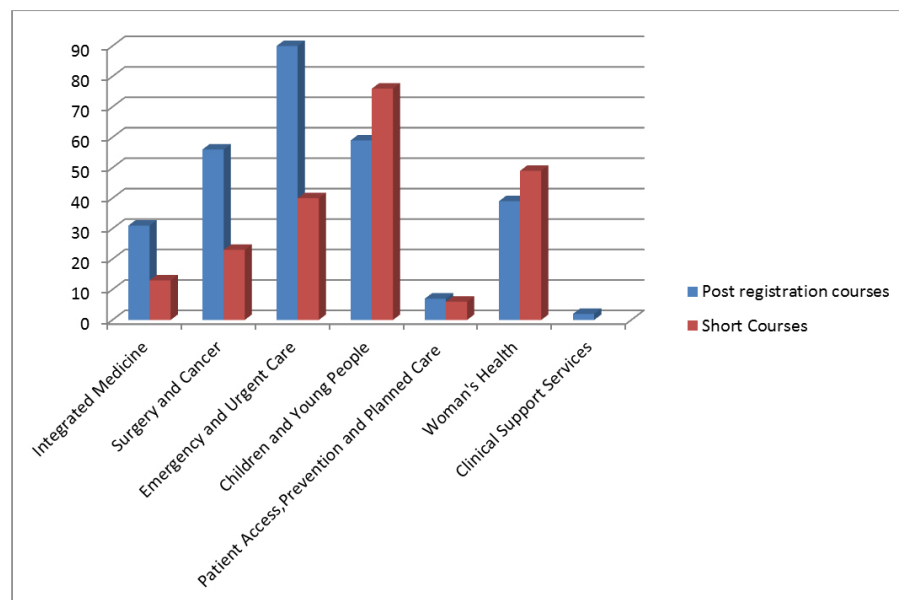


Figure 3. Training Needs Analysis by Courses 2016-17

3. FINDINGS

Figure 2 explains the amount of places requested by bands per ICSU. Bands 2 to 4 consist of Health Care and Mater-

nity support workers, band 5 are junior registered nurses and bands 6 to 8 are senior registered nurses, midwives and senior midwives. The analysis demonstrates that there is a

higher request rate (53%) to train band 5 junior nurses across all ICSUs with majority being across Surgery and Cancer, Emergency and Urgent Care and Children and Young People. This percentage reflects areas such as medical, surgical and paediatric wards, Theatres, ITU, District nursing, ambulatory care, emergency department, Health Visiting and school nursing with a predominant workforce of band 5. The percentage request of bands 6 to 8 across all ICSUs was 43% with the majority of request being from Woman’s Health and Clinical Support Services. The percentage reflects specialist nursing teams and maternity where the workforce starts from band 6 onwards. The result was positive in establishing how band 5 and above from each department will meet corporate goals; service delivery and the professional development of the workforce in line with NHS Improvement national framework and the CQC standards of quality and safety. However the findings also demonstrated that only 4% of request for bands 2 to 4 were made across all 7 ICSUs.

Figure 3 explains the amount of CPD courses requested per ICSUs. Courses requested were recorded under 2 main cate-

gories which are post registration courses and short courses. Post registration courses are university based accredited modules and short courses consists of study days, conferences and workshops. The analysis demonstrates that 58% of post registration courses and 42% of short courses were requested across all ICSUs with predominant post registration courses being across Integrated Medicine, Surgery and Cancer and Emergency and Urgent Care and short courses across Children and Young people and Woman’s Health. The percentage reflects areas such as medical and surgical wards, Theatres, ITU, District nursing, maternity, paediatric wards, ambulatory care and emergency department. The findings demonstrates that those areas requires essential specialist post registration courses such as mentorship, Physical Assessment, Non-Medical prescribing, maternity modules and Emergency, theatre and Intensive care nursing modules in order to meet the needs of service delivery and professional development. Table 1 shows a breakdown of top ten courses requested for each category out of a total of 79 different courses that were requested for the academic year across the 7 HEE contracted universities.

Table 1. Top 10 post registration and short courses requested for 2016/17

Post registration Courses	No of request	Short Courses	No of request
Mentorship	59	Neuro-Behavioural Physiological assess update	20
Introduction to Physical Assessment	12	CPD Update for Non-Medical Prescribers	20
Independent Prescribing	8	Improving diabetes management	12
Community Nurse Prescribing	8	Motivational Interviewing	10
Critical Care Nursing	6	Ear Care	8
Advanced Assessment of the presenting child	6	Improving dementia care	7
Practice Teacher	5	Improving Health and Wellbeing	6
Neonatal Intensive Care	5	Prevention and Management of Violence and Aggression	6
Assessing the Acutely Ill	3	Improving end-of-life care	4
Caring for the Acutely Ill	3	Advanced Wound Care	3

4. DISCUSSION AND RECOMMENDATION

The clinical education team needs to address and investigate the low percentage request for bands 2 to 4 to senior nursing and midwifery managers. The Cavendish Review^[14] reported that the health care support workforce is progressively going to need to be adjustable across health and social care. While certain competencies recommended will differ among sites, employees in both divisions are progressively going to need to exploit similar core awareness and access and therefore will need minimum training standards.^[14] The clinical education team will need to prioritise and make recommendation in identifying future training and development for this particular staff group in order to fully comply with

the national framework and CQC standards.

Barriers to CPD training will also need to be taken into consideration. Nursing and Midwifery managers will have to continue supporting their staff and ensure they received study leave to attend training. However a shortage of frontline staff could have an impact on training and course attendance as managers will be reluctant to release any permanent staff from their area to avoid spending on agency staff which will have a cost implication to their budget. A lack of commitment from staff to complete their CPD training to progress and a lack of motivation to change could be other barriers. CPD courses are essential for nurses and midwives to en-

sure their proficiency and revalidation are maintained to be able to practice safely and effectively to deliver quality care to patients. Care receivers can lay claim to access health-care professionals who maintain their updates on education, competencies and qualifications relevant to their field of practice.^[15] The knowledge gained from CPD will assist nurses, midwives and health care support worker with their role expansion and encourage their development into more senior role.

5. CONCLUSION

The high demand of training requests demonstrates that the organisation is on the right path towards achieving its strategic goals by supporting staff in professional development and

meeting their revalidation. The high percentage of submitted training needs analysis demonstrates how education and training is a key factor that will support the ICO in accomplishing its vital objectives by assuring staff are trained in the relevant skills, qualifications and competencies to provide great quality services across both acute and community services. This backs the ICO's workforce programme of being inventive, receptive and adjustable to the changing clinical demands of the regional community and its ambition to lower admissions and re-admissions through forward planning of its services and patient care.

CONFLICTS OF INTEREST DISCLOSURE

The author declares that there is no conflict of interest.

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