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Shaping the future for primary care education and training project. Best practise in education and training strategies for integrated health and social care: a benchmarking tool

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Shaping the Future for Primary Care Education & Training Project

Best Practice in Education and Training Strategies for Integrated Health and Social Care:

A Benchmarking Tool

Volume 7

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SECTION 1

How to use the benchmarking tool

About the benchmarking tool

This tool has been designed to encourage the systematic evaluation of current services offered in your organisation in relation to education and training. The aim of the benchmarking process is to enable your organisation to judge its ability in six domains: team working, communication, role awareness, personal and professional development, practice development and leadership and team working. Associated with each domain are a set of key questions you should ask about your services in relation to evidence-based 'best practice'. 'Best' practice has been identified and summarised through a systematic review of the literature and through consultation with services users and professionals.

The benchmarking process

There are 5 steps to the benchmarking process.

Step 1
Each benchmark domain comprises a set of key indicators. Examples of evidence have been provided for each indicator to help you judge whether your organisation has achieved the indicator in question. Examples of evidence are tagged as mandatory (M) i.e. the evidence must be available in order to achieve the indicator in question, or optional (O) i.e. your organisation may still achieve the indicator even in the absence of available evidence.

Example of an indicator from the communication benchmark domain

Communication strategy in place which is owned by all staff and service user groups
EXAMPLES OF EVIDENCE   • *Education & training strategy promotes the inclusion of verbal and written statements from users, carers and staff in the development of communication strategies (O)*   • *Current list of people involved in the development is evident (M)*   • *There is written evidence that demonstrates the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and education & training which has direct impact on improving services. (Associated Health and Social Care Standard[1] (AHSCS) 5th Domain) (M)*
EVIDENCE AVAILABLE   ☐   *Please Tick if achieved*

Each indicator should be discussed, available evidence should be entered into the text box, and a judgement made on whether the indicator has been achieved or not. The check box should be checked if the indicator has been achieved.

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[1] Department of Health, 2004. *National Standards, Local Action.* Health and Social Care Standards and Planning Framework, Department of Health, London.

Step 2
The number of boxes checked should be added together to provide a total score for the domain in question.

Example of organisational level for the communication benchmark domain

Total = 2	Total = 4	Total = 5	Total = 9
Level 1	**Level 2**	**Level 3**	**Level 4**
No strategies exist and ad hoc communication takes place. Some documentation	No clear strategies in place but small groups undertake documented communication across the partnerships and service user groups	There are clear formal communication strategies in place but they do not include/engage all staff in partnership organisations and service user groups	There is a clear, formal documented communication strategy in place across partnership organisations which include and engage all staff and service users

Step 3
The scores for all six domains should be added together to provide an overall organisational total benchmark score.

Organisational total benchmark score

Total = 6 or below	Total = 7-12	Total = 13-18	Total = 19 or above
Education and training strategy requires further development	**Good education and training strategy in place**	**Education and training strategy at consistent high level**	**Excellent, well developed education and training strategy**
The organisation demonstrates an emerging ability to provide education and training to support staff to deliver integrated services in primary care	The organisation demonstrates that they are meeting basic education and training needs in order to support staff to deliver and promote effective integrated services in primary care	The organisation demonstrates effective, innovative leadership in education and training in order to support staff to deliver and promote effective integrated services in primary care.	The emphasis at this level is on sustained performance. The organisation must demonstrate an overall culture that is innovative and consistently supportive of the development of staff through excellent education and training strategies to promote and deliver effective integrated services in primary care

Step 4
The benchmarking scores should be used to help to identify strengths and limitations within your education and training strategy. These should be summarised in an action plan.

Step 5
An evaluation date or deadline needs to be agreed for each action point to complete the benchmarking cycle.

Who should use the benchmarking tool?

Because each organisation is different, it may be useful to consider a variety of potential people who could carry out benchmarking. The tool requires the collection of evidence from a range of departments. The responsibility for conducting the benchmarking process should therefore be discussed within the training and education team. To accomplish this, a co-ordinator could be used to facilitate the collection and collation of the evidence. You may also like to involve others, such as service users and practitioners who may help to provide some of the evidence needed to complete the benchmark.

It is strongly advised that the benchmark scoring is not done in isolation. While a co-ordinator may help to collect the evidence required, decisions about the organisation's capability and capacity on relation to training and education for staff to work in integrated services should be discussed widely. It is recommended that once the evidence has been collected, it should be reviewed within the training and education department by those who have direct responsibility for developing and implementing and monitoring the training and educational strategy. This may necessitate the need for a number of people from within the department to review scores and devise an action plan to take training forward. As with the Essence of Care Benchmarks[2], it is expected that consensus and comparison be made in and between departments to ensure a holistic approach to the completion of the benchmark.
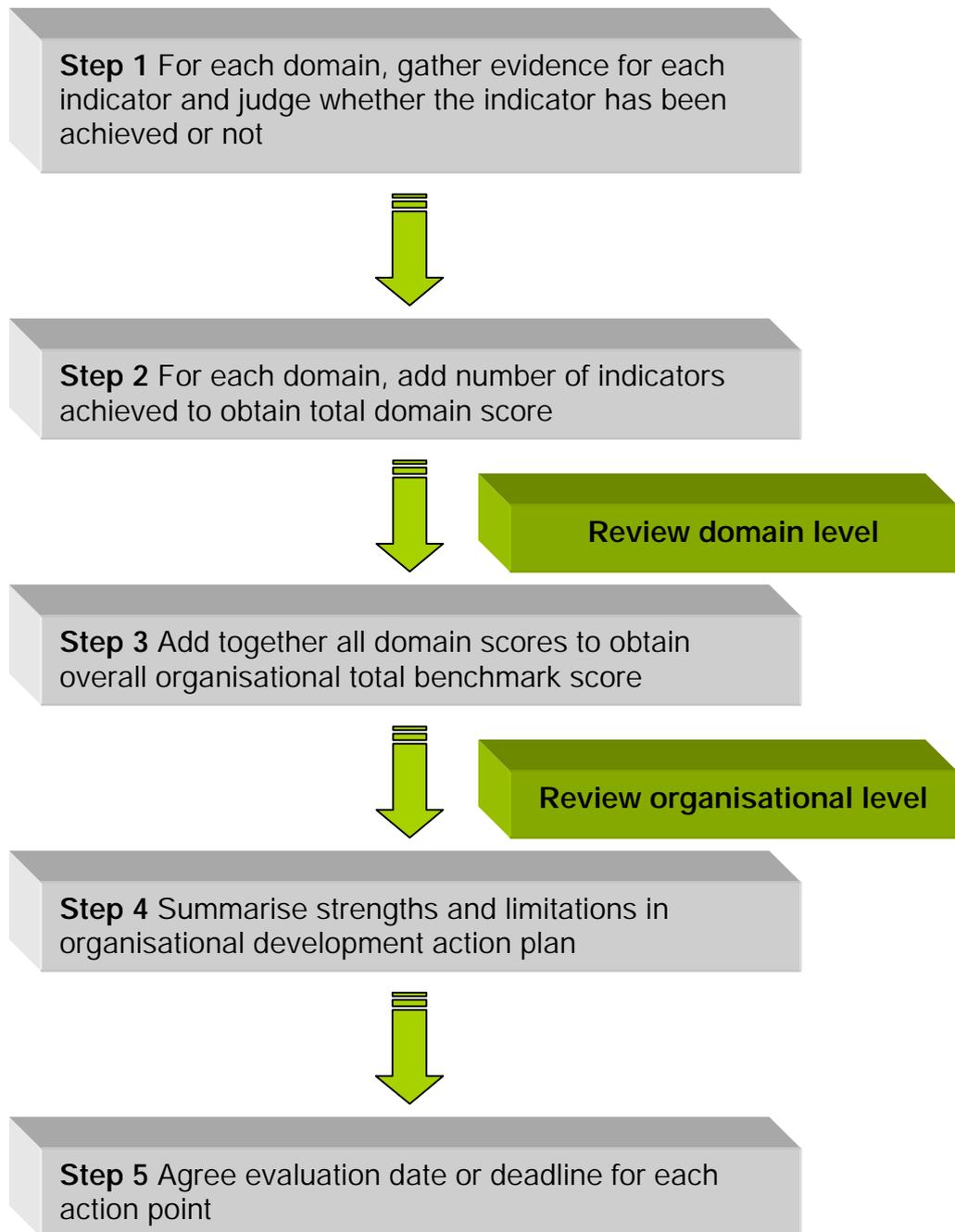
Avoiding duplication

In addition to the benchmarking tool, you may be involved with a number of other policy initiatives. To avoid duplication, the evidence collected for the benchmark tool may have already been collected. You should become familiar with other data collection activities which could inform the benchmarking process. Alternatively, evidence collected for benchmarking could be used to support other audits and accreditations, or the completed benchmark could act as a form of evidence to suggest that you have achieved a particular performance indicator. We advise, therefore, that evidence collected for this benchmarking should 'dovetail' with other projects within your organisation. This benchmarking tool includes performance indicators from the Knowledge and Skills Framework[3], the NatPact PCT Competency Framework[4]and the Health & Social Care Standards[1]. Benchmarking will, therefore, provide evidence to support your development within each of these policy areas.

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[2] Department of Health, 2001. *The Essence of Care – Patient Focused Benchmarks for Health Care Practitioners*, Department of Health, London.
[3] Department of Health, 2004. *The NHS Knowledge and Skills Framework (NHS KSF) and Development Review*, Department of Health, London.
[4] NHS Modernisation Agency, 2004. *The NatPact Primary Care Trust Competency Framework*, Department of Health, London.

Step 1 For each domain, gather evidence for each indicator and judge whether the indicator has been achieved or not

Step 2 For each domain, add number of indicators achieved to obtain total domain score

Review domain level

Step 3 Add together all domain scores to obtain overall organisational total benchmark score

Review organisational level

Step 4 Summarise strengths and limitations in organisational development action plan

Step 5 Agree evaluation date or deadline for each action point

Flow chart summarising the benchmarking process

SECTION 2

Example of a completed benchmark and organisational development action plan for the communication domain

Example of a completed communication domain benchmark (for illustration only)

Communication strategy in place which is owned by all staff and service user groups

EXAMPLES OF EVIDENCE
- Education & training strategy promotes the inclusion of verbal and written statements from users, carers and staff in the development of communication strategies (O)
- Current list of people involved in the development is evident (M)
- There is written evidence that demonstrates the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and education & training which has direct impact on improving services. (Associated Health and Social Care Standard (AHSCS) 5th Domain) (M)

EVIDENCE AVAILABLE

A number of verbal statements have been provided which supports inclusion of users and carers. Communication strategy working group members list also included

☒ *Please Tick if achieved*

Education and Training Strategy is in operation across all communication forums

EXAMPLES OF EVIDENCE
- Education strategy is reproduced in appropriate language, i.e. foreign, lay, brail. (M)
- The strategy is available in both hard and electronic copy (M)
- Education & training in a variety of languages is prominently displayed and readily available, and receptionists, practice nurses and clinical practitioners routinely provide information to patients, carers and members of the community. (NatPact 3.2.5) (M)
- The educational role of the trust is routinely mentioned in staff meetings, and forms part of the annual performance review (NatPact 3.1.2) (M)

EVIDENCE AVAILABLE

Although a communication strategy exists, it is not in operation across all sectors

☐ *Please Tick if achieved*

The organisation invests in education and training to equip all staff with IT skills and competencies

EXAMPLES OF EVIDENCE
- Financial statements relate to the support of IT education and those programmes which provide education to develop necessary skills for integrated working. (O)
- Financial statements are clear and aligned to the education & training strategy.(O)
- Health care organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patients care, choice and service planning.(AHSCS 3rd Domain: D6) (M)
- All members of the trust, especially those in contact with the public are encouraged and supported to develop basic skills in non-technical communication and training. (NatPact 3.1.6) (M)

EVIDENCE AVAILABLE

A number of financial statements are available, but the education & training needs for those skills to promote integrated working are not explicit

☒ *Please Tick if achieved*

Documentation exists which illustrates effective communication regarding the organisations business

EXAMPLES OF EVIDENCE
- Education & training strategy demonstrates the need for accurate and maintained records of communication across boundaries. This may include for example, emails, letters, minutes from meetings and copies of internal and external information provision. (O)

EVIDENCE AVAILABLE

A selection of emails, memos and minutes evidence good records of communication

☒ *Please Tick if achieved*

Opportunities are afforded staff from each partner/collaborative organisation to meet to discuss and organise implementation of shared education and training strategy

EXAMPLES OF EVIDENCE
- Evidence of representation in meetings which involve education & training. (O)
- A list of those people included in relevant discussions is evident coupled with responses from such people. (O)
- Level of involvement for each person is clearly stated. (M)

EVIDENCE AVAILABLE

Regular meetings are held with partners and the lists and levels of members are recorded and available

☒ *Please Tick if achieved*

A common language has been devised across organisations which is then disseminated to all staff and service users groups

EXAMPLES OF EVIDENCE
- Written accounts of meetings, minutes and any information are provided. (O)
- All communication responses are recorded. Any changes made ensure a common communication/ language. Education & training highlights types of communication problems encountered and strategies to resolve these. Problems with common communication are identified & recorded. (O)
- A level of agreement is evident between all parties involved in the communication/ dissemination process. (M)

EVIDENCE AVAILABLE

A common language is under development. There is still a tendency to use 'jargon'. We do have a number of service users who are helping us develop our communications

☐ *Please Tick if achieved*

Staff in integrated teams have well developed communication skills to enable them to work within and across inter-professional & inter-disciplinary boundaries

EXAMPLES OF EVIDENCE
- The NHS Knowledge and Skills Framework communication domain is used to identify level of communication skills. (O)
- Staff receive regular appraisal of communication. (O)
- Written evidence of recording and monitoring is available and steps (i.e. CPD activity and education & training to support the development of inter-professional communications skills) taken to develop communication skills. (M)

EVIDENCE AVAILABLE

No evidence available

☐ *Please Tick if achieved*

Communication modes such as IT and Internet access are available to all staff across partner organisations

EXAMPLES OF EVIDENCE
- Evidence of audits pertaining to IT resources. (O)
- Audit findings have been built into further education & training to help with the audit 'loop'. (O)
- Audit findings are acted upon and where any shortfalls occur, steps are taken to ensure that all have access to IT (M).

EVIDENCE AVAILABLE

No evidence available

☐ *Please Tick if achieved*

Evidence of sharing information across organisational boundaries

EXAMPLES OF EVIDENCE
- *Memos, letters, emails and documents which detail shared communication across professional and agency boundaries are evident (O).*
- *Distribution lists and attendance at meetings are recorded and monitored for equal representation across professional and agency boundaries (O).*
- *There is written Information about learning programmes as it relates to staff is effectively disseminated locally. (NatPact 4.2) (M)*
- *There is written Information about learning programmes is effectively disseminated. (NatPact 4.2.2) (M)*

EVIDENCE AVAILABLE

No evidence available

☐

Please Tick if achieved

TOTAL	**4**

In this example, four areas were crossed as achieved:

Total = 2	Total = 4	Total = 5	Total = 9
Level 1	**Level 2**	Level 3	Level 4
No strategies exist and ad hoc communication takes place .Some documentation	No clear strategies in place but small groups undertake documented communication across the partnerships and service user groups	There are clear formal communication strategies in place but they do not include/engage all staff in partnership organisations and service user groups	There is a clear , formal documented communication strategy in place across partnership organisations which include and engage all staff and service users

Example of a completed organisational development action plan for the communication domain (for illustration only)

Domain	Domain score	Action plan	Date to be achieved
Communication	4	Communication strategy needs to be in operation across all sectors. The education & training needs for those skills to promote integrated working need to be explicit. We need to set a deadline for the common language development. We need to ensure that the NHS KSF is implemented into the communication strategy. We need to record and monitor communication activity. There is some evidence of audits but the audit loop is not evident - we need to ensure that the audit loop is completed and adequate feedback provided	October 2006

SECTION 3

The Benchmarking Tool
Domain benchmarks
Team working
Communication
Role awareness
Personal and professional development
Practice development and leadership
Partnership working
Organisational total benchmark score
Organisational development action plan

Domain Benchmarks

Team Working

Teams are developed with appropriate skills and knowledge that are able to work and liaise collaboratively across organisations and agencies

EXAMPLES OF EVIDENCE
- *Education & training programmes includes a diverse range of teaching and learning strategies which include the use of trainers from all professional and non-professional groups (O).*
- *Team working is explicit and promoted as a key skill within education & training programmes (M).*
- *Cross organisational boundary working is explicitly promoted within learning objectives (O).*

EVIDENCE AVAILABLE ☐

Please tick if achieved

Teams are aware of all the member role functions and professional boundaries as appropriate

EXAMPLES OF EVIDENCE
- *Education & training programmes pertaining to teamwork development incorporate role awareness and role development as a central tenet within the structure (M).*
- *Learning objectives reflect the importance of role development in relation to integrated working (O).*

EVIDENCE AVAILABLE ☐

Please tick if achieved

Education and training strategies incorporate team working across organisations

EXAMPLES OF EVIDENCE
- *Team building and team working sessions/programmes are offered to all organisations (O).*
- *Written evidence of representation of other organisations is evident. Attendance lists reflect cross-organisational representation (O).*
- *There is written evidence that education & training promotes health and social care organisations work together and with social care organisations to meet the changing needs of the population by ensuring the continuous improvement of services through better ways of working (Associated Health & Social Care Standard 3rd Domain) (M)*

EVIDENCE AVAILABLE ☐

Please tick if achieved

Service planning and service provision takes account of the education and training required for whole teams when creating new roles

EXAMPLES OF EVIDENCE
- *Written and verbal evidence of close liaison between education & training and service development/planning (M).*
- *Regular communications between service planning and education is evident through letters, meetings, minutes, emails and distribution lists (O).*
- *Education & training strategy takes account of and includes local population demographics available and links programme development to the needs of the professional in new services and the user/carer (O).*

EVIDENCE AVAILABLE ☐

Please tick if achieved

Co-location (i.e. Teams working in the same building) of teams takes into account education and training for new ways of working

EXAMPLES OF EVIDENCE
- *Education & training programmes promote co-location as a method of collaboration (O).*
- *The advantages of co-location is built into team working learning objectives.(O)*

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Students in placements gain experience of team working across inter-professional/integrated boundaries

EXAMPLES OF EVIDENCE
- *Education & training strategy includes innovative student placements. This may include for example, role shadowing, the placement of students with other professional groups as part of practice experience (O).*
- *Clinical placements take account of multi and inter-professional, cross agency working. Students are offered the opportunity to work in a variety of settings utilising alternative and specialist placements in a range of settings (M).*
- *There is written evidence that The PCT has well established mechanisms to support multi-disciplinary team working (NatPact 4.1.8) (M)*

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Team working is visible and effective across all the partner organisations and across all levels of organisation management

EXAMPLES OF EVIDENCE
- *Audits of team working and partnership arrangements are evident and accessible.(O)*
- *Written evidence of audit findings use within future partnership and team working development (O).*
- *Distribution list, meetings attendance reflects full partnership and team working across all appropriate organisations and agencies (O). There is written evidence that education & training actively encourages multi-disciplinary training. (NatPact 4.2.4) (M)*

EVIDENCE AVAILABLE	☐
	Please tick if achieved

TOTAL

Team Working Domain Benchmark

Total = 2	Total = 3	Total = 4	Total = 7
Level 1	**Level 2**	**Level 3**	**Level 4**
Team working is effective in individual partner organisations	Team working is in place and effective use across some areas of partnership organisations	Some team working is effectively managed across all partnership organisations	Effective team working is visible and managed across all partnership/integrated organisations

Communication

Communication strategy in place which is owned by all staff and service user groups

EXAMPLES OF EVIDENCE
- *Education & training strategy promotes the inclusion of verbal and written statements from users, carers and staff in the development of communication strategies (O)*
- *Current list of people involved in the development is evident (M)*
- *There is written evidence that demonstrates the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and education & training which has direct impact on improving services. (Associated Health & Social Care Standard 5th Domain) (M)*

EVIDENCE AVAILABLE ☐

Please tick if achieved

Education and Training Strategy is in operation across all communication forums

EXAMPLES OF EVIDENCE
- *Education strategy is reproduced in appropriate language, i.e. foreign, lay, brail. (M)*
- *The strategy is available in both hard and electronic copy (M)*
- *Education & training in a variety of languages is prominently displayed and readily available, and receptionists, practice nurses and clinical practitioners routinely provide information to patients, carers and members of the community. (NatPact 3.2.5) (M)*
- *The educational role of the trust is routinely mentioned in staff meetings, and forms part of the annual performance review (NatPact 3.1.2) (M)*

EVIDENCE AVAILABLE ☐

Please tick if achieved

The organisation invests in education and training to equip all staff with IT skills and competencies

EXAMPLES OF EVIDENCE
- *Financial statements relate to the support of IT education and those programmes which provide education to develop necessary skills for integrated working. (O)*
- *Financial statements are clear and aligned to the education & training strategy.(O)*
- *Health care organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patients care, choice and service planning.(AHSCS 3rd Domain: D6) (M)*
- *All members of the Trust, especially those in contact with the public are encouraged and supported to develop basic skills in non-technical communication and training. (NatPact 3.1.6) (M)*

EVIDENCE AVAILABLE ☐

Please tick if achieved

Documentation exists which illustrates effective communication regarding the organisations business

EXAMPLES OF EVIDENCE
- *Education & training strategy demonstrates the need for accurate and maintained records of communication across boundaries. This may include for example, emails, letters, minutes from meetings and copies of internal and external information provision. (O)*

EVIDENCE AVAILABLE ☐

Please tick if achieved

Opportunities are afforded staff from each partner/collaborative organisation to meet to discuss and organise implementation of shared education and training strategy

EXAMPLES OF EVIDENCE

- *Evidence of representation in meetings which involve education & training. (O)*
- *A list of those people included in relevant discussions is evident coupled with responses from such people. (O)*
- *Level of involvement for each person is clearly stated. (M)*

EVIDENCE AVAILABLE

☐

Please tick if achieved

A common language has been devised across organisations which is then disseminated to all staff and service users groups

EXAMPLES OF EVIDENCE

- *Written accounts of meetings, minutes and any information are provided. (O)*
- *All communication responses are recorded. Any changes made ensure a common communication/ language. Education & training highlights types of communication problems encountered and strategies to resolve these. Problems with common communication are identified & recorded. (O)*
- *A level of agreement is evident between all parties involved in the communication/ dissemination process. (M)*

EVIDENCE AVAILABLE

☐

Please tick if achieved

Staff in integrated teams have well developed communication skills to enable them to work within and across inter-professional & inter-disciplinary boundaries

EXAMPLES OF EVIDENCE

- *The NHS Knowledge and Skills Framework communication domain is used to identify level of communication skills. (O)*
- *Staff receive regular appraisal of communication. (O)*
- *Written evidence of recording and monitoring is available and steps (i.e. CPD activity and education & training to support the development of inter-professional communications skills) taken to develop communication skills. (M)*

EVIDENCE AVAILABLE

☐

Please tick if achieved

Communication modes such as IT and Internet access are available to all staff across partner organisations

EXAMPLES OF EVIDENCE

- *Evidence of audits pertaining to IT resources. (O)*
- *Audit findings have been built into further education & training to help with the audit 'loop'. (O)*
- *Audit findings are acted upon and where any shortfalls occur, steps are taken to ensure that all have access to IT. (M)*

EVIDENCE AVAILABLE

☐

Please tick if achieved

Evidence of sharing information across organisational boundaries

EXAMPLES OF EVIDENCE
- Memos, letters, emails and documents which detail shared communication across professional and agency boundaries are evident (O).
- Distribution lists and attendance at meetings are recorded and monitored for equal representation across professional and agency boundaries (O).
- There is written Information about learning programmes as they relate to staff and this is effectively disseminated locally. (NatPact 4.2) (M)
- There is written Information about learning programmes and this is effectively disseminated. (NatPact 4.2.2) (M)

EVIDENCE AVAILABLE   ☐

Please tick if achieved

TOTAL

Communication Domain Benchmark

Total = 2	Total = 4	Total = 5	Total = 9
Level 1	**Level 2**	**Level 3**	**Level 4**
No strategies exist and ad hoc communication takes place .Some documentation	No clear strategies in place but small groups undertake documented communication across the partnerships and service user groups	There are clear formal communication strategies in place but they do not include/engage all staff in partnership organisations and service user groups	There is a clear , formal documented communication strategy in place across partnership organisations which include and engage all staff and service users

Role Awareness

All roles and responsibilities are defined in job descriptions which can be accessed by staff

EXAMPLES OF EVIDENCE
- Evidence of clearly labelled and managed records of all job descriptions held by the HR department is available. (O)
- Evidence of accessibility i.e. – online availability, clear record in individuals personal details and job specification. (O)
- Regular audits of roles and definitions are undertaken by HR. (O)
- Awareness of role definitions is included in HR induction and through education & training strategy.(O)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Service users are given definition of roles and responsibilities of teams responsible for their care

EXAMPLES OF EVIDENCE
- Evidence of written information is provided to users and carers which outlines roles and responsibilities. (M)
- Audits of carers and users in relation to the provision of information and their awareness of team roles are available. (O)
- Education & training strategy includes the importance of role information provision and awareness and take account of audit findings. (M)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Roles and responsibilities within teams are clearly understood and managed

EXAMPLES OF EVIDENCE
- There is written evidence of HR and line manger involvement with role awareness development. (O)
- Education & training for HR and managerial staff to raise awareness of role definitions is evident and there are clear links between role description and job specification. (O)
- Audits which demonstrate that education & training resources promote staff awareness of their responsibilities to fulfil local and national clinical governance requirements (NatPact 1.4.2) (M)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Staff are prepared for any new roles introduced into their team

EXAMPLES OF EVIDENCE
- There is written and verbal evidence of education and training to support role awareness and development and provide evidence of induction to teams, such as away days, clear information provision about the team and dissemination of others roles and responsibilities within the team. (M)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Shared learning opportunities are available for staff and students on placements which facilitates role understanding

EXAMPLES OF EVIDENCE

- The education & training strategy incorporates shared training activities which relate to role development and awareness. For example, inter-professional role awareness days, team building sessions.(O)
- Training sessions record professional groups involved and evaluates outcomes (O).
- Education and Training strategy demonstrates evidence of regular inter-professional training (M).

EVIDENCE AVAILABLE ☐

Please tick if achieved

A variety of innovative learning opportunities are in place to enable role understanding for staff

EXAMPLES OF EVIDENCE

- The education & training strategy takes account of and includes a range of teaching and learning to support inter-professional working, This may include for example, shared training between two or more professional groups, involvement of the carer or user in training initiatives, evidence of 'role shadowing' or mixed professional clinical placements.(M)

EVIDENCE AVAILABLE ☐

Please tick if achieved

Role awareness education for service users should be in place to ensure effective communication and appropriate use of services

EXAMPLES OF EVIDENCE

- The education & training strategy includes regular role awareness training days for carers and users. (O)
- There is written and verbal evidence of involvement of carers in the development of training days and evidence of carer/user evaluation of outcomes. (O)
- There is written evidence of organisational and personal development programmes which recognise the contribution and value of staff and address where appropriate, under representation of minority groups (*Associated Health & Social Care Standard* 3rd Domain – C8b) (M)

EVIDENCE AVAILABLE ☐

Please tick if achieved

TOTAL

Role Awareness Domain Benchmark

Total = 2	Total = 4	Total = 5	Total = 7
Level 1	**Level 2**	**Level 3**	**Level 4**
There is distinct lack of clarity about role definitions and responsibilities across all partner organisations	There is limited definition and understanding of roles and responsibilities within and between staff teams across all partner organisations	There is documented definition of roles and responsibilities within and between staff teams across all partner organisations	There is a defined documented and shared understanding of roles, responsibilities and relationships within and between staff teams and service users across all partner organisations

Personal and Professional Development

Supportive environments exist to enable personal and professional development in integrated working to take place

EXAMPLES OF EVIDENCE
- There is dedicated education & training available for managers to support individuals' needs for integrated working. (M)
- There are audits of clinical placement facilities and resources available. (O)
- There is written evidence (through audit) of regular appraisals which include monitoring of individuals integrated working. (O)
- There is evidence that audit findings are utilised within future education & training strategy. (M)
- Verbal and written statements from individuals concerning appraisals are available. (O)
- There is evidence of action planning for shortfalls or gaps in support mechanisms. (O)
- There is written evidence that education & training promotes clinical governance management structure which supports the monitoring of clinical practice through supervisions, staff development review and PDP's. (NatPact 1.3.1) (M)
- There is an informed awareness of the learning implications of major national documents. (NatPact 5.1.3) (M)
- There is evidence of a culture or climate of learning and staff are encouraged to maintain personal learning portfolios to reflect on learning gained. (NatPact 5.1.5) (M)
- There is written evidence of a regular programme of professional development activities, perhaps in collaboration with other trusts. (NatPact 5.1.7) (M)
- There is audit evidence that staff are encouraged to participate in relevant learning opportunities as they become available. (NatPact 5.1.9) (M)
- Financial statements should demonstrate that the PCT uses its continuous professional development funds to ensure protected time for PCT staff learning and enables staff to undertake CPD.(NatPact 5.2) (M)
- There is written evidence that the PCT supports the development and implementation of facilities for e-learning. (NatPact 5.3.2) (M)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Flexible learning opportunities exist which enable the workforce to access inter-professional/integrated working programmes

EXAMPLES OF EVIDENCE
- The education & training strategy incorporates regular inter-professional training activity.(M)
- Lists of staff who has attended are available. (O)
- There is written evidence of adverts and information provision about IP training days. (O)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Being able to work in an integrated way is built into all role descriptions and job specifications

EXAMPLES OF EVIDENCE
- All job specifications include inter-professional and inter-agency working as a key responsibility. (O)
- Clear written descriptions of inter-professional activity are provided in the job specification.(O)
- Training & education for is available for HR department on the development of job specifications (to include inter-professional activity) (O)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Personal and professional development programmes need to incorporate all the elements of successful integrated working

EXAMPLES OF EVIDENCE
- There is written and verbal evidence of professional development training programmes which include role awareness sessions, development of leadership skills, communication strategies, team building awareness and partnership working.(O)
- There is written evidence that health care organisations ensure that staff concerned with all aspects of the provision of health care b] participate in mandatory training programmes and c] participate in further professional and occupational development commensurate with their work and (*Associated Health & Social Care Standard* 3rd Domain C11 b,c) (M)

EVIDENCE AVAILABLE

☐

Please tick if achieved

Service users are included in staff personal and professional development programmes across the partner organisations

EXAMPLES OF EVIDENCE
- There is written evidence of services user and carer attendance on professional development programmes. Copies of invitations, learning outcomes and specific objectives are available. (O)
- Audits of service user evaluations of training days are used to develop training. (O)
- There is written evidence that heath care organisations work together and with social care organisations to ensure that current and future education & training meets the changing health needs of their population by having and appropriately constitute workforce with appropriate skills mix across the community. (*Associated Health & Social Care Standard* 3rd Domain D5) (M)

EVIDENCE AVAILABLE

☐

Please tick if achieved

Training and supervision is in place to facilitate and develop personal and professional development

EXAMPLES OF EVIDENCE
- PDP planning is included and explicit in the education & training strategy. (M)
- There are available regular PDP sessions for all staff evident within training & education programmes. (M)
- Lists of staff attendance on PDP training days are available to provide evidence of inter-professional attendance on PDP training days. (O)
- There is evidence of mechanisms in place for disseminating knowledge of effective education, training and continuing professional development (CPD) practice. (NatPact 4.2.1) (M)

EVIDENCE AVAILABLE

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Please tick if achieved

TOTAL

Personal and Professional Development Domain Benchmark

Total = 2	Total = 4	Total = 5	Total = 6
Level 1	**Level 2**	**Level 3**	**Level 4**
Personal and professional development plans are not fully operational across individual partnership organisations	Partnership organisations have their own personal and professional development plans. No sharing across partnership organisations	Partnership organisations have their own personal and professional development plans established and some sharing across partnership organisations	There is an integrated approach to personal and professional development across all partnership organisations, including life long learning and career development pathways

Practice Development and Leadership

Leaders are identified and educated to lead integrated health and social care services

EXAMPLES OF EVIDENCE
- Leadership training programmes are offered within education & training. (M)
- There is effective use of national programmes for example LEO to support leadership training (M).
- Managers are supported through education and training to identify potential leaders to enrol onto leadership programmes. (O)
- There is written evidence to demonstrate that the education & training strategy promotes health care organisations ensure they effective clinical and managerial leadership. (AHSCS 2nd Domain C5) (M)
- There is evidence education & training which supports good co-ordination to provide a seamless service across all organisations that need to be involved, especially social care organisations. (*Associated Health & Social Care Standard* 2nd Domain C5) (M)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Practice development is led by leaders who take account of culture change needed to ensure effective working in integrated health and social care

EXAMPLES OF EVIDENCE
- There are regular training and updates on policy within health and social care for all leaders of integrated services. (M)
- There is written and verbal evidence of regular appraisal of education programmes to support leaders. (M)
- There is written and audit evidence to demonstrate that education & training supports leaders in Health care organisations to continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients (*Associated Health & Social Care Standard* 1st Domain D1) (M)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

There is collaboration between partner organisations and external organisations such as Higher Education to ensure skills and knowledge base meets the requirements of service and user outcomes

EXAMPLES OF EVIDENCE
- Education & training strategies take account of and incorporate appropriate programmes offered by H.E. For example, support and funding of places on those programmes or modules which support the development of integrated services and skills required to lead such services (for example, MSc Collaborative Care programme and BSc Inter-professional practice module) (M)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Performance management frameworks for education and training strategies for integrated health and social care are incorporated into organisational accountability agreements and development plans

EXAMPLES OF EVIDENCE
- Education & training strategies are audited against benchmarks and the findings disseminated to the wider workforce. (M)
- Audit findings are used to support development of an education & training strategy which takes account of integrated service needs within primary care. (M)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

Practice development demonstrates integration of services and practices

EVIDENCE AVAILABLE ☐

Please tick if achieved

TOTAL

Practice Development and Leadership Domain Benchmark

Total = 2	Total = 3	Total = 4	Total = 5
Level 1	**Level 2**	**Level 3**	**Level 4**
Only some services are led and managed to develop practice	Only some organisations and services are led and managed to develop practice	Individual organisations and services are led and managed to develop practice	Organisations and services are led and managed in an integrated way in order to develop practice

Partnership Working

Each health and social care organisation provides representation to ensure support at strategic level for education and training partnership

EXAMPLES OF EVIDENCE
- Education & training strategy meetings include representation from health and social services, users and carers. (O)
- Lists of membership, copies of minutes and memos to reflect equal representation. (O)

EVIDENCE AVAILABLE

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Please tick if achieved

A joint Education and Training Group (including HEI/FE) exists to deliver education and training across the organisation/service

EXAMPLES OF EVIDENCE
- Examples and written evidence of joint working between HEI's and FE include equal representation on education & training board members, evidence of minutes, memos, emails and distribution lists. (O)
- Ownership and development of education & training strategies demonstrate evidence of cross agency/organisational work including the services user and or carers through membership, attendance records, letters and memos. (O)
- There is written evidence that education & training Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population serviced and reduce health inequalities between different population groups and areas. (*Associated Health & Social Care Standard* 7th Domain) (M)
- There is written evidence that health care organisations promote, protect and demonstrably improve the health of the community serviced and narrow health inequalities by; a] co-operating with each other and with Local Authorities, c] making appropriate and effective contribution to local partnership arrangements including local strategic Partnerships and Crime & Disorder Reduction Partnerships (AHSCS 7th Domain: C22) (M)
- There is written evidence that the PCT collaborates with other relevant organisations in informing and developing coherent local education and training strategies within the national context. The education & training strategy is linked to a local education and training strategy which reflects national education and training priorities. (1.1.2:NatPact) (M)
- The PCT is involved in partnerships on learning initiatives. (NatPact 1.1.3) (M)
- Verbal evidence that the PCT is highly regarded as a site for trainee practitioners and others considering a career in health care. (NatPact 4.1) (M)
- Written evidence that the PCT has established linkages with relevant education and training bodies; local school, colleges and universities as well as professional associations. (NatPact 4.1.1) (M)
- Policy evidence that the trust has an explicit policy on learning for all staff, which is aligned with the Workforce Development Plan for the strategic health authority. (NatPact 5.1.1) (M)c

EVIDENCE AVAILABLE

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Please tick if achieved

A relevant Education and Training Needs Analysis Tool is used to identify joint education and training needs

EXAMPLES OF EVIDENCE
- Education & training strategy is supported by recent training needs analysis. (O)
- Evidence of tools (s) used is available including outcomes and actions taken to meet the needs of the training needs analysis. (O)

EVIDENCE AVAILABLE

☐

Please tick if achieved

Service level agreements are targeted at commonly shared education and training programmes

EXAMPLES OF EVIDENCE
- Evidence of service level agreements which reflect common shared training programmes including evaluations of funding to support shared training are accessible. (O)
- There is written evidence of partnership agreement between health and social care, FE and HEI's to reflect joint planning for shared common programmes. (O)

EVIDENCE AVAILABLE ☐

Please tick if achieved

Identifying and developing skills and competencies in partnership working is included in organisational/service needs analysis

EXAMPLES OF EVIDENCE
- Skills analysis tools include provision for partnership development, partnership theory and potential use of partnership assessment training & tools. (O)

EVIDENCE AVAILABLE ☐

Please tick if achieved

Each organisation/service respects and understands the function and priorities of each other

EXAMPLES OF EVIDENCE
- There is written evidence of equality and representation within service level agreements and education & training planning through minutes, framework developments and SLA membership representation. (M)
- Education & training strategic development take account of the organisation and population which they serve through use of epidemiological data. (O)

EVIDENCE AVAILABLE ☐

Please tick if achieved

Service users are involved in education and training developments

EXAMPLES OF EVIDENCE
- There is written evidence of membership of service users and carers in education & training development groups through meeting attendance, minutes, memos and other forms of communication. Education & training strategy meetings include services users and or carers. (O)
- Lists of membership, letters, memos and emails include representation of services users and cares are available. (O)

EVIDENCE AVAILABLE ☐

Please tick if achieved

A Framework has been developed to deliver cross organisation education and training

EXAMPLES OF EVIDENCE
• There is written and verbal evidence of an agreement or developing education & training framework which includes and takes account of health and social care, service users and carers and voluntary and independent sectors in collaboration with HEIs. (M)

EVIDENCE AVAILABLE	☐
	Please tick if achieved

TOTAL

Partnership Working Domain Benchmark

Total = 2	Total = 3	Total = 4	Total = 8
Level 1	**Level 2**	**Level 3**	**Level 4**
Some structures and systems are in place but they are not used to develop a partnership approach in education and training strategies across health and social care organisations /services	Structures and systems are in place but they are not being used to deliver a partnership approach in education and training strategies across health and social care organisations/ services	There is an established but not consistently utilised framework to deliver a partnership approach in education and training strategies across health and social care organisations/ services	There is an established and utilised framework to deliver a partnership approach to education and training across health and social care organisations/services

Organisational total benchmark score

Please take into account all the scores calculated in each domain. These scores need to be collated to provide an organisational score.

TOTAL

Now use the benchmark below to ascertain your organisations potential development needs:

Total = 6 or below	Total = 7-12	Total = 13-18	Total = 19 or above
Education and training strategy requires further development	**Good education and training strategy in place**	**Education and training strategy at consistent high level**	**Excellent, well developed education and training strategy**
The organisation demonstrates an emerging ability to provide education and training to support staff to deliver integrated services in primary care	The organisation demonstrates that they are meeting basic education and training needs in order to support staff to deliver and promote effective integrated services in primary care	The organisation demonstrates effective, innovative leadership in education and training in order to support staff to deliver and promote effective integrated services in primary care.	The emphasis at this level is on sustained performance. The organisation must demonstrate an overall culture that is innovative and consistently supportive of the development of staff through excellent education and training strategies to promote and deliver effective integrated services in primary care

Organisational Development Action Plan

Domain	Domain score	Action plan	Date to be achieved
Team Working			
Communication			
Role Awareness			
Personal and Professional Development			
Practice Development and Leadership			
Partnership Working			

Signature of Assessor: _____

Signature of Key Implementer: _____