



Connecting
higher education,
skills and work

Interim Report

**Addressing the training needs for
voluntary, private and charity
based health care providers**

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Care Sector Development Group

December 2008

GMSA pilot study – Stage 1

To identify the training needs of health providers across the voluntary/charity and private sectors in Greater Manchester

This project has been commissioned by the Greater Manchester Strategic Alliance in order to make connections with healthcare providers from the voluntary, charity and private sectors. They work independently and are generally not reached by educational and training providers that address the needs of Trust based organisations. By mapping organisations across Greater Manchester and interviewing a selected sample, a better understanding of their training needs will be developed, and stronger relationships can be developed with the training providers. In addition, the Health and Social Care Sector Skills and Productivity Alliance will benefit from greater insight into the skills and training needs of healthcare providers across all sectors.

Scope and Reach

The boundary of the study is defined as Greater Manchester; comprising the 10 Boroughs located within its boundaries.



It has a population of 2.55 million* with overall ethnicity as follows.

91.1%	White
5.6%	South Asian
1.2%	Black British
2.1%	Mixed Race and Chinese

* Office for National Statistics 2006

Map from: www.gmpf.org.uk

Initial data on the numbers of organisations in the voluntary/charity sector, and the private sector within Greater Manchester to be collected and collated. The scope of the study is defined by organisations identified broadly as providers of healthcare to the local community. For the purpose of this study we have excluded larger national organisations that do not have a dedicated operating base in Greater Manchester.

Sources

There is no easily accessible, common source of identifiable data across the sectors that can provide reliable data to the pilot study. Searches have revealed a number of potential sources; detailed mapping of either sector would be a lengthy and pain-staking business, well beyond the resources available to the pilot study. Therefore some pragmatic decisions have been made in order to progress the pilot to time and budget.

However, it is worth noting that some mapping is being undertaken currently e.g. Manchester Alliance for Community Care (www.macc.org.uk) have recently started mapping third sector organisations in community care, including categories of Children & Families, Older People, Mental Health and Health & Wellbeing. They note that there are well over 1000 voluntary groups in Manchester alone. Also the Health Partnership of Greater Manchester Centre for Voluntary Organisations (www.gmcvo.org.uk) is undertaking a research brief to map the scope for commissioning from the third sector. These may be of use if extending this work at a later stage.

Voluntary Organisations

Databases or directories provided by local Council of Voluntary Services (CVS's) have been used, as they are considered to be most authoritative source of voluntary and charity organisations in each of the boroughs. They are also the source most likely to actively engage organisations targeting ethnic minorities. This means that some organisations who are not members of their CVS, or not listed by them, will not be included. A more thorough (though time-consuming) approach would be to produce a list of the organisations and compare the findings from different data sources.

Some of the CVS provide on-line directories, and some have hard copy directories. Databases are held in house by some organisations but these are data protected and therefore not immediately accessible, requiring a request for information on the number of organisations to be submitted. In addition, GMCVO have circulated a request for organisations in their Health Partnership to cooperate with the study, and partners in GMSA Health Forum have been requested to submit details of contacts or directories within their local areas.

Within the voluntary sector there are different categorisations used by each of the different directories – some use an overall category of 'Health and Social Care Providers' whereas others use a general category of 'Healthcare Providers'. In addition, different sub-categories are used. Many organisations provide a range of services which fall into more than one of the sub-categories, which means they are counted more than once.

Without detailed research and assessment into the portfolio of individual organisations, it is difficult to be clear about which have a specific health focus, and into which category of healthcare provision they fall. A more thorough approach would involve a standardised categorisation and would require consulting with individual organisations to determine their main focus.

For the purpose of the pilot study we have begun mapping the numbers of organisations identified from a single common source across each of the boroughs (i.e. the local CVS), even though this is not consistent as the amount and accessibility of data varies (see Table A).

Table A: Sources of Data - Voluntary Sector

1. Greater Manchester	Total number of organisations obtained from contact in GMCVO www.gmcvo.org.uk Article placed in GMCVO Health Partnership Bulletin, requesting organisations to volunteer to take part in the study - has been circulated to its 400 organisations
2. City of Manchester	Manchester City Council database of local groups - obtained from www.vamanchester.org.uk/Links/links.htm
3. Stockport	Awaiting information from Stockport CVS www.stockportcvs.org.uk
4. Tameside	www.tamesidecommunity.org.uk
5. Oldham	www.vaoldham.co.uk
6. Rochdale	Awaiting information from Rochdale www.cvsr.org.uk
7. Bury	http://www.bury.gov.uk/leisureandculture/libraries/onlinelibrary/communitycontacts/default#results
8. Bolton	Awaiting information from Bolton CVS www.boltoncvs.org.uk
9. Wigan	http://www.cvswl.org/searchall.php
10. City of Salford	www.salford.colsal.org.uk/
11. Trafford	www.salecommunityweb.co.uk/charities.htm

Table B below shows the number of voluntary/charity healthcare providers identified in each CVS. As an example, the numbers of organisations in each category in the City of Manchester has been expanded using data from Manchester City Council list of local organisations. As the same categorisation is not available for the other boroughs, it would be possible to produce general extrapolation from the data in Table B, together with data Table C, which shows the number of voluntary/charity organisations in each borough in context of borough population numbers.

Data is still outstanding from some of the CVS's as indicated.

Table B: Number of voluntary/charity health providers in Greater Manchester boroughs

	Boroughs	Gtr Manchester 1	City of Manchester* 2	Stockport 3	Tameside 4	Oldham 5	Rochdale 6	Bury 7	Bolton 8	Wigan 9	Salford 10	Trafford 11
	No of organisations	400	112	Awaiting data	106	45	Awaiting data	41	Awaiting data	20	9	23
1	Alternative Therapies		17									
2	Children & young people		5									
3	General health		3									
4	Men		-									
5	Gay/lesbian		2									
6	Mental health		16									
7	Disabilities		1									
8	Older people		2									
9	Sexual health		4									
10	Substance abuse		5									
11	Women		2									
12	Ethnic minorities		13									
13	Support groups		49									
14	Exercise		6									

N.B. Some organisations carry out work which covers more than one category, and so they are counted more than once.

Table C: Data on population and overall number of voluntary and charity organisations in Greater Manchester boroughs

District	City of Manchester 2	Stockport 3	Tameside 4	Oldham 5	Rochdale 6	Bury 7	Bolton 8	Wigan 9	Salford 10	Trafford 11
Population*	432,400	282,600	213,600	218,000	206,700	181,700	263,700	303,900	216,400	211,700
Number of VCS groups	2000	458	800	900	1200	300	1358	1687	974	500
Number of VCS groups per 1000 population	4.6	1.6	3.7	4.1	5.8	1.6	5.1	5.5	4.5	2.4
Deprivation Index <i>(1 to 354, 1 being the highest level and 354 the lowest level of deprivation)*</i>	2	159	49	43	25	97	50	53	12	136

*Source: Neighbourhood Statistics. The Office for National Statistics, www.neighbourhood.statistics.gov.uk, accessed in Aug 2005.

Table adapted from **Spinning the Spider's Web**, (2005) Susanne Martikke with Serena Tramonti. Published by GMCVO on behalf of the Greater Manchester Infrastructure (ChangeUp) Consortium

Private providers

These can be identified via local on-line business directories, and also via directories held by professional bodies. Again categorisation is not consistent across different data sources when using the business directories – in some cases, healthcare providers are grouped together under one heading with no categorisation, and in other cases, they are sub-divided into broad brush categories. Other data sources provide further sub-divisions under an array of professional services. Searching the directories of professional bodies (such as General Osteopathic Council) provide a list of specific providers but not divided into suitable geographic categories.

To get a comprehensive picture of the range of healthcare providers available, it would be preferable to compare the results from several sources, but the differences in categorisation make meaningful comparison difficult. So we have chosen a single source of data (www.accessplace.com) which provided useful sub-categories under 'Health', and covered most of the Greater Manchester boroughs. However, this does not provide a full picture, as no organisations are classified to be in Tameside or Stockport.

Further searches were undertaken to provide numbers for private hospitals and hospices, as indicated in the notes under Table D below.

Next stages

1. Gather rest of the data from CVS and other sources to obtain best overall picture.
2. Decide on criteria to be used to select organisations, including boroughs, sectors and categories.
3. Consider comparisons to be made across the North West.
4. Pilot interview process in five organisations in Merseyside to provide some contrasting information.
5. Contact organisations to arrange a schedule of visits to achieve 100 interviews.

Table D: Number of private health providers in Greater Manchester boroughs

	Boroughs	Gtr Manchester 1	City of Manchester 2	Stockport 3	Tameside 4	Oldham 5	Rochdale 6	Bury 7	Bolton 8	Wigan 9	Salford 10	Trafford 11
1	Alternative Therapies											
	1a Alt & comp medicine		56	-	-	9	2	6	10	8	5	-
	1b Osteopath		18	-	-	1	2	3	4	5	3	-
	1c Acupuncture		10	-	-	-	2	-	7	3	4	-
	1d Homeopaths		22	-	-	1	2	2	3	-	1	-
2	Children & young people											
			-	-	-	-	-	-	-	-	-	-
3	General health											
	3a Doctors ¹		1	-	-	-	-	-	-	-	-	-
	3b Dentists		219	-	-	24	20	19	24	24	24	-
	3c Opticians		116	-	-	14	13	10	43	24	10	-
	3d Hospitals/clinics ¹	51 ²	-	-	-	-	-	-	-	-	-	-
	3e Hospices ^{1,3}		9	2	2	1	1	1	2	2	1	1
	3f Hypnotherapists		40	-	-	5	2	3	5	7	1	-
	3g Nursing agencies		20	-	-	-	-	1	2	2	3	-
	3h Nursing homes		85	-	-	15	8	5	17	15	6	-
	3i Physiotherapists		49	-	-	7	8	7	14	7	2	-
	3j Psychotherapists		19	-	-	2	1	1	1	-	1	-
	3k Chiropodists		25	-	-	-	6	8	13	14	4	-

Data obtained from www.accessplace.com which listed local businesses in different boroughs.

¹ No data on hospices, doctors and hospitals on www.accessplace.com

² From www.specialistinfo.com - not divided into areas. General listings such as www.privatehealth.co.uk, or specific providers such as BMI Healthcare, Spire Healthcare and Nuffield Hospitals are not categorised in suitable areas

³ Sources used: search.hospiceinformation.info; www.healthcarecommission.org.uk; www.manchester.gov.uk. Not clear whether hospices are private or voluntary.

**GMSA study – to determine training needs of voluntary/charity
and independent healthcare providers in Greater Manchester**

This questionnaire has been designed determine your current training needs and to highlight the types of training you currently receive or deliver. It forms part of a Greater Manchester Strategic Alliance project which aims to focus on demand led professional development training to establish processes and practices that can be used to engage more effectively in the future with education and training providers.

Please fill it in as far as possible and return it to: gmsa.survey@jigsaw.uk.net
OR to Paul Barnard, South Liverpool Social Business Centre, 4-12 St Mary's Road,
Liverpool L19 2RY

NO LATER THAN 15th OCTOBER 2008 Many thanks!

(Press tab to move on to the next answer, and press Shift-Tab to go back a step)

1 ABOUT YOU:	
Your name:	
Your position in the organisation:	
How would you describe your job in the organisation?	
Who in the organisation is responsible for training and development?	

2 ABOUT THE ORGANISATION:	
Name:	
Address:	
Telephone:	E-mail:
Fax:	
List the chief areas of activity:	
1.	
2.	
3.	
4.	
Are there other areas you would like to move into?	
How long has the organisation been established?	
Where does the organisation get income from? <i>(click on each box that is relevant to your organisation)</i>	
<input type="checkbox"/>	Trading
<input type="checkbox"/>	Grants
<input type="checkbox"/>	Loans
<input type="checkbox"/>	Other (give details)

3 ABOUT YOUR PEOPLE

	Full-time	Part-time	Volunteers
How many people are employed by the organisation (including the owner)?			
What is the qualification level of existing staff?			
Management:	Admin:		
Practitioners:	Other:		
If information is not available: <i>(click on each box that is relevant to your organisation)</i>			
<input type="checkbox"/> Don't have information at all			
<input type="checkbox"/> Not able to share information			
<input type="checkbox"/> Not able to access information for interview			
<input type="checkbox"/> Other (give details)			

4 TRAINING ADVICE AND GUIDANCE

Where does your organisation obtain advice and information about training?
Comments:
Are all staff made aware of training opportunities? YES <input type="checkbox"/> NO <input type="checkbox"/>
How is this done?

5 WORKFORCE PLANNING

Are you are aware of any of the following organisation's role in workforce development?	
Skills for Health	YES <input type="checkbox"/> NO <input type="checkbox"/>
Skills for Care	YES <input type="checkbox"/> NO <input type="checkbox"/>
North West Health and Social Care Skills and Productivity Alliance	YES <input type="checkbox"/> NO <input type="checkbox"/>

How do you determine what training your workforce needs? <i>(click on each box that is relevant to your organisation)</i>	
<input type="checkbox"/>	Formal assessment of individuals (e.g. appraisal, supervision, disciplinary etc)
<input type="checkbox"/>	Skills analysis
<input type="checkbox"/>	In response to external factors (e.g. competition, changes in legislation etc)

<input type="checkbox"/>	Equipment/process changes
<input type="checkbox"/>	Information about available courses
<input type="checkbox"/>	Professional/workforce development
<input type="checkbox"/>	Other
Do you have a training plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Comments:	

6 SUPPORT STRUCTURES

Does your organisation have any of the following?	
Training mentors	YES <input type="checkbox"/> NO <input type="checkbox"/>
Training assessors	YES <input type="checkbox"/> NO <input type="checkbox"/>
Training supervisors	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you allocate time resources for staff as part of their training	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have Individual Learner Profiles?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have Personal Development Plans?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What barriers do you experience in accessing staff training?	

7 TRAINING EVALUATION

How do you decide if training was successful?	
Problem goes away <input type="checkbox"/>	Formal evaluation <input type="checkbox"/>
Staff feedback <input type="checkbox"/>	Improved ways of working <input type="checkbox"/>
Customer feedback <input type="checkbox"/>	
Other (give details) <input type="checkbox"/>	
Describe the system for evaluating the effect of training on working practice:	

8 TRAINING PERSPECTIVES

How do you view staff training? <i>(click on each box that is relevant to your organisation)</i>	
A major contributor to the organisations success	<input type="checkbox"/>
A good idea but too expensive for this organisation	<input type="checkbox"/>
Will encourage staff to leave or want higher wages	<input type="checkbox"/>
Takes up too much time	<input type="checkbox"/>
Benefits the organisation and the individual	<input type="checkbox"/>
Is not provided at appropriate times	<input type="checkbox"/>
Other (give details)	<input type="checkbox"/>
Can staff be released during working hours to attend training?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Can staff be released for training in the workplace?	YES <input type="checkbox"/> NO <input type="checkbox"/>

9 TRAINING PROVISION

How do you select external training? <i>(click on each box that is relevant to your organisation)</i>	
Personal recommendation	<input type="checkbox"/>
Recommendation from an external body	<input type="checkbox"/>
Advertising by a training provider	<input type="checkbox"/>
Location	<input type="checkbox"/>
Choice of courses available	<input type="checkbox"/>
Cost	<input type="checkbox"/>
Able to deliver in the workplace	<input type="checkbox"/>
Training delivered at convenient times	<input type="checkbox"/>
Employee funds training	<input type="checkbox"/>
Training is funded by external sources	<input type="checkbox"/>
Other (give details):	<input type="checkbox"/>

10 TRAINING REQUIREMENTS

What training does the organisation currently require?				
Type	Level	Accredited? (Tick if Y)	Expected provider	Delivery format e.g. face to face, distance learning, online, other
1.		<input type="checkbox"/>		
2.		<input type="checkbox"/>		
3.		<input type="checkbox"/>		
4.		<input type="checkbox"/>		
5.		<input type="checkbox"/>		
6.		<input type="checkbox"/>		
7.		<input type="checkbox"/>		
8.		<input type="checkbox"/>		

What training do you foresee a need for in the future?				
Type	Level	Accredited? (Tick if Y)	Expected provider	Delivery format e.g. face to face, distance learning, online, other
1.		<input type="checkbox"/>		
2.		<input type="checkbox"/>		
3.		<input type="checkbox"/>		
4.		<input type="checkbox"/>		
5.		<input type="checkbox"/>		
6.		<input type="checkbox"/>		
7.		<input type="checkbox"/>		
8.		<input type="checkbox"/>		

11 OTHER ASPECTS

Are there other questions we should have asked?

Any other information you feel is relevant?

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GMSA report

Overview

Since our previous report we have persevered in our efforts to obtain further data from representative organisations in both the voluntary and business sectors. To that end we have circulated via email a modified version of the questionnaire and direct mailed the same document to a range of independent health providers across Greater Manchester. None of this has produced any substantial increase in response levels. The data from the additional completed responses that we have received has been analysed; and in light of that information, the indicative conclusions that we had identified have been updated and amended for this report.

Method

Following the pilot phase, we divided the work into the two sectors – voluntary/community and private.

For the voluntary/community organisations, we contacted people in GMCVO and a number of other CVO's across Greater Manchester to obtain their support in circulating the questionnaire to their member organisations via either regular e-bulletins or mail-outs. These circulations were all generic as it was not possible to target, or even in many instances identify, those providers who would categorise themselves as 'health providers' as opposed to 'social care' providers. The questionnaire could be completed on line and emailed directly back to a dedicated address; despite this the return from these circulations was zero.

For the business side, we obtained a copy of the LMI database with approximately 150 entries in the Greater Manchester area. To supplement this, we purchased an address list of 350 independent healthcare providers from Business Support Solutions. This omitted doctors, as the list did not distinguish between private and NHS doctors. We then found major errors in the LMI database addresses, and so used only the purchased list of addresses.

Less than 10% of this list had email addresses, so we posted out paper questionnaires. Following a mistake with the postage, we redistributed the questionnaire again, with an apology regarding the first mail-out.

From this, we obtained only 5 responses. A combined analysis of all of the responses obtained is in Appendix A.

Conclusions based on responses from nine organisations

Although the sample size is still small, the following observations have been made:

- A common theme is that the individual people responsible for training and personal development are also fulfilling other roles within the organisations. This is typical within the small business and voluntary sectors.
- Specifically these roles can include both identifying sources of training, as well as a hands-on role leading or facilitating training sessions.
- Many organisations mention NVQ levels 2, 3 and 4 for accredited training already achieved or training required in the future.
- In this group there is a range of type of organisation, but there were four responses out of ten which were care service providers. This is not representative of the sector as a whole. In general there is a wide range of skills and knowledge required across the sector.
- Three of the organisations rely substantially on employed sessional workers or benefit from volunteers. This brings specific challenges in terms of their training; particularly in relation to the planning, organization and structure of sessions (issues of availability of staff, timing of training and resource allocation).
- All organisations indicate they recognise the value of training; however they find it difficult to commit time and resources to a structured training and development programme. Half of the respondents indicate they have a formal training plan in place, but none have a dedicated training officer.
- The level of internal support structures for staff undertaking training varies within these organisations; although they all express a willingness to commit time for training purposes. Barriers which prevent staff accessing training are listed below (section 6).
- The organisations that completed the form seem to base their decisions on some priorities including 'location', 'cost' and 'ability to deliver in the workplace', which tend to reinforce the points made in section 6.
- For small organisations that rely on trading as a primary source of revenue, the access to business development training programmes is important.
- The quality of training provided is important although only one organisation cites this directly; this can lead to a preference for personal recommendations when selecting training providers.
- There is some awareness of strategic workforce development programmes in the organisations who responded (section 5).
- Overall the organisations show some planning with regard to training – six out of the nine who responded carry out training following a formal assessment of individuals; in response to external factors and/or due to equipment/process changes (section 5).
- Training provision falls into three key categories:
 - in-house training led by members of the organization e.g. MIND training programmes delivered to volunteers

- some emphasis on accredited professional development provided by an accredited provider (e.g. nursing profession, opticians)
- contracted in training – e.g. IT or Customer Services.

Recommendations

Clearly the number of responses obtained is insufficient to make generalisations. We have begun contacting relevant people in both sectors to gather their views on the methods used and to identify any suggestions for alternative approaches that may prove more effective.

1. Voluntary Sector

A very low response rate was obtained after phoning organisations and by circulating questionnaires via email.

Further contact has been made with the GMCVO Training Section who stated that they have recently started to design more training programmes for voluntary and community organisations, including programmes for healthcare providers. This has been in response to feedback they have received, which states that the training delivered from other sources is not always sensitive to needs or the context of voluntary and community sector organisations.

In particular, GMCVO has tailored training to take into account:

- language of voluntary sector (which can vary from that of the academic/statutory sector)
- policy context – being aware of what is current and prioritised within the sector
- simple things – limited resources and staff time
- User-friendly in terms of knowing how, where and when training is best delivered

GMCVO have a responsibility for sub-regional training, which tends to focus on issues of management and governance; providing accredited training at NVQ Level 4.

Other local CVO's in the area tend to work with providers delivering more direct skills training, for the care and health sectors at levels 1, 2 and 3.

The key factor is to develop training courses 'in partnership' with voluntary sector organisations, and GMCVO consider they are well positioned to do this. They are a recognised and trusted brand, often in regular contact with their membership, and as such very much advantaged when it comes to obtaining feedback and identifying current requirements within the local sector.

We have provided further information about this project, and our current requirement to collect additional data from the sector. GMCVO have agreed to take this for discussion in their training forum and come back to us with helpful suggestions.

2. Business Organisations

Phone calls were made to the Greater Manchester Chamber of Commerce and a range of business associations.

Business Support Solutions (referral from GMCVO) said that in their experience, posting out questionnaires has provided some results when the questionnaire has been sent out again and followed up with several phone calls. They said they could do a search for 'Associations' in Greater Manchester, but this would include a range of trade associations not relevant to healthcare providers.

The contact for Chapel Street Business Group (Salford) said that a postal survey is less likely to be successful, and if used is better when the responses are collected by hand, rather than relying on businesses posting them.

They said an online survey is more likely to get responses than a paper survey, and they have had responses of up to 25% with a survey which is 4-5 pages long when printed. They also

said that surveys sent out by the local business association are more likely to get a response by businesses as the association is seen as a 'trusted brand'.

They would be willing to email out the weblink of an online survey to their members (with an estimated 20-30 healthcare providers).

Suggested work:

- Produce online survey
- Obtain list of local business associations from internet, Business Link and/or Federation of Small Businesses and contact them to determine if they would be willing to circulate the online survey to businesses in their area (specifically to healthcare providers if possible).
- Contact national professional organisations (such as Osteopath Council) to determine if they would circulate the survey to their members in Greater Manchester.
- Obtain feedback from GMCVO and local CVO's, identify potential for further data collection in the sector
- Distribute survey at beginning of January 2009 and send several email reminders during January.
- Compile and analyse responses by mid February 2009.

APPENDIX A: Combined responses

2 ABOUT THE ORGANISATION:	
Types of organisation who responded:	<ul style="list-style-type: none"> • Hospice • NHS General practice/private travel clinic • Mentoring project running day services • Specialist recruitment agencies for nannies • Independent hospital • 4 Care homes • Optician
Location	<ul style="list-style-type: none"> • Todmorden OL14 • Manchester, M16 • Manchester, M33 • Stockport, SK6 • Leigh, WN7 • Manchester, M12 • Bury, M26 • Manchester, M14 • Oldham, OL8 • Manchester M20

4 TRAINING ADVICE AND GUIDANCE	
Source of advice and information about training	<ul style="list-style-type: none"> • Training bulletins • Mailing lists • Internet • Organisations already known • Pharmaceutical reps • Requests from staff • Investigations about required courses • Through conferences and trade shows • Open College Network • Direct mail from training providers • Information from local colleges and training providers • Social Services • Skills for Care • Professional magazines • Government schemes (e.g. Train to Gain)
Are all staff made aware of training opportunities?	8 said yes
How is this done?	<ul style="list-style-type: none"> • Flyers • Individual contact with staff members, especially if relevant to their needs (e.g. supervision, meetings, staff notices)

	<ul style="list-style-type: none"> • Informing all staff (through distributing leaflets, on staff notice board) • Advertising through papers
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5 WORKFORCE PLANNING	
Are organisations aware of any of the following organisation's role in workforce development?	
Skills for Health	3
Skills for Care	5
NW Health & Social Care Skills and Productivity Alliance	0
Number who determine what training your workforce needs in following ways:	
Formal assessment of individuals (e.g. appraisal, supervision, disciplinary etc)	6
Skills analysis	4
In response to external factors (e.g. competition, changes in legislation etc)	6
Equipment/process changes	6
Information about available courses	5
Professional/workforce development	2
Other	<ul style="list-style-type: none"> • Prior qualifications and skills • Statutory requirement
Number who have a training plan	4

6 SUPPORT STRUCTURES	
Number of organisations who have the following?	
Training mentors	3
Training assessors	4
Training supervisors	2
Do you allocate time resources for staff as part of their training	6
Do you have Individual Learner Profiles?	2
Do you have Personal Development Plans?	5
What barriers do you experience in accessing staff training?	<ul style="list-style-type: none"> • Funding • Lack of targeted information • Vagueness about costs and possible grants for learning/tuition • Lack of places • Organising cover to release staff puts additional pressure on other staff.

	<ul style="list-style-type: none"> • Travel – location of training • Difficulty in registering people on right courses • Difficult to get right support for people when on training courses • Sometimes difficult to access information to check whether it is the right course
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7 TRAINING EVALUATION	
How organisations decide if training was successful	
Problem goes away	0
Staff feedback	8
Customer feedback	5
Formal evaluation	6
Improved ways of working	5
Describe the system for evaluating the effect of training on working practice:	<ul style="list-style-type: none"> • Observation • Supervision • Appraisal • Resident surveys • Staff feedback

8 TRAINING PERSPECTIVES	
How do organisations view staff training	
A major contributor to the organisation's success	7
A good idea but too expensive for this organisation	3
Will encourage staff to leave or want higher wages	1
Takes up too much time	0
Benefits the organisation and the individual	8
Is not provided at appropriate times	2
Other (give details)	CET (Continuing Education and Training compulsory for opticians)
Can staff be released during working hours to attend training?	6 (1 sometimes)
Can staff be released for training in the workplace?	7 (1 sometimes)

9 TRAINING PROVISION	
How organisations select external training (out of 9 organisations)	
Personal recommendation	4

Recommendation from an external body	5
Advertising by a training provider	4
Location	6
Choice of courses available	5
Cost	7
Able to deliver in the workplace	6
Training delivered at convenient times	4
Employee funds training	3
Training is funded by external sources	6
Other (give details:	<ul style="list-style-type: none"> • What the organisation requires • Meeting with training providers to discuss need and determine appropriateness of training and delivery

11 OTHER ASPECTS	
Are there other questions we should have asked?	<ul style="list-style-type: none"> • In-house training by trained staff • Whether training is compulsory (required by law, professional bodies or local PCT or NHS bodies) or optimal
Any other information you feel is relevant?	<ul style="list-style-type: none"> • Training is required all the time and any training in Health and Social Care is relevant • We deliver our own training in-house which is compliant with CSCI and other professional relevant bodies. • Difficult to use questionnaire for organisation with diverse mix of roles. The skills needed by any of the occupation groups are often specific to the organisation they work in, and not easily provided by an outside organisation. • All training should be provided by qualified, accredited organisations, People just set up courses without relevant knowledge or skills. • Quality of training is important to us as an organisation • Too many providers in the field.



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