



Policy:

HR 036 - Mandatory Training

Executive Director Lead	Director of People
Policy Owner	Mandatory Training Lead
Policy Author	Mandatory Training Lead

Document Type	Policy
Document Version Number	Version 4
Date of Approval By PGG	25/07/2022
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Ratified By	People Committee
Date of Issue	August 2022
Date for Review	September 2025 Extended at PGG July 2025

Summary of policy

Mandatory Training is defined as those areas of practice identified either by statute or regulatory bodies, or identified by policy
The changes made to this version of the policy are summarised on page 3 (Amendment Log).

Target audience	All staff
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Keywords	Mandatory Training, Mandatory and Statutory Training, Training Needs Analysis, Prospectus, Compliance Reports
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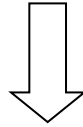
Storage & Version Control

This is Version 4 and is stored and available through the SHSC Intranet/Internet.
This version supersedes the previous Version 3, Last approved 26/09/2019 / Last issued 04/10/2019
Any copies of the previous policy held separately should be destroyed and replaced with this version.

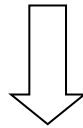
Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	New draft policy created	07/2015	New policy commissioned by EDG on approval of a Case for Need.
	Ratification and issue	09/2015	Amendments made during consultation, prior to ratification.
2	Review / ratification / issue	09/2016	Early review undertaken to update the policy to in order to comply with new regulatory requirements.
	Review on expiry of policy	06/2019	Committee structure updated
3	Review / consultation / approval / ratification / issue	08/2019	Full review completed as per HR Policy Governance Process - Reviewed by HR colleagues and relevant influential managers. - Review undertaken by members of the Education and Training Steering Group. - Verified by the Joint Policy Group (Staff Side consultation). - Following consultation minor changes to the policy are: <u>In Section 5</u> Training Data & Quality Co-ordinator is responsible for: - Ensuring accurate and timely reports are produced for Workforce & Organisational Development Committee, HR and Workforce Group, Performance & Overview Group and the Performance Dashboard. - Sending out a monthly information regarding non-attendance on training via the Trusts Mandatory Training compliance reports (previously sent out information weekly). <u>In Section 6.5</u> Booking system for training (second paragraph) Period for cancelling training was reduced from 2 days to 1 day for DNA charge. <u>In Section 7</u> Updated to reflect weekly Connect bulletin rather than all staff emails.
4	Review on expiry of policy		Review of policy

New Mandatory Training Subject identified or change to current subject, level or frequency identified



Subject Lead meets with Mandatory Training Lead to discuss sign off and implementation plan. Subject Lead to take to relevant steering group for local approval



Once local approval in place Mandatory Training Lead to present to Education and Training Steering Group for formal approval.

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1 Introduction

This policy provides a clear identifiable system that enables all staff to meet the wide range of training requirements defined by statute and policy for example:

- Care Quality Commission Essential Standards of Quality and Safety (2010)
- Health and Safety at Work Act (1974)
- Management of Violence and Aggression at Work (2008)

The Trust is committed to providing a safe working environment that enables all staff to deliver high quality services to our service users; and the Trust acknowledges that it has a duty to provide appropriate training to enable all employed and voluntary staff to understand their responsibilities in the workplace and the needs of their client group. Therefore, staff ranging from Board members to ward, community and specialist teams and all other departmental staff will receive relevant training, corresponding to the level of risk within their working environment.

2. Scope

- This policy is trust-wide and involves all staff employed by the Trust.
- Training for staff not directly employed by the Trust is the responsibility of the provider organisation and standards should be clearly specified in the appropriate contractual agreements.

3 Purpose

The purpose of this policy is to provide a clear identifiable structure which will satisfy the Trust's statutory requirements and will enable the identification of those working environments considered to present a significant risk to the Trust. The implementation of the policy will enable future risks to be identified and approved through the policy process.

The policy structure includes:

- Training Needs Analysis (TNA)
- Annual Training Plan
- Annual Training Prospectus
- Methods of Training
- Booking System for Training
- Trust Compliance reports

4 Definitions

Mandatory training: Mandatory training is defined as those areas of practice identified either by statute or regulatory bodies, identified by policy or as a result of serious incident or Coroners ruling.

Mandatory training falls into two categories:

- Core Mandatory Training which covers areas that pose a significant risk to all staff at all levels of the Trust and will have therefore been ratified by the Service Delivery Group (SDG)
- Job Specific Mandatory Training which relates to identified risks associated with the nature and purpose of a particular staff group, directorate or specific job role. It covers those areas of practice that enable a member of staff to practice safely and effectively, ensuring they have the skills and knowledge required to be 'fit for purpose'.

Other training and development: It is acknowledged that there are many other forms of training which do not fall into the mandatory training category which are managed through separate processes, for example specialist skills development which supports changes in service delivery, and work related academic or vocational qualifications

5 Detail of the policy are outlined in Duties section

6 Duties

All staff are responsible for:

- Completing the relevant training programme as identified with their manager in line with the Trust's requirements;
- Taking joint responsibility with their line manager for meeting their own core mandatory and job role training requirements as previously identified with their line manager;
- Attending appropriate training programmes as and when required;
- Participating proactively in training events and programmes;
- Informing their line manager of any specific learning needs to enable them to complete their training programmes;
- Transferring learning, knowledge and understanding into practice;
- Identifying any reasonable adjustments needed.

Managers are responsible for:

- Providing delegated responsibility and accountability to meet the operational requirements of the training policy;
- Ensuring staff are booking on their required training places;
- Ensuring all reasonable adjustments are put into place before the member of staff commences training;

- Providing training records from locally delivered, or commissioned, mandatory training to ETD administration for input onto the centralised OLM system;
- Where there is a significant volume of locally delivered, or commissioned, mandatory training, providing local resources to input into OLM;
- Informing ETD administration of any specific learning needs of their staff;
- Releasing staff to attend training programmes by identifying protected 'study' time into their rotas/work schemes to enable staff to complete their training within the agreed Trust timescales;
- Monitoring compliance and following up non-attendance;
- Taking action under the Trust's disciplinary policy for persistent non-attendance on required mandatory training.

Training Team is responsible for:

- Reviewing Training requirements;
- Agreeing changes to subject levels and frequency in conjunction with Mandatory Training Lead and Subject leads
- Monitoring Training Compliance in line with Trust targets and trajectory.

Head of Workforce Development and Training is responsible for:

- The integration and management of the annual Trust training process with Directorate service plans and regional workforce plans;
- Providing a structure and guidance for training delivery;
- Auditing Trust compliance with training requirements and providing regular reports to Board identifying emerging risks, key issues, and recommendations.

Mandatory Training Lead is responsible for:

- Producing the annual training prospectus;
- Ensuring the delivery of Core Mandatory Training for all staff;
- Monitoring the evaluation of training programmes delivered by ETD;
- Ensuring that the OLM, Annual Training Plan and Training Prospectus remain up to date with Training Competency requirements and course details;
- Monitoring compliance by providing support and guidance at Trust, staff group, directorate, department and individual level on training issues, and updating the Trust as necessary.

Training Data & Quality Co-ordinator is responsible for:

- Ensuring accurate and timely reports are produced for Workforce & Organisational Development Committee, HR and Workforce Group, Performance & Overview Group and the Performance Dashboard.
- Sending out a monthly information regarding non-attendance on training via the trusts Mandatory Training compliance reports

Trust Board is responsible for:

- Is collectively accountable for ensuring that all statutory requirements relating to training are in place and upheld by staff. This includes the quality, content and frequency of training provided and the maintenance of adequate staff training records.
- Is accountable and responsible for ensuring provision of accessible resources to support the development, implementation and monitoring of mandatory training. This includes human, physical and financial resources.

7 Procedure

7.1 Mandatory Training Competence Requirements

Mandatory training competency requirements are a breakdown of the core essential and job role training required by each group of staff; together with the level and frequency required.

These requirements are recorded on ESR

The process to define, review and amend the requirements is managed by the Mandatory Training Lead in consultation with the Workforce Planning and Transformation assurance group.

Amendments to the requirements can come from any working environment in the Trust but must be supported by a Service Director or Trust Executive. The justification for inclusion, expected outcomes, and the risks of non-compliance together with any relevant statute, guidelines or standards must be provided. Directorates will be responsible for identifying if a change to the requirements is needed for an individual or group of staff employed in their area and must inform the Mandatory Training Lead accordingly. Amendments these will be managed by the Mandatory Training Lead through the relevant subject Steering Group who will liaise with the Clinical Lead of Medical Education to ensure a match to Deanery requirements. Recommendations our side of Trust Strategic Priorities will be taken to Service Delivery Group for ratification.

7.2 Training Prospectus

The Trust training prospectus which is published online via the Trusts Extranet Jarvis will be produced by the Training Department to reflect the SHSC Training Needs Analysis. The prospectus will include the core essential and job role training programmes that will be available for staff employed by SHSC. The prospectus will list the aims, objectives and learning outcomes for each training programme to enable

legislative compliance and Mandatory Training Policy accepted best practice, thus ensuring each training programme meets the identified training needs. Training providers will be required to provide the same information in the prospectus. The prospectus will provide information about how to book a place on the relevant training programmes

7.3 Methods and Levels of Training

The essential requirements for core essential and job role training will initially be provided through the Trust's Induction Programme on joining the Trust or appointment to a different job role in the Trust.

The Trust's Induction Programme Policy details how induction is arranged delivered and recorded. A wide range of learning methods and approaches are used to support learning such as:

- Face to Face teaching and lecture sessions (F2F)
- Simulation
- E-learning
- Virtual sessions on MS Teams or other online platforms
- Blended approach merging the previous options
- 1 -1 sessions
- On the job training and assessment
- Skills workshops
- Open learning materials (CD, DVD)
- Workbooks

Learning methods may be carried out by a single or blended approach according to learning resources and technology available. Trainers and training providers will need to develop training programmes that are relevant for different levels of delivery depending on the risk associated with the job role and staff group.

The levels are:

- Level 1 Essential awareness training of the topic
- Level 2 Essential awareness plus sufficient training to enable supervision of others within same staff group
- Level 3 Essential awareness plus sufficient training to provide specialist practice or enable management of services, staff and other resources across groups/disciplines relevant to levels of accountability and responsibility
- Level 4 Essential awareness plus development/accreditation to act as topic expert or to fulfil senior management accountability/responsibility

These levels enable staff to receive the relevant level of training to meet the needs of their job role in a timely and efficient manner. Advanced training should only be provided where it is identified as a specific part of an individual's job role.

7.4 Booking System for Training

Line Managers and supervisors ensure their staff are booked onto training programmes. Individual names are required for all bookings. Multiple booking

templates are available for teams to co-ordinate team training requirements however anonymous block bookings for teams/departments are not acceptable. The Trust records training on the Oracle Learning Management System (OLM). OLM is a module within the ESR system.

The core mandatory and job role training requirements and attendance records for each member of staff is programmed onto OLM. As part of the Recruitment process new starters will be booked on to a 'welcome to Team SHSC session via the Trac Recruitment system. Local and external trainers keep a register of attendance at each training programme that they deliver. They are responsible for ensuring these registers are forwarded to the Training Administration Team for data inputting on the OLM system. E-Learning undertaken on ESR is recorded automatically.

Managers or supervisors are responsible for and monitor staff non-attendance on their identified mandatory training programme.

7.5 Trust compliance reports

The Training Data and Quality Co-ordinator will produce the following reports every month:

- Detailing compliance at Trust and Team level detailing compliance and non-compliance by team and employee level.
- Subject Leads (e.g. Safeguarding, Fire Safety, Respect)
 - detailing compliance and non-compliance at directorate/team level;

The Mandatory Training Lead will be responsible for monitoring Trust Training compliance against the Trust essential training targets, reporting any issues of concern to the Head of Workforce Development and Training to confirm their support for the development of an action plan to address the compliance issue. The action plan will be delegated to the Service Director and Clinical Director concerned. If a Directorate identifies problems in meeting compliance, they should record this on the Trust Risk Register. In such circumstances, the Head of Education, Training and Development will need to be informed by the Service Director so that the Directorate can be supported to reach their required targets in compliance.

7. Dissemination, storage and archiving (Control)

Policy will be published via Trust extranet in Jarvis

Previous version will be archived by Policy Governance team

8 Development, Consultation and Approval

Reviewed with senior members of the Training team in conjunction with Senior Management team of People Directorate. Future Policy review will be done in conjunction with Workforce Planning and Transformation assurance group.

○

9 Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Training requirements	Yearly overall check of requirements	Workforce Planning and Transformation assurance group.	yearly	Workforce Planning and Transformation assurance group.	Workforce Planning and Transformation assurance group.	Mandatory Training Lead

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date should be written here. next review July 2025

10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
<i>e.g. Upload new policy onto intranet and remove old version</i>	<i>Mandatory Training Lead</i>		
<i>Make team aware of new policy</i>	<i>Team manager</i>		

11 Dissemination, Storage and Archiving (Control)

Following the Policy Governance Process the policy will be available to all Trust employed staff via the Trust's intranet and website. A notification of the latest version will also be disseminated to all staff via the Trust's weekly Connect bulletin.

This Policy supersedes the previous Mandatory Training policy issued January 2016.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0				
2.0				
3.2				
4.0	August 2022	August 2022	August 2022	

12 Training and Other Resource Implications

- Resource implications for this policy include the following:
- Sufficient qualified and competent trainers to deliver the identified core mandatory and job specific training;
- Identified full time Mandatory Training Lead;
- Sufficient administration support staff in ETD teams to book, prepare, record and monitor staff attendance on training and produce reports;
- Smart cards;
- Training rooms with required equipment (IT, clinical skills);
- IT infrastructure and support;
- E-Learning Capacity;
- Identified e-Learning Lead and admin support.
- Vocational Educational support to support additional learning support needs

13 Links to Other Policies, Standards (Associated Documents)

- Study Leave Policy
- PDR Policy
- Induction Policy
- Risk Management Policies
- Disciplinary Policies
- Any Trust policies, which identify training for staff employed by the Trust.

14 Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Mandatory Training Lead	Jennie Wilson	0114 2263110	Jennie.Wilson@shsc.nhs.uk
Head of Workforce Development and Training	Karen Dickinson	0114 2263116	Karen.Dickinson@shsc.nhs.uk

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: Jennie Wilson 1/06/2022

**YES, Go
to Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	no		
Disability	no		
Gender Reassignment	no		
Pregnancy and Maternity			

Race	no		
Religion or Belief	no		
Sex	no		
Sexual Orientation	no		
Marriage or Civil Partnership	no		

Please delete as appropriate: - Policy Amended / Action Identified
(see Implementation Plan) / no changes made.

Impact Assessment Completed by: Jennie Wilson
Name /Date 01/06/2022

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	
2.	Is the local Policy Champion member sighted on the development/review of the policy?	
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	
	Template Compliance	
7.	Has the version control/storage section been updated?	
8.	Is the policy title clear and unambiguous?	
9.	Is the policy in Arial font 12?	
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	
	Policy Content	
12.	Is the purpose of the policy clear?	
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	
15.	Where appropriate, does the policy contain a list of definitions of terms used?	
16.	Does the policy include any references to other associated policies and key documents?	
17.	Has the EIA Form been completed (Appendix 1)?	
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	
20.	Is there a plan to i. review ii. audit compliance with the document?	
21.	Is the review date identified, and is it appropriate and justifiable?	

