# STATUTORY AND MANDATORY TRAINING POLICY

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<th>Document Author</th>
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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

This policy aims to ensure that the Trust and its employees meet their duties with regard to mandatory training. The policy unless otherwise stated applies to all staff employed by the Trust, including permanent, temporary, bank, agency, voluntary, students and trainees.

The Trust regards education, training and development as a priority, and believes that a well-trained and highly motivated workforce will help ensure the delivery of the Trust’s objectives.

2 Introduction

The Trust recognises that its staff are its most valuable asset, and that without their skill, support and commitment it would be impossible to provide the high quality care which is the core business of the Trust. The Trust is committed to providing excellent clinical care to all patients. The Trust also accepts that it has a legal, ethical and moral obligation to ensure that its employees are safe and competent, with the appropriate knowledge and skills to ensure high standards of care and service delivery. To minimise risks and to deliver a safe effective service for the benefit of patients and other stakeholders, all staff are required to attend the relevant statutory and mandatory training for their roles. Mandatory training supports the quality of patient experience and the care they receive, ensures that the Trust fulfils its statutory obligations and is able to provide evidence and assurance of safe practice and risk minimization.

3 Definitions

Statutory Training is training which the Trust is legally required to provide as defined in law or where a statutory body has instructed organisations to provide training on the basis of legislation.

Mandatory Training is any training the Trust considers to be essential and therefore requires its employees to undertake with the purpose of minimising risk, providing assurance in support of policies and/or to meet external standards, which will ensure that:-

- Staff are able to carry out duties safely and efficiently
- Staff, patients and the public are protected from harm
- Competence is maintained to the required standard e.g. Care Quality Standards

Essential Clinical Competencies are work-based competencies which set out the standard of practice that the Trust expects its staff to demonstrate.

All staff – Refers to all staff employed by the Trust, including permanent staff, individuals engaged via a contract for services (bank workers), individuals engaged on a fixed term contract of employment (including Locum Doctors engaged on the IOW) and individuals placed in a voluntary capacity and students on practice placements.

Agency staff – Refers to all agency workers supplied by approved (framework compliant) employment agencies. The terms and conditions are provided by the agency, and the individual remains the employee of the agency.

Statutory and Mandatory Training Frameworks – sets out the detail of the organisation’s Statutory, Mandatory and Essential Training provision. They include the National UK Core Skills Training Framework for Statutory/Mandatory and Clinical/Care subjects and an internal
essential competency framework. The frameworks detail the Subjects, Legal or Expert Guidance, Target Audience, Learning Outcomes, Frequency of Training or Assessment and Standards for Training Delivery. The Frameworks are reviewed annually and updated as required by changes in regulations or guidelines. This is undertaken via the Mandatory Training Group. Both the frameworks are accessible via the Learning Zone on the Intranet.

Statutory and Mandatory Training Needs Analysis (MTNA) is the process that identifies the capacity needed for places on courses to meet the demand for spaces as set out in the framework and the target for compliance set by the organisation. This is undertaken annually and issued to the Subject Matter Experts.

4 Scope

This policy is applicable to all staff employed by the Trust, including permanent staff, individuals engaged via a contract for services (bank workers), individuals engaged on a fixed term contract of employment (including Locum Doctors engaged on the IOW) and individuals placed in a voluntary capacity and students on practice placements. For individuals engaged via an agency this policy does not apply. The National Framework for agencies outlines the requirement for mandatory training.

Medical Trainees are covered by the Study Leave and Medical Education Policies.

5 Purpose

The purpose of this policy is to ensure that staff and managers are aware of their roles and responsibilities in relation to mandatory training compliance. The document outlines the process for following up on non-completion and resultant action.

6 Roles and Responsibilities

6.1 Chief Executive
The Chief Executive is ultimately responsible for ensuring that all staff receives statutory and mandatory training in order to ensure patient and staff safety.

6.2 The Mandatory Training Group (MTG)
The Mandatory Training Group will scrutinise and risk-assess new and existing mandatory training provision to ensure the right training is being provided in the right way to the right staff at the right time, in accordance with statutory and regulatory requirements and by the organisation itself, to minimise risk.

The MTG provides assurance to the Finance, Investment, Information and Workforce Committee (FIICWC) that mandatory training provision meets relevant statutory and regulatory body requirements, is of good quality, and that there is sufficient capacity for training to meet demand.

6.3 Director of HR and OD (DHROD)
The DHR/OD is the executive responsible for the delivery of the Trust’s statutory and mandatory training programme and for communicating to the FIICWC any recommendations made by the Mandatory Training Group for authorisation.
6.4 Assistant Director for Organisational Development (AD OD)
The AD OD is responsible for overall co-ordination of the Trust’s statutory and mandatory training programme.

6.5 Head of Practice Education and Development (HOPED)
The HOPED will chair the MTG and oversee the implementation of the Statutory and Mandatory Training Programme.

6.6 Executive Medical Director
The Executive Medical Director has direct responsibility for the conduct and revalidation of Doctors. They are also responsible for the co-ordination and training of all medical staff.

6.7 Associate Medical Director, Education, Training and Organisational Development
Supports the Executive Medical Director execute their responsibilities with regards to Mandatory Training for Doctors and is a member of the MTG. They are also responsible for linking mandatory training into the educational curriculum for trainees and ensuring mandatory training for trainees and trainers complies with Deanery and General Medical Council (GMC) standards.

6.8 Subject Matter Experts
Subject Matter Experts (SME’s) are in house experts and are responsible for ensuring that mandatory training is provided in a way which supports national guidance and Trust policy based on best practice. They are responsible for:

- Informing the Mandatory Training Group of any changes to legislation or regulations which impact upon MT provision.
- Reviewing quality and content of session resources and e-learning modules annually and updating them as required.
- Ensuring venues are booked and resources provided.
- Providing information about the training to Education Training and Development (ETD) department in good time for events to be arranged and advertised.
- Notifying the Compliance Officer or their nominated deputy if a mandatory course is cancelled, and the reason for cancellation. If Mandatory Training is cancelled within 5 working days of the course start date, the Subject Matter Expert will inform delegates.
- If Mandatory Training is cancelled up to 6 working days before the course start date the SME will liaise with the education department who will inform delegates.
- Ensuring that sufficient activities are scheduled to enable all staff to complete the relevant training programmes identified in the Mandatory Training Needs Analysis.
- Monitoring course attendance, cancellations and “Did not Attend” (DNA) rates follow DNA's up with the staff member’s manager.
- Raising any concerns with regards to attendance to the Compliance Officer for review at the Mandatory Training Group.
- Informing managers if a staff member has specific learning needs identified during training and which affect their ability to complete the training. E.g. Musculoskeletal Injury impacting upon ability to perform CPR.
- Contributing to the annual review of MT Frameworks and MTNA and informing the MTG of any necessary changes to the Frameworks.

6.9 The Education, Training and Development Department (ETD)
The ETD Department will:
• Support SME’s to ensure that sufficient activities are scheduled to enable all staff to complete the relevant training programmes identified in the MT Frameworks.
• Keep a central record of mandatory training profiles for staff groups and attendance of mandatory training using the Trusts Learning Management System (LMS) which can be accessed by all staff, managers and trainers.
• Be responsible for maintaining data quality within the LMS to ensure it matched to the Electronic Staff Record.
• Send reports on compliance to the divisional leads on a monthly basis.
• In exceptional circumstances only, provide reports for managers, as requested, to show their departmental levels of compliance with mandatory training requirements, and indicate when individuals’ MT competencies are due to expire.
• Monitor course cancellations and report frequency and rationale to MTG.
• Monitor non-attendance and provide DNA (Did Not Attend) reports to divisional leads and SME’s on a monthly basis.
• Support the MT Frameworks standards and evaluation methods for all learning and development activities linked to the Frameworks.
• Undertake internal peer observations of trainers to assure competency and negate the need for accredited development.

6.10 Individual Trainers delivering Mandatory Training Subjects

All staff who delivers training will undertake and evidence Continuing Professional Development (CPD) in relation to their subject(s) and skills as a learning and development practitioner.

Staff who regularly delivers training (once a month or more) will undertake a teaching course.

Ensure a record of their professional and teaching qualification is held on the ETD department’s register of trainers.

Ensure all learning resources are provided to delegates.

Ensure delegates sign the attendance sheets and that they are subsequently forwarded to the relevant LMS administrator/department so that the LMS can be updated in a timely manner.

Ensure delegates are aware of how to submit an evaluation, review evaluations of courses and amend provision as required.

Follow up any DNA’s with the individual and their manager.

Submit summary of evaluations for quality assurance audit by the Mandatory Training Group as requested.

6.11 Managers

6.11.1 Managers of permanent staff on substantive and fixed term contracts

Managers will be responsible for ensuring that their staff have reasonable opportunity to attend mandatory training during their normal working hours. Where necessary, agreement to attend out of normal working hours may be required.
All training must be undertaken within the timescales prescribed. It is the responsibility of managers to review individual compliance and attendance data and hold team members to account if they have not undertaken mandatory training to maintain compliance.

Only in exceptional circumstances should managers cancel an individual attending/undertaking mandatory training. In doing so they should ensure that the individual still has reasonable opportunity to maintain compliance.

Managers should ensure they have access to the LMS to monitor team compliance. If support is needed with this, they should contact the ETD department.

Ensure that they follow up non-attendance with the member of staff following receipt of the DNA notification.

Escalate areas of risk in relation to statutory and mandatory training compliance to the corporate and clinical business units Senior Management Team (SMT).

Managers must ensure that all employees are trained and competent in the use of equipment, in conducting specific clinical procedures and use of the Information Technology (IT) systems prior to use where appropriate.

Should any individual persistently not meet their mandatory training requirements having been provided with reasonable opportunity to do so in terms of guidance of what is required, time to attend etc. then the manager may take disciplinary action in line with the Trust’s Disciplinary Policy. Equally managers who fail to release staff to attend Statutory/Mandatory events may be subject to disciplinary action in line with the Trust’s Disciplinary Policy.

Managers should ensure that ETD are informed if any staff member is off work on long term sick or maternity leave so that their training account can be suspended on the LMS and excluded from compliance reporting.

Managers will check on a monthly basis that all of their permanent staff are up to date with their mandatory training programmes and take appropriate action if and when training is overdue.

In preparation for an individual’s annual appraisal, managers will check individuals training history on the LMS that it meets the requirements of 85-100% for at least one month in the 6 months prior to the next appraisal date. If this is found not the case then act in accordance with the organisations appraisal policy.

6.11.2 Managers of individuals engaged via a contract for services (bank workers) and individuals placed in a voluntary capacity

Human Resources (HR) will check on a monthly basis that all bank staff are up to date with their mandatory training programmes and take appropriate action if and when training is overdue.

HR are responsible for escalating any compliance issues to the MTG for further action as required.

6.11.3 Managers of Students on practice placements.

The ETD department will check that all students are compliant with their mandatory training requirements prior to commencing their placement with the organisation.
6.12 All Staff (excluding agency)

It is the responsibility of individuals to understand the mandatory training requirements for their role in order to undertake the training within the timescales outlined in this policy by the Trust. Attendance will be required within contracted hours of work; however some staff may need (by prior agreement) to attend outside of usual hours worked or shifts may need to be changed.

Staff who are not given reasonable opportunity to complete their training have a responsibility to escalate this within their business unit/corporate department.

Staff are expected to proactively book any classroom based course to ensure they maintain their compliance in line with the Trusts compliance target. Staff have a responsibility to escalate to the Compliance Team if available capacity affects their ability to achieve this.

Having attended mandatory training, it is the responsibility of individuals to ensure that their attendance is recorded by the Trust and that they keep any information which will be useful evidence for discussion during their Appraisal. This will involve signing an attendance sheet and checking the LMS that their attendance has been recorded. It is the responsibility of all staff to ensure that they have the training and access required to use the LMS to monitor their own mandatory training compliance. If staff need support with this, they should contact the ETD department.

Individuals should undertake agreed mandatory training activities and any further development needs should be discussed with their manager. Staff must ensure that they cancel and rebook any classroom mandatory training sessions should they be unable to attend.

Individuals must not use equipment, conduct specific clinical procedures or access any systems unless they have received prior training and are safely able to do so. Failure to do so may lead to disciplinary action in line with the Trust’s Disciplinary Policy.

6.13 Agency Staff

All agency and locum requirements must be requested through Human Resources who will ensure that compliance with mandatory training requirements are addressed through either inclusion on an agency framework agreement or through a service level agreement.

7 Policy detail/Course of Action

7.1 Training Requirements

The Statutory and Mandatory Training Frameworks ensure that the Trust has a clear understanding of, and plans for, mandatory training for all staff groups detailed in the scope. The Trust has a responsibility to provide a range of educational and training events to meet its statutory obligations as an employer.

The SME’s are responsible for updating the frameworks and informing the MTG of any changes to legislation or regulations which impact upon MT provision. In addition to reviewing the quality and content of learning resources and e-learning modules annually and updating them as required.
SME’s are responsible for following the correct process outlined in Appendix 1 when requesting that a subject is added to the Statutory and Mandatory Training Frameworks.

7.2 Identifying Training Needs

It is a joint responsibility of every member of staff and their line manager to identify individual training needs in line with their role, the staff member’s own needs, and organisational and service requirements. Each manager should develop a training action plan for all their staff as part of the Appraisal process. If competency assessment has proven that mandatory training is not required, evidence should be provided to ETD for compliance to be recorded onto the LMS.

As part of the Mandatory Training Group the Head of Practice Education and Development will:

- Oversee the co-ordination of the MTNA
- Create and co-ordinate a training plan that provides sufficient capacity to enable all staff to complete the relevant training programmes identified in the MTNA

7.3 Developing a Training Prospectus

The ETD department will create a Training Prospectus at the beginning of each financial year. This will be available on the online version of the LMS and on the Learning Zone of the Intranet for all staff to access. The training prospectus will reflect the Statutory and Mandatory Training Frameworks and will be updated in line with any changes / additions as they occur.

Any additions to the training framework that is approved during the year will be circulated via the Trusts approved communication methods.

The Mandatory Group will inform the Clinical and Corporate Business Unit Leads of any approved additions or amendments to the Mandatory Training Frameworks and are responsible for disseminating this information to the relevant departments in their Business Unit.

7.4 Provision of Mandatory Training

Mandatory Training will be delivered via a mixture of classroom, e-learning and work based competency assessments. For all classroom based training a demand capacity analysis will be undertaken annually to ensure that there is enough capacity to meet the demand for training. This is monitored every two months by the MTG.

Clinical Training Days will be run regularly to enable staff to complete a range of mandatory training courses in one day.

E-learning courses will be available using the Trusts e-learning platform to enable staff to undertake some mandatory training on-line as appropriate (e.g. Fire Safety Theory may be completed as e-learning, while Fire Extinguisher Training is run as a practical session). Training may also use other e-learning platforms such as the National Learning Management System and the Core Learning Unit e-learning courses.
7.5 Undertaking Mandatory Training

The ETD department will book staff onto mandatory training courses using the LMS. Staff are also able to self-book using the online version of the LMS.

Managers will ensure that staff are given protected time and released to enable them to attend the training. Individuals will be responsible for ensuring they attend the courses for which they are booked.

Individuals and managers are jointly responsible for notifying the ETD department if the individual is not able to attend the training on the date given and another date will then be agreed. Any cancellation of a place on a mandatory event must be given by the individual or their line manager giving as much notice as possible to ensure full utilisation of places.

If, for whatever reason, the course is cancelled the applicant must inform their manager and make themselves available for duty.

7.6 Following up Failure to Attend

It is the responsibility of all staff to contact ETD to cancel their place and rebook for mandatory training if they are unable to attend a course.

The SME will contact the manager when an individual fails to attend.

Managers will be responsible for meeting with any member of their staff who fails to attend a mandatory event to ascertain the reason and take any appropriate action.

DNA reports will be included in the monthly performance reports to Business Units, corporate departments and FIIWC. Any noticeable non-improvements in DNA rates will be escalated to the MTG and detailed within the performance reports for the Business Units and corporate departments to action.

7.7 Exemptions from Mandatory Training

To avoid unnecessary time away from the workplace and potential duplication of learning, staff groups or individuals may request an exemption from completing a mandatory training course. This may be the case where:

- A staff group or individual has been identified as not requiring the training through the training needs analysis.
- There is a query from a staff group or individual where mandatory training required is not felt to be appropriate for their role.
- An individual has provided sufficient evidence demonstrating that they have an in date training record from another organisation signed up to the UK Core Skills Training Framework that they can passport in.
- An individual has been risk assessed as unfit to undertake the training.

The process for requesting exemption for a staff group:

- Manager or staff group representative to contact the relevant SME with the request. The SME in consultation with the manager or staff group representative will decide if exemption is appropriate and notify the Compliance Officer of the outcome. If the exemption is upheld the compliance officer will adjust the MT Matrix.
The process for demonstrating equivalent training will be:

- The staff member will supply evidence to ETD. This could be in the form of a verifiable certificate, letter or copy of training history. If the evidence meets the criteria as outlined in the UK Core Skills Framework for the subject, ETD will update the LMS to reflect this.

7.8 Fitness to Train

Individuals may be unable to attend or complete mandatory training for reasons related to fitness. Reasons may include for example pregnancy and long-term conditions.

Where a delegate believes they may not be fit to attend or wholly complete any part of their mandatory training due to a disability or health need this should be discussed with the line manager who has the responsibility for completing a risk assessment.

Where a risk assessment has been completed and the staff member is deemed unfit to train the manager must inform ETD who will record the exemption.

Where a risk assessment has been completed and the staff member is deemed fit to attend training, a copy of the risk assessment should be sent to the Subject Matter Expert at least 5 days in advance of the training event. This will allow trainers to accommodate the individual's needs.

Where a delegate attends who is not fit to undertake training but where no risk assessment has been completed or communicated the trainer leading the course will decide if the delegate can or cannot attend. For courses where practical skills are being taught the delegate may be refused entry. This will be recorded as a non-attendance.

7.9 Sanctions

The following sanctions will apply to any staff member who does not comply with the requirements of the statutory and mandatory training framework having been given reasonable opportunity to do so. If the compliance record is less that 85% due to available capacity on a course then the staff member will need to provide evidence that they have a booked place. The staff member will then have three months to attend and complete the course otherwise:

- Any request for training or study leave other than that which is related to statutory or mandatory training or required as part of any national contractual arrangements will be rejected if the staff member has less than 85% compliance.
- Any request for funding/attendance on development and training events that are not related to statutory or mandatory training will be rejected whilst the staff member has less than 85% compliance.
- Applications for professional leave or clinical excellence awards will not be approved whilst the staff member has less than 85% compliance
- Incremental pay progression will be conditional upon individuals having demonstrated the required statutory and mandatory training for their role within the timescales set out in the Statutory and Mandatory Training Frameworks. Failure to achieve the expected training without a valid reason, such as sickness or

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1 Medical & Dental Terms and Conditions of employment.
unavailability of training, will result in the employees next incremental pay progression being deferred until such time as the requirements of the framework are satisfied.

8 Consultation

Consultation on all revisions of this policy will take place with the following groups/committees –

- Mandatory Training Group
- CBU representatives at Operational Management Group (OMG)
- Local Negotiating Committee
- Partnership Forum
- All staff via

The Assistant Director for OD or nominated deputy will attend each of these groups/committees to discuss the revisions to the document and answer any questions.

9 Training

This Mandatory Training Policy has a mandatory training requirement which is detailed in the Trust’s MT Frameworks and is reviewed on a yearly basis.

The following non-mandatory training is also recommended for SME’s and individual trainers to complete a teaching preparation course.

10 Monitoring Compliance and Effectiveness

The Head of Practice Education and Development will oversee compliance and reporting for Education, Training and Development and ensure that compliance reports are issued to enable appropriate actions to be undertaken.

Mandatory Training compliance will be monitored within the Clinical Business Units at their performance reviews, at the MTG, FIIWC and Trust Board.

Managers have access to the online version of the LMS and MT dashboard to be able to review staff compliance and take action where necessary. In addition to this the ETD department will:

- Issue compliance and DNA reports monthly to clinical and corporate business units
- Provide data on MT compliance and DNA rates for inclusion in the Business Units performance reports.
- Provide compliance and DNA data as required to FIIWC, MTG and Trust Board.
11 Links to other Organisational Documents

This policy should be read in conjunction with:

- Appraisal Policy
- COSHH Policy
- Dignity at Work Policy
- Disciplinary and Dismissal Policy
- Diversity and Inclusion Policy
- Falls Policy
- Fire Safety Policy
- Food Hygiene Policy
- Health and Safety Policy
- Health and Care Records Policy
- Incident Management Policy
- Infection Control Policies
- Information Governance Risk Policy
- Information Security Policy
- Management of Corporate and Local Induction Policy
- Medical Devices Management Policy
- Medical Education Policy
- Medicines Policy
- Moving and Handling of Loads Policy
- Records Management Policy
- Resuscitation Policy
- Safeguarding Adults – Multi Agency Policy
- Safeguarding Children and Young People Policy
- Study and Professional Leave policy for Consultants, Assoc. Specialists and Specialty Dr’s
- Transfusion of Blood and Blood Components Policy

Note: this may not be an exhaustive list

12 References

- Care Quality Commission
- General Medical Council
- Health and Safety Executive
- Nursing and Midwifery Council
- Health Care Professions Council
- UK Core Skills Training Framework
- UK Core Skills Framework/Clinical Skills
- Job Planning Protocol
- Agenda for Change Terms and Conditions

13 Appendices

- Appendix A  Mandatory and Essential Skills Training Application Process
- Appendix B  Financial and Resourcing Impact Assessment on Policy Implementation
- Appendix C  Equality Impact Assessment (EIA) Screening Tool
Appendix A

Mandatory and Essential Skills Training Application Process

1. Subject Matter Expert (SME) recommends that a course should be made Mandatory/Essential

2. SME completes Mandatory/Essential Training Framework Form

3. SME distributes Mandatory/Essential Training Framework request form, along with rationale for training to be made mandatory/essential, and distributes/presents to CBU/Directorate/Medical Leads of appropriate staff groups for consultation

4. As a result of consultation, SME to make necessary amendments to the Mandatory/Essential Training Framework relevant to the staff groups within the Clinical and Corporate Business Units

5. SME Completes Mandatory Training Group (MTG) Application Form and presents proposal to MTG along with Framework From

6. Approval or Decline with Group recommendations

7. SME to produce course content to meet the learning outcomes outlined in the Mandatory/Essential Training Framework Form

8. Training & Education to add to appropriate training framework

9. SME to communicate and advertise new Mandatory/Essential training course to appropriate staff groups

10. Training & Education to update Mandatory Training Matrix with SME guidance for new course

11. SME to complete and sign Mandatory/Essential Training SME Declaration Form to confirm content is up to date and appropriate

12. Training & Education to add competencies to appropriate staff groups on Learning Management System
Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

<table>
<thead>
<tr>
<th>Document title</th>
<th>Mandatory Training Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>WTE</td>
</tr>
<tr>
<td>Manpower Costs</td>
<td></td>
</tr>
<tr>
<td>Training Staff</td>
<td>Mandatory training for non-clinical staff requires an average of 4 hours per year; for clinical staff a minimum of 17 hours per year</td>
</tr>
<tr>
<td>Equipment &amp; Provision of resources</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Summary of Impact: There will be a manpower impact of this policy; however this is necessary in order to safely deliver the services of the Trust. The Trust employs a number of staff who within their primary role has responsibility for maintenance of an effective risk management system. In addition staff across the Trust will have specific responsibilities; however this will fluctuate depending on the number and nature of risks.

Risk Management Issues: This policy is document is designed to support effective risk management across the Trust.

Benefits / Savings to the organisation: Effective risk management will support the Trust to deliver its service efficiently, effectively with due regard to the financial envelope and quality agenda.

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If “YES” please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure
you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<table>
<thead>
<tr>
<th>14</th>
<th>Manpower</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1</td>
<td>Operational running costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional staffing required - by affected areas / departments:</td>
<td></td>
<td>Maintenance of Education, Training &amp; Development establishment</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Training Impact</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affected areas and departments</td>
<td>Mandatory training for non-clinical staff requires an average of 4 hours per year; for clinical staff a minimum of 17 hours per year</td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15</th>
<th>Equipment and Provision of Resources</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation / facilities needed</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building alterations (extensions/new)</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Hardware / software / licences</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical equipment</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery / publicity</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel costs</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities e.g. telephones</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process change</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolling replacement of equipment</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment maintenance</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing – booklets/posters/handouts, etc.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:  
Signature & date of financial accountant:  
Funding / costs have been agreed and are in place:  
Signature of appropriate Executive or Associate Director:
### Equality Impact Assessment (EIA) Screening Tool

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Mandatory Training Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of document</td>
<td>The purpose of this policy is to ensure that staff and managers are aware of their roles and responsibilities in relation to completion of mandatory training.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>All staff (except agency)</td>
</tr>
<tr>
<td>Person or Committee undertaken the Equality Impact Assessment</td>
<td>Mandatory Training Group</td>
</tr>
</tbody>
</table>

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

   If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Asian British People</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or Black British People</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese people</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People of Mixed Race</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White people (including Irish)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Subcategory</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>People</td>
<td>People with Physical Disabilities, Learning Disabilities or Mental Health Issues</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Transgender</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lesbian, Gay men and bisexual</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Children</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Older People (60+)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Younger People (17 to 25 yrs.)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Faith Group</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Equal Opportunities and/or improved relations</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. **Level of Impact**

If you have indicated that there is a negative impact, is that impact:

<table>
<thead>
<tr>
<th>Legal (it is not discriminatory under anti-discriminatory law)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Intended

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:

3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

<table>
<thead>
<tr>
<th>Scheduled for Full Impact Assessment</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of persons/group completing the full assessment.</td>
<td></td>
</tr>
<tr>
<td>Date Initial Screening completed</td>
<td></td>
</tr>
</tbody>
</table>