Mandatory and Statutory Training Policy

<table>
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<tr>
<th>CATEGORY:</th>
<th>Policy</th>
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<tbody>
<tr>
<td>CLASSIFICATION:</td>
<td>Governance</td>
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<tr>
<td>PURPOSE:</td>
<td>To ensure staff are aware of their obligations regarding attending appropriate mandatory and statutory training.</td>
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<tr>
<td>Controlled Document Number:</td>
<td>547</td>
</tr>
<tr>
<td>Version Number:</td>
<td>005</td>
</tr>
<tr>
<td>Controlled Document Sponsor:</td>
<td>Executive Director for Delivery</td>
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<tr>
<td>Controlled Document Lead:</td>
<td>Head of Education</td>
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<tr>
<td>Approved By:</td>
<td>Chief Executive Advisory Group</td>
</tr>
<tr>
<td>On:</td>
<td>November 2016</td>
</tr>
<tr>
<td>Review Date:</td>
<td>November 2019</td>
</tr>
<tr>
<td>Distribution:</td>
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<tr>
<td>• Essential Reading for:</td>
<td>All Managers</td>
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<tr>
<td>• Information for:</td>
<td>All Staff</td>
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1. **Policy Statement**

1.1 The Trust is committed to excellence in patient care and recognises that the training and development of its staff is a contributory factor in achieving this. In order to minimise risk to both patients and staff, all staff are required to attend the relevant Statutory and Mandatory training as dictated by their role to deliver a safe, effective service in their area of work.

1.2 The aims of the Policy are to ensure that:

1.2.1 a Training Needs Analysis is undertaken and reviewed on an annual basis, which sets out all Core Mandatory and Role Specific training;

1.2.2 all staff are made aware of their training;

1.2.3 the Trust gains assurance that all staff have received all relevant training;

1.2.4 a central record of attendance at training is maintained; and

1.2.5 any staff member who fails to attend the relevant training session within the required time is followed up.

2. **Scope**

2.1.1 As set out in the Training Needs Analysis this Policy applies to all individuals directly employed by the Trust including in-house staff bank;

2.2 all temporary staff, including locum, agency staff, apprentices and staff employed on honorary contracts, and volunteers.

2.3 The Policy applies to mandatory and statutory training that is contained within the Trust’s Training Needs Analysis

2.4 All other training that is not listed in the Training Needs Analysis can be found on the Education intranet site.

3. **Framework**

3.1 This section describes the broad framework for the Mandatory and Statutory Training Policy. Detailed instructions are provided in the following procedural documents:

3.1.1 Training Procedure
3.1.2 Training Needs Analysis

3.1.3 Medical Locum Booking Procedure

3.1.4 Corporate and Local Induction Procedure for staff employed via the in-house staff bank

3.1.5 Procedure for Corporate and Local Induction for Medical Staff in UHB.

3.1.6 Pay Progression Procedure

3.2 The Training Needs Analysis shall be approved by the Chief Executive or designate on an annual basis as set out in the Training Procedure. The Executive Director of Delivery shall approve all of the other procedural documents (except for the documents pertaining to in-house staff bank which will be approved by the Chief Nurse), and any amendments to such documents, and is also responsible for ensuring that such documents are compliant with this policy.

3.3 Training Needs Analysis

3.3.1 The Trust will have in place a Training Needs Analysis which shall be reviewed and populated on an annual basis and will include:

1.1 Any Core Mandatory or Role Specific training required as mandatory by external monitoring bodies.

2.1 All Core Mandatory or Role Specific training requirements required by statute; and

3.1 All other training determined by the Trust as either Core Mandatory or Role required/specific.

3.3.2 There will be an appropriate Training Lead identified for each training requirement in accordance with the Training Procedure.

3.3.3 The Training Needs Analysis will be developed in accordance with the Training Procedure.

3.4 Induction

3.4.1 All staff employed by the Trust (except for in-house staff bank staff – see 3.4.3, and medical staff - see 3.4.2) must attend the Trust's Corporate Induction within 2 months.
of starting their employment and receive a **Local Induction** within 2 weeks of starting their employment in accordance with the Training Procedure

3.4.2 All Medical Staff (this includes Consultants, Junior Specialist Doctors and Junior Doctors) must receive a **Local Induction** within 2 weeks of starting their employment and must attend a **Medical Corporate Induction** in accordance with the Procedure for Corporate and Local Induction for Medical Staff in UHB.

3.4.3 In-house staff bank staff must attend the **Trust’s Corporate Induction** and receive a **Local Induction** in accordance with the Training Procedure and Corporate and Local Induction Procedure for all staff employed via the in-house staff bank.

3.4.4 All temporary staff, including locum, agency staff, and staff employed on honorary contracts must receive a **Local Induction** in accordance with the following procedures:

1.1 Locum Medical Booking Procedure

2.1 Corporate and Local Induction Procedure for all staff employed via the in-house staff bank

3.1 Training Procedure

3.4.5 All volunteers must receive some form of Local Induction however the process regarding following up those who do not attend as outlined in the Training Procedure will not be followed. Instead the responsible manager for that area shall check that they have received a local induction.

3.5 **Recording Staff Attendance**

A record of staff attendance at all mandatory and statutory training will be maintained in accordance with the Training Procedure.

3.6 **Ensuring All Staff Attend Training**

All staff and managers will be provided with sufficient information on the Core Mandatory and Role Specific training that they are required to attend/complete via the various online workforce information systems available within the Trust, including but not limited to Me@QEHB and the workforce dashboard. All
managers must follow up any failure to attend training and provide staff with the opportunity to attend.

3.7 Following Up Those Who Fail to Attend/Complete Training:

3.7.1 Where a member of staff fails to attend/complete their Core Mandatory and Role Specific training within the required timescales, action will be taken in accordance with the Training Procedure.

3.7.2 Continual failure to attend relevant core Mandatory and role specific training, depending on the reason, may result in disciplinary action. The member of staff’s pay progression may also be deferred as set out in the associated Pay Progression Procedure.

3.8 Process for Coordinating Training Records

3.8.1 The Education Team are responsible for maintaining an electronic database, which contains a record of all staff Core Mandatory and Role Specific training.

3.8.2 Staff members’ training records will also be accessible by them and their line managers via the Me@QEHB portal and the Trusts Workforce Dashboard.

4. Duties

4.1 Executive Director of Delivery

The Executive Director of Delivery (EDoD) has responsibility for compliance of this policy and the associated procedures. The EDoD will provide assurance to the Board of Directors on compliance with the Policy and Procedures to. The EDoD will also be responsible for monitoring any action plans regarding the inability to deliver training identified in the Training Needs Analysis.

4.2 Head of Education

The Head of Education will:-:

4.2.1 Work with lead clinicians, consultants and other members of staff to ensure that induction programmes are effective and time efficient;

4.2.2 Ensure details from the signature sheets for training are recorded electronically and maintain records of attendance at training;
4.2.3 In collaboration with the Training Leads will be responsible for providing sufficient programmes to meet all Core Mandatory and Role Specific requirements set out in the Training Needs Analysis;

4.2.4 Ensure through the line management structure that all staff, managers and training leads are aware of their roles and responsibilities in implementing the policy and the associated procedures;

4.2.5 Ensure that communication of the Training Needs Analysis, role requirements and training programmes are disseminated throughout the Trust in a variety of different methods.;

4.2.6 Ensure a process is in place to report on non-attendance to the relevant manager in accordance with the Training Procedure; and

4.2.7 The Medical Education manager shall ensure that all new medical staff receives a Medical Corporate Induction.

4.3 **Training Leads**

Training Leads are responsible and accountable, with guidance from the Education Team for ensuring that:

4.3.1 Appropriate training will be available to meet the requirements of the Training Needs Analysis, subject to availability of resources;

4.3.2 In conjunction with the Education Team, the Training Needs Analysis is reviewed every 12 months to identify staff groups that need to attend the relevant training;

4.3.3 The learning outcomes of training meet the requirements of the relevant statute and/or policy; and

4.3.4 Attendance is recorded and reported in accordance with the Training Procedure.

4.4 **Divisional Medical Staffing Links**

Divisional Medical Staffing Links are responsible for:

4.4.1 Ensuring that all new medical staff receive a Local Induction; and
4.4.2 Ensure that records of attendance at local inductions are sent to Medical Education.

4.5 Responsibilities of Managers

4.5.1 Managers must ensure implementation of this policy in all areas within their sphere of responsibility.

4.5.2 Ensure attendance of staff at relevant Core Mandatory and Role Specific which is appropriate to their roles as outlined in the Training Needs Analysis. Arrange that such training is prioritised over all other training.

4.5.3 Review reports for attendance and non-attendance of staff within their areas and implement action as necessary. If an employee does not attend booked Core Mandatory and Role Specific training, the manager must adhere to the process in the Training Procedure to ensure the employee attends the next available training.

4.6 Responsibilities of all Staff

4.6.1 Attend Core Mandatory and Role Specific training within the required timescales as required for their job role.

4.6.2 Ensure they attend the full duration of the training.

4.6.3 If unable to attend planned training, inform their Line Manager and the relevant person in the Education Department at the earliest opportunity and arrange a further date within the required timescale.

4.6.4 As per the Pay Progression Procedure, if staff fail to comply with their core Mandatory and role specific training, which is their contractual duty to attend, either by not undertaking the training or letting their training lapse their pay progression may be deferred.

5. Implementation and Monitoring

5.1 The Policy and the associated procedural documents will be available on the Trust intranet. The policy will also be disseminated through the management structure within the Trust and staff will be made aware at Corporate Induction.

5.2 The Learning and Development/Nurse Education/Medical education department will provide consistent advice and guidance to managers and staff on the application of this policy and its procedures.
5.3 Appendix A provides full details on how the policy will be monitored by the Trust.

6. **Associated Documents**

   Corporate and Local Induction Procedure for staff employed via the in-house staff bank

   Disciplinary Policy

   Disciplinary Procedure

   Medical Locum Booking Procedure

   Procedure for Corporate and Local Induction for Medical Staff in UHB

   Pay Progression Procedure

   Training Procedure

   Training Needs Analysis
### Appendix A

<table>
<thead>
<tr>
<th>MONITORING OF IMPLEMENTATION</th>
<th>MONITORING LEAD</th>
<th>REPORTED TO PERSON/GROUP</th>
<th>MONITORING PROCESS</th>
<th>MONITORING FREQUENCY</th>
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<tbody>
<tr>
<td>Adherence to the processes outlined in the policy and procedure regarding ensuring all staff are booked on to relevant training</td>
<td>Learning and Development Manager/Medical Education Manager</td>
<td>Divisional Directors of Operations</td>
<td>Compliance reports are updated on a daily basis and reports are available for review. Divisional Directors of Operations and Senior Corporate Managers are sent monthly compliance reports for their areas of responsibility. Compliance reports are also reported at the Divisional Consultative Committee.</td>
<td>Monthly</td>
</tr>
<tr>
<td>Adherence to Key Performance Indicators associated with Mandatory Training and Education Directorate the Annual Plan</td>
<td>Head of Education</td>
<td>Executive Director of Delivery</td>
<td>Performance reports relating to mandatory training activity will be reviewed</td>
<td>Annual</td>
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