South Tees Hospitals NHS

NHS Foundation Trust

Meeting / Committee:	Board of Directors	Meeting Date:	29 April 2014

This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance	Information
	X		

Title:	Review of Mandatory Training Needs for 2014-2015

Purpose:	The purpose of this paper is to seek approval from the Board of Directors on proposed changes to the mandatory training needs requirements for all staff. The paper also outlines proposed changes to the way in which mandatory training is to be reported for the financial year 2014-2015.

| Summary: | This report provides a detailed understanding of the organisation's current mandatory training compliance and identifies a number of proposals in an attempt to enhance staffs' understanding of mandatory training requirements, improve access to mandatory training and more accurately reflect the organisation's compliance rates by reporting on those elements of mandatory training that are applicable to all staff.

Potential risks have also been identified which may impact on the implementation of the proposals. |
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Prepared By:	Andrew Thacker Assistant Director of Human Resources	Presented By:	Chris Harrison Director of Human Resources

Recommendation:	The Board of Directors are asked to agree the recommendations set out in Section 4 of the report.

Implications (mark with x in appropriate column(s)	Legal	Financial	Clinical	Strategic	Risk & Assurance
					X

BOARD OF DIRECTORS

REVIEW OF MANDATORY TRAINING NEEDS FOR 2014-2015

APRIL 2014

1. Purpose

The purpose of this paper is to seek approval from the Board of Directors on proposed changes to the mandatory training needs requirements for all staff. The paper also outlines proposed changes to the way in which mandatory training is reported for the financial year 2014-2015.

2. Background

2.1. Mandatory Training Requirements

The organisation's current Mandatory Training Needs Analysis was designed to meet the assessment standards of the NHS Litigation Authority (NHSLA). The NHSLA Risk Management Standards detail a total of 22 separate elements of mandatory training on which the organisation was expected to provide evidence of staff having completed the training. Follow up arrangements for non-compliance was also required as part of the organisation's mandatory training policy.

In addition to the 22 elements of mandatory training mentioned above, Care Quality Commission (CQC) standards and statutory requirements also identified additional mandatory training requirements. As a result, some 37 separate elements of mandatory training were identified as required and needed regular reporting on. Whilst the NHLSA, CQC and statutory law identifies the training required, very little guidance is available to help identify the mandatory training requirements of each member of staff.

2.2. Identifying Training Needs for Staff

An exercise was undertaken to determine which staff required what mandatory training using the expertise and judgement of 'subject experts' from within the organisation. Due to the sheer size and complexity of the organisation, it is fair to say that a 'broad brush' approach using the employees 'role' on the Electronic Staff Record (ESR) system was used as a means of identifying a member of staff's mandatory training requirements.

Whilst not all 37 elements would be required by any one member of staff, staff working in a clinical area with direct access to patients and in particular children (e.g. a Consultant in A&E), would be expected to show compliance on around 22 separate elements of mandatory training. Similarly a Midwife working in Central Delivery Suite would be expected to complete 24 separate elements of mandatory training.

2.3. Reporting Compliance

Mandatory training competencies were set up on the ESR system for each element of mandatory training and were attached to 'roles' on the advice of the subject experts. Detailed reports are produced on a monthly basis showing whether an individual member of staff does or does not meet the specific mandatory training requirement. These reports are made available to managers to enable the follow up of non-compliance and provide in-depth analysis of compliance rates for the organisation as a whole, divisions (as was), directorates and individual elements of mandatory training.

A recent audit report which examined the follow-up of non-compliance reported 'limited assurance' because there was limited evidence of the procedure in the mandatory training policy being followed throughout the organisation.

2.4. Data Cleansing

Over time, staff and managers have queried the need to undertake certain elements of mandatory training. Good examples of this are where 'clinical' staff do not have direct patient contact (e.g. Pathology) and therefore elements such as Conflict Resolution or Venous Thromboembolism (VTE) training could be deemed not appropriate to their role. Where such queries have arisen, these have been checked by the subject experts before elements being removed from individual profiles.

In addition to these ad-hoc corrections, a more structured piece of work checking the appropriateness of each element compared to the job role is also underway.

2.5. E-Learning

A large number (around 20) of mandatory training elements are available for completion through e-learning. An E-Learning Co-ordinator is available to help facilitate e-learning sessions through the Trust's libraries or other I.T. suites and drop-in sessions to support staff through e-learning have been made available. The number of staff accessing el-learning within the last 12 months is 5276.

Accessibility to the e-learning modules remains an issue, in part due to I.T. connectivity across sites, but also due to staff being required to use a number of different systems to access e-learning modules.

2.6. Highlighted Risks

Levels of compliance for a small number of mandatory training elements have been highlighted as a potential cause for concern. Compliance rates for Safeguarding Children training have previously been scrutinised by the Clinical Commissioning Group (CCG, previously Primary Care Trust (PCT)). It is expected that this will also be an area of focus should the Care Quality Commission (CQC) carry out an inspection.

As part of the standards of the Information Governance Toolkit, the organisation is expected to evidence that at least 95% of staff have completed annual Information Governance training (IG Toolkit Standard 112). At the end of March 2014, the trust reported a position of 84% of staff having completed this training.

As a result of the above, mandatory training has been escalated to the Corporate Risk Register, with action plans developed to improve compliance.

3. Other Trusts

Most other Trusts within the North East deploy a similar model to us in terms of identifying mandatory training needs, using subject experts to determine the mandatory training needs of staff and the recording and reporting of mandatory training. All Trusts have similar numbers of separate elements of mandatory training (around 30) with many (anecdotally) reporting overall organisational compliance rates above 80%. This level of compliance is achieved through having a number of dedicated trainers within each subject area whose role it is to deliver mandatory training. Associated resources are prioritised and made available to accommodate the delivery of mandatory.

One trust runs an extensive induction programme which lasts a full 9 days where all mandatory training and local induction needs are met. Again, a significant amount of resource is committed to the organising, facilitating and delivering the induction. All new

employees are required to attend and complete the induction before working in the organisation.

One trust has moved away from using the ESR system as its preferred recording and reporting system and has invested heavily in a bespoke Learning Management system. Every member of staff is provided with access to the system which in turn provides individuals with a mandatory training profile which is specific to them. The system issues reminders to individual members of staff when refresh dates are due and also alerts managers to enable follow-up. As well as hosting all e-learning packages which enables automatic updates to an individual's profile upon completion, the system also has an automated booking and recording system as well as a reporting functionality to report on compliance rates.

Another foundation trust in the North East includes mandatory training compliance as an element of their performance appraisal. If employees do not meet specific criteria as part of their appraisal (completing mandatory training being one of them), then they are not awarded an annual increment.

Only one foundation trust in the North East has a very different approach, although the overall number of separate elements of mandatory training is comparable to ours. Most elements of mandatory training are identified as being needed 'once only' which means that once the training is completed, the individual would remain compliant. A series of audits are run on a regular basis and consist of random sampling of staff who are then assessed as being competent (or not). Where issues of non-compliance are highlighted, targeted training is deployed to increase awareness.

4. Proposal

4.1. Combining/Incorporating Elements

On reviewing the mandatory training requirements, it was found that a number of elements previously identified as NHSLA requirements were already incorporated into other training, for example, Investigation of Incidents, complaints and claims is covered by the Health and Safety presentation. By combining single elements of mandatory training into single presentations this will result in fewer elements of training being reported on. Staff will still receive the relevant training, but will not be expected to 'comply' with as many separate elements.

The following table shows where single elements of mandatory training will be combined:-

Previous Element	Incorporated into
Investigation of Incidents, Complaints and Claims Slips, Trips and Falls Consent Level 1 Medicines Management Awareness	Health & Safety/Patient Safety (Non-Clinical) / (Clinical)
Inoculation Incident Awareness	Infection, Prevention & Control

Combining the elements shown above will result in the reduction of 5 single elements to 2 combined elements. Work associated with the combining of elements can be carried out in time to allow the April position to be reported in mid-May using the revised format.

It is worth re-iterating at this point that whilst the number of elements of training is reducing due to combining elements, the overall amount of training required will not reduce.

4.2. Non-Clinical/Clinical Mandatory Training

In an attempt to make it easier for staff to understand their mandatory training requirements, the mandatory training need requirements will be split into clinical and non-clinical matrices. Each matrix will contain elements of training which are common to all staff, for example Fire, Infection, Prevention & Control, Information Governance and Safeguarding Children.

A detailed breakdown of what will be included in each of the mandatory training need requirements is included in Appendix 1.

Corporate Mandatory Training (CMAT) sessions will be made available as 'Clinical' and 'Non-Clinical' sessions and will consist of all training elements applicable to each group that have a renewal period of 3 years. The roll-out of these new sessions can begin with immediate effect.

4.3. Reporting Mandatory Training Compliance

Currently, all elements of mandatory training are reported upon separately with compliance of each single element of mandatory training contributing to the overall compliance rate for the organisation.

Whilst completion of each single element of mandatory training will continue to be recorded and reported on, it is proposed that the 'organisational compliance' is based on those elements of mandatory training which must be completed by all staff, namely:-

- Dignity at Work
- Fire
- Health & Safety/Patient Safety
- Infection, Prevention and Control Levels 1 and 2
- Information Governance
- Safeguarding Adults
- Safeguarding Children Levels 1-3

By reporting on these core subjects, performance data will be easier to understand and should more accurately reflect the organisations compliance rates of mandatory training elements applicable to all staff. That is not to say that detailed reports of compliance against each element of mandatory training will not continue to be available to managers across the organisation as evidence of training being completed. It is recommended that any future arrangements relating to pay progression linked to performance will consider mandatory training compliance as a measure of an individual's performance.

It is proposed that monthly reports are produced which show compliance for core subjects, with all other elements of mandatory training being reported to managers on a

quarterly basis. These new reporting arrangements can be put into place in time for the reporting of the April position (mid-May 2014).

4.4. Detailed Review

It is recommended that a detailed review of those staff identified as needing VTE (5,296 staff), Conflict Resolution (6,755 staff) and Slips, Trips & Falls Patients Level 2 (2,875 staff) is carried out.

Currently, the demand for Conflict Resolution training (as an example) cannot be met. An interpretation by the subject expert of the guidance produced by NHS Protect has identified that 6,755 staff require this training with a refresh period of 3 years. A single training session lasts1 full day for initial training and a ½ day for update training. Each session can only accommodate 20 people which would mean that 338 courses (or 3 per week over a 3 year period) are required to meet demand. Courses are currently provided by an external supplier (due to us not having the expertise in-house to deliver the training) and costs £250 per session.

In addition to the example given, queries raised by staff and managers (as detailed in section 2.4 of this report) often relate to those subject areas mentioned above and on review are found not to be applicable to certain staff. The number of queries received on a monthly basis by the Learning and Development Team would suggest that a large number of staff have been allocated these requirements incorrectly. Updating individual records is a complicated and time consuming exercise and a review conducted by the relevant subject experts is required.

It is recommended that the detailed reviews are carried out by the Learning & Development team working with subject experts with recommendations for consideration produced. The timescale for completing this work will be the end of June 2014.

4.5. Extended Induction Programme

In order to identify and consider the potential benefits from running an extended induction programme which would be designed to meet all of the mandatory training requirements for new staff, using a similar approach as other Trusts' as detailed in section 3, it is recommended that following the detailed review (section 4.4) a scoping exercise is undertaken to determine the feasibility of introducing an extended induction programme. Whilst it is not possible to quantify exactly what would be required to facilitate an extension to the existing programme at this time, the findings of the scoping exercise would provide detail on the changes and resources needed to accommodate an extended programme.

4.6. E-Learning

It is recommended that all e-learning modules are accessed through the National Learning Management System (NLMS) which forms part of the ESR system. The advantage to accessing e-learning through this system is that this will provide each member of staff with an individual record of compliance. The system will signpost individuals to the appropriate e-learning module for completion on-line or an electronic booking system for classroom based training. Once training has been completed via e-learning, the system will automatically update the individual's profile.

In order for the rollout of this system to be successful, every member of staff accessing the NLMS will require a smartcard and access to a computer which is currently not the case. As mentioned in section 2.5, the number of staff who have accessed e-learning over the last 12 months is 5276. It is estimated that around 3,500 staff currently have smartcards, although not all of these are set up to enable access to the NLMS system.

The current process for creating a smart card takes approximately 15 minutes per employee, upon presentation of appropriate identification. Even if we were to assume that the 3,500 smartcards currently in circulation were set up to access the NLMS system, a further c.2000 smartcards would be required to meet the current demand for e-learning users. To produce these would equate to approximately 14 weeks' worth of work (500 hours) for the current 1.00 WTE post holder.

It is understood that an exercise is currently being undertaken by the Payroll team to encourage staff to get a smart card as this will facilitate access to Total Reward Statements (Pensions), Employee Self-Service (including E-Payslip) and the E-Travel system.

Since the implementation of these systems requires the same system configurations as the NLMS system, it would make sense to await the output of the implementation of these systems before embarking on an 'additional' implementation of the NLMS.

5. Risks

It is important at this stage to highlight any potential risks to the implementation of the proposals/recommendations listed above. Whilst those proposals set out above are designed to support the delivery and completion of mandatory training across the organisation, there are risks associated with both the implementation of systems and organisational compliance which should be considered.

Combining or incorporating separate elements of mandatory training into single elements (as detailed in section 4.1) will reduce the number of separate elements of training reported upon, however, should the NHSLA (or any other organisation) require a more granular analysis of mandatory training, the organisation would only be able to report on the 'new' combined elements. It would still be possible to explain the component parts of each element of mandatory training.

Whilst it is proposed that 'organisational compliance' is based on the completion of 7 key elements of mandatory training that are applicable to every member of staff, there is a risk that reporting on these core elements only may detract attention from other elements of mandatory training which must still be completed. Whilst the recording and reporting of all other elements will continue, the detailed compliance rates will only be received by the organisation on a quarterly basis.

I.T. capacity and capability across all trust sites remains a concern. Staff working in the community can struggle to access trusts systems from remote locations. The rollout of the NLMS (and other systems) should be appropriately resourced through a dedicated implementation project team to ensure the benefits realisation of this functionality.

The risk remains that without being appropriately resourced, the implementation of the recommendations detailed in this report will not change the overall compliance rate for the organisation.

6. Summary

As well as providing a detailed understanding of the organisation's current position in relation to mandatory training compliance, a number of proposals or recommendations have been made in an attempt to increase staffs' understanding of mandatory training requirements, improve access to mandatory training and more accurately reflect the organisation's compliance rates by reporting on those elements of mandatory training that are applicable to all staff.

In an attempt to provide a balanced view, a number of risks have also been identified which may impact on the implementation of those proposals.

The Board of Directors are asked to agree to the proposals and recommendations set out in Section 4 of this document.

Andrew Thacker
Assistant Director of Human Resources
April 2014

Attachments	Title	
Appendix 1	Non Clinical/Clinical Mandatory Training Needs Analyses	TNA Clinical Mar 2014.doc TNA Non-clinical Mar 2014.doc