

Meeting / Committee:	Board of Directors	Meeting Date:	26 August 2014
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This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance	Information
	X		X

Title:	Mandatory Training
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Purpose:	At the Board of Directors meeting in April 2014, a paper was presented which proposed changes to the way in which mandatory training is reported. Following the meeting, further work was carried out to simplify the way in which mandatory training needs are identified and reported. The purpose of this paper is to seek approval from the Board of Directors on changes to the mandatory training requirements for all staff.
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Summary:	The paper provides recommendations on changes to the way in which the organisation manages mandatory training requirements. The adoption of the UK Core Skills Framework along with changes to the mandatory training and induction programmes are recommended.
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Prepared By:	Andrew Thacker Assistant Director of Human Resources	Presented By:	Chris Harrison Director of Human Resources
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Recommendation:	The Board of Directors is asked to approve the recommendations contained within the report
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Implications (mark with x in appropriate column(s))	Legal X	Financial X	Clinical	Strategic	Risk & Assurance X
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BOARD OF DIRECTORS

REVIEW OF MANDATORY TRAINING NEEDS FOR 2014-2015

AUGUST 2014

1. Purpose and Background

At the Board of Directors meeting in April 2014, a paper was presented which proposed changes to the way in which mandatory training is reported. Following the meeting, further work was carried out to simplify the way in which mandatory training needs are identified and reported. The purpose of this paper is to seek approval from the Board of Directors on changes to the mandatory training requirements for all staff.

2. Skills for Health UK Core Skills Training Framework

In March 2013, Skills for Health launched the UK Core Skills Training Framework (CSFT) which was formed and piloted in the North West in response to the pressures organisations face when it comes to staff completing mandatory training. The framework is endorsed by key organisations such as the National Association of Healthcare Fire Officers, Infection Prevention Society, Health and Safety Executive, National Back Exchange, Resuscitation Council (UK) and NHS Protect and sets out the minimum training standards and key learning objectives for the following subject areas:-

- Conflict Resolution
- Equality, Diversity and Human Rights
- Fire Safety
- Health, Safety and Welfare
- Infection Prevention and Control
- Information Governance
- Moving and Handling
- Resuscitation
- Safeguarding Adults (incl. Mental Capacity Act)
- Safeguarding Children

This document is used extensively in the North West and London Trusts and forms the basis of their mandatory training requirements, replacing the NHSLA Minimum Data Set.

A North East regional mandatory training task and finish group was set up to consider whether the CSTF could be used as a bench mark for mandatory training in the region. The aim is to help ensure quality and consistency of training in organisations and to help prevent unnecessary duplication of training through the transportability of training records. All the subject experts/lead trainers within South Tees have also agreed to sign up to the framework through this work and have confirmed that the training delivered in this organisation, be it through a taught

session or e-learning programme meets the standards set out in the document.

In London, 39 NHS Trusts have adopted the CSTF as part of their streamlining programme and as such are using it as the minimum standard for mandatory training in their organisations. They also only consider the subject areas set out in the framework as mandatory training for staff.

3. Proposal

3.1. Adopt the UK Core Skills Framework

It is proposed that the Trust adopts the UK Core Skills Training Framework and incorporates only those elements of training included in the framework within its core mandatory training requirements.

The organisation would report monthly on these subjects and an example of how this would affect mandatory training compliance rates is attached at Appendix 1. The June 2014 mandatory training figures were used in this example.

Additional training requirements that are currently included as mandatory for some clinical staff, such as Blood Transfusion, Health Record Keeping and Venous Thromboembolism would be managed locally through the subject lead. Completion of this training would still be recorded on the Electronic Staff Record (ESR) and the lead trainers for these subject areas would be responsible for ensuring that both the training is delivered and attendance information is passed to the Learning and Development team for recording.

3.2. Completion of Non-Clinical/Clinical Mandatory Training

The proposed lists of training requirements, for non-clinical and for clinical staff are referred to in the documents attached at Appendix 2.

The majority of non-clinical staff could complete their mandatory training by attending a 1-day core mandatory training programme. Non-clinical staff that have patient contact may need to complete Conflict Resolution Refresher training in addition, which is currently a ½ day programme.

Following examples of best practice and in order to facilitate the completion of all mandatory training in a timely manner, it is proposed that individual mandatory training sessions are combined into a core mandatory training programme, similar to the CMAT programme that is currently available to staff. The main difference would be that some clinical staff would need to attend a maximum 4- day core mandatory training programme depending on their role rather than a half-day CMAT session and a number of other individual programmes. It is understood from feedback from clinical areas that this will be easier to manage when releasing staff than trying to cover a number of individual 1-2 hour slots.

E-learning could also be used as an option for those staff who are unable or do not wish to attend delivered session. The new core mandatory training programmes would start from October 2014 for non-clinical staff and November 2014 for clinical staff. Both clinical and non-clinical core mandatory training programmes are attached at Appendix 3.

3.3. Detailed Review

It is recommended that a detailed review of those staff identified as needing Conflict Resolution is carried out. Currently the demand for Conflict Resolution training 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 lasts 1 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.

It is recommended that the review is carried out by the Learning & Development team working with the subject expert with recommendations for consideration produced. It is envisaged that the types of staff that may not need the training would be those identified as working in low risk areas or who have incidental contact with patients. The timescale for completing this work will be the end of August 2014.

3.4. Extended Induction Programme

Through the work of the north east mandatory training task and finish group, it has been identified that the most cost effective and efficient way for staff new to the Trust to be able to complete their mandatory training in a timely manner is to run an extended Induction Programme. It is proposed that all the subjects in the CSTF are included in the induction programme. This would mean that induction would last between 1-4 days, depending on an individual's role. A revised induction programme is attached at Appendix 4.

As in other organisations, staff should not start work until they have completed all the requirements of their induction programme. This is deemed to be best practice as it reduces the risk of harm to patients and of litigation claims against the trust as a result of staff not having received appropriate training.

4. Risks

It is important to highlight any potential risks to the implementation of the proposals 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.

Reducing the number of training elements on which the Trust would report, may present a risk if in the future the NHSLA, CQC or any other organisation were to require a more granular analysis of mandatory training.

There is also a risk that basing 'organisational compliance' on a reduced number of key elements of mandatory training may detract attention from the additional role specific training which must still be completed.

In an attempt to mitigate against these risks it is important that those subject experts delivering training that is not contained within the mandatory training requirements are responsible for the recording and collation of details of staff who have attended training. This information should be recorded on the ESR system in a timely manner to ensure up-to-date records are available upon request.

5. Summary

Following agreement at the Board of Directors meeting in April 2014 that mandatory training should be reviewed, additional proposals or recommendations have been made in an attempt to further rationalise the way in which training requirements are identified and reported upon.

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 consider the proposals and recommendations set out in Section 3 of this document.

Andrew Thacker
Assistant Director of Human Resources
July 2014

Appendices

Attachments	Title	
Appendix 1	Mandatory training compliance rates amended for reduced number of subjects (June 2014 figures)	
Appendix 2	Non-clinical/clinical core mandatory training requirements	
Appendix 3	Core mandatory training programme	
Appendix 4	Extended corporate induction programme	