

SUMMARY REPORT		South Tees Hospitals  NHS Foundation Trust
Board of Directors		Date of meeting 26.5.15
Subject	Induction and Mandatory Training Proposal	
Prepared by	Susy Cook	
Approved by	Ruth James	
Presented by	Susy Cook	
Name of meeting considered/approved by	Quality Assurance Committee, April 2015 – approved in principle	

Purpose: To seek approval to change the way in which induction is delivered and improve the mandatory training process for all staff	Decision	
	Approval	●
	Information	
	Assurance	

Executive Summary
<ul style="list-style-type: none"> ▪ Agree the proposed project for induction including the transfer of induction to an online video. ▪ Agree the proposed project for mandatory training to create a central training portal online. ▪ Agree the proposed project for minimum requirements for mandatory training for all staff and clinical staff and filtering by job role for more specific training.

Next Steps
<p>We request the board to approve:</p> <ul style="list-style-type: none"> ▪ Minimum mandatory training requirements. ▪ Proposed new system and implementation with timescales.

Supports Trust Strategy Map in the following areas							
quality & patient safety		business sustainability		operational excellence		organisational capability	
deliver integrated care		improved cost control		improved patient flow		improved information	
forefront of clinical innovation		increased productivity		improved innovation processes		continuous service improvement culture	
specialised services development		increased revenue & market share		strong governance & risk management	●	workforce development	●
service quality and safety	●	enhanced services				strong partnerships & engagement	

If a key risk(s) has been identified, please describe below

Induction and Mandatory Training Proposal

ALL STAFF

This document sets out our induction and mandatory training proposal which covers the following staff groups:

- All medical staff
- All non clinical staff
- All clinical staff
- Trainees
- Volunteers

The following proposal has been pulled together by reviewing the current processes and looking at exemplar trusts along with staff feedback from a recent online survey. Exemplar trusts have been identified by having a much higher mandatory training compliance rate than our current 71%.

The proposal splits induction and mandatory training into two separate projects, each with clear actions to deliver within set timescales.

April / May 2015

1.0 - Introduction

In January 2015, the academic directorate reviewed its structure and amalgamated its services to include learning and development, vocational training, corporate practice development and the corporate service improvement team. This restructure was completed by March 2015 which identified savings and was in line with the corporate work streams.

An outcome of the academic directorate review has led us to recognise the need to review current arrangements around induction and mandatory training. It was identified by Sir Robert Francis (2010) in Mid Staffordshire report that mandatory training was crucial to a safe organisation.

It is apparent that both induction and mandatory training need to change radically to improve compliance rates which are currently at 71%. A full review could benefit the trust by:

- Increasing compliance
- Improving timescales
- Removing duplication
- Creation of a user friendly system
- Centralised hub

It has been identified that in the review that induction and mandatory training will be split into two components, corporate induction and mandatory training. This report will highlight the proposed way forward, action plans, any risks and board approval.

2.0 - Induction

2.1 - Current System

Induction is completed as a one day face to face session and is delivered once a month to new starters. It is primarily focussed on mandatory training elements. It is mandatory for staff to be released to attend this session upon commencement of work.

2.2 - Proposed way forward

Following the circulation of the staff survey the information gathered informed us that employees felt it would be beneficial to them to be able to view induction prior to commencement at work. This would provide them with an insight into the organisation and a clear understanding of what would happen on their first day of work.

Generally, employees were positive around receiving corporate induction prior to commencing work if short and snappy.

We are proposing that new employees complete induction prior to commencing work or within a week of joining the organisation; this would allow the following benefits:

- An understanding of the trusts core values before starting work
- An overview of the hospital trust
- A full understanding of what is induction and why its important
- Key areas / essential issues
- Time saving

The format would be as follows (please see flowchart appendix 1 for detail of process flow):

CORPORATE INDUCTION

Delivered online in video format prior to a new employee starting work. This induction would provide a corporate overview of the Trust and its services. It was recognised in the survey that some staff felt it important to see the Chief Executive face to face. This will be picked up by the communication strategy through the big and little conversations with the CEO.

LOCAL INDUCTION

Available online manual and will cover all key aspects of trust policies and procedures, this can be viewed online prior to starting work in the trust and can be used as a refresher for existing staff. It would be updated as and when necessary.

JOB SPECIFIC INDUCTION

This is to be provided by line manager on first day of work and would include local arrangements specific to area of work.

2.2.1 - Project timescales

This project is to be completed by October 2016 as per appendix 2.

3.0 - Mandatory Training

3.1 - Current System

The trusts compliancy rates for mandatory training are set at 80% as at the end of March 2015 the trusts compliance was 71.46%. The purpose of reviewing the mandatory training would have the following benefits:

- Increase compliance rates
- Streamline processes
- Greater focus on the essential areas of mandatory training
- An emphasis on employees own personal development

Current breakdown of training from each directorate up until end March 2015:

Division/Corporate Directorate	Does not meet requirement	Meets Requirement	Grand Total	Percentage Compliance
Balance Sheet	109	90	199	45.23%
Chief Executive	85	197	282	69.86%
Clinical & Diagnostic Services	3572	11674	15246	76.57%
Finance & Performance	608	4586	5194	88.29%
Integrated Medical Care	6458	13845	20303	68.19%
Quality Assurance & Academic	304	2125	2429	87.48%
Specialty Medicines	1850	5844	7694	75.96%
Surgical Services	2922	5626	8548	65.82%
Tertiary Services	2511	6442	8953	71.95%
Trauma and Theatres	5004	9148	14152	64.64%
Women And Children	3802	8582	12384	69.30%
Grand Total	27225	68159	95384	71.46%

Staff can either attend a delivered mandatory training session (CMAT) or can complete e learning. Sessions are delivered monthly on both the Friarage and James Cook sites. There are clinical and non-clinical sessions, running at a rate of 2 months clinical to 1 month non-clinical. This is because it was felt that non-clinical staff are more likely to have access to computers to complete e learning.

Trust staff have experienced a lot of issues around completing e learning, some related to user error; however mostly related to IT issues. The team has worked closely with IT to resolve these, but due to the way IT is set up, users need to report problems to IT on an individual basis. The team can take around 30 calls a day relating to mandatory training/e learning and receive up to 20 emails, these increase following the circulation of the mandatory training compliance report.

3.2 - Proposed way forward

The proposed format for the minimum mandatory training to be completed for all staff is as follows and is in line with other NHS organisations we have benchmarked against and in line with legislation:

- Legislation (NHSLA / CQC)
- Other nationally and locally set standards and expectations

3.2.1 - Proposed mandated training for approval

Type of training	Frequency of training	Related Legislation
Information governance	Yearly	Information governance policy - NHS England
Fire safety	Yearly	Regulatory Reform (Fire Safety) Order 2005
Infection prevention and control	Yearly	Health and Social Act 2008
Health and safety	3 yearly	Health and Safety at Work Act 1974
Dignity at work	3 yearly	Equality Act 2010 Public Sector Equality Duty
Safeguarding adults (basic)	3 yearly	No secrets guidance Mental capacity act
Safeguarding children (basic)	3 yearly	Working together safeguard children

It is to be noted that conflict resolution has been removed as only staff working in high risk areas require the training.

Patient safety and moving and handling will be moved into job specific training.

3.3.2 - Further job role specific training

Dependant upon job role further job specific training will be required such as high level safeguarding adults and children, conflict resolution, patient safety, moving and handling and resuscitation training.

3.3.3 - Delivery of training portal

Create one central online portal to manage mandatory training. Staff will be able to select their job role within the portal and access all mandatory training specific to that role - links will be available to undertake the training online or book online for face to face sessions. This will be supported by an online user manual.

TRAINING MATRIX

Welcome to Gloucestershire Hospitals NHS Foundation Trust's Training Matrix. This Training Matrix is designed to help you identify the mandatory training requirements for your job role. If you cannot see your job role, or if you feel that the job role you have selected does not identify fully with your training requirements, please send an email stating your full name, job title and contact information including details of your enquiry and send to Julie.connell@glos.nhs.uk for further advice.

Please Note: Where the training has been identified as "Role Specific" individuals are advised to discuss this with their Line Managers to ascertain if they need to undertake the training.

Please select your Job Role from the drop down list.

Please select...

- Please select...
- AAA Screening Technician
- Admin + Clerical Staff
- Audiologists
- Biomedical Scientists
- Blood Transfusion Staff
- Catering Staff
- Chaplains
- CSSD
- Dental Nurses
- Dentists
- Dieticians
- Domestic Services
- Estates Staff
- Governors
- Health Care Assistants (HCA)
- Health Care Scientists (with NO patient contact)
- Health Care Scientists (with patient contact)
- Health Records Staff
- Laboratory Staff (Additional Clinical Services)
- Laboratory Staff (ATO + IMTO)
- Managers (including Senior Managers)
- Maternity Care Assistants (MCA)
- Mortuary Assistants
- Medical staff (F1s and F2s)
- Medical staff (with NO patient contact)
- Medical staff (with patient contact)
- Medical staff (GPs who hold outpatient clinics within the Hospitals)
- Midwives
- Non-Executive Directors

ADMIN + CLERICAL STAFF

Training	Renewal Frequency	Training Method	Length	Link to further information	Other Details	Body requiring training
PLEASE NOTE THE TRAINING SUBJECTS REPORTED TO LINE MANAGERS ON A MONTHLY BASIS ARE HIGHLIGHTED BELOW						
Code of Conduct	Every 12 months	eLearning	5mins	Click Here	-	Connecting for Health
Communication Skills	Once only	Face2face	4hrs	Click Here	If not received as part of professional training	-
Conflict Resolution	Every 36 months	Face2face	3.5hrs Full Course / 2hrs Refresher	Click Here	Frontline staff only If you have completed conflict training in the past, then you only need to complete the refresher training	CQC
Corporate Induction	All New Staff	Face2face	-	Click Here	All New Staff	CQC
Deaf Awareness	Once Only	eLearning	30mins	Click Here	Optional Discuss at Appraisal	-
Equality & Diversity including Bullying & Harassment	Every 5 years	eLearning	15mins	Click Here	-	DoH, CQC
Fire	Every 12 months	eLearning	30mins	Click Here	-	Regulatory Reform (Fire Safety) Order
Infection Control including Handwashing & Inoculation Incident Training	Every 12 months	eLearning	20-40mins	Click Here	-	CQC
Information Governance	Every 24 months	eLearning	30mins	Click Here	-	Connecting for Health
Managing of Records Effectively (MORE)	Once only	Face2face	3.5hrs	Click Here	If dealing with patient records (NOT Coders)	-
Manual Handling Theory	Every 12 months	eLearning	30mins	Click Here	-	CQC
Safeguarding (Children & Adults) Level 1	Every 36 months	eLearning	15mins	Click Here	-	DoH, CQC, OFSTED
Safety Awareness including Slips, trips & falls and Health Record Keeping Standards	Every 24 months	eLearning	45mins	Click Here	-	HSE, CQC
The Patient with a Learning Disability	Every 36 months	eLearning	15mins	Click Here	Optional Discuss at Appraisal	Monitor, CQC
Violence & Aggression	Once Only	Face2face	3hrs	Click Here	For areas that experience physical abuse & as identified by Department Risk Assessment	CQC

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The purpose of mandatory training is to ensure that staff have the knowledge and skills to practice safely, and to minimise risk, it is acknowledged that a review of the delivery of mandatory training is undertaken alongside different methods of delivering this training e.g. face to face, e-learning.

A full review of the consequences of reducing the number of mandatory training sessions will be undertaken and counter balanced with a much greater emphasis on looking at the outcomes of the basic mandatory training and how an individual takes this back to their own areas of work.

3.3.4 - Project timescales

The project will be split into two phases - phase 1 of recreating mandatory training to centralise the current system. Phase 2 - evaluation of phase 1 and streamlining of the actual mandatory training sessions and the use of ESR / implementation of a potential new system. Phase 1 and phase 2 is expected to be completed by October 2016 as outlined at appendix 3.

4.0 - Risks

If we do not receive approval for both these projects from the board we potentially have to push back the timescales to deliver this work with revised plans as available at appendix 2 and 3.

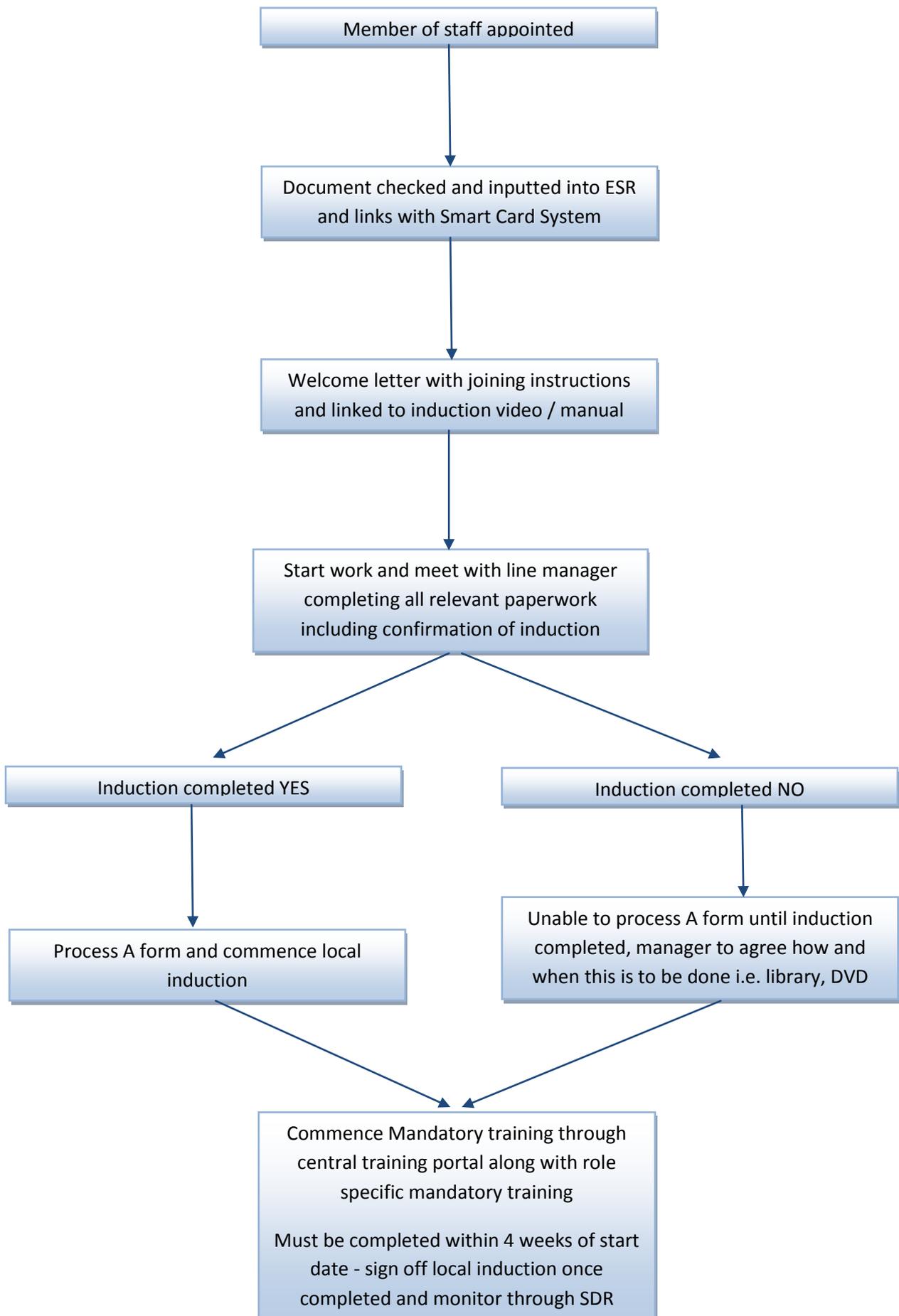
If employees are not issued with smart cards some information needs to be available for employees on how to retrieve ESR usernames and passwords. Work is being carried out by the postgraduate department to issue doctors with smartcards within the department. This follows trust policy and does not impose any risks. Further work is being carried out to streamline the process so recruitment is able to check documents and issue smartcards for new members of staff from the first day they start work. This piece of work will be carried out at the same time as the introduction of the new projects and would need the support of recruitment.

5.0 - Board approval

We request the board to approve the below:

- Minimum mandatory training requirements
- Proposed new system and implementation with timescales

Appendix 1



Appendix 2

Tasks and timescales for the induction project are set out as follows:

		30/03/2015	06/04/2015	13/04/2015	20/04/2015	27/04/2015	04/05/2015	11/05/2015	18/05/2015	25/05/2015	01/06/2015	08/06/2015	15/06/2015	22/06/2015	29/06/2015	06/07/2015	13/07/2015	20/07/2015	27/07/2015	03/10/2015	
TASKS TO COMPLETE INDUCTION	Lead																				
Design and develop survey to send out to all users	Project team																				
Send out survey and collate responses	Project team																				
Agree any actions from survey responses to be included	Project team																				
Collate data for corporate induction video	Project team																				
Collate data for local induction manual	Project team																				
Formulate a minimum specification for job specific induction	Project team																				
Develop induction video	Project team																				
Develop / create induction manual	Project team																				
Create template for job specific local induction	Project team																				
Test induction process and amend as necessary	Project team																				
Prepare roll out to organisation	Project team																				
Start roll out to all staff	Project																				

Tasks to be identified at the end of phase 1 followed by 1 year implementation taking the project end date to October 2016.