South Tees Hospitals **NHS**

NHS Foundation Trust

Meeting / Committee:	Board of Directors		Meeting Date:	25.11.14

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

Title:	Mandatory Training – Progress update

Purpose:	At the Board of Directors meeting in August 2014, a paper was presented which included a number of proposals which were agreed at that meeting. This paper provides an update on progress made in implementing the proposals.

| Summary: | Work on implementing the proposals outlined in the paper presented to the Board of Directors is progressing well. Documentation relating to mandatory training requirements has been changed to reflect the adoption of the UK Core Skills Training Framework.

New mandatory training sessions which include all elements of mandatory training are now available for staff to access. Work on designing a new corporate induction programme continues and will include all required mandatory training.

A detailed review of conflict resolution training has been carried out and a more pragmatic approach has been taken to identifying staff required to undertake the training. Conflict resolution training will remain mandatory for staff working in high risk areas of the trust, with other staff identified as requiring the training through a risk assessment process. This will reduce the number of staff requiring this training on a mandatory basis and will improve access to the training.

Work to better understand the issues relating to the recording and reporting of training continues. A number of mandatory training surgeries have been arranged to give staff and managers the opportunity to discuss specific issues with the Learning and Development Team.

Access to e-learning programmes has been discussed with I.T. colleagues and it is apparent that whilst there are a small number of technical issues being highlighted to the help desk, the majority of issues appear to be user specific and are often caused through staff not following the step-by-step guides. |
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Prepared By:	Andrew Thacker Assistant Director of Human Resources	Presented By:	Chris Newton Director of Finance and IT

Recommendation:	The Board of Directors is asked to note the content of the report

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

column(s)						

BOARD OF DIRECTORS

MANDATORY TRAINING UPDATE

OCTOBER 2014

1. Purpose and Background

At the Board of Directors meeting in August, 2014 a number of proposals were agreed which related to the identification and delivery of Mandatory Training. In summary, these proposals were as follows:-

   a) The adoption of the UK Core Skills Framework for Mandatory Training
   b) Combining individual mandatory training elements into one session
   c) Conduct a detailed review of Conflict Resolution Training
   d) Extended Induction Programme

The purpose of this paper is to provide an update position against the implementation of the above proposals.

2. Adoption of the UK Core Skills Training Framework

The adoption of the UK Core Skills Training Framework has resulted in the number of mandatory training elements applicable to all staff reducing. From the 1st October 2014, Mandatory training for all staff consists of the following:-

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

Other specific training, for example, Venous Thromboembolism (VTE), Blood Transfusion, Medicines Management and Health Record Keeping will still apply to some staff. The identification of staff requiring such training is managed locally by managers through the appraisal process. Attendance at these specific training sessions is still being recorded against the staff record.

The mandatory training requirements matrix which is available for staff to access via the intranet has been updated to reflect these changes. The mandatory training policy has also been updated to reflect the changes and is currently being ratified through the agreed process involving the JPC.

Revised reports which reflect these changes will be produced and distributed during week commencing 10 November 2014, showing the October 2014 position.

3. Combining individual mandatory training elements into one session

Whilst a number of mandatory training elements were combined to form the Corporate Mandatory Awareness Training (CMAT), due to the sheer volume of elements included in mandatory training prior to the review, it was not possible to offer a completely combined session. Other limiting factors included accommodating large numbers of staff onto practical mandatory training sessions such as conflict resolution and resuscitation training which, due to the practical techniques taught as part of the session can only accommodate a limited number of staff per session. In the majority of cases, those who deliver mandatory training do so as part of or as an addition to their substantive role. As a result, it can be difficult to secure sufficient resource to run additional mandatory training sessions.

After much planning, the first revised, combined mandatory training session was offered to non-clinical staff in October. A combined mandatory training programme for clinical staff is arranged to take place in November.

It is apparent from feedback gained through evaluations from previous mandatory training sessions that non-clinical staff are continuing to access training intended for clinical staff. As a result, staff are commenting that the mandatory training delivered to them is not relevant or is too complex for them to understand.   As part of the marketing of the revised sessions, greater emphasis will be placed on signposting the correct staff to the relevant sessions

4. Conduct a detailed review of conflict resolution training

Using the latest literature available from NHS Protect as a guide, a review of who should receive conflict resolution training has been carried out. Currently, over 6,700 staff are identified as requiring the training, as they perform a role with patient contact.

In agreement with the Local Security Management Specialist, a more pragmatic approach to this training has been proposed. A strategy which was developed working with key stakeholders such as the British Medical Association (BMA), the Royal College of Nursing (RCN) and UNISON suggests that training should focus on those staff who are most at risk of experiencing incidents of conflict, these being:-

- Those who work in areas with the highest incidences of physical or non-physical assault; or
- Those who have a higher than average contact with patients and the public

For those staff who do not fall within these categories, it is recommended that a risk-assessment approach is used to determine the training needs of staff. Staff working in roles where patient contact is minimal or unlikely to occur would not be expected to complete Conflict Resolution training.

For the avoidance of doubt and in an attempt to provide clarity on who is mandated to complete the training, please refer to the table below.

Category	Area	Staff Groups	Required Yes/No
High Risk	Accident & Emergency	All staff including admin and AHPs/Scientists	Yes
High Risk	Acute/Medical Assessment Units	All clinical staff	Yes
High Risk	Community	All staff	Yes
Medium Risk	All other clinical areas with patient contact	All staff	To be determined through Risk Assessment
Low/No Risk	Non-clinical areas	Admin & Clerical Estates & Ancillary Healthcare Scientists Clinical staff working in corporate roles	No

5. Extended Induction Programme

A part of the proposals agreed by the Board of Directors in August was to offer an extended Trust Induction Programme which included all elements of mandatory training for each member of staff. It was also agreed that any new members of staff would not commence employment with the Trust until induction had been completed.

Currently, the organisation offers a number of different induction programmes in addition to the Trust's one-day Corporate Induction Programme for example, Consultants Induction, Nurse Induction, Junior Doctors Induction to name but a few.

A workshop has been arranged with nursing and academic centre colleagues to identify what each of the additional induction programmes offer, with a view to including as much as is possible into the new induction arrangements for the Trust.

Changes to the existing recruitment processes and associated policy need to be made to ensure that the organisation is prepared for the new induction arrangements, as it is likely that a fixed start-date will be set each month. Any re-organisation of existing arrangements needs to be planned appropriately and communicated well to the organisation.

Following the workshop, a position paper will be produced which sets out the action plan for changing the induction arrangements, along with timescales relating to the implementation. It is expected that any changes to the induction programme will take place in the new calendar year.

6. Additional Work

In part, the achievement of the compliance rate for mandatory training set by the Trust (currently 80%), is down to availability of e-learning materials for staff to access.

Currently, e-learning materials are made available to staff through the National Learning Management System (NLMS) which is a part of the Electronic Staff Record (ESR) system. The advantage to this way of working is that the recording of completion of an e-learning programme is automated. The NLMS system is currently a resource that is available to us at no cost to the organisation. Whilst this has its benefits, it also limits the scope for us to make local changes to the system. An alternative would be to purchase a dedicated system capable of hosting, recording and reporting e-learning activities. In addition to initial purchasing costs, it is likely that the organisation would also need to fund on-going licence and maintenance agreements associated with a stand-alone package.

We know that this system is less sophisticated than other dedicated e-learning systems which are available in that it is not particularly intuitive to use. As a result, Health Education North East provided external funding for a dedicated resource to support the roll-out of e-learning using the NLMS. For 12 months up until May 2014, the E-Learning Co-ordinator trained staff in the use of the NLMS and, working collaboratively with I.T. colleagues, handled any queries. A number of step-by-step guides were produced and made available to staff as an aide memoire.

In an attempt to offer continued support to staff, the Learning and Development (L&D) Team have made themselves available to offer help and support to staff who are experiencing problems accessing e-learning materials. They also have the ability to remotely access user's computers to help resolve specific issues. Any unknown errors or technical issues that are unable to be resolved by the team are directed to I.T. colleagues.

I.T. colleagues have identified that the recommended I.T. hardware and software specification supplied by McKesson, who provide the NLMS system, is currently not being met throughout the Trust. This contributes to the poor performance experienced by some users. It is understood that a recent investment in the operating system (Windows 7) will help resolve this issue. This will be rolled out across the trust in the next 18 months.

There continue to be a small number of instances where the configuration of an individual's computer can have an impact on the ability to use the e-learning system. This is due to the way individual computers are configured to enable staff to access the systems they require to undertake their role. These issues continue to be worked through on an individual basis as and when they are known to I.T. The majority of calls to the I.T. helpdesk relate to password resets when staff forget passwords and/or usernames. These are handled routinely by the helpdesk during office hours. This service is not available out of office hours.

At a recent CQC Mock Assessment feedback event, some staff felt that not all of the mandatory training completed was being recorded. The recording of mandatory training is, on the whole, a manual task and relies on information being sent to the L&D Team in a timely manner. In an attempt to better understand the concerns raised about the recording and reporting of mandatory training a number of mandatory training surgeries have been planned which will give staff and managers an opportunity to discuss their specific queries with the L&D Team. Surgeries will take place at both the James Cook and Friarage sites where staff can visit in person or telephone in with their queries. The dates of the surgeries are 24 October, 4 November and 7 November.

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The Trust manages to provide mandatory training to an increasing number of staff using a limited resource that is available to it. Taught mandatory training sessions are predominantly delivered by staff as part of or in addition to their substantive role. E-Learning systems that are available 'free of charge' have their limitations as far as functionality and local customization is concerned. Whilst both of these solutions are serviceable, acknowledging any limitations, large scale improvements in e-learning systems or availability of mandatory training are unlikely without significant investment.

Andrew Thacker
Assistant Director of HR
October 2014