

Statutory and Mandatory Training Policy (including Training Needs Analysis)	
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Executive summary

This policy sets out Leeds Community Healthcare (LCH) NHS Trust's Statutory and Mandatory training requirements in line with Trust objectives, legislative requirements and the requirements of the NHSLA Risk Management Standards for Healthcare Trusts.

This Policy covers all Staff employed by the Trust and extends to bank staff, volunteers and secondees into the Trust, Honorary contract holders, Agency and Contingency Workforce. The specific roles and responsibilities for implementation and monitoring of this Policy are also identified.

The Statutory and Mandatory Training Needs Analysis (TNA) (Appendix A) will be updated as a minimum annually to ensure the Trust is complying with changes in legislation. This policy also sets out the reporting, monitoring and follow up of non attendance of all statutory/mandatory training. The policy will be reviewed annually.

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1 Introduction

This policy has been developed in consultation with staff side and management side representatives, and other key stakeholders.

To ensure that the Trust is compliant with new legislation, changes to training programmes will continue to be made throughout the year, with the Policy being reviewed on an annual basis. Any changes will be cascaded using the communication methods available within the Trust.

The Trust supports the Government's philosophy that lifelong learning and development are key to delivering the NHS vision of patient centered care. As such the Trust is committed to equipping staff with the necessary skills required to undertake their roles competently and confidently. In turn, staff must take responsibility for developing these skills and participating in the lifelong learning process.

The policy must be read in the context of the individual job role and ensure that staff are familiar with their work environment, policies, and procedures and issues pertinent to their local place of work. To ensure this policy is viewed in context it must be read in conjunction with the Induction Policy and the Organisation's Strategic Objectives available on the Trust intranet.

2 Aims and Objectives

This policy specifies the training which the Trust regards as statutory or mandatory for all staff to undertake, dependent upon their role. The scope does not extend to specific professional or local training, however, is intended to provide clarity in the requirements for the core Statutory and Mandatory provision, in order to fulfil the responsibility of the Trust as an employer, and the responsibility of individual staff members, to meet legal, professional or national standards. It also clarifies roles and responsibilities for Policy implementation.

The Trust has set the compliance target for statutory and mandatory training as 90% with the exception of Information Governance which is set at 95% by the Health and Social Care Information Centre (HSCIC).

The corporate and local induction process within the Trust is designed to focus managers and staff on core statutory and mandatory training. All Managers must ensure that all newly appointed staff (and existing staff that move into a new role within the Organisation), are immediately assessed to determine what training is relevant to their job role. All statutory and mandatory training identified must be completed within 3 months of appointment.

There is also clarification on the mandatory requirements for temporary; seconded; bank; agency and contingency workforce.

3 Definitions of training/Terms

Statutory is training that is laid down by law, primarily in section 2 of the Health and Safety at Work Act (1974).

Mandatory is training that the Trust itself recognises as essential for someone to safely undertake a task or role, or to comply with other Trust policies or strategies, for example, for the development of the organisation.

All Staff employed includes those on permanent or temporary contracts, (includes Chief Executive, Executive and Non Executive Directors and Senior Management Team), full-time, part-time and provisions of this policy extends to bank staff, volunteers and secondees into the Trust.

Agency/Contingency Workforce/Honorary contract holders are identified as staff not employed by the Trust.

Clinical staff (Hands on) – Registered and Non-Registered staff working in a clinical role providing direct clinical care e.g. district nursing, Intermediate care, prison service, children’s nursing, physiotherapists, Occupational Therapists.

Clinical staff (Hands off) – Registered and Non-Registered staff who provide clinical care but do not directly handle patients e.g. health visiting, CAMHS, dietitians.

Registered professionals working in managerial roles who are required to provide clinical care as a function of their role must undertake the relevant clinical level training.

Non Clinical Staff (Patient facing) – Staff working in roles where they will come into direct contact with patients and the public e.g. health centre receptions, Leeds Equipment Services, domestics.

Non Clinical Staff (Non-patient facing) – Staff working in roles where there is no direct patient e.g. finance, workforce, office based administrators.

Training Needs Analysis (TNA)

For the purpose of this policy, TNA relates to all statutory and mandatory training agreed through the process identified in this policy.

4 Responsibilities

Chief Executive and Trust Board are responsible for:

- Ensuring that the Statutory and Mandatory Training Policy (including Training Needs Analysis (Appendix A)) is in place and that all staff working in the Trust are aware of, comply with and operate within the Policy.
- Attending the Board Induction/Development Programme.
- The performance management of this Policy.

Executive Directors and Senior Management Team will:

- Ensure that this policy is implemented within their sphere of responsibility.
- Attending the Board Induction/Development Programme.
- Manage non compliance for this Policy through the Business Committee reports.
- Proactively manage areas of concern highlighted with general managers.

Director of Workforce is expected to:

- On behalf of the Chief Executive, ensure the implementation of this policy throughout the Trust and evaluate its effectiveness on an annual basis, ensuring it is up-to-date and making necessary changes
- Inform the relevant Workforce teams of any issues which may change needs for statutory and mandatory training provision
- Lead the process for ratifying new or amended policies or procedures in this respect

The Business Committee will:

- Review quarterly reports from Workforce Information and seek assurances that statutory and mandatory training for staff are meeting the expected delivery rates versus actual including non-attendance data.
- Where issues are identified, advise, recommend and monitor improvements.
- Receive an Annual Statutory and Mandatory Compliance Report.

The Organisational Development Team will:

- Work with services and subject matter experts to establish appropriate levels of training for specific roles.
- Ensure training provision is commissioned to meet the main requirements of this policy, to the standard required.
- Ensure all training has clear aims, objectives and delivery methods which may include the provision of alternative delivery format to meet the needs of individuals, i.e. providing signers or audio versions at training sessions.
- On receipt of the monthly Business Unit reports for compliance and non attendance, review the information and if necessary take appropriate corrective action with identified teams.
- Evaluate training to ensure consistent quality.

The Workforce Information Team will:

- Produce an Annual Statutory and Mandatory Compliance Report to the Business Committee.
- Produce a quarterly report to the Business Committee on statutory and mandatory training compliance, including non-attendance.
- Using ESR, maintain records of attendance and provide information in the agreed format.
- Send an emailed letter to all staff (copy to manager) who fail to attend or do not complete the training session. The individual will be allocated a place on the next available session (Appendix B, DNA standard email). If there are specific circumstances, offer alternative means of provision if possible and reasonable.
- Advertise training provision using the course catalogue.
- To meet delegate's access and dietary requirements and consideration should be given to providing a room for prayer or private reflection.
- Identify and monitor training compliance and share this information with relevant subject matter experts.
- Plan and schedule training to take place for the forthcoming year.

Managers are expected to:

- Ensure employees attend all relevant training, including updates, at the required frequency, for staff not employed by the Trust refer to section 5
- Enable employees to attend training on which they are booked, for the required duration
- Ensure that they follow up non-attendance with the member of staff following receipt of the DNA letter (Appendix C, flowchart)
- Escalate areas of risk in relation to statutory and mandatory training to the Senior Management Team (SMT)
- Support individuals through the appraisal process ensuring they attend statutory and mandatory training relevant to role Provide relevant resources to enable employees to transfer learning from the training into everyday practice

- Liaise with Workforce Information to arrange training they regard as necessary to meet specific local criteria or circumstances
- Using ESR, check staff compliance regularly

Employees have a responsibility to:

- Work in concordance with the Leeds Safeguarding Multi-agency Policies and Procedures and local guidelines in relation to any safeguarding concerns they have for children or adults they are in contact with. These can be accessed on the Trust intranet.
- Attend all relevant statutory and mandatory training
- Attend the session on which they are booked
- Inform their line manager and Workforce Information when unable to attend a booked session
- Attend session at the next available opportunity if you failed to attend the initial session
- Ensure that Workforce Information are aware of any dietary, access or specific requirements
- Keep up-to-date with relevant LCH policies
- Where job specific, maintain professional accountability, registration and operate within their scope of professional practice.
- Through 1-1's and appraisal, plan and review training with their appraisers Complete the relevant attendance documentation.

5 Statutory and Mandatory training for staff not employed by the Trust Placements (Healthcare Students)

Under the Learning and Development Agreement drawn up between the Strategic Health Authority, healthcare providers and education providers it is agreed that Universities will provide statutory and mandatory training required by pre-registration students. The type of training and content is agreed in partnership with healthcare provider organisations. The exception to this is those undertaking the Open University programme where their employer will provide training. The student will be seconded to this course and as such they remain an employee of LCH and their training needs will be included under the statutory and mandatory provision and reporting as for all staff.

Those undertaking post-registration courses and on placement within LCH will normally be our own employees and will be covered under the relevant section of this policy. Any post registration student not employed by us will be issued an honorary contract and their statutory and mandatory training provision will be covered under that section of this policy.

In all cases the induction into the workplace received by the student will cover relevant issues specific to that area e.g. fire procedures. This is included in the student's placement profile and is therefore monitored through the University quality assurance processes.

Students subsequently employed

Mandatory training that is undertaken at University that is valid and current (i.e. in date) may be considered as accredited prior learning (APL) if appropriate.

Volunteers

Volunteers must also receive adequate training to carry out their roles. Training needs must be assessed at interview and during induction, by the person responsible managing their involvement with the Trust. For more information please refer to the updated Training Needs Analysis grid on the intranet).

Agency/Contingent Workforce/Honorary Contract Holders/Placements

Managers recruiting Agency/Contingent Workforce/Honorary Contract Holders/Placements must consider the length of the assignment and undertake a risk assessment to determine the statutory and mandatory training relevant to the role. If the worker is due to be with the Trust longer than 3 months, all statutory and mandatory training relevant to role must be completed. All staff under this type of arrangement should complete a local induction.

Bank staff

Bank staff must receive statutory and mandatory training relevant to the role they will be undertaking. Other training undertaken will be assessed via the learning outcomes achieved, at recruitment stage.

6 Training Needs Analysis (TNA) Process

Statutory and Mandatory training for the Organisation is determined by legislation, external bodies including NHSLA, CQC and Organisational risk. The Development Lead for Corporate, Statutory and Mandatory Training is responsible for interpreting this information as follows:

- Work with subject matter experts to establish appropriate levels of training for specific roles.
- Liaise with Workforce Information for reports to be produced outlining the numbers and categories of staff affected.
- Equipped with this information, liaise with the appropriate teams/services to determine the most appropriate method available to meet compliance.

This is the basis for the Trust's Training Needs Analysis (TNA) (Appendix A). The Organisational Development Lead , implements this as follows:

- Develops an action plan to determine
 - who needs to deliver the training
 - what needs to be included
 - why we are delivering this training
 - when we need to deliver it and
 - how we will deliver it
- Reviews internal and external training providers and commission accordingly.
- Ensures all training has clear aims, objectives and delivery methods which may include the provision of alternative delivery format to meet the needs of individuals, i.e. providing signers or audio versions at training sessions.
- Liaises with Workforce Information to ensure planning of training for the forthcoming year is in place. Liaises with Workforce Information to ensure that all Statutory and Mandatory training dates, venues, content, learning outcomes are publicised via the Trust course catalogue accessed on the Intranet, and where necessary disseminate to appropriate teams.
- Evaluates training to ensure consistent quality.

To ensure that the Trust is compliant with new legislation, changes to training programmes will be amended via the Quality, Governance and Risk Committee using the 'Application to introduce or amend current Statutory/Mandatory Provision' (Appendix D) which has been designed to provide a full understanding of the programme content, staff groups required to attend, numbers of staff per year and resource requirements.

On agreement of changes, the TNA and course catalogue will be updated and the appropriate people affected will be informed of the new requirement via the Trust's agreed communication methods. Additional training will be commissioned as required.

7 Monitoring compliance and effectiveness

The process for checking that all employed staff identified in the TNA, follow up of those that fail to attend and monitoring compliance of this Policy is detailed in Appendices C and E. In addition to the responsibilities already outlined,

Workforce Information will:

- Collate monitoring of attendance for identified statutory and mandatory training.
- Provide reports on Do Not Attends (DNA) and compliance against the organisational target. This information will be monitored and reported to the Business Committee quarterly, with monthly activity reporting direct to Business Units.
- Produce an Annual Statutory and Mandatory Compliance Report to the Business Committee.
- Provide data by protected characteristics to inform the equality and diversity annual workforce report.

Managers will:

- Follow up actions and where appropriate highlight any concerns through the risk register.

Organisational Development will:

- Work with Subject Matter Experts to monitor course evaluation to inform any training changes.
- On receiving the information from Workforce Information Team, will monitor compliance and work with Managers to identify solutions to meet targets.

Compliance will be supported by all parties recognised in this policy undertaking their identified responsibilities

8 Recording and Reporting Process

The process for recording and reporting compliance is detailed in Appendix E (flowchart)

9 Ratification and approval process

This policy will be consulted on by Subject Matter Experts/General Managers/Staff side and approved by the Joint Negotiating Consultative Forum (JNCF) and ratified by the Remuneration Committee on behalf of the Board.

10 Dissemination and implementation

The Workforce Directorate are responsible for the dissemination of this policy through the Trust intranet and Community Talk.

E-learning should be utilised as a flexible alternative to face-to-face learning wherever possible via the Trust e-learning platform. The Organisational Development Team will provide advice and guidance to staff that require assistance with e-learning.

The Organisational Development Team will facilitate the provision of training within departments and bases by internal trainers and by commissioning external providers to

deliver training locally through service level agreements. These training opportunities will be advertised via Community Talk and placed on the intranet.

The Trust has determined that all employees must ensure statutory and mandatory training is regarded as a priority. Non-attendance will result in other personal and professional training not being agreed until full compliance is achieved. It is acknowledged that Medical Staff will ensure statutory and mandatory training is prioritised alongside their wider medical training requirements within the agreed protected learning time framework. Failure to comply with the expectations of this policy could result in further action being taken by the Trust.

11 Review arrangements

This policy will be reviewed by the Workforce Directorate Team as a minimum within 3 years of approval or sooner, if amendments are required due to changes in legislation or organisational need.

12 Equality Analysis

LCH aims to design and implement services, policies and measures that meet the diverse needs of its population and workforce, ensuring none are placed at a disadvantage over others.

LCH is subject to the equality duty as set out in the Equality Act 2010 and must pay “due regard” for the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not

Due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people

The Trust has paid due regard to the Equality Act and duties therein by the completion of the Equality Analysis Screening Tool, Appendix F. The screening revealed that the Policy is of high relevance to equality and as such required Equality Analysis

13 Associated documents

Induction Policy

Personal and Professional Development Policy

14 References

Up to date legislation and guidance relevant to this Policy can be found on the Statutory and Mandatory Training Needs Analysis (TNA) (Appendix A). The Appendix will be updated as necessary due to changes in legislation or organisational need and this amended TNA will then be uploaded onto the Trust’s intranet site.

STATUTORY AND MANDATORY ORGANISATION TRAINING NEEDS ANALYSIS FOR ALL STAFF
includes Chief Executive, Executive and Non Executive Directors and Senior Management Team

Topic	Level(s)	Who should attend?	How frequent	Duration	How is this delivered?	Legislation/Policy
Cardio Pulmonary Resuscitation (CPR) (including Anaphylaxis)	One level	All Clinical and Clinical Support Workers. All staff attending will receive signs and symptoms of anaphylaxis. Staff who are expected to administer medication will also cover treatment.	Annually	Half day	Face to face session	Resuscitation Council UK Guidelines 2000; Management of Health, Safety & Welfare NHS Employers 2005 NMC, RCN requirement
Conflict Resolution (includes violence and aggression)	One level	All frontline staff who come into contact with patients and the public	Every 3 years	1 day with a half day update	Face to face session	Health and Safety At Work Act 1974; Management of Health and Safety at Work Regulations 1999; The Counter Fraud & Security Managements directives 2003, now known as NHS Protect. NHS LA standards C.11
Consent	One Level	All Clinical Staff	Once	Varies by need of individual	Covered within specific clinical training topics. Covered at local induction. Covered as a requirement for entry to professional registers.	NHSLA Standard 2, Criterion 10 NHSLA Standard 4, Criterion 1
Equality and Diversity (includes harassment and bullying)	Induction	Staff who are new to the Trust must attend within 8 weeks of commencing employment	Once	1 hour	Face to face session	Equality Act 2010
	General Awareness	All Staff	Every 3 years	20 minutes	E-learning accessed via ESR e-learning '000 Equality And Diversity – General Awareness'	
	General Awareness and Promoting Understanding	All Managers who have line management responsibility and/or Level 3 KSF for Equality and Diversity this includes Medical Leads and Clinical Directors who have management responsibilities	Every 3 years	2 hours 20 minutes	E-learning accessed via ESR e-learning '000 Equality And Diversity – Promoting Understanding'	
Fire Safety	For Senior Managers	Senior Managers 8a and above which includes Executive Management Team, Senior Management Teams, Non-Executive Directors, Medical Leads and Clinical Directors	Annually	1 hour	Face to face session and e-learning alternate years i.e. year 1 face to face, year 2 e-learning, year 3 face to face and so on E-learning accessed via ESR e-learning '833 FIRE SAFETY AWARENESS'	The Regulatory Reform (Fire Safety) Order 2005

Topic	Level(s)	Who should attend?	How frequent	Duration	How is this delivered?	Legislation/Policy
Fire Safety continued	For premises with special circumstances	In-patient areas (all staff employed on these sites): Hannah House/ CRU St. Mary's Hospital/Little Woodhouse Hall, "V" Ward at Seacroft	Annually	1 hour	Face to face session only	Firecode – Fire safety in the NHS: Health Technical Memorandum 05-01; Managing Healthcare Fire Safety (DOH) Section 9.7 Firecode – Fire safety in the NHS; Health Technical Memorandum 05-03; Operational Provisions Part A Section 4.12
	For Nominated Persons	Nominated roles from every building should be represented in this training. However, should there be more than one service which occupies the building beyond normal reception opening hours; additional nominated representatives are required to be identified. Line Managers have responsibility to identify and nominate. Specific advice can be sought from the Fire Officer.	Annually	2 hours	Face to face session and e-learning alternate years i.e. year 1 face to face, year 2 e-learning, year 3 face to face and so on E-learning accessed via ESR e-learning '833 FIRE SAFETY AWARENESS'	
	For those with patient contact	Medical, Nursing and Allied Health Professional Groups with direct patient contact within clinic and/or domestic settings	Annually	2 hours	Face to face session and e-learning alternate years i.e. year 1 face to face, year 2 e-learning, year 3 face to face and so on E-learning accessed via ESR e-learning '833 FIRE SAFETY AWARENESS'	
	For Administration, clerical and Support Staff	Staff whose main role is office based in non patient accessed areas and this area must include domestics from the sites across Leeds.	Annually	1 hour	Face to face session and e-learning alternate years i.e. year 1 face to face, year 2 e-learning, year 3 face to face and so on E-learning accessed via ESR e-learning '833 FIRE SAFETY AWARENESS'	
First Aid at Work	Qualified First Aider It is a requirement that each building has 1 first aider for every 50 people	Staff who have been identified as a first aider	Every 3 years	3 days with a 2 day refresher	Face to face session	The Health and Safety (First-Aid) Regulations 1981
	Emergency First Aid at Work (previously Appointed Person)	Staff who have been identified to support the qualified first aider	Every 3 years	1 day	Face to face session	

Topic	Level(s)	Who should attend?	How frequent	Duration	How is this delivered?	Legislation/Policy
Food Safety	One Level	Staff who are required to handle and/or prepare food	Every 3 years	Half day	Face to face session	Food Safety Act 1990, Food Safety Regulations (Gen. hygiene 1995)
Health & Safety (slips, trips and falls)	One level	All staff (Module – Healthcare Introductory)	Every 3 years	10 minutes	E-learning accessed via ESR e-learning '833 SLIPS TRIPS AND FALLS E-LEARNING'	The Health and Safety At Work Act 1974; Management of Health & Safety at Work Regulations 1999
Health Needs Assessment	One level	All new staff who have responsibility for conducting health needs assessments for looked after children (Paediatricians, Health Visitors, School nurses)	Every 2 years	Half day	Face to face session	Schedule 3 of the Arrangements for Placement of Children (General) Regulations 1991; Promoting the health of looked after children; statutory guidance (DCSF 2009)
Induction Staff will receive Equality and Diversity General duties (includes lone worker safety, investigation of incidents, complaints and claims)	Corporate/Local	All new staff should have completed corporate induction and local induction checklist within two months of start date. All agency/contingent workforce/honorary contract holders/placements should have completed an induction checklist.	Once	1 day	Face to face session	NHSLA C11 Management of Health, Safety & Welfare NHS Employers 2005 Improving Working Lives PP
Infection Prevention and Control (Levels 2 and 3 includes inoculation)	Level 1	Non clinical staff	Every 3 years	Approx 30 minutes	E-learning accessed via ESR e-learning '000 Infection Control: Infection Prevention and You 2012'	The Health and Social Care Act 2008; Code of Practice for prevention and control of infections; Health and Social Care Act (Regulated activities) Part 4 outcome 12; CQC Regulation 12 Outcome 8;
	Level 2	Clinical staff with hands off care	Every 2 years	1 hour	Face to face session	Management of Health, Safety & Welfare NHS Employers 2005 NHS LA standards C.11
	Level 3	Clinical staff with hands on care	Every 2 years	2 hours	Face to face session	
	Estates	Domestics and Leeds Equipment Service staff	Every 2 years	1 hour	Face to face session	
Immunisation and vaccinations (includes inoculation)	One level	Healthcare staff who are required to immunise F. training is considered equivalent	Annually	Half day	Face to face session	National Minimum Standards for Immunization Training RCN June 2005
Information Governance (includes health record keeping)	One level	All staff	Every 3 years	Approx 2 hours	E-learning accessed via ESR e-learning '000 Introduction to Information Governance' Team sessions can be arranged on request	Data Protection Act 1998 Common Law duty of Confidentiality; Freedom of Information Act 2000 Human Rights Act 1998. Key guidance: Caldicott Report 1997 Confidentiality NHS Code of Practice 2003; Information Governance Management Requirement 112 and 113

Topic	Level(s)	Who should attend?	How frequent	Duration	How is this delivered?	Legislation/Policy
Medical Devices	Once level	Identified within Service. Manager will identify specific staff groups who require training.	Determined by risk assessment for equipment. Manager to keep local records.	Varied	In Service	NHSLA Standard 2, Criterion 7
Medical Gases	One level	Dental Staff (Nursing staff within children's service currently under discussion)	Every 3 years	2 hours	Face to Face session	The Management and Maintenance of Medical Gas Pipeline Systems and Portable Gas Cylinders
Medicines Management	On Level	All Clinical Staff who prescribe or administer medication.	Once Additional refreshers or updates available as need is identified.	Varies by need of individual	Covered within professional formal training where medicines management is a requirement of the role. Covered within local induction. In addition, the explicit Medicines Management Training is delivered through specific clinical topics. Non-medical prescribers can access relevant CPD to ensure continued safe practice. Non-registered staff required to administer medications will receive one to one instructions by a registered professional. A range of competency frameworks. E-learning	NHSLA Standard 4, Criterion 5
Mental Capacity Act	One level	For clinical staff who are required to undertake Safeguarding Adults at Risk training	Every 3 years	1.5 hours	E-learning accessed via ESR e-learning '833 MENTAL CAPACITY ACT'	Mental Capacity Act 2005
Moving and Handling	Loads – low risk	Non clinical staff	Every 2 years	1 hour	E-learning accessed via ESR e-learning '833 BACK CARE & MANUAL HANDLING E-LEARNING'	The Manual Handling Operations Regulations 1992 H&S at Work Act 1974 (part 1, Section 2-(2)c; Management of H&S at Work Regulations (13(2) and (3); Management of Health and Safety Operations Regulations 1992;
	Loads – high risk	Receptionists who are required to receive and move large boxes and IT staff. Leeds Equipment Service will receive bespoke face to face training due to the nature of the loads.	Annually	1 hour	E-learning accessed via ESR e-learning '833 BACK CARE & MANUAL HANDLING E-LEARNING'	Provision and Use of Work Equipment Regulations 1998; Lifting Operations Lifting Equipment Regulations 1998; National Back Exchange

Topic	Level(s)	Who should attend?	How frequent	Duration	How is this delivered?	Legislation/Policy
Moving and Handling continued	People – Lower level	All staff who do NOT directly handle people but come into contact with people as part of their job role, for example dieticians, health visitors, MSK physiotherapists, school nurses, nursery nurses, dental services, podiatry etc	Annually	Half day induction with half day refresher	Face to face session	The Manual Handling Operations Regulations 1992 H&S at Work Act 1974 (part 1, Section 2-(2)c Management of H&S at Work Regulations (13(2) and (3) Management of Health and Safety Operations Regulations 1992; Provision and Use of Work Equipment Regulations 1998; Lifting Operations Lifting Equipment Regulations 1998; National Back Exchange
	People – Higher level	All Clinical staff who work in patient environments	Annually	1 day induction with half day refresher	Face to face session	
Record Keeping	One Level	All Clinical Staff	Once	Varies by need of individual	Covered within specific clinical training topics. Covered at local induction. Covered as a requirement for entry to professional registers.	NHSLA Standard 4, Criterion 2
Recruitment and Selection	One level	For recruiting managers	Once	2 days Half day refresher advised every 2 years	Face to face session	Equality Act 2010 NHS Employer Standards 2010
Risk Awareness and Assurance	One level	Chief Executive, Executive and Non Executive Directors and Senior Management Team	Every 3 years	2 hours	Face to face via Corporate induction and the Board Induction/Development Programme	NHSLA Standard1, Criterion 4
Risk Management, Health and Safety, Claims and Complaints (Includes risk assessment and investigation of incidents, complaints and claims)	One level	For managers (defined as those managing staff)	Every 3 years	Half day	Face to face session	Health and Safety at Work ACT 1974; The Management of Health and Safety at Work Regulations 1999 Reg 3 & 5; Management of Health, Safety & Welfare NHS Employers 2005 & 1999 Regulation 5; NHS LA standards C.11

Topic	Level(s)	Who should attend?	How frequent	Duration	How is this delivered?	Legislation/Policy
Safeguarding Children (Citywide agreement)	Level 1	For staff working in a healthcare setting with direct or indirect contact with children and/or parents e.g. Clinical Admin & Reception staff; Staff working with older age adults; Staff working in clinical and non clinical settings with indirect contact (telephone) with children and parents; Estates staff working in premises where children may be present	Every 3 years	Approx 1 hour	Clinical staff E-learning accessed via ESR e-learning '000 Safeguarding Children & Young People Level 1 (2012)' Non clinical staff E-learning accessed via ESR e-learning '000 Safeguarding Children & Young People Level 1 Non-clinical staff (2012)'	Safeguarding Children's Board Regulations 2006 Working Together to Safeguard Children 2010 HM Govt stat. Guidance
	Level 2	For staff with regular contact with children and/or parents in healthcare settings e.g. Health Visiting, PCMH, NFA Team, HAT, Community Drug Teams, Primary Care Nurses.	Every 3 years	Approx 1 hour	E-learning accessed via ESR e-learning '000 Safeguarding Children & Young People Level 2 – Secondary Care (2012)'	
	LSCB – Working Together to Safeguard Children	For staff who are responsible for the case management of child protection cases i.e. make a child protection referral, attend a child protection conference (Band 6 or above)	Every 3 years	1 day with half day refresher	Face to face session To book please go to www.leedslscb.org.uk To book refresher email wdu.enquiries@nhsleeds.nhs.uk	
	Specialist modules	As identified via the appraisal process. For staff with regular contact with children and/or parents in health care settings	Every 3 years	Varied	Face to face session To book please go to www.leedslscb.org.uk	

OUT OF DATE - See Elsie for latest version

Topic	Level(s)	Who should attend?	How frequent	Duration	How is this delivered?	Legislation/Policy
Safeguarding Adults at Risk (Citywide agreement)	Alerter	For staff working in a healthcare setting with direct or indirect contact with adults at risk and / or carers e.g. staff working in clinical and non clinical settings. FOR CLINICAL STAFF ONLY Prerequisites to this course: Mental Capacity Act E-learning '833 MENTAL CAPACITY ACT'	Every 3 years	Approx 1 hour	E-learning accessed via ESR e-learning '000 Safeguarding Adults'	Provision for the Protection of Vulnerable Adults scheme is made in Part 7 of the Care Standards Act 2000. Safeguarding Vulnerable Groups Act (2006)
	Referrer	For staff who work predominately with adults and have clinical line management responsibilities (Band 6 and above) OR have been identified as a referrer within their service area. Prerequisites to this course: Mental Capacity Act E-learning '833 MENTAL CAPACITY ACT' and Alerter E-learning '000 Safeguarding Adults'	Every 3 years	3 hours	Face to face session	
	Specialist Modules	For staff working in healthcare settings, predominately with adults and have been identified as co-ordinators and / or investigators Prerequisites to this course: Mental Capacity Act E-learning '833 MENTAL CAPACITY ACT' and Level 2 Referrer face to face session'	Every 3 years	Varies depending on course	Face to face session To book contact The Leeds Safeguarding Unit 0113 247 8738	
Venous Thromboembolism (VTE)	One Level	All registered professionals within in-patients areas	Once	Varies by need of individual	One to one instruction given on the use of screening tools and appropriate treatment. All registered Nurses and Doctors must complete the e-VTE web based education resource to raise awareness and improve understanding of Venous Thromboembolism.	NHSLA Standard 4, Criterion 8

Unless otherwise stated, please book the courses detailed within this grid via wdu.enquiries@nhsleeds.nhs.uk stating the following information:-
Course title, Course date, Name, Email, Contact telephone number, Line manager's name

Dear _____,

You are receiving this email because you are recorded on ESR as the supervisor for the people mentioned below.

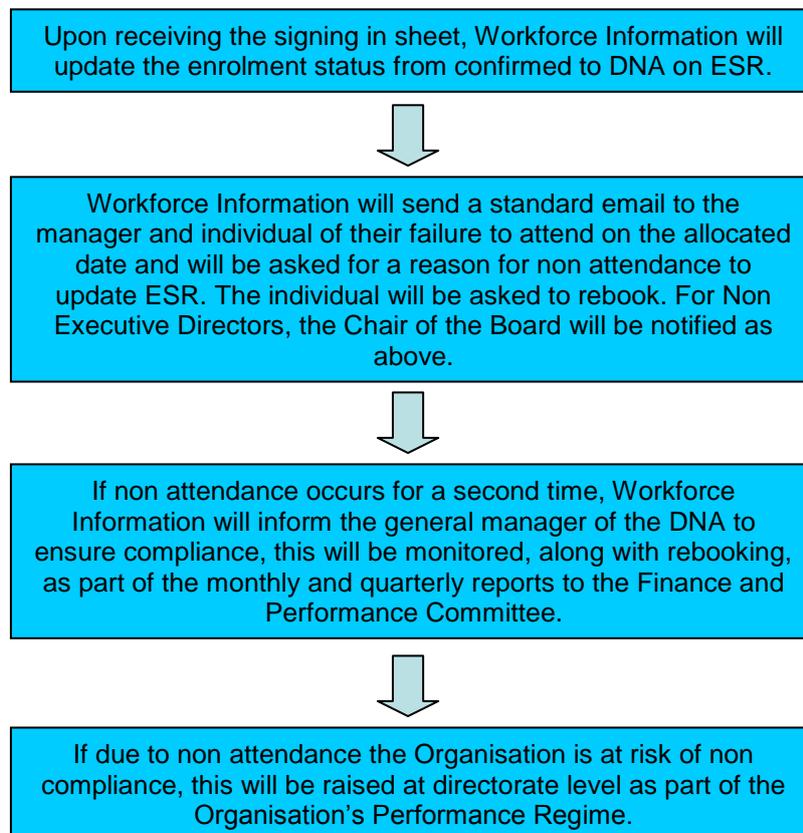
The following member(s) of your staff did not attend the training that had been booked for them.

Name	Training course
-------------	------------------------

Please can you ensure that the training is completed and the failure to attend explained.

Notice of withdrawal must be given 48 hours in advance. If a staff member informs Workforce of their non-attendance less than 48 hours before the training is due to start, we cannot amend their booking, and they will be recorded as "Did Not Attend".

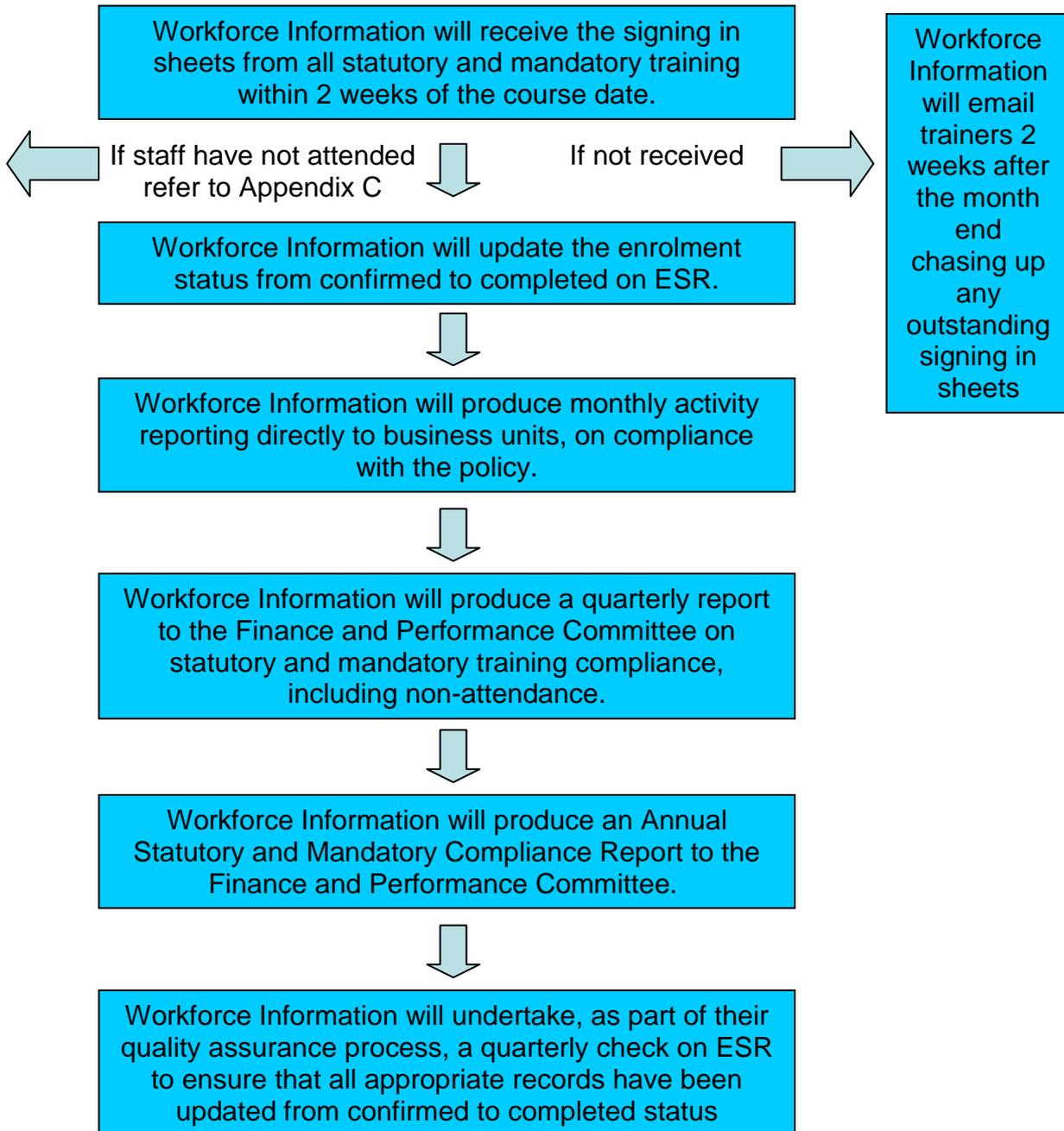
Regards,
The Workforce Information Team

Flowchart to follow up Did Not Attend (DNA)

Application to introduce or amend current Statutory/Mandatory Provision

LEEDS COMMUNITY HEALTHCARE NHS TRUST		
Application to introduce or amend current Statutory/Mandatory Provision		
Title of Training requested to be known as:		
Please identify if new training programme or amend current provision:	New Programme/Amend current provision (delete as appropriate)	
Date of Application:	Statutory: If statutory training please complete the legislation details as below:	
Name of Applicant:	Legislation Title: Year: Section of Act (relevant to recognise training needs)	
Department/Project Group Title:	Mandatory: If mandatory training please complete the policy/project which supports this request	
	Policy/Guidelines Title: Section: Policy Lead: Date:	N/A
<p>Background of Request: (for mandatory include any information in relation to national guidelines). If amendment to current provision, state why and how. If new, how the training has been recognised.</p>		
<p>Details of Training Requirements:</p>		
<p>Signed: _____ Contact Details: _____</p> <p>Date: _____ E-Mail: _____</p>		
Health and Safety Committee sign off:	<p>Signed: _____</p> <p>Print name: _____</p> <p>Date: _____</p>	

Flowchart to monitor compliance



Equality Analysis (EA) – Relevance Screening

1. Name of the policy/strategy/project or service	Statutory and Mandatory Training Policy			
2. What are the main aims and objectives of the policy/strategy/project or service?	<p>This policy specifies the training which the Trust regards as statutory or mandatory for all staff to undertake, dependent upon their role. The scope does not extend to specific professional or local training, however, is intended to provide clarity in the requirements for the core Statutory and Mandatory provision, in order to fulfil the responsibility of the Trust as an employer, and the responsibility of individual staff members, to meet legal, professional or national standards. It also clarifies roles and responsibilities for Policy implementation</p> <p>The corporate and local induction process within the Trust is designed to focus managers and staff on core statutory and mandatory training. All Managers must ensure that all newly appointed staff (and existing staff that move into a new role within the organisation), are immediately assessed to determine what training is relevant to their job role or Knowledge and Skills Framework (KSF) outline requirements. All statutory and mandatory training identified must be completed within 3 months of appointment.</p> <p>There is also clarification on the mandatory requirements for temporary; seconded; bank; agency and contingency workforce.</p> <p>Newly appointed staff from within the National Health Service (NHS) may transfer any previously attended statutory and mandatory training provided there are reciprocal agreements with partner agencies determined.</p>			
3. Is this a key strategic document or a major project/programme	Yes		No	
4. What impact will this policy /strategy /project or service have on the public or staff?	High	Medium	Low	Don't know
Explain:	This policy clarifies the statutory/mandatory training requirements all staff groups must receive and supported to attend.			
5. Is there any evidence, or other reason to believe, that different groups have different needs, experiences, issues and priorities in respect of this particular policy/strategy project or service etc?	Yes		No	Don't Know
Explain:	The commissioned training to meet the needs of this policy must meet the needs of a diverse workforce in relation to the accessibility or personal requirements identified.			

If you have answered **Yes** to question 3, you should move straight onto EA.

If, for question 4 you have answered **Low**, there is no need to continue to conduct an EA.

If for question 4 you have answered **Medium** and **No** for question 5, there is no need to conduct an EA.

If, for question 4 you have answered **Medium** or **Don't Know**, and have answered **Yes** or **Don't Know** for question 5 you should move on to a **Stage One** Equality Impact Assessment.

If, for question 4 you have answered **High**, you need to conduct an EA.

	Equality Analysis	None
6. Based on this screening, indicate if this policy/strategy/project or service should conduct an EA of the policy/strategy/project or service	X	

Julie Thornton, Organisational Development Lead, March 2016

Director of HR – Sue Ellis

Policy Consultation Process

Title of Document	Statutory and Mandatory Training Policy
Author (s)	Julie Thornton, Organisational Development Lead
New / Revised Document	Revised
Lists of persons involved in developing the policy	Darren Rigg, Head of Information Governance, Sue Ellis, Director of HR
List of persons involved in the consultation process	Staff Side Policy Group JNCF group members