



Mandatory Training Policy

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1. Purpose and Scope

It is critically important to NHS Dumfries & Galloway that we provide the highest quality healthcare to the people of the region. We must ensure so far as reasonably practicable, freedom from risk to the health, safety and welfare of staff and others that may be affected by our work activities. Central to this, is a programme of Mandatory Training aligned to the [Quality Strategy for Scotland](#).

An organisation-wide approach to accepting legal responsibilities under the 1974 Health and Safety at Work Act has been established. In observing these responsibilities the Board aims to create a safe environment for all staff, patients and visitors.

The Scope of this policy is Board wide and incorporates **all staff within the organisation** including staff that fall into the category of being non contracted or indirectly contracted, as listed below:

- Temporary staff employed via agencies
- Contractors through Maintenance & Estates
- Volunteers
- Students including trainee Doctors

2. Policy Aims

This policy aims to:

- Reflect current health and safety risks
- Ensure staff and managers are clear about their legal obligations for mandatory training
- Define responsibilities around job specific mandatory training
- Define what subjects the Board deem as mandatory
- Set out the process and accountabilities the board will use to determine, manage and monitor Mandatory Training

3. Definitions

Statutory

Training that the organisation is legally required to provide for all staff, which is underpinned by statute and is required to fulfil personal and/or organisational legislative requirements, or where a statutory body has instructed organisations to provide training on the basis of legislation e.g. Fire safety training is required by statute (the law): Management of Health & Safety at Work Regulations 1997 amended (1999).

Individuals also have a responsibility under the Health & Safety at Work act to be safe and safe practice requires evidence of training.

Training on Equality and Diversity is required to meet the legislation covered in the Equality Act 2010.

Corporate Induction

The corporate and local components of the Induction arrangements are designed to be complementary and provide staff with the balance of information they require at the beginning of their careers within the organisation.

The aim of induction is to:

- To enable new staff to quickly settle in and understand the requirements and expectations of NHS D&G
- Allows staff to get a clear and consistent message around objectives, values and methods
- To ensure staff are compliant in the Mandatory Training subjects relevant to their role and are safe and competent to carry out their duties effectively

New staff must not commence their duties and responsibilities until the induction programme is fully complete. Staff should not start work, be included on rotas or appointment schedules until they have attended induction. The official start date recorded on HR.net, of any new employee must be the 1st day of the Induction – Welcome Week which equips staff with the minimum mandatory training requirements to begin their roles. Start dates outwith the programme of induction dates will be investigated and any requests during induction to attend scheduled rotas or patient appointments will not be permitted.

All new staff, regardless of banding, job role or contract type are required to attend the Induction programme on joining NHS Dumfries and Galloway and prior to them beginning their duties within their local work base. This includes those that have may have left a previous post in the organisation and are returning to a new post after a break of 3 months

or more. Any internal recruitment, those moving from one post to another, are not required to attend Induction if they have not had a break from a contracted posts for a period of 3 months. Locum Doctors should refer to the local guidance contained within the **DGRI Procedures for the Appointment of Locum Doctors**.

See 4.10 for other staff groups.

Mandatory Training

Relates to training that the board has identified must be completed by all staff. Mandatory Training is concerned with minimising risk and providing assurance against policies and procedures. Failure to comply with mandatory training constitutes a breach of terms and conditions. **All Staff must ensure that Mandatory Training is recorded on monthly SSTS forms.**

Bespoke Training

Relates to training that the Board has identified must be undertaken by specified groups of staff. Bespoke training will be agreed and arranged with the manager and staff member as part of the local induction and ongoing personal development needs.

4. Roles and Responsibilities

NHS Dumfries & Galloway is responsible for providing opportunities for its workforce to meet their mandatory and bespoke training needs, identified through the annual PDP/R appraisal process.

4.1 The Chief Executive

- The Chief Executive has overall strategic responsibility for ensuring that Board Policies comply with all legal, statutory and good practice guidance. The Chief Executive has overall responsibility to ensure that a Mandatory Training Policy is in place for NHS Dumfries & Galloway setting out how Mandatory Training will be identified, undertaken and monitored within approved timescales

4.2 Directors

- The Board Management Group (under direction from the identified Director Lead), will agree which topics will be classified as mandatory for employees in line with the operational needs of the organisation.

4.3 General Managers and equivalent

- Shall act on behalf of The Chief Executive in overseeing the implementation of the policy and the achievement / monitoring of set aims, within their directorate. They will ensure that managers, within their directorates, are aware of their responsibilities to make sure that staff complete relevant training
- Shall be responsible for all documents used within the departments for which they have management and clinical responsibility, comply with this policy.

4.4 Managers are responsible for:

- Ensuring all new starts are booked and attend induction as their first and official start date of appointment.
- Ensuring that new staff attending Induction are not scheduled onto any working rotas or clinical/ patient appointments during the required Induction attendance times.
- Ensuring staff awareness of need to attend Mandatory Training.
- Risk assessing Mandatory Training needs and prioritise attendance.
- Taking action to facilitate attendance.
- Ensuring compliance and monitoring this via HR.Net.
- Relating compliance to eKSF outlines, Personal Development Reviews and Personal Development Plans.
- Ensuring staff are booked onto the relevant course and that any cancellations are notified by contacting the Learning and Development Team. Where cancellations are made for Mandatory Training courses they must be re-booked as soon as possible.
- Reviewing the role related Mandatory Training needs of all posts during Personal Development Reviews, to ensure that the correct training for role is accessed.
- Compliance to ensure that HR.Net is up-dated with any changes in relation to staff details.
- Informing own Manager of any circumstance preventing compliance with this policy.

4.5 Individual members of staff are responsible for:

- Maintaining compliance with all Mandatory Training requirements for their post within the organisation.
- Seeking appropriate training and agreeing attendance with their Manager / Supervisor.
- Attending training once booked.
- Notifying their Manager as soon as possible of their inability to attend so that their place can be cancelled or offered to another member of staff.

- Informing the Learning and Development team of their inability to attend a course as soon as possible.
- Confirming to their Manager, at their Personal Development Review that they are compliant with their mandatory training.
- Employees have a joint responsibility with their Manager / Supervisor to identify their Mandatory Training requirements for their role.

Staff who fail to comply with the Mandatory Training Policy will be considered unsafe to practice within those aspects of their role that relate specifically to Mandatory Training. Any staff member who is not compliant should be risk assessed by their Manager and:-

- a. Interim reasonable adjustments put in place to safeguard their and others, health, safety and wellbeing.
- b. A plan agreed with a set timetable for the individual to achieve and maintain full compliancy around their Mandatory Training needs.

At Personal Development Review, job specific Mandatory Training compliance will be checked. Staff members will not be able to proceed to further education opportunities if training is not complete in line with the minimum Mandatory Training requirements.

4.6 The Area Partnership Forum

- Has the responsibility for agreeing workforce related policies and therefore any revisions to the Mandatory Training Policy will be presented at APF for discussion and approval.

4.7 The Staff Governance Committee

- Will scrutinise progress with Mandatory Training compliance through the quarterly reports provided on the 'Appropriately Trained' Staff Governance Standard.

4.8 Workforce Development (Learning & Development) Team will:

- Have the responsibility to manage the administrative and reporting processes to ensure the most effective and efficient means are adopted to record attendance and compliance of mandatory training.
- Liaise closely with professional advisors / trainers who have the responsibility for advising the specific training requirements for different staff groups in different work environments.

- Co-ordinate all mandatory training events with the exception of those organised by managers and departments directly with mandatory training advisors.
- Promote programme of mandatory training courses.
- Be responsible for administration and organisation of mandatory training dates within HR.net and other e-learning systems, co-ordinating records to ensure departmental and staff training reports are accurate.
- Record training attendance and update training for all staff records on HR.Net.
- Provide statistical data of Mandatory Training compliance and non compliance to managers as required.
- To ensure local compliancy targets are met, follow up non-attendance with individuals and managers.

4.9 Providers of Mandatory Training - Specialist Advisors will:

- Ensure that all new areas of Mandatory Training are reviewed and agreed by the Director with responsibility for that topic and the Board Management Group.
- The Mandatory Training Advisors will work closely with the Workforce Development Team (L&D) to deliver a programme which meets the overall objectives of the organisation.

On an annual basis, provide the Learning and Development team details of their specific Mandatory Training Program content and learning outcomes with links to the relevant KSF dimension(s).

- Assess the training capacity and tailor the mode of delivery to balance training need with training capacity, advising the organisation of significant training capacity gaps.

Instructor Status

Instructors who deliver Mandatory and / or Bespoke Training are **exempt** from attending Mandatory Training within their specific field.

4.10 Non contracted/ indirectly contracted staff arrangements

Staffs that fall into the category of being non contracted or indirectly contracted staff, as listed below, are required to be compliant in the following aspects:

Temporary staff employed via agencies i.e. Locums, clinical agencies staff, administration & office and support staff

- if their period of placement with the organisation is longer than a 3 month period, then they are required to attend Induction and complete all aspects of Mandatory Training

- Any entering the organisation for periods of less than 3 months should be compliant with relevant training through their agencies. Evidence of agencies training should be supplied to the manager and Workforce Directorate before starting.
- Local Induction must be completed in both instances by the appropriate manager.

Contractors i.e. those employed indirectly to carry out estates and maintenance work to/ for the organisation

- Information on all staff indirectly employed to carry out contractual work for the organisation should be recorded directly by the Estates & Maintenance Department
- All contractors will receive a local induction via the Estates & Maintenance department on start of contract. All contractors should be compliant with Health and Safety training relevant and specific to the types of work undertaken for the organisation, directly through their company.

Volunteers i.e. individuals indirectly contracted in volunteering time to support and assist patients either indirectly or directly throughout the organisation.

- All volunteers must be recorded on HR.net as a virtually managed member of staff
- All volunteers must have a PVG/Disclosure (as detailed in the recruitment policy) completed before starting in the organisation
- All volunteers will be issued with an NHS ID badge during Induction
- All volunteers should be booked onto either
 - Corporate Induction, by their managers on their official start date, as with other employees
 - Or a bespoke and specified Volunteers Induction organised with and approved by the Learning & Development Team
- All volunteers must complete all mandatory training, as identified in line with this Policy.
- Alternative methods of delivery i.e. paper assessments can be offered to the individual if appropriate.

Students - including trainee doctors

- All students, except doctors in training, must attend corporate induction on their official start date
- All doctors in training must attend a specific 'Junior Doctors' induction, via the Education Centre before starting in role

- All students must complete the required Mandatory Training before starting in role
- All doctors in training must complete specific mandatory training, as identified during their induction.

5. Monitoring

NHS Dumfries & Galloway will recognise evidence of training by other boards or organisations. Consideration of Mandatory Training completion may be approved by the individual advisor/trainer on the condition that certificates of completion are supplied and are certified by an appropriate training Company/ Organisation - this is the final decision of the trainer.

The Staff Governance Committee will be responsible for monitoring and reviewing the effectiveness of this policy and its deployment across the Board and will receive a progress report quarterly. Monitoring will include a review of approved documents on the Board's intranet.

Standard reports have been created within the HR.Net management homepage to enable managers to monitor and manage compliance by individual and Mandatory Training topic. Standard reports for Staff Governance have also been created to illustrate the compliance with Mandatory Training within given periods of time.

The policy will be reviewed and edited if appropriate, every 3 years. However all categories, topics and levels of mandatory training are continually subject to change via results from Risk Assessments, investigation and any statutory required changes via Government Policy and Acts implementation and changes, in this time period. Areas affected by any changes will be fully communicated with in regards to any required changes and updates on these will be recorded in the Learning Directory.

6. Equality and Diversity

NHS Dumfries and Galloway, through our Code of Positive Behaviour, is committed to equality and diversity in respect of the nine protected characteristics defined by age, disability, gender (including transgender), gender reassignment, marriage and civil partnership, maternity and pregnancy, race/ethnicity, religion/faith and sexual orientation. Any staff member who has specific needs should discuss these directly with either the Mandatory Training Advisor or the Workforce Development Team.

7. Current Mandatory Training topics & operating Procedures:

Please refer to the [Learning Directory](#) for the associated staff groups who are required to be competent in the following current subjects. Any changes made to level and staffing group requirements, as per section 5 of this document, will be updated in the Learning Directory and communicated to all relevant areas.

Adult Support & Protection – LearnPro e-learning

Child Protection - LearnPro e-learning

Equality and Diversity – LearnPro e-learning

Fire Safety - LearnPro e-learning

Infection control – LearnPro e-learning

Information Governance - LearnPro e-learning

Induction Moving & Handling - Theory LearnPro e-learning

Induction Moving & Handling - Practical bespoke session

CPR- Practical bespoke session

Aggression & Violence – Theory LearnPro e-learning

Aggression & Violence - Practical bespoke session

8.DOCUMENT CONTROL SHEET

1. Document Status

Title	Mandatory Training Policy
Author	Audrey Grierson/ Louise Hughes
Approver	Area Partnership Forum
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2. Document Amendment History

Version	Section(s)	Reason for update
1.0	Policy	Review and revision of Mandatory Training
2.0	Policy	Review and revision of Mandatory Training
3.0	Policy	Review and revision of Mandatory Training

3. Distribution

Name	Responsibility	Version number
Intranet	HR Directorate	4
Board wide	APF, Managers, HR Directorate	4

4. Associated documents

NHS D & G Health and Safety Policy Statement
Health and Safety at Work Act 1974 (HSWA)
NHS D & G Mandatory Training Policy (April 2008 – March 2011)

5. Action Plan for Implementation

Action	Lead Officer	Timeframe
To inform all NHS D & G staff of the revised policy and revision of Mandatory Training subjects	Louise Hughes	November 2014
Review policy in line with Mandatory Training Review (Moving & Handling, Violence & Aggression) 2014.	Andy Howat	Continuous