NHS
Leicestershire Partnership
NHS Trust

Mandatory and Role Essential Training Policy

This policy outlines the principles and processes that must be followed by all staff and volunteers to ensure safe and supportive practice and compliance with mandatory and role essential training requirements

Key Words:	Mandatory, training
Version:	3
Adopted by:	Trust Policy Committee
Date this version was adopted:	18 February 2020
Name of Author:	Alison O'Donnell
Name of responsible Committee:	Learning & Organisational Development Group
Date issued for publication:	February 2020
Review date:	July 2022
Expiry date:	1 February 2023
Target audience:	Clinical, administration, clerical, Volunteers, Hosted, Work Experience, Interns and apprentices, doctors
Type of Policy		Non Clinical
Which Relevant CQC Fundamental Standards?	Good Governance and Staffing

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	23/09/2015	Alteration made to training register; level 2 infection control training increased to annual requirement to align with Core Skills Training Framework.
2	25/09/2015	Additional content added to sections and inclusion of fitness to training. Additional content added to section 4.5 specifying that the Subject Matter Expert (SME) will complete an annual review of course content and will ensure that content is aligned to the Core Skills Training Framework. The requirement for Learning & Development to maintain a register of SME's is also added Additional content added regarding alignment of mandatory training with Core Skills Training Framework, indicating that where courses do not meet Framework standards action must be taken to rectify this. Additional content added regarding the completion of risk assessments for courses, clarifying that Learning & Development is responsible for the completion of assessments.
3	February 2020	Significant changes to original policy including revised scope of policy to include Role Essential Training. Updated responsibilities for Volunteers and removed register appendix. Included uniform requirements

For further information contact:

Learning and Development - learning&development@leicspart.nhs.uk

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

• Strategies, policies and services are free from discrimination;
• LPT complies with current equality legislation;
• Due regard is given to equality in decision making and subsequent processes;
• Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 3) of this policy.

Definitions that apply to this Policy

Mandatory Training	Compulsory training identified by the organisation taking into consideration legal/statutory requirements, healthcare standards and local priorities.
uLearn	The central Learning Management System (LMS) used to record all information on training. This links to the ESR system. ULearn is the system to manage all information regarding training and for staff and managers to make bookings.
Electronic Staff Record	The central system that stores information on all staff which can be used for HR, payroll and training.
Training Needs Analysis (TNA)	A breakdown, usually presented in the form of a spreadsheet or table, which contains as a minimum: all staff groups and all training required for each group.
Course Outline	A document which outlines: an identified organisational lead, training needs analysis, key objectives, update requirement, delivery method and governance arrangements.
Training Delivery Plan	A training plan which illustrates the delivery methods to be used in order to meet the demand for training as identified in the training needs analysis.
Subject Matter Expert	Each training topic has a Subject Matter Expert (SME) who is identified as the lead for that topic area within the organisation. The SME dictates and governs the content of training sessions
Delegate	Individual attending training as the learner/student

1. Purpose of the Policy

This policy outlines the responsibilities and processes that must be followed to ensure safe, supportive practice and compliance with mandatory and role essential training requirements.

The policy applies to **all** staff working within the organisation, including substantive post holders, staff with temporary or fixed term contracts, bank staff, trainees and volunteers and honorary contract holders, agency and contractors.

Other policies which are relevant to this policy include:
> Study Leave Policy
> Recruitment and Selection Policy
> Appraisal Policy
> Probation Policy
> Volunteer Policy

2. Summary and Key Points

- Staff are responsible for ensuring they complete training and maintain compliance on commencement of and during their employment with all mandatory and role essential training.
- **New staff are required to complete core mandatory training prior to their first day of work in the Trust.**
- Managers are responsible for ensuring their staff complete mandatory and role essential training for their role.
- There is a Register of both Mandatory and Role Essential Training and only topics on these registers are deemed compulsory requirements for staff and will be reported on as such.
- Mandatory and Role Essential Training is reported as a compliance subject and as such have a percentage target of completions to achieve per topic.
- There is a formal approval process and governance before training topics can to be identified as mandatory or role essential.
- All mandatory training is compliant with the National Core Skills Training Framework.
- The Trust will accept equivalent training compliance from other NHS providers through Inter Authority Transfer (IAT) is their training is in line with national core skills training framework.
- All training has a Subject Matter Expert (SME) who is responsible for the learning content and objectives for their training.
- Staff unable to achieve the minimum competence assessment required for mandatory or role essential training topics will be managed through a supporting staff process (appendix 4)
- Staff working for LPT employed by another organisation (e.g. contractors, agency staff and estates employees) have to complete equivalent training and provide evidence of compliance with LPTs training requirements.
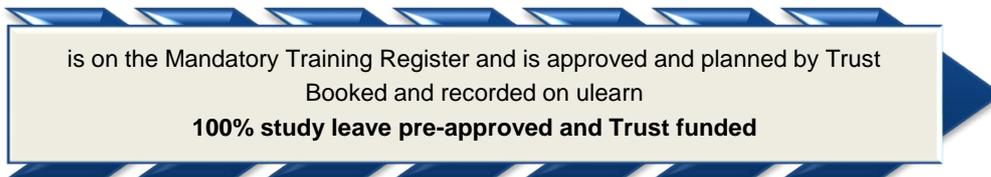
3. Introduction

Leicestershire Partnership NHS Trust is committed to creating and maintaining a positive and safe working environment, ensuring that its employees have the right skills, knowledge and ability to undertake their roles to the required standard and minimise the risk to themselves, patients, visitors and colleagues. Mandatory and role essential training is a key way of supporting our staff to achieve this.

Once staff have completed and attained competence in mandatory and role essential topics they will be supported to develop further as per process in table 1. For more information see Study Leave Policy.
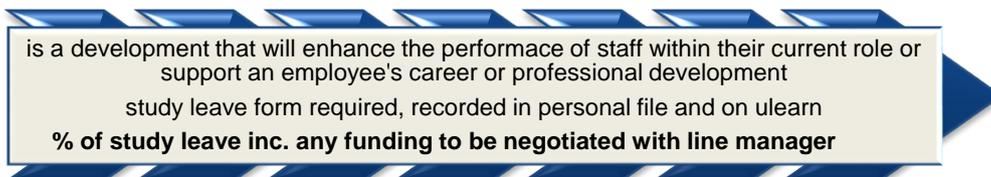
Table 1

Mandatory / Statutory

is on the Mandatory Training Register and is approved and planned by Trust
Booked and recorded on ulearn
100% study leave pre-approved and Trust funded

Role Essential

is required in order that staff can fulfil the requirements of their job role and is pre-approved and planned by Heads of Service and L&OD Group
Booked on ulearn, or study leave form if external, and recorded on ulearn
100% study leave pre-approved and Trust funded

Desirable

is a development that will enhance the performace of staff within their current role or support an employee's career or professional development
study leave form required, recorded in personal file and on ulearn
% of study leave inc. any funding to be negotiated with line manager

4. Mandatory Training

To define training as mandatory a number of factors must be in place and the training can only be described as mandatory once it is recorded on the Trust's Mandatory Training Register. There is usually an external driver for these training topics.

Key Requirements:
- Topic is identified in the core skills training framework
- Content of training meets core skills training framework objectives
- The Trust has a mandated requirement (by an external body/organisation)
- Compliance target set against staff groups across the trust
- Staff will not be allowed to work in practice without relevant risk assessment until training is completed.
- A Subject Matter Expert (SME) is identified and accountable for training topic
- **There is a pass/fail requirement on completion of the course**

- Trainers are trained to deliver and approved by SME
- Capacity to delivery is sufficient to cover the number of staff to be trained

NOTE - Managers will be unable to sign off pay-step approval should staff be out of date with any mandatory training. For further advice on payroll please speak with Human Resources.

4.1 Mandatory Training Topics
Mandatory topics are described as such as all staff must complete them. They can be split into two categories Core and Clinical. Some clinical topics are also core as clinical staff require additional training relevant to their role.

Mandatory Training Topics
Equality, Diversity & Human Rights
Health, Safety & Welfare
NHS Conflict Resolution
Fire Safety
Infection, Prevention & Control
Moving & Handling
Safeguarding Adults
Safeguarding Children
Data Security & Awareness
Prevent Radicalisation
Prevention of Management and Aggression
Resuscitation

5. Role Essential Training

Role Essential training is also compulsory for staff to complete. One of the differences between this training and mandatory training is that the courses usually have an internal Trust driver supporting their requirement to be undertaken.

There is a register of all role essential training and training should only be designated as such if it is on the register.

Key requirements:
- Compliance target set against staff groups across the Trust
- A Subject Matter Expert (SME) is identified and accountable for training topic
- **There is a pass/fail requirement on completion of the course**
- Trainers are trained to deliver and approved by SME
- Capacity to delivery is sufficient to cover the number of staff to be trained

Staff can continue to work whilst waiting to undertake role essential training, however there will be performance considerations should staff not pass the course within a timely manner.

All role essential training will be reported and monitored in the same manner as mandatory training.

6. Training Registers

There is a process for approving or removing topics on the mandatory and role essential registers. Learning & Development manage this process and the education and training governance group has responsibility for governance and Strategic Workforce Committee has final approval.

How to find the Training Registers:
- Copies of the registers are distributed alongside the training compliance reports to directorates.
- Trust Learning & Development intranet pages hold the latest version
- Individual staff can check their compliance training topics using ulearn – reports

7. Role Essential Training for Managers

The Trust values its managers and recognises the importance of good leadership and management in delivering high quality services. There is a suite of training topics that are role essential for all line managers to complete.

New starters to the organisation who are identified as managers are allocated to places on the new line manager's pathway. Existing staff who are promoted into managerial roles are responsible for undertaking the line manager pathway training.

8. Mandatory Training for Volunteers

All volunteers are required and supported to complete the training identified as appropriate for their role including mandatory and role essential training. The training is delivered through face to face, e-learning and workbook approaches.

Volunteers are invited to attend the Trust's corporate induction alongside all other new starters to the organisation. This is a welcome day sharing lots of useful information about the organisation, its values and infrastructure. Volunteers in addition to Fire Safety training will also receive face to face Data Security Awareness Training.

Volunteers must complete their training either prior to or within 4 weeks of the day they attend Induction.

Training required as mandatory for volunteers will be recorded in the same way as for all staff and compliance will be reported and monitored through Trust governance and assurance groups.

9. Mandatory Training for Medical Trainees

Medical trainees are expected to comply with this policy. However, by the nature of their rotational working pattern with different organisations there are some exceptions that apply only to their posts:

- New starters are not expected to complete core mandatory training e-learning prior to commencing in post
- Foundation and core trainees will attend a bespoke medical trainee induction as an alternative to the Trust corporate induction

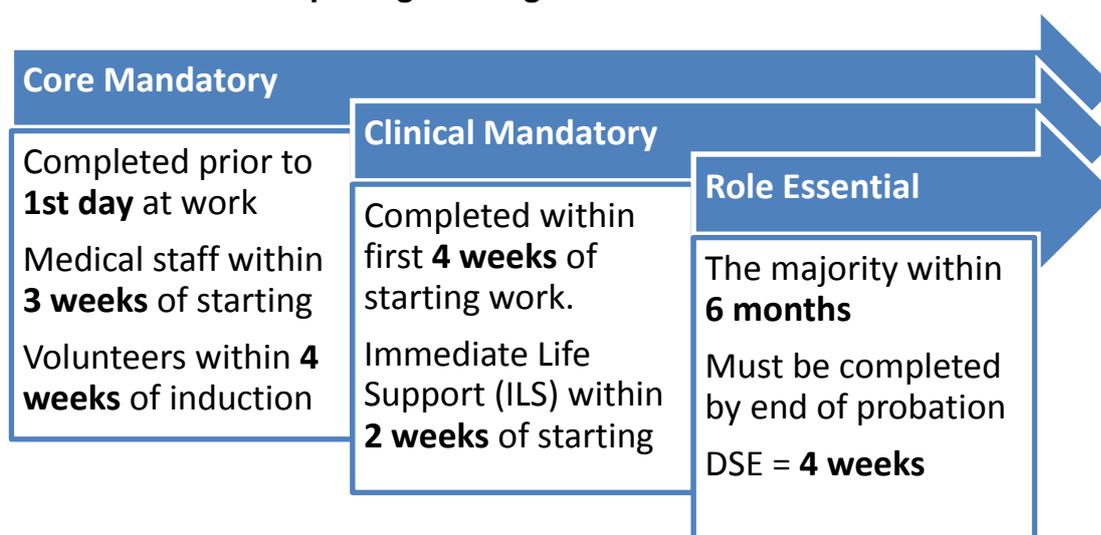- Medical staffing and education teams support trainees with Acceptance of Prior Learning (APL) process

On joining the Trust, all mandatory training is expected to be completed before induction B which is arranged no more than 3 weeks after start date.

It is the trainee's responsibility to ensure that all training is completed when joining the Trust and check their mandatory training report regularly and book training well in advance before expiry.

Monthly reports of compliance are sent to medical education team and Associate Medical Director (Postgraduate Medical Education) who is accountable for the trainee's compliance.

A concern letter will be sent to trainees whose training has expired for more than one month, copied to clinical supervisors. Should appropriate action not be taken performance management will be considered.

10. Timelines for completing training

Core Mandatory

Completed prior to **1st day** at work

Medical staff within **3 weeks** of starting

Volunteers within **4 weeks** of induction

Clinical Mandatory

Completed within first **4 weeks** of starting work.

Immediate Life Support (ILS) within **2 weeks** of starting

Role Essential

The majority within **6 months**

Must be completed by end of probation

DSE = **4 weeks**

Core mandatory training must be completed prior to starting in work in practice area. Some clinical mandatory training and role essential training have been approved to be completed within a period of time following first day of employment in the Trust. This is because the content of the training requires knowledge of the working environment and thus staff must have had time to experience it. Please check the latest registers for up to date details.

New starters are sent login details for the Trusts learning management system (ulearn) and advised what training they must complete. They are expected to complete this prior to induction and will be paid for their time in their first months' pay.

New starters have a probation period and will be supported to complete all necessary training during this time. Completion of mandatory and role essential training is a requirement of all staff during their probation period.

Each training topic has a renewal timeline unless it is a once only topic. The majority are either annually or 3 yearly and this is identified on the training Registers. Staff and

volunteers must maintain their training compliance in accordance with the renewal timelines identified in the Registers.

Key Message - New starters to the trust MUST complete induction and all core mandatory training prior to their first working day in practice.

11. Trust Induction

New starters including volunteers must attend a Corporate Trust Induction. This supports new starters welcome to the organisation and to ensure some components of mandatory training are completed prior to starting in the work place.

Once in practice staff will receive a local induction relevant to their area of work and role. Further information found in Recruitment Policy

12. Acceptance of Prior Learning (APL)

The Trust recognises that other organisations have to meet the same statutory requirements and thus may have equivalent training. Therefore, to reduce time out of practice and repetition of training there is an established APL process. This allows for staff to demonstrate compliance where evidence of equivalent training can be proved.

The Trust will accept equivalent training compliance from other NHS providers through Inter Authority Transfer (IAT). This is triggered through Human Resource recruitment process and will happen automatically for staff transferring between NHS approved organisations.

Requests to APL training outside of the IAT process will be reviewed in accordance with advice from SME and compliance will be recorded on individuals training record where approved.

APL approved compliance will be recorded (in accordance with LPTs training registers) as the date the approved evidence of equivalent training was completed and the timeline for when the topic becomes out of date.

13. Subject Matter Experts

SMEs provide a valuable contribution to the quality of training in Trust. They ensure that training is relevant to practice, benefits our patients and enhances the care and contribution to job roles throughout the organisation.

All mandatory and role essential training has an SME and they are accountable for the content and quality of the training, the regularity of the training and the implementation of the knowledge into practice.

Key responsibilities:
1. Ensure that any sessions scheduled are covered by an appropriately qualified trainer
2. Design for all training an assessment of knowledge to demonstrate that knowledge and/or skill is acquired by delegate prior to conclusion of training, that supports staff to fail should this knowledge not be acquired during the training.
3. Ensure the material is delivered in line with the Trust's Values and Behavioural

Standards and Trainer Standards
4. Ensuring that content in aligned with the Core Skills Training Framework where required
5. Maintain and store in central L&D system an audit trail of changes to programme content
6. Update trainers, including link trainers, and conduct 'train the trainer' sessions as required in a timely manner keeping a record of these updates
7. To review material and refresh programmes annually as a minimum taking into account feedback from delegates
8. Have a robust governance system to ensure trainers that are delivering on behalf of SME are conducting the most up to date training and assessments
9. Meet the additional learning support requirements requested by employees or line managers to enable them to partake fully in the session e.g. handouts in large print, subtitles or notes to support the sound in podcasts, or a hearing loop
10. Ensure any policies linking to the topic reflect the Trust's Requirements
11. Support the APL process actively working towards increasing opportunities for equivalent training to be accepted by the Trust.
12. Any risks for training should be held by the SME for their topic and reviewed/monitored through their usual governance structure.
13. Supporting the L&D service to maintain the contents of the training Register. This will include populating a course outline, undertaking a training needs analysis and producing a training delivery plan. Support will be provided by the L&D service.
14. Quality assuring the content of training in order to meet local/national standards.
15. Consider issues such as resource requirements and the overall strategy of delivering the topic.
16. Supporting the L&D service in the development and review of e-learning delivered content

NOTE - L&D provide expert advice and guidance on educational and training approaches they are not the SME for training topics. The exceptions to this are Resuscitation and Prevention and Management of Aggression (PMA).

14. Fitness to Train

Individuals may be unable to attend or fully complete training on health or disability grounds particularly if the training has a physical requirement to it (i.e. resuscitation).

Where an individual is unsure of their ability to undertake the training, they must discuss this with their line manager and complete a risk assessment. This includes pregnancy who must have an up to date risk assessment in place which the clinical trainers have reviewed prior attending training. If further information about the content and expectations of delegates to achieve compliance during training is required this will be provided by L&D clinical trainers.

L&D will endeavour to support all individuals with concerns about the impact of their health or disability on their ability to complete training. To do this they must be informed at least 5 days prior to the training date to allow for adaptions to be made.

Failure to complete an appropriate risk assessment and submit within the 5 days may result in the individual being refused access to training.

14.1 Uniform

Some clinical mandatory training is delivered through simulation of the clinical scenario (e.g. resuscitation and MAPA courses). Therefore, delegates are expected to wear the uniform they wear when working in their clinical role in practice.

Staff returning to clinical practice after training **should** change their uniform before entering the clinical area. Changing facilities will be provided on request.

15. Non-attendance

Non-attendance at training should be managed in the first instance by the individual's manager.

Where training is persistently cancelled through sickness or team/ward issues, the staff member must give details of this to their line manager who will make all reasonable adjustments to the staff members work load to ensure training can be undertaken. After which if training still not undertaken the manager is obliged to report this to the service lead – who must resolve the situation, through initially an informal process of managerial support and guidance then ultimately through trust performance/ disciplinary procedures.

16. Non-compliance with training

The following will apply to any staff member who does not endeavour to complete all mandatory and role essential training and maintain their compliance as stipulated by the trust.

- Non-mandatory training, development and education will not be supported including funding for courses. See Study Leave Policy.
- Pay steps are unable to be approved by manager/appraiser. See Appraisal Policy

17. Duties within the Organisation

The **Trust Board** has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Strategic Workforce Committee has responsibility for:
- Approval of mandatory and role essential training topics and associated staff groups requiring each topic
- Setting compliance target
- Receiving assurance of compliance with mandatory and role essential training

The **Training and Education Governance Groups** within the LPT governance structure is responsible for:
- Receiving assurance from L&D that all mandatory and role essential training is appropriate and fit for purpose and in line with national requirements and accrediting body rules.
- Proposing changes to mandatory and role essential training register for approval by Strategic Workforce Committee
- Monitoring compliance and advising directorate groups of trends concerns and

actions to improve compliance
- Managing and reporting on the APL process.
- Ensuring plans are in place to deliver the training identified within the training needs analysis
- Receiving assurance from L&D of the quality of content and delivery of training
- Monitoring the effectiveness of this policy
- Receiving assurance of mandatory training compliance and escalating risk through to appropriate governance groups and board assurance committees.

17.1 The Learning & Development service is responsible for:

- Monitoring training and ability to meet compliance advising and making changes to delivery plan to ensure annual service level agreement is met.
- Ensuring that all clinical skills courses have a risk assessment in place.
- Monitor any risks to compliance and escalate concerns to the accountable service e.g. Directorate Groups and SME
- Supporting Subject Matter Experts with tools to undertake a training needs analysis and to produce training delivery plans.
- Accountable for the quality of all training for the Trust, including managing quality assurance processes such as evaluations, trainer CPD, accurate content, adherence to licenced or accreditation standards.
- Providing information about individual mandatory and role essential training records for investigations and supporting staff development.
- Maintain a register of SME's. The SME may be a nominated specialist within the field or a nominated person from a working group.

17.2 Workforce Systems service are responsible for:

- Providing compliance reports to managers and committees as required.
- Produce performance monitoring reports in first week of every month on across a rolling 12 months to show levels of assurance in all mandatory training topics including, all substantive staff, bank staff, trainee doctors, and volunteers
- Distribute performance monitoring reports to Governance Groups and highlight report to SWC.
- Work with the SME and L&D to ensure topic reports on compliance are formatted and accurate for the dashboard
- Produce adhoc reports on the mandatory and role essential topics for CQC, commissioners, HSE and Freedom of Information, auditors or topic lead committees
- Conduct audit checks to ensure reports are an accurate reflection of attendance and compliance.

17.3 Divisional Directors and Heads of Service are responsible for:

- Ensuring employees are released in order to access mandatory and role essential training
- The appropriate distribution of mandatory training compliance reports within their area
- The performance management of staff who remain out of date for mandatory training
- Providing clinical education staff with support for the delivery of training topics

17.4 Managers and Team leaders are responsible for:

- Ensuring attendance at mandatory and role essential training is done within the staff members working hours.
- **Ensuring employees are released from work in order to access training. Where this is not possible line managers must contact L&D to communicate the anticipated non-attendance or cancel the place via uLearn so that the place can be re-allocated.**
- Contribute to the training needs analysis process.
- Withholding support for pay step at appraisal points in line with Agenda for Change terms and conditions for staff non-compliant with mandatory training
- The performance management of staff who remain out of date for mandatory training.
- Identifying staff members who may not be fit to train or may require reasonable adjustments to be made and undertake risk assessments prior to the staff member attending training. Managers and team leaders should communicate risk assessments to L&D no later than five working days before the course to allow trainers to consider any reasonable adjustments.
- Identifying staff that may be new or expectant mothers and undertake risk assessments prior to the staff member attending training.
- Ensure those that are planning to have time off work due maternity leave or long-term sick/planned operations complete all upcoming refresher mandatory training prior to the absence

NOTE: A cancelled or non attended place at training costs the Trust (NHS) on average £150 per person.

17.5 Responsibility of Staff

- **Attend on time,** staff later than 15 minutes may be turned away.
- Participate fully in any programme.
- Register your attendance on the day through the relevant means (e.g. iPad or paper register).
- Refrain from using mobile devices.
- Ensure values and behaviours are maintained at all times as a delegate
- Read and familiarise self with the all relevant policies, protocols and other matters drawn to your attention during training.
- Observe and abide by any statutory, policy and professional practice standards that apply in your role and that have been brought to your attention during the training.
- Complete any required local assessments and training to support the mandatory training in timeframes required.
- Book and complete mandatory training identified for your role within the required update period.
- Wear appropriate uniform for clinical skills training.
- Advise L&D at least 5 days in advance if they require any reasonable adjustments to be made within the training to accommodate any specific learning needs.
- To complete evaluations as requested to provide feedback and contribute to continuous improvement.
- Apply learning to the workplace.

18. Training needs

There is no training requirement identified within this policy.

19. Monitoring Compliance and Effectiveness - complete the template below

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
17.2	Compliance with mandatory and role essential training reports	Reports distributed	Monthly	Workforce Systems Learning & Organisational Development Group Manager	Monthly

20. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
Core Skills Training Framework	Trust training is aligned to the national framework and all lesson plans reflect the CSTF requirements.

21. References and Bibliography

The policy was drafted with reference to the following:

Statutory/Mandatory Core Skills Training Framework (CSTF), 2019 -
https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	YES
Support and value its staff	☐
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Alison O'Donnell	Head of Education Training and Development
Greg Payne	Training Delivery Lead
Ian Thomas	PMA Facilitators

Circulated to the following individuals for comment

Name	Designation
Learning & Organisational Development Group	Level 3 governance committee
HR consultation distribution	
Staff Side	
Learning and Development Services	
Directorate Workforce Groups	

Due Regard Screening Template

Section 1	
Name of activity/proposal	Mandatory and Role Essential Training Policy
Date Screening commenced	January 2020
Directorate / Service carrying out the assessment	HR & OD
Name and role of person undertaking this Due Regard (Equality Analysis)	Alison O'Donnell
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To provide standards for the management and compliance of mandatory training	
OBJECTIVES: Outline roles and responsibilities of all those managing, delivering and completing training.	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	No
Disability	No
Gender reassignment	No
Marriage & Civil Partnership	No
Pregnancy & Maternity	No
Race	No
Religion and Belief	No
Sex	No
Sexual Orientation	No
Other equality groups?	No

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	YES

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
The training is requirement for a role and therefore if staff can undertake the role they can complete training.			
Signed by reviewer/assessor	Alison O'Donnell	**Date**	9.1.2020
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	*[signature]*	**Date**	17 January 2020
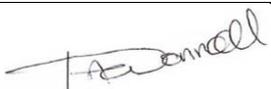
Process for Supporting Staff who have Failed Formally Assessed Mandatory Training

NHS Leicestershire Partnership NHS Trust

Mandatory Training Failed (First Occasion)

Trainer to inform line manager / clinical supervisor (medics) and provide feedback (by the next working day)

Practitioner to inform line manager or senior / clinical supervisor (Medics) by next working shift Trainer to inform line manager and provide feedback

Line Manager to:

Senior (line manager / clinical supervisor (medics)) to complete risk assessment and take appropriate action to ensure environment/patient safety

Review the feedback received from trainer

Meet with practitioner and explain the seriousness of failure to pass explaining the impact on practice and service

Identify support required, options may include:
- 1:1 support
- Practical sessions/assessment at work
- Objective training without undertaking assessment.
- Is there a health issue affecting performance
- What adjustments need to be made in the interim
- Supervision – agree frequency
- Review training record

Complete performance management plan giving timescale to improve. Timescale for completion of plan is 8 weeks max

Liaise with HR and / Professional Lead where the individual fails on their 2nd attempt

Liaise with HR and / Professional Lead where the individual fails on their 3rd attempt

Liaise with HR and / Professional Lead where the individual fails on their 4th attempt

- Consider at Stage 2 of the Performance Management Policy / process and where appropriate issue a First Written Warning and further improvement plan
- Refer to Professional Standards Group

- Consider at Stage 3 of the Performance Management Policy / process and where appropriate issue a Final Written Warning and further improvement plan
- Refer to Professional Standards Group

- Consider at Stage 4 of the Performance Management Policy /process at a Performance Management Hearing as to whether Dismissal is appropriate
- Refer to Professional Standards Group

Version 6 – December 2017

DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.		

Name of Document:	Mandatory Training and Role Essential Training Policy	
Completed by:	**Alison O'Donnell**	
Job title	**Head of Education, Training and Development**	**Date 30.1.2020**

Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		No
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.		No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		Yes Performance measure as a result of non-compliance
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.		No
8. Will the process require you to contact individuals in ways which they may find intrusive?		No
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via **Lpt-dataprivacy@leicspart.secure.nhs.uk** In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		

Data Privacy approval name:	Sam Kirkland, Head of Data Privacy
Date of approval	31/01/2020

Data Privacy Impact Screening Guidance Notes

The following guidance notes should provide an explanation of the context for the screening questions and therefore assist you in determining your responses.

Question 1: Some policies will support underpinning processes and procedures. This question asks the policy author to consider whether through the implementation of the policy/procedure, will introduce the need to collect information that would not have previously been collected.

Question 2: This question asks the policy author if as part of the implementation of the policy/procedure**,** the process involves service users/staff providing information about them, over and above what we would normally collect

Question 3: This questions asks the policy author if the process or procedure underpinning the policy includes the need to share information with other organisations or groups of staff, who would not previously have received or had access to this information.

Question 4: This question asks the author to consider whether the underpinning processes and procedures involve using information that is collected and used, in ways that changes the purpose for the collection e.g. not for direct care purposes, but for research or planning

Question 5: This question asks the author to consider whether the underpinning processes or procedures involve the use of technology to either collect or use the information. This does not need to be a new technology, but whether a particular technology is being used to process the information e.g. use of email for communicating with service users as a primary means of contact

Question 6: This question asks the author to consider whether any underpinning processes or procedures outlined in the document support a decision making process that may lead to certain actions being taken in relation to the service user/staff member, which may have a significant privacy impact on them

Question 7: This question asks the author to consider whether any of the underpinning processes set out how information about service users/staff members may intrude on their privacy rights e.g. does the process involve the using specific types of special category data (previously known as sensitive personal data)

Question 8: This question asks the author to consider whether any part of the underpinning process(es) involves the need to contact service users/staff in ways that they may find intrusive e.g. using an application based communication such as WhatsApp

If you have any further questions about how to answer any specific questions on the screening tool, please contact the Data Privacy Team via
LPT-DataPrivacy@leicspart.secure.nhs.uk