

**Mandatory Training Policy**

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<b>Consultation</b>	HR Policy Group	<b>Applicable to:</b>	All staff All Sites
<b>Equality, Diversity And Human Right Statement</b>	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
<b>To be read In conjunction with / Associated Documents:</b>	<ul style="list-style-type: none"> <li>• Staff Induction Policy Learning and Development Policy</li> <li>• Risk Management Policy</li> <li>• Procedure for the implementation of a new</li> <li>• Role Specific Training module</li> <li>• Removal/Addition of Competencies from Role Specific Training SOP</li> </ul>	<b>Information Classification Label</b>	<input type="checkbox"/> <b>Unclassified</b>
<b>Access to Information</b>	To access this document in another language or format please contact the policy author.		

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1			

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## 1. Purpose

This policy has been developed to ensure a positive risk management culture is present at the LUHFT. The policy applies to:

- All employees including both permanent and temporary staff (bank and those on fixed term or honorary contracts).
- Temporary staff employed for a period greater than 8 weeks.

Temporary staff engaged ad hoc or for shorter periods must receive appropriate mandatory training to fulfil their temporary duties as part of their local induction.

For the purpose of this document, all of the aforementioned will be referred to as 'employees'.

### Covid 19

Mandatory and Role specific training will continue to be delivered remotely in the majority of cases.

Where this is not possible and face to face training is the only option for completion, the trust will endeavour to ensure that social distancing measures are carried out and all guidance for the safety of staff is followed e.g. use of PPE, hand washing, etc.

Details of face to face training can be found in section 2.3.3

## 2. Policy Content

This policy should be read in conjunction with the following policies

- Staff Induction Policy
- Learning and Development Policy
- Risk Management Policy
- Procedure for the implementation of a new Role Specific Training module
- Removal/Addition of Competencies from Role Specific Training SOP

The policy for Mandatory Training is based upon the following key principles:

(a) The Trust complies with its legal obligations with particular regard to Health and Safety and other related legislation;

(b) Mandatory Training is an essential component of the Trust's governance framework and the risk management strategy and meets the requirements of the Care Quality Commission and Assurance Framework.

(c) Mandatory Training is recorded within the Electronic Staff Record (ESR) via the Oracle Learner Management System (OLM) and linked to the Compass appraisal system

(d) A consistent approach to Mandatory Training is applied throughout the organisation for all staff working within the Trust

## 2.1 Definitions

**2.1.1 Mandatory Training (MT)** – compulsory training that is determined essential by an organisation for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines.

**2.1.2 Role Specific Training (RST)** – Training identified that must be completed as a core requirement of staff members job role. This training has been agreed as being necessary to improve the quality of care being delivered to people who use our services, maintain clinical competence, or support practice by a lead body.

**2.1.3 NHS Core Skills Framework** Organisations who have signed up can recognise where training delivered in other organisations is in compliance with the Statutory/ Mandatory CSTF and thereby help to prevent unnecessary duplication of training as staff move between roles and organisations.

**2.1.4 Statutory Compliance** - The Health and Safety at Work Act 1974 places legal duties on employers to protect the employed through the provision of a safe working environment. Statutory Compliance is a legal requirement and normally the responsibility lies with a nominated person or team within the compliant company.

**2.1.5 Regulatory Compliance** - Training that the Trust is required to provide in order to meet its Terms of Authorisation; i.e. set out within regulation. This training is concerned with minimising risk, providing assurance against policies, and ensuring the Trust meets external standards, for example BLS Training is required to comply with Healthcare Commission Guidelines.

**2.1.6 ESR** - The NHS Electronic Staff Record (ESR) provides an integrated HR and payroll system to NHS organisations. ESR is used in LUHFT as the single platform for completing all online mandatory and role specific training.

**2.1.7 Mandatory Training Matrix** – details each MT training module and whether it is to be completed by clinical staff, non-clinical staff or both. Please see appendix 4.

**2.1.8 Role Specific Training Matrix** – details each RST training module, along with the renewal period, method of completion and staff group and roles attached to. Please see appendix 5

## 2.2 Compliance Targets

### 2.2.1 Mandatory Training Compliance Target

LUHFT Mandatory Training compliance Target is 88%

Wards and departments are RAG rated against this as follows:

- ≥88% Green
- 85% - 88% Amber
- < 85% Red

#### 2.2.1 Role Specific Training Compliance Target

LUHFT Role Specific Training compliance Target is 80%

Wards and departments are RAG rate against this as follows:

- ≥80% Green
- 70% - 79% Amber
- < 70% Red

### 2.2.2 Compliance Reports

A weekly MT and RST compliance report is provided to the Assistant Director Education and Deputy Director of HR/OD. This report details current compliance, priority modules and weekly comparisons. This report is shared with the Hospital Leadership Team.

Fortnightly Divisional compliance reports are provided to the Hospital Leadership Team. These reports detail compliance by care group, department, staff due to expire in the next 30 days and staff already expired.

All reports detailed above will be available to access on Light by 1<sup>st</sup> April 2022

## 2.3 Completion of Mandatory and Role Specific Training

### 2.3.1 ESR

MT and RST e-learning modules must be completed via ESR. Completion by other platforms will not be accepted. The exceptions to this are staff joining the organisation for example student nurses, who complete their modules via skills for health. These modules comply with the core skills framework and will be accepted with Inter Authority Transfer and compliance will be updated.

### 2.3.2 Initial Mandatory and Role Specific Training

New starters are required to complete MT and RST upon commencement of employment. As part of the induction process new starters will complete their MT and RST primarily via ESR e-learning and face to face before commencing work in their ward or department. New starters attending Trust Induction will be registered with an ESR login allowing them to complete specific modules online. Any queries in relation to initial MT and RST should be directed to

[ODonboarding@liverpoolft.nhs.uk](mailto:ODonboarding@liverpoolft.nhs.uk)

### 2.3.3 Initial Mandatory and Role Specific Training – Temporary Staffing

Temporary staffing new starters are required to complete MT and RST upon commencement of employment as per section 2.3.1. Temporary staff must be fully compliant with their MRMT/Role Specific Training before any shifts are allocated.

### 2.3.4 Face to face Mandatory and Role Specific Training

For those modules that cannot be completed via e-learning, face to face sessions will also be available. Face to face modules are:

- BLS L2 or L3 [clinical.education@liverpoolft.nhs.uk](mailto:clinical.education@liverpoolft.nhs.uk)
- Fire [healthandsafety@liverpoolft.nhs.uk](mailto:healthandsafety@liverpoolft.nhs.uk) (during Covid, E-Learning only)
- Moving & Handling L2 [healthandsafety@liverpoolft.nhs.uk](mailto:healthandsafety@liverpoolft.nhs.uk)

Managers are able to book staff onto face to face training by contacting the relevant department via the above link.

Subject matter Experts (SMEs) responsible for local delivery of training are required to notify the Learning & Development Department of any training they have delivered via the electronic course register. This is accessed from the Intranet home page via the following link: <http://informatics.aintree.nhs.uk/CourseRegister>

### 2.3.5 Refresher Mandatory and Role Specific Training

All MT and RST modules include a refresher period. Details can be found on the matrix (appendix 4 and 5).

Options for updating compliance include:

- Completion at workstation
- Completion via smart device
- Support from learning and development admin team to complete ESR E-learning [learninganddevelopmentdepartment@liverpoolft.nhs.uk](mailto:learninganddevelopmentdepartment@liverpoolft.nhs.uk)
- Face to face support for those modules detailed in 2.3.4

Face to Face MT & RST – see section 2.3.4 for modules that are completed face to face. These sessions must be booked onto.

Competency based RST – Compliance for those modules that require a competency assessment to take place, compliance will only be granted upon receipt of the relevant competency form which should be completed and returned to [clinical.education@liverpoolft.nhs.uk](mailto:clinical.education@liverpoolft.nhs.uk)

### 2.3.6 Pay Progression Policy

From April 2023, a pay progression process will be implemented at LUHFT, in line with the NHS Terms and Conditions of Service. Until this date employees will automatically move to their next pay step. After this date, employees will need to meet a number of criteria before moving to their next pay step, one of

which will be to be fully compliant with their Mandatory Training. Please check the Pay Progression Policy for further detail.

## 2.4 Process for introducing new MT or RST Modules

**2.4.1** The process for the approval of any new MT or RST module is detailed in appendix 6. The form referenced can be found in appendix 7.

**2.4.2** A full, formal review of the MT and RST Matrix will be conducted at least bi- annually. Changes will be approved by the Education Governance Group. The review process used to determine the range of risk related training required and the groups of staff that are required to undertake the training will consider:

- Statutory training requirements
- Mandatory training as required by regulatory bodies
- Mandatory training that the Trust has identified in respect of its service delivery and risks.
- Other training that the Trust identifies as contributing to its approach to managing and reducing risk, but which is not mandatory.

SMEs will be asked to review their subject area programme to confirm/update as required

The Learning & Development Department will work with SMEs who will advise on topics, training content and frequency of training.

**2.4.3** Any new MT and RST modules that are added to the matrix will be excluded from compliance reports for the first 6 months, allowing staff reasonable time for completion of the module.

## 2.5 Staff with Specialist Learning Needs

For staff with specialist learning needs, e.g. dyslexia, elements of the delivery may be able to be modified to meet their specific needs. Staff who require this service should inform the Learning & Development Department in advance notifying them of their requirements to ensure we are affording them equality of access.

## 2.6 Staff requesting a Competency removal or addition

Please see Removal of Competencies SOP (Appendix 8)

## 2.7 Accessing Compliance reports

### 2.7.1 SMEs Compliance Reports

SMEs can access compliance reports for their subject area via LIGHT. SMEs are responsible for addressing compliance issues in their subject matter area. Reports can be accessed here <https://light/Report/View/18335> “How to” guides are available from [learninganddevelopmentdepartment@liverpoolft.nhs.uk](mailto:learninganddevelopmentdepartment@liverpoolft.nhs.uk)

### 2.7.2 Ward / Department Compliance Reports

Ward and department managers can access their compliance reports via LIGHT. “How to” guides are available from [learninganddevelopmentdepartment@liverpoolft.nhs.uk](mailto:learninganddevelopmentdepartment@liverpoolft.nhs.uk)



### 3. Exceptions

Agency staff are exempt from this policy. Health Trust Europe (HTE) are responsible for supporting the Trust to achieve the ongoing procurement of quality and compliant agency workers. HTE provide the Trust with assurance that all workers secured through an agency will supply workers who adhere to the same Mandatory Training provision which is set out for those staff employed temporarily or substantively by an NHS organisation.

### 4. Training

Section not applicable to this policy.

### 5. Monitoring of compliance

Minimum requirement to be monitored	Process for monitoring e.g. audit/ review of incidents/ performance management	Job title of individual(s) responsible for monitoring and developing action plan	Minimum frequency of monitoring	Name of committee responsible for review of results and action plan	Job title of individual/ committee responsible for monitoring implementation of action plan
Application of the policy	Fortnightly Exception reports	DHooPs	Fortnightly	Learning and Development and Apprentice Group (MT)  SME Group (RST)	Education Governance Group
Application of the Policy	Review content of MT matrix	Head of L&D	Annual	Education & Learning Group	Education Governance Group

### 6. Equality, diversity and human right statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

## 7. Legal requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

## Appendix 1: Equality impact assessment

<b>Title</b>	
<b>Strategy/Policy/Standard Operating Procedure</b>	
<b>Service change (Inc. organisational change/QEP/ Business case/project)</b>	
<b>Completed by</b>	
<b>Date Completed</b>	

<b>Description</b> <i>(provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)</i>

<b>Who will be affected</b> <i>(Staff, patients, visitors, wider community including numbers?)</i>

The Equality Analysis template should be completed in the following circumstances:

- **Considering developing a new policy, strategy, function/service or project(Inc. organisational change/Business case/ QEP Scheme);**
- **Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme):**
  - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
  - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
  - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

*When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.*

**Section 1 – Initial analysis**

<b>Equality Group</b>	<b>Any potential impact? Positive, negative or neutral</b>	<b>Evidence</b> <i>(For any positive or negative impact please provide a short commentary on how you have reached this conclusion)</i>
<b>Age</b> <i>(Consider any benefits or opportunities to advance equality as well as barriers across age ranges. This can include safeguarding consent, care of the elderly and child welfare)</i>		
<b>Disability</b> <i>(Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)</i>		
<b>Gender Reassignment</b> <i>(Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual people. This can include issues relating to privacy of data)</i>		
<b>Marriage &amp; Civil Partnership</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)</i>		
<b>Pregnancy &amp; Maternity</b> <i>(Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)</i>		
<b>Race</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)</i>		
<b>Religion or belief</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers effecting people of different religions, belief or no belief)</i>		
<b>Sex</b>		

<p><i>(Consider any benefits or opportunities to advance equality as well as any barriers relating to men and women eg: same sex accommodation)</i></p>		
<p><b>Sexual Orientation</b> <i>(Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)</i></p>		

If you have identified any **positive** or **neutral** impact then no further action is required,

you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

**If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.**

### Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

<p><b><u>Is what you are proposing subject to the requirements of the Code of Practice on Consultation?</u></b></p>	<p>Y/N</p>
<p><b>Is what you are proposing subject to the requirements of the Trust's Workforce Change Policy?</b></p>	<p>Y/N</p>
<p><b>Who and how have you engaged to gather evidence to complete your full analysis? (List)</b></p>	
<p><b>What are the main outcomes of your engagement activity?</b></p>	
<p><b>What is your overall analysis based on your engagement activity?</b></p>	

### Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

**Section 4 – Organisation Sign Off**

Name and Designation	Signature	Date
Individual who reviewed the Analysis		
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		

Appendix 2: Roles and Responsibility

Role	Responsibility
<b>Chief Executive</b>	The Chief Executive is ultimately accountable to the Board for the Trust's compliance with Statute and Regulation.
<b>Chief People Officer</b>	The Chief People Officer is responsible for ensuring that there is a delivery programme, including resources for delivery of Mandatory Training and for monitoring compliance. In addition, the Chief People Officer is responsible for the escalation of non-compliance through the Trust's governance and performance management structures.
<b>Divisional Leads</b>	Divisional Leads are responsible for ensuring that staff within their Divisions and Care Groups comply with this policy. This will include the production of a plan to monitor compliance against set targets and be accountable for addressing areas of non-compliance. Ensure monitoring of their implementation plan is addressed at their Divisional management meetings.
<b>Line Managers</b>	<ul style="list-style-type: none"> <li>• Ensuring that all their staff are aware of their mandatory training requirements and complete the relevant training within the required timescales</li> <li>• Take a systematic approach to planning for their staff to undertake the relevant training ensuring that adequate time is available for staff during their normal working hours to complete the training required for their role.</li> <li>• Notify the Learning &amp; Development Department in the event of concerns regarding the accuracy of compliance reports in order for the department to rectify the situation, including any training that they believe is not relevant to their staff.</li> <li>• Where it is demonstrated through reporting that there is non-compliance, the manager will take appropriate action to ensure the staff member attends/undertakes the required training.</li> <li>• Inform the Learning and Development Department of any local training undertaken in order that the central training record is accurate and up to date.</li> <li>• Prioritise compliance of Mandatory and any Role Specific Training before agreeing to release staff to attend any other training or course of study.</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Take responsibility for monitoring their own compliance and complete any Mandatory Training or Role Specific Training relevant to their role within the expected timescales. Staff can check their compliance through ESR.</li> <li>• If any aspect of Mandatory Training is unclear, staff must bring this to the immediate attention of their Line Manager.</li> <li>• Staff must act on the advice/guidance/protocols given through via training. If staff deliberately do not complete Mandatory or Role Specific training they risk facing a disciplinary process.</li> <li>• Staff will ensure that Mandatory Training and Role Specific Training is prioritised over any other training</li> </ul>

<p><b>Subject Matter Experts (SMEs)</b></p>	<ul style="list-style-type: none"> <li>• Monitoring compliance of their own subject and take action to address anticipated or actual shortfalls</li> <li>• Provide information, advice and training to staff on their area of knowledge/expertise</li> <li>• Provide advice and guidance in identifying staff groups needing to complete Mandatory Training or Role Specific Training and those that don't</li> <li>• Ensure content of training is up-to-date and relevant</li> <li>• Ensure attendance records for any training they deliver are maintained and forwarded to the Learning &amp; Development Dept. for recording on OLM</li> <li>• Make themselves available to deliver face to face training (where applicable)</li> </ul>
<p><b>The Head of Learning &amp; Development</b></p>	<ul style="list-style-type: none"> <li>• Publishing and maintaining the Mandatory Training matrix.</li> <li>• Ensuring monitoring compliance against agreed targets and providing timely and accurate reports</li> <li>• Providing advice, guidance and support to divisional leads and SMEs to ensure they are able to meet their objectives</li> <li>• Identifying any significant risks to Education Governance Group</li> <li>• Undertaking regular reviews of Mandatory Training matrix</li> </ul>
<p><b>The Head of Clinical Education</b></p>	<ul style="list-style-type: none"> <li>• Publishing and maintaining the Role Specific Training matrix.</li> <li>• Ensuring monitoring compliance against agreed targets and providing timely and accurate reports</li> <li>• Approving / rejecting competency removal requests and requests for competency's to be added.</li> <li>• Providing advice, guidance and support to divisional leads and SMEs to ensure they are able to meet their objectives</li> <li>• Identifying any significant risks to Education Governance Group.</li> <li>• Undertaking regular reviews of the Role Specific matrix</li> </ul>
<p><b>The Head of Medical Education</b></p>	<ul style="list-style-type: none"> <li>• Ensuring Doctors in training complete MT and RST modules assigned to their position</li> </ul>
<p><b>OD Team</b></p>	<ul style="list-style-type: none"> <li>• Coordinating the corporate induction for new starters. Contacting all new starters with information on how to access and complete their MT and RST modules.</li> <li>• Enroll and subscribe new starters onto the relevant MT and RST modules.</li> <li>• Point of contact for new starters during the corporate induction process.</li> </ul>
<p><b>The Learning &amp; Development Department</b></p>	<ul style="list-style-type: none"> <li>• Giving advice on staff training and development including Mandatory and Role Specific training</li> <li>• Supporting Divisional Leads by providing them with regular compliance reports which identify areas of concern.</li> <li>• Ensuring manager's requests for specific competencies to be added/removed from individuals is managed. This will mean liaising with the Head of Clinical Education who will make the decision allowing for the changes to be made by the L&amp;D Dept.</li> <li>• Centrally recording attendance of Mandatory Training or Role Specific Training on ESR</li> </ul>



	<ul style="list-style-type: none"> <li>• Production of “How to” guides for SMES, managers and staff to support them in monitoring compliance of Mandatory and Role Specific Training.</li> </ul>
<b>The Business Intelligence Unit</b>	<ul style="list-style-type: none"> <li>• Providing advice and support to managers in relation to using the LIGHT systems</li> <li>• Support any changes that are required to the compliance reporting system in LIGHT as directed by the L&amp;D team</li> <li>• Run a weekly extract ESR data and upload into data warehouse to ensure LIGHT compliance reports are correct.</li> </ul>
<b>Temporary Staffing Department</b>	<ul style="list-style-type: none"> <li>• Ensuring all non-substantive staff working on the Bank are compliant with their Mandatory Training</li> <li>• Ensuring all non-substantive bank staff are fully compliant with their Mandatory Training before allocating any shifts</li> <li>• Staff who are non-compliant will be restricted from duty. They will remain inactive until they become fully compliant.</li> <li>• Ensuring that non-clinical substantive staff undertaking Bank duties in a clinical role complete the relevant Mandatory Training</li> <li>• Ensuring that A&amp;C/E&amp;F staff commencing a clinical role via bank complete the relevant clinical skills training.</li> </ul>
<b>Education Executive Group (EGG)</b>	<ul style="list-style-type: none"> <li>• The EGG is responsible for the approval and performance management of this Policy</li> </ul>

### Appendix 3: Mandatory Training Matrix

Due to the detail of the Mandatory Training Matrix, it cannot be embedded into this document; therefore, readers of this policy need to access it via this link:

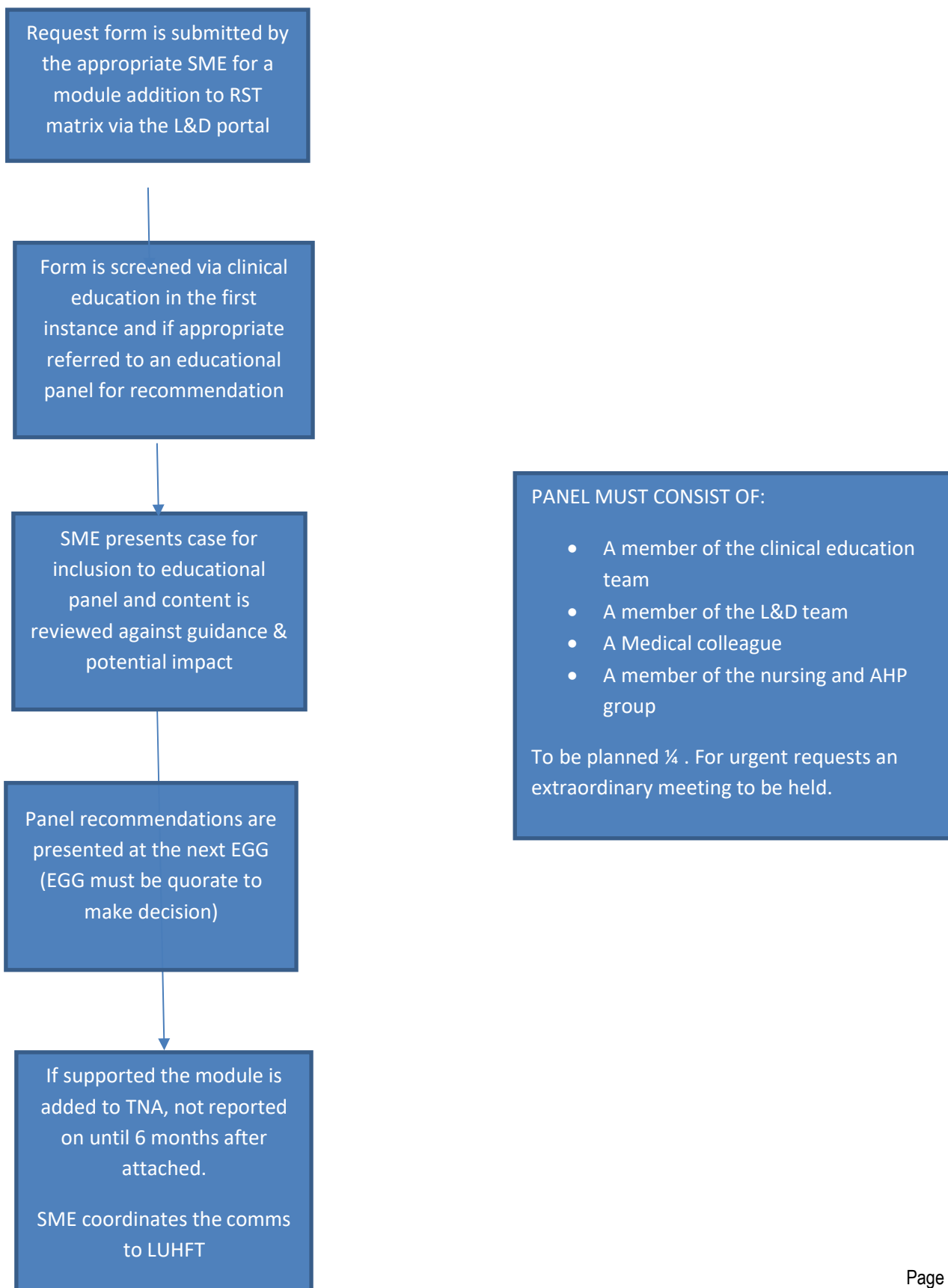
[Mandatory and Role Specific Training \(sitekit.net\)](https://www.sitekit.net)

#### Appendix 4: Role Specific Training Matrix

Due to the detail of the Role Specific Training Matrix, it cannot be embedded into this document; therefore, readers of this policy need to access it via this link:

[Mandatory and Role Specific Training \(sitekit.net\)](https://www.sitekit.net)

## Appendix 5 Procedure for the implementation of a new Role Specific Training module



## Fast Track

Where changes to requirements for training are made by external governing bodies; such as mandating a subject into the Core Skills Framework; the SME is responsible for contacting the SME Group Chair who will ensure that their training proposal follows a fast tracked route to ensure a timely decision and if applicable, upload of content can be completed.

## Appendix 6: Mandatory and Role Specific Training Request Form

### Mandatory and Role Specific Training Request Form

This form is to be used to request inclusion or amendments to a training subject in the Trust's Mandatory or Role Specific Training Matrix.

If there is more than one level of training identified, then a separate form should be completed detailing the appropriate rationale and risks relevant to the target group for each level of training.

#### Definitions

**Statutory Training** - training that is required by law to be undertaken by staff.

**Mandatory Training** - training that the organisation or regulatory body has specified as compulsory for a particular staff group which has been mapped to the NHS Core Skills Framework. This training is concerned with minimising risk and ensuring the Trust meets external standards, for example BLS Training is required to comply with the Resus Council guidelines.

**Role Specific Training Request Form** – training other than Statutory or Mandatory; e.g. training recommended to maintain competence by a lead body to update skills and knowledge, or training required of the role that improves the quality of care being delivered to people who use our services. This training should be based on assessment of risk so you will be asked to provide the evidence to support your proposal.

#### Guidance for completing this form:

This form should be used by the relevant Subject Matter Expert (SME); to either amend an existing training module or to request the implementation of a new training module.

This form should be completed in one of two ways:

1. To Request an amendment to an existing training module:
  - Please complete section 1, 3, 4, 5 and 6 (if applicable)
2. Requesting the introduction of a New Training Module:
  - Please complete sections 1 – 6 and attach your completed Training Needs Analysis Form, any supporting evidence (Benchmarks, NHS Strategy Documentation, Frameworks) and any competency forms that accompany this request

## Your role – the Subject Matter Expert (SME)

If your training is approved, there is an expectation that you will play an active role in the ongoing promotion, delivery and management of the training. This would include:

- Extensive promotion of the training prior to launch, ensuring any affected staff groups are informed of the requirements of the training
- If the training is face to face; you will be expected to support the delivery. If you cannot support the delivery, then you should consider e-learning.
- Ensuring that attendance/competency records for any training they deliver are maintained and promptly forwarded to the Learning & Development Dept. for recording
- Using LIGHT reports to monitor compliance and take action to address concerns around poor compliance.
- Reviewing the risk level at least annually, (or whenever there is a change that might impact on the risk level).
- Reviewing the content of training and TNA template at least annually to ensure it is up- to-date, current and relevant
- Communicate extensively any changes to either the level of risk, changes to the training or to the TNA and include the Learning & Development Dept.

Support from the Education Team will be available to assist the SME with the above

Please return your completed forms to the following people:

- For role specific training: Kelly Hughes Clinical Education Manager ext. 8257  
[kelly.hughes@liverpoolft.nhs.uk](mailto:kelly.hughes@liverpoolft.nhs.uk)
- For mandatory training: Mike Moore, Head of Learning & Development ext. 3468  
[michael.moore@liverpoolft.nhs.uk](mailto:michael.moore@liverpoolft.nhs.uk)

If you need support in completing this form, please contact Kelly Hughes for Role Specific or Mike Moore for Mandatory modules.

Once this form has been submitted, you will be invited to present your request at the SME Peer Review Group. If initial approval is granted, it will go to the Education Governance Group (EGG) for final approval.

## Training Needs Analysis

### Clinical and Non-Clinical Staff

When considering the applicable staff group for your training, bear in mind not all clinical staff work with patients. Is your training aimed at **all** clinical staff, or just those with regular direct patient contact?

To open the TNA, click on the link.

Complete the template by selecting 'Yes' to those roles your training will be relevant to.

Once completed, save the spreadsheet and return it as an attachment to the following people:

- For role specific training: Kelly Hughes Clinical Education Manager ext. 8257  
[kelly.hughes@liverpoolft.nhs.uk](mailto:kelly.hughes@liverpoolft.nhs.uk)
- For mandatory training: Mike Moore, Head of Learning & Development ext. 3468  
[michael.moore@liverpoolft.nhs.uk](mailto:michael.moore@liverpoolft.nhs.uk)

<b>Full Name of Training module to be added or amended:</b>			
<i>This request will only be considered from the acknowledged Subject Matter Expert (SME) for this area. If you are not the acknowledged SME, please pass this request form onto them. If there is more than one SME, the assumption will be that both are in agreement with the content of this template. I can confirm I am the SME for this subject</i>			
<b>Name:</b>		<b>Contact Number:</b>	
<b>e-mail address:</b>			
<b>Job Title</b>		<b>Date:</b>	

<b>Section 1</b>			
Request for <u>amendment to existing</u> Statutory, Mandatory or Role Specific Training			
Is this a proposal to amend (tick as appropriate)?		If yes, give details	
a) Frequency of the training		Currently:	Change to:
b) Duration of training		Currently:	Change to:
c) Staff group/s		Currently:	Change to:
d) Delivery method/s		Currently:	Change to:
e) Other			
Are these proposed amendments a statutory requirement?		Yes/ No	
Describe fully your proposed changes explaining the rationale behind the proposal, making reference to any national guidance or standards. State the benefits these changes will bring.  <i>(Please use an additional sheet if necessary)</i>			
<b>Now proceed to section 3</b>			

<b>Section 2</b>	
Request to <u>include a new</u> subject as Statutory, Mandatory or Patient Safety	
a) Is there a <u>statutory</u> requirement for the Trust to provide this training?	Yes (proceed to b) No (proceed to d)



<p>b) If so, please detail the relevant legislation and <u>quote exact requirements relating to training</u>: (Please use an additional sheet if necessary)</p>			
<p>c) Does the <b>legislation</b> specify the frequency of the training? (annual, one off etc.)</p>	<p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>	<p>Please state ..... If no, what is your recommendation? .....</p>	
<p>d) Is there any national guidance or standards (for example from DoH, HEE, CQC or any other regulatory body) which recommends or requires the Trust to provide this training?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>e) If so, please detail the relevant guidance and <u>quote exact requirements</u>: (Please use an additional sheet if necessary)</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>		
<p>f) Does the <b>guidance</b> specify the frequency of the training? (annual, one off etc.)</p>	<p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>	<p>Please state ..... If no, what is your recommendation? .....</p>	
<p>g) What is the proposed duration of this training?</p>			
<p><input type="checkbox"/> What is the proposed <input type="checkbox"/> format of delivery for <input type="checkbox"/> this training? <input type="checkbox"/></p> <p>Face to face      E-learning only      Both      Other (please state)</p>			
<p><input type="checkbox"/> Will this training require the completion of a competency form before the learner can be considered compliant? Yes (please attach the competency form)      Doesn't require a competency form</p>			
<p>j) Which group or committee will have oversight of this training?</p>			
<p>k) Who will be responsible for delivering the training if face to face?</p>			
<p>l) If this is another service; e.g. Clinical Education, have they agreed to this?</p>			
<p>m) What would be the implications (if any) if the Trust chose not to follow the legislation / guidance / standards detailed above?</p>			

<p>n) Is there any other reason(s) why the Trust should provide this training? <i>(Provide appropriate support for any reason given and use additional sheets if necessary)</i></p>	
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**Section 3: Risk Assessment**

Any proposal for either Mandatory or Role Specific Training should be based on risk.

This might be risk to patient safety, or to staff safety. It could also be risk to reputation, or a combination of a number of factors.

In light of the information you have provided above, consider and detail the risks associated with this topic and the potential impact the proposed training is expected to have. To calculate the level of risk, follow the guidance below.

**Risk Score = likelihood x impact/severity. E.g. Almost certain Likelihood (5) x minor consequence (2) = Risk Score of 10**

If this training is <b>not</b> approved, who would be at risk?	Within the staff groups, identify any specific areas that are at <b>greater risk</b> , e.g. A&E receptionists, AHP lone workers?
<input type="checkbox"/> Medical Staff (Consultants, Doctors etc.)	<input type="checkbox"/> .....
<input type="checkbox"/> Nursing & Midwifery	<input type="checkbox"/> .....
<input type="checkbox"/> Allied Health Professionals	<input type="checkbox"/> .....
<input type="checkbox"/> Healthcare scientists	<input type="checkbox"/> .....
<input type="checkbox"/> Additional Professional, Scientific & Technical	<input type="checkbox"/> .....
<input type="checkbox"/> Admin & Clerical Staff	<input type="checkbox"/> .....
<input type="checkbox"/> Estates & Ancillary Staff	<input type="checkbox"/> .....
<input type="checkbox"/> Members of the public/patients	<input type="checkbox"/> .....

What evidence is there **currently** that suggests this training is necessary at LUHFT? How many incidents have occurred in the last 12 months? Consider Datix reports, Never Events, Audits or maybe the risk register etc.? When providing this, you should state which staff groups were impacted.

	<input type="checkbox"/> Medical Staff (Consultants, Doctors etc.) <input type="checkbox"/> Nursing & Midwifery <input type="checkbox"/> Allied Health Professionals <input type="checkbox"/> Healthcare scientists <input type="checkbox"/> Add. Professional, Scientific & Technical <input type="checkbox"/> Admin & Clerical Staff <input type="checkbox"/> Estates & Ancillary Staff <input type="checkbox"/> Members of the public/patients
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Control measures	
How will training address these risks?	

Could these risks be addressed by any other means?	<input type="checkbox"/> Yes ( <i>please provide details</i> ) <input type="checkbox"/> No ( <i>please provide reason why</i> )	
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## RISK ASSESSMENT GUIDANCE

If you think that by not having your training in place a member of staff or the public may be harmed, then you need to consider how likely is it to happen and if it did, how bad (the consequences) would it be. For example:

A likelihood score of 3 (possible) and a consequence score of 2 (minor) would give a risk rating of 6. (3x2=6)

Looking on the actions table, a risk rating of 6 would equate to a 'Low Risk'

**What is your Risk Score?** .....

(To determine your risk score, see risk assessment guidance below)

## Risk rating

### Likelihood descriptors

Likelihood score & Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen imminently	<0.1% (<1 in 1000)	%0.1-1% (1 in 1000 to 1 in 100)	1-10% (1 in 100 to 1 in 10)	10-50% (1 in 10 – 1 in 2)	> 50% (More than 1 in 2)
Operational Scale Time to next event	Will only occur in exceptional circumstances	Next event expected within five years	Next event expected within a year	Next event expected within a month	Next event expected to happen now

## Consequence descriptors

Risk Descriptors	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	<ul style="list-style-type: none"> <li>Minimal injury requiring no/minimal intervention or treatment.</li> <li>No time off work</li> </ul>	<ul style="list-style-type: none"> <li>Minor injury or illness, requiring minor intervention</li> <li>Requiring time off work for &gt;3 days</li> <li>Increase in length of hospital stay by 1-3 days</li> </ul>	<ul style="list-style-type: none"> <li>Moderate injury requiring professional intervention</li> <li>Requiring time off work for 4-14 days</li> <li>Increase in length of hospital stay by 4-15 days</li> <li>RIDDOR/agency reportable incident</li> <li>An event which impacts on a small number of patients</li> </ul>	<ul style="list-style-type: none"> <li>Major injury leading to long-term incapacity/disability</li> <li>Requiring time off work for &gt;14 days</li> <li>Increase in length of hospital stay by &gt;15 days</li> <li>Mismanagement of patient care with long-term effects</li> </ul>	<ul style="list-style-type: none"> <li>Incident leading to death</li> <li>Multiple permanent injuries or irreversible health effects</li> <li>An event which impacts on a large number of patients</li> </ul>

## Risk Scoring descriptors

### Level of Risk & Actions

Table 1 Risk Profile Score	Level of Risk	Levels of Approval, escalation and management
3	Low Risk	A Low Risk which is adequately managed and may be retained if further control limits the capacity to control higher ranking risks. <b>Risk review Period at least every 6 months</b>
4		
5		
6	Moderate Risk	A Moderate Risk which must be reported and managed locally by the Department, Care Group or Directorate. <b>Risk review Period at least every 3 months</b>
7		
8		
9		
10	Serious Risk	A Serious Risk is escalated to the Trusts Divisional Senior Management Team and monitored by the Committees & Groups of the Trust. <b>Risk review period at the least every month</b>
11		
12	Significant Risk	A Significant Risk is escalated to the Trust Executive team and monitored by the Committees and Groups of the Trust. <b>Risk review Period at the least every month</b>
13		
14		
15		

Signature of SME .....

Date .....

**Section 4: To be completed by SME Group**

**Does the application meet the following requirements?**

- a) There is a recognised SME for this proposal?
- b) There is a completed TNA that identifies the staff group and roles that will be affected by the changes?
- c) Has the SME consulted on the changes to these affected groups?
- d) Has the SME identified the relevant national/local guidelines to support the application?
- e) Has the SME completed the risk assessment
- f) Are there appropriate control measures identified to address these risks?

**Recommendations of the SME Group**

Does the group support this application as being introduced as a Mandatory Training competency?  
 Does the group support this application as being introduced as a Role Specific Training competency?  
 What is the delivery methodology?

**Rationale for recommendation**

**Actions and next steps**

**Date**

**Section 5: Outcome from Education Governance Group (EGG)**

**Decision of the Group**

Does the group support this application as being introduced as a Mandatory Training competency?  
Does the group support this application as being introduced as a Role Specific Training competency?  
Does the group support the delivery methodology?

**Rationale for decision**

**Actions and next steps**

**Date of EGG**

## Appendix 7: Removal or Addition of Competencies from Role Specific Training SOP

To access the SOP follow the link below

[Mandatory and Role Specific Training \(sitekit.net\)](https://sitekit.net)