



London Ambulance Service



NHS Trust

**Statutory, Mandatory and Essential
Training Policy**

DOCUMENT PROFILE and CONTROL.

Purpose of the document: To define the Trust's approach to identifying the risk management training requirements for all permanent, temporary and Bank staff including voluntary services and will be referred to as "staff" for the purposes of this document

Sponsor Department: Transformation, Strategy and Workforce

Reviewer: Assistant Director of People and Organisational Training. To be reviewed by November 2018.

Document Status: Final

| Amendment History | | | |
|--------------------------|-----------------|---|--|
| Date | *Version | Author/ Contributor | Amendment Details |
| 28/11/16 | 3.1 | IG Manager | Document Profile & Control update |
| 21/11/16 | 2.4 | IG Manager | Formatting and Document Profile & Control update |
| 09/11/16 | 2.3 | Assistant Director People and OD | Major Change including section on Core Skills Training Framework |
| 02/10/12 | 2.2 | IG Manager | Document Profile & Control update |
| 27/09/12 | 2.1 | Assistant Director of Professional Training | Minor amendments following approval |
| 31/08/12 | 1.4 | IG Manager | Document Profile & Control update and formatting changes |
| 29/08/12 | 1.3 | Assistant Director of Workforce Training and Support | Completion of Implementation Plan |
| 08/08/12 | 1.2 | Governance and Compliance Manager | Reformat and updated Implementation plan |
| 05/06/12 | 1.1 | Assistant Director of Workforce Training and Support | Major change including a new section on staying in date. |
| 08/06/10 | 0.1 | Assistant Director of Workforce Training and Support, Learning & Organisation Training Manager, Clinical Training & Training Manager, Governance and Compliance Manager | First Draft |

*Version Control Note: All documents in training are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second

| | | |
|-------------------|--|---------------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 2 of 15 |
|-------------------|--|---------------------|

1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

| For Approval By: | Date Approved | Version |
|--------------------------------------|----------------------|----------------|
| PMAG | 24/11/16 | 3.0 |
| ADG | 14/09/12 | 2.0 |
| SMG | 15/09/10 | 1.0 |
| Ratified by (if appropriate): | | |
| | | |

| Published on: | Date | By | Dept |
|----------------------|-----------------|--------------------------|-------------|
| The Pulse | 29/11/16 (v3.1) | Governance Administrator | G&A |
| The Pulse | 04/10/12 (v2.2) | Governance Co-ordinator | GCT |
| The Pulse | 09/10/10 | Governance Administrator | GCT |
| LAS Website | 29/11/16 (v3.1) | Governance Administrator | G&A |
| LAS Website | 04/10/12 (v2.2) | Governance Co-ordinator | GCT |
| Announced on: | Date | By | Dept |
| The RIB | 29/11/16 | IG Manager | G&A |
| The RIB | 09/10/12 | IG Manager | GCT |
| The RIB | October 2010 | Governance Administrator | GCT |

| EqIA completed on | By |
|------------------------------|--------------|
| 28/08/12 | HR Team |
| Staffside reviewed on | By |
| 15/08/12 | Pete Hannell |

| Links to Related documents or references providing additional information | | |
|--|--|----------------|
| Ref. No. | Title | Version |
| TP/083 | Protected Learning Time and Study Leave Policy | 1.0 |
| HR/011 | HR011 Induction Policy Statement <input type="checkbox"/> LAS Corporate Induction: <input type="checkbox"/> LAS Local Induction: | |
| HR/05/001 | Performance Capability Policy | |
| HR/09/02 | Disciplinary Policy | |
| HR/022 | Managing Attendance Policy | |
| | LAS Training Needs Analysis: | |

| | | |
|-------------------|--|---------------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 3 of 15 |
|-------------------|--|---------------------|

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled or substantive.

1. Introduction

The London Ambulance Service (LAS) NHS Trust is committed to ensuring, as far as is reasonably practicable, the personal safety of its employees and the public it serves. It acknowledges its responsibilities under the Health and Safety at Work Act 1974 and other relevant legislation to meet any obligations for the provision of necessary instruction, training and supervision of employees.

The Trust recognises that the training, and instruction of employees form an essential part of the discharge of this duty to employees and the public. Induction, work place orientation, health, safety, statutory, mandatory and risk management training delivered alongside personal and professional training provides a framework which supports staff and helps them to be confident in their role

For the purpose of clarity and in order to provide synergy with other NHS organisations the Trust has chosen to align statutory and mandatory training requirements to the nationally recognised Skills for Health Core Skills Training Framework (CSTF).

Statutory Training: this is training that employers are either legally required to provide as defined by law and for which there is a stated legal reference and/or where a government or regulatory body have instructed employers to provide training on the basis of legislation

Mandatory Training: is a training requirement that has been determined by organisations themselves.

This policy sets out how the LAS will deliver, monitor and manage Statutory and Mandatory Training requirements across all staff groups.

The Core Skills Training Framework (CSTF)

Healthcare organisations have legal responsibilities to ensure that their staff receive training to develop the knowledge and skills to ensure a safe and healthy workplace). Furthermore, in the effort to improve healthcare services, organisations are required to meet quality standards required by government and other agencies, many of which need to be evidenced through compliance training of the workforce.

The CSTF is used by healthcare organisations to help guide and standardise the focus and the delivery of key statutory and mandatory training skills. The intention of the framework is that healthcare organisations can review current arrangements for defining and delivering training in relation to the identified subject areas and through the adoption of the framework align their approach.

| | | |
|------------|---|--------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 4 of 15 |
|------------|---|--------------|

Where such alignment is undertaken it should then have benefits for healthcare organisations in: ensuring consistent approaches; and promoting quality and delivery of training which, through the use of learning outcomes, should be more educationally focused and valued.

The CSTF is of particular value in setting out the minimum training standards that effective healthcare organisations should ensure are in place in relation to the training subjects identified to support them in being able to meet common compliance requirements.

In addition to this the CSTF assists Subject Matter Experts (SMEs) in helping them to plan and design the delivery of training, ensuring that training is focused upon learning outcomes which are relevant and measurable. This framework should also be helpful to SMEs in helping staff to understand the purpose of and appreciating the relevance of the training undertaken.

2. Scope

This Policy sets out the LAS systems and processes to:

- identify the statutory and mandatory training needs
- agree priorities and inform the annual training needs analysis (TNA)
- manage and monitor attendance
- develop, deliver and evaluate training delivered
- report on statutory and mandatory training compliance

This policy applies to all permanent, temporary and bank staff who are employed by the LAS. Temporary staff employed via agencies and contractors must have had their statutory and mandatory training requirements met by their primary employer. It is the responsibility of Higher Education Institutes (HEI s) to ensure that pre-registration students are adequately prepared for practice in the clinical environment; this includes ensuring they have completed the relevant statutory and mandatory training.

The LAS is responsible for seeking assurance that students and temporary agency workers have received the appropriate statutory and mandatory training prior to commencement of work.

All staff working for the LAS on the Bank, The London Air Ambulance or within the BASICS team will have access to statutory and mandatory training. It is the individuals' responsibility to access the training which is relevant to their role.

3. Objectives

This policy outlines the LAS approach to:

- create, manage and update the Statutory and Mandatory Training Needs Analysis (TNA)

| | | |
|------------|---|--------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 5 of 15 |
|------------|---|--------------|

- the delivery, evaluation and monitoring of statutory and mandatory training
- provide analysis and reporting of statutory and mandatory training compliance
- ensure that the Trusts approach to statutory and mandatory training is clearly defined and all staff are aware of their responsibilities to meet the relevant training requirements placed on them and the Trust as a whole
- ensuring that the LAS is compliant with statutory and mandatory training requirements
- identify and manage individual members of staff who are not routinely undertaking their statutory and mandatory training

4. Responsibilities

The **Education and Development Group (EDG)** has delegated responsibility from the **Chief Executive** to ensure that:

- The TNA is reviewed in order to identify the type and frequency of statutory and mandatory training in line with the CSTF and that refreshers required for each occupational group are clearly identified and updated as necessary
- The TNA is published after each review
- Sufficient places are made available to meet the identified statutory and mandatory training requirements of each staff group
- Uptake is monitored in order to manage and mitigate the risks to patients, staff, the public and the organisation of low or non-attendance.
- All LAS staff will be allocated individual learning account (ILA) hours/days in order to attend /complete the required statutory and mandatory training in accordance with this policy
- Attendance and non-attendance is recorded, monitored and individual members of staff are held to account in the case of non-attendance
- Determining what local training is going to be mandatory for LAS staff
- Determining the frequency of delivery for locally determined mandatory training
- Defining the TNA and prioritising the LAS mandatory training provision - decisions are influenced by the organisations principle risks and improvement to patient care
- Statutory and mandatory training uptake across the organisation is monitored and managed
- Identify and assess potential risks to the organisation of failure to deliver and/or poor uptake in order to determine if plan/s presented by Clinical Education and Standards (CE&S) and/or People and Organisational development (P&OD) are sufficient*

*EDG will determine what, if any, further action will be required which may include formally recording the risk on the Corporate Risk Register.

| | | |
|------------|--|--------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 6 of 15 |
|------------|--|--------------|

The **Deputy Director for Clinical Education and Standards** is responsible for:

- Recommending clinical statutory and mandatory training priorities to the EDG based on the TNA and the Trusts principle risks
- Providing a training strategy which will address the training requirements outlined in the TNA
- Regular liaison/assessment with clinical leads on statutory and mandatory training requirements for operational staff to ensure content and delivery fulfils the current needs of the LAS, statute and other regulatory bodies

The **Assistant Director for People and Organisation Development** is responsible for:

- Creation, management and update of the TNA in line with the CSTF recommendations
- Recommending non-clinical statutory and mandatory training priorities to the EDG based on the TNA and the Trusts principle risks
- Regular liaison/assessment with the LAS Leads/SMEs concerning statutory and mandatory training requirements for corporate/support services to ensure content and delivery fulfils the current needs of the LAS, statute and other regulatory bodies

The **Corporate Health and Safety Group** will ensure that:

- Statutory and mandatory training needs arising through legislation, litigation or external review are identified to EDG for consideration for inclusion in the TNA
- Incident, accident and near miss information is collated, analysed and lessons learnt are shared with EDG for consideration for inclusion in the TNA

The **Health, Safety and Security Advisors** have responsibility for:

- Identifying to staff, managers and the Corporate Health and Safety Group any local issues which may need to be included in the statutory and mandatory training programmes
- Developing the content of all health and safety training provided to staff in conjunction with colleagues and external providers where appropriate

Clinical Education and Standards and **People and Organisational Development** will be responsible for:

- Ensuring and assuring the delivery of statutory and mandatory training which is fit for purpose

| | | |
|------------|--|--------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 7 of 15 |
|------------|--|--------------|

- Ensure the requirements of other regulatory and external bodies e.g. The Care Quality Commission (CQC) are taken in to account
- Any external statutory and mandatory training courses attended by staff meet the LAS standards, those of the Core Skills Training Framework and comply with relevant Health and Safety policy
- New methods and modes of delivery are developed to reflect the changing technology and needs of diverse staff groups under the terms of the Equality Act 2010
- All of the statutory and mandatory training delivered is based upon current best practice is delivered in a professional manner and in a safe learning environment
- The programmes are delivered as designed
- Any changes and adaptations which may be required based on staff feedback and experience of delivery are advised and approved accordingly
- Numbers of students who have attended and completed or not attended courses are accurately recorded using a central system and reported on a monthly basis
- Where delivery is below target whether because of failure in provision or insufficient uptake CE&S and P&OD, will produce remedial action plans for approval by the EDG
- The collation and presentation of timely and appropriate analysis and reporting to the EDG and the Workforce Committee and Quality Committee

LAS Leaders and Managers will ensure that:

- All of the staff they are responsible for complete the relevant statutory and mandatory training commensurate to their role as defined in the TNA.
- Where staff are new to the role they access the statutory and mandatory training commensurate with the role they have been appointed to during the induction period or within the specified time frame.
- Learning is applied in the work environment, through any agreed feedback mechanisms

All LAS **staff** will ensure that they:

- Actively participate in the statutory and mandatory training identified for their role.
- Implement learning from statutory and mandatory training in their day to day work activity where appropriate
- Meet their professional, contractual and legal obligations with regard to statutory and mandatory training.

| | | |
|------------|--|--------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 8 of 15 |
|------------|--|--------------|

- Identify with their line manager upon promotion, any statutory and mandatory training specific to their new role.
- Specialist and professional body requirements

5. The Training Needs Analysis (TNA):

- Is the document which sets out the statutory and mandatory training each staff group is required to undertake and the frequency of that training.
- The EDG will annually review the statutory and mandatory training requirements and produce a TNA for all staff in line with the CSTF and any other legislation and national and professional guidance

The TNA will as a minimum include:

- A list of the statutory and mandatory training as outlined by the core skills training framework
- Locally determined training mandated by the Trust
- The staff groups required to attend each type of training
- The frequency of updates required for each type of training and where applicable for each staff group

The frequency of refresher training set out in the TNA (the cycle time which is dictated by the Core Skills Training Framework or deemed to be optimal at the time the TNA is agreed). Changes to this will be determined by the LAS as a result of any areas of identified risk or evidence of issues or trends. Such changes will be documented in the TNA at the annual review or at other times if necessary.

Where an issue of risk is the determinant which generates the requirement for statutory and mandatory training, in addition to the action to initiate the delivery of training, the risk itself should be recorded on the Area and Trust Risk register (as appropriate) with the controls that are planned and/or have been implemented to reduce/manage the risk.

The review of the TNA is a two part process. CE&S and P&OD will firstly review the programmes contained in the TNA in line with the CSTF and locally determined mandatory requirements, the staff groups they apply to, the timing of initial training and the frequency of any refresher training to ensure it is current, relevant and appropriate. Once this process is complete the TNA template will be presented to the Workforce Group for approval.

The number of places provided will be based on the number of staff in post in April of the year the TNA reference period (including bank staff). The optimum position and in line with individual learning accounts is that 100% of eligible staff would attend.

| | | |
|------------|--|--------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 9 of 15 |
|------------|--|--------------|

The TNA process will usually commence in the last quarter of each year. The collated data will be analysed and prioritised by the Workforce Group. Priorities will be presented to the EDG for approval. Once approved the statutory and mandatory training for the following year will become an integral part of the Clinical and Non-clinical Training Plan. Staff will be notified of the publication through the RIB and cascade briefings e.g. Team Talk.

6. Additional and ad hoc training

As new standards or needs arise, it may be necessary to provide additional training. Where a need is identified an appropriate programme will be designed and delivered as required, and may result in a change to the annual planned program. The need to include the new training in the statutory and mandatory training will be reviewed and if required it will be added to the TNA at the earliest opportunity.

7. The Annual Training Plan

A trust wide annual training plan will be formulated using the information from the TNA,

8. Recording Attendance at Training

All LAS training courses will require staff to sign in at the start and end of each day. Where the training is defined as statutory and mandatory training the signing on sheet will include the names of those expected to attend. Those who do not attend will show as did not attend (DNA).

9. Management of Non Attendance

The management of non- attendance will be managed in conjunction with the ILA policy for those members of staff who have allocated ILA hours allocated.

For members of staff who have not been allocated ILA hours, on the first occasion that a member of staff fails to attend, the line manager or other designated manager will discuss the situation with the member of staff and decide whether the reason for non-attendance was legitimate. Arrangements must be made for the staff member to attend as soon as possible, with consideration to the availability of training delivery as not all programs will be available at all times across the year.

For any member of staff who has missed out on statutory and mandatory training the manager should assess the risk to the staff member, patients, the public and the service. They should implement action appropriate to the level of risk identified. This assessment should be part of the meeting, should be documented and held on the individual's personal file.

If a line manager becomes aware of operational or other circumstances that will prevent the member of staff attending the course they should advise the member of staff, the course organiser and the Resource Centre/Learning and Development (where appropriate) as soon as practicable and give the reasons. Short notice cancellations by managers because of operational pressures should be a last resort.

| | | |
|------------|--|---------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 10 of 15 |
|------------|--|---------------|

Where training is cancelled for this reason by managers they should undertake an assessment of the risk to the staff, patients, the public and the LAS. They should record this and identify how quickly the member of staff needs to be given new dates.

Where the cancellation creates a significant risk this should be noted on the Local risk register and escalated to the Head of the Department or Area.

Repeated failure to attend increases the risks to individuals, patients, the public and the organisation as the member of staff becomes progressively more out of date with their statutory and mandatory training. Repeated failure to attend must be addressed using one of the three appropriate policies, i.e. the Performance Capability Policy, the Disciplinary Policy and Procedure or the Managing Attendance Policy.

10. Attendance for work when due to attend for training

For members of staff who have been allocated ILA hours please refer to the ILA policy.

If a staff member, who is expected to attend a statutory and mandatory training day reports for normal duty, they are to be seen by a manager to ascertain the reasons for their non-attendance. If it is still possible for the staff member to attend and successfully complete the course, they should be directed to the training venue. If this is not possible, arrangements must be made for the individual to attend on an alternative date.

11. Unexpected or short-notice failure to attend for training

For members of staff who have been allocated ILA hours please refer to the ILA policy.

If a last minute problem prevents a member of staff from attending a course the Resource Centre/ Learning and Development and line manager/designated manager should be advised immediately. The staff member will be contacted by the line manager/designated manager to discuss the reasons for nonattendance and consider how best to reschedule course attendance and what the risks are to the individual, patients, the public and the service.

Where a member of staff fails to provide a valid reason for non-attendance the manager must investigate the matter and determine the most appropriate action in line with the appropriate policy. This may include stoppage of pay.

Managers may also consider withdrawal of access to non-statutory and mandatory training activity until all required statutory and mandatory training requirements are met. The manager will also determine what if any action should be taken in relation to the individual practicing in light of an assessment of how in date they are. This action may ultimately include action to suspend them from their usual duties until the training has been completed. Contemporaneous notes of such decisions and the rationale applied must be documented and placed in the individuals' personal file.

| | | |
|------------|--|---------------|
| Ref. TP056 | Title: Statutory, Mandatory and Essential Training Policy | Page 11 of 15 |
|------------|--|---------------|

12. Staying in date

The TNA sets out cycle times for the different types of staff groups and training type. These cycle times are determined by the core skills training framework or by subject matter experts in terms of LAS determined subjects.

When an individual has been identified as being beyond the cycle time the line manager should meet with them to establish why this is the case and agree what action/s are to be taken. All conversations, the in date assessment and the agreed actions should be recorded in the individuals' personal file.

The statutory and mandatory in date assessment and associated actions are set out below:

| Period beyond cycle time | Level of risk | Management actions |
|---------------------------|---------------|--|
| Cycle time plus 12 months | High risk | <p>Ensure staff member is booked onto next available course. Undertake an OWR/ review current work performance as soon as is practicably consider removing solo responders from working alone and review any incidents which may indicate a problem. Based on this information consider whether the staff member needs to be removed from their usual job role until they have completed the required Core Training.</p> <p>Investigate the reason for non-attendance if not already known, manage any attendance/performance/capability issues in accordance with the relevant policy</p> |
| Cycle time plus 9 months | Low risk | <p>Check practice through review of most recent OWR/current work performance and review any incidents which may indicate a problem. Address any issue identified. Ensure staff member is booked onto next available course.</p> <p>Consider the reasons for the individual being out of date and manage any attendance/ performance/ capability issues in accordance with the relevant policy.</p> |
| Cycle time plus 6 months | Minimal risk | <p>Check practice through review of most recent OWR/current work performance and review any incidents which may indicate a problem. Address any issue identified. Monitor rebooking.</p> |

13. Training Records

Courses delivered online should be recorded as per the instructions provided within the course materials.

For attendance at face-to-face programs:

All of the competencies detailed in the Achievement Record sheet/booklet, are signed as appropriate by the Tutors delivering the session to show that the course objectives have been met.

The Tutors delivering the course are responsible for ensuring the completion of Achievement Records as each course concludes. These are returned to the relevant administration department for processing and recording on a central system.

Records will be secured and stored according to Trust policy

14. Equality Impact Assessment

The Equality Impact Assessment identified that there are no significant negative impacts from this policy's implementation.

15. Performance Indicators

100% of new staff (irrespective of role) will attend Corporate Induction Training

The LAS will ensure that there is sufficient capacity available for statutory and mandatory training to ensure that all eligible staff can access it.

16. Assurance of compliance

The Workforce Group will receive quarterly reports on compliance from the CE&S and P&OD.

An assurance report will be provided to the workforce committee on a quarterly basis

The CE&S and P&OD, will provide data to Directors (or nominated other) on a monthly basis to update them of progress made within their own directorate to achieve compliance in their area.

| IMPLEMENTATION PLAN | |
|----------------------------|---|
| Intended Audience | All LAS staff |
| Dissemination | The Policy will be disseminated via Pulse, website and hard copy in areas where there is no or limited access to Trust systems |
| Communications | Staff will be notified in the RIB of the publication of the new policy, they will be talked through how it applies to them by line managers. There will be guidance to line managers on the dissemination and application of the policy |
| Training | No training is required in order to implement this policy |

Monitoring:

| Aspect to be monitored | Frequency of monitoring AND the reporting tool used | Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported | Committee/ group responsible for monitoring outcomes/ recommendations | How learning will take place |
|--|--|---|--|--|
| Whether the number of places planned is sufficient to meet the needs of the LAS. Whether uptake against provision is sufficient to achieve the uptake prescribed. | Monthly reports on compliance | Education and Development group Workforce and OD Sub Committee | Workforce and OD committee | Learning disseminated via workforce group and actioned as outlined |
| How the organisation records that all permanent staff complete relevant training, in line with the TNA Management of nonattendance including How the organisation follows up those who do not complete relevant training programmes Action to be taken in the | Annual auditing of booking process, recording system and follow up process | Education and development group Workforce and OD Sub-committee | Workforce and OD Sub-Committee | Learning disseminated via Workforce Group and actioned |

| | | | | |
|-----------------------------------|--|--|--|--|
| event of persistent nonattendance | | | | |
|-----------------------------------|--|--|--|--|