Paper ref:	TB (10/19) 009

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	People Matters: Vacancies / Sickness / Mandatory Training		
Sponsoring Executive	Raffaela Goodby – Director of People and OD		
Report Author	Frieza Mahmood - Deputy Director People and OD Bethan Downing – Deputy Director of People and OD		
Meeting	Public Trust Board	**Date**	3rd October 2019

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Theme one of the People Plan, 'Fully Staffed' relies on the organisation recruiting 1300 people to the Trust. This includes 900 live vacancies, c50-60 leavers per month. It also notes that 48% of offers made to date have been to our own internal staff. The report estimates there will be a net 645.67 WTE vacancies in December 19 and 554 WTE in March 2020. The professional assessment is that there is a regional and national market for the majority of our posts, with approx. 125 posts that need to be redesigned and changed. Work will take place with the clinical groups during October and November to plan this out for 2020 onwards.

The Trust has changed the way it reports Mandatory Training to a model where 100% compliance is the goal. Our own ambition and the CQC require us to reach 85% compliance with our 100 Club by December 2019 and 95% compliance by March 2020. Due to national changes, the 'renewal' of certain modules has changed, which means that 3 modules will go out of date for most staff in January 2020. There is a trajectory and plan included in the report for discussion.

The board are cognisant of our efforts to tackle Long Term Sickness and reduce 'people off sick' from 240 to 140 by March 2020, tackle MSK issues and implement mandated risk assessments and our new mental health offer. The report gives a detailed update on those areas and also provides a trajectory for where we will end the year and where continued focus needs to be given in ward areas (target 3%) and other hot spots. There is good progress being made on reducing long term sickness rates.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan	X	People Plan & Education Plan	X
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Trust Board, People and OD Committee August 2019, Public Health Committee

4. Recommendation(s)

The Trust Board is asked to:

a.	Discuss the vacancy position and the proposed actions to increase recruitment
b.	Note the changes to mandatory training and the planned drop in compliance in January 2019
c.	Note the progress on reducing long term sickness absence, tentative progress on MSK and the forward trajectory for improvement.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk 114					
Board Assurance Framework		BAF 1, BAF 11, BAF 12					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Public Trust Board: 3rd October 2019

People Matters: Vacancies /Mandatory Training / Sickness

1. Vacancies and recruitment

INDICATOR	SEPT 19
No. of vacant WTE in active recruitment	936
No. not in advert at end of reporting period (2 day processing)	3
No. at advert on NHS jobs	50
No. at conditional offer stage	315
No at unconditional offer stage	568
No. withdrawn	21
No of New Starters	108
No of Leavers	64
No of new activity requests received in reporting period	58

1.1 The additional centrally planned recruitment activities due to take place over the next 6 months including university fairs, national and local recruitment events and revised marketing strategy will support in improving the position by a predicted further 425 WTE posts by March 2020.

1.2 Although this approach will help mitigate the impact of current turnover levels which are as high as 15% in Qualified Nursing groups, it will not address the size of the workforce gap as a whole.

1.3 This is on the basis that our previous recruitment strategy has substantially relied on a significant portion (45% on average) of all recruitment offers being made to our own internal staff. Whilst this approach has been successful in many respects including providing career progression and retention opportunities for our own staff, it has failed to address the scale of our workforce requirements.

1.4 A renewed focus on our recruitment approach and current benefits package is being developed to increase external interest in our posts and remain competitive for difficult to recruit to groups.

1.5 This approach is being further supported by a streamlined recruitment procedure which makes the process of engagement a fast, fun and easy experience, entirely focused on limiting the number of interactions required before a firm offer of employment is made to just one, the day of assessment.

1.6 The use of digital mediums for ID checking and extending service hours to cover weekends and evenings will make pre-employment checking a stress free and convenient process for candidates.

1.7 The on-boarding experience is also being improved to build strong connections at an earlier stage with managers and teams to increase affinity with the Trust to improve loyalty and commitment. The table below provides a group level breakdown of planned recruitment activity and expectations.

GROUP	EST	In Post	Vacancies as of end of August 2019	Vacancies in Active Recruitment	Vacancies offered with a projected start date by Dec 19	Other vacancies in active recruitment with an estimated start date by Dec 19	Internal movement by Dec 2019	Estimated withdrawn by Dec 19	Estimated Leavers by Dec 19	Estimated net vacancy position by Dec 19	Estimated new starters January-March 2020 (Net of withdrawn and internal moves)	Estimated Leavers Jan to Mar 20	Estimated net vacancy position by Mar 20	Able to fill through current recruitment methods	Unable to fill but no local/national recruitment issue.	Unable to fill and know of a local/national recruitment issue
MEDICINE	1541	1301	243	276 (*33)	108.65	46.4	33.50	30	55	206.45	98	41.50	149.95	156	73	14
PCCT	1040.48	920.69	117.95	117.95	106.76	6.92	35	10	16	65.27	15	12	62.27	66.89	12.73	38.33
SURGERY	1535.27	1304.17	217.28	196.44	107	17	32.58	11	10.32	161	50	45	156	196.44	10.61	7.0
IMAGING	300.61	237.09	63.51	55.05	28.15	6.7	6	1	6	41.66	5	8	44.66	28	9	23.51
WOMEN AND CHILD HEALTH	933.88	838.29	115.59	93	89.35	12	7.2	9	7.82	38.26	10	40	68.26	60	5	42
CORPORATE	1650.96	1506.35	199.12	150.86	77.46	51.23	28.5	6.5	27.6	133.03	84.24	25	73.79	177.7	6.52	0
TOTAL	7002.2	6107.59	956.45	922.3	517.37	140.25	142.78	67.5	122.74	645.67	262.24	171.5	554.93	685.03	116.86	124.84

NB: Corporate figures are minus strategy and governance, unable to validate in given time but there are no significant issues with vacancies or recruitment which are not in scope to be addressed in the short term.

1.8 The analysis shows that although there are recruitment plans in place for a significant number of the vacancies there are a substantial number of posts which we struggle to recruit to locally at SWBH which we will aim to address through the approaches previously outlined above. However there are an equally large number of positions for which there is a national recruitment issue and for these it is proposed that the Board consider approval for a more ambitious workforce development strategy to substantially increase the number of new roles by:

- Commissioning 100 new training places for Band 4 Associate Nurse roles through converting Band 5 Qualified Nursing funding for difficult to recruit to groups
- More extended scope roles to include 10 X new Advanced Practitioner 8A roles, 10 X Physicians Associates and 10 X GPSI's by converting funding from medical roles
- 20 Shortage Occupation Medical Consultant Positions to be recruited to via Remedium through Overseas Recruitment
- Extending Band 5 preceptorships to include Allied Health Professionals and Health Care Scientists with guaranteed offers to final year students

2. Mandatory Training

2.1 This section discusses the improvement plan and trajectory to achieve Mandatory Training compliance at SWBH and also discusses the changes required to fully move the organisation over to national mandatory training requirements.

Scope and benefits

2.2 Alongside other Trusts in the West Midlands, SWBH supports the streamlining of mandatory training across the region which includes aligning to national NHS mandatory training competencies. Alignment to national competences reduces risk as content of these modules meet national standards and are kept up to date in relation to statutory or regulatory changes; it also enables transference of competence and staff records of training across Trusts thus reducing the amount of repeat training and associated cost when staff move between Trusts; it enables a majority of the training to be delivered flexibly via e-learning across internal and external web based platforms.

2.3 SWBH mandatory training content is aligned to national competencies and has moved to national competence refresher periods and target audience for most subjects, however, will need to make some additional changes as identified in this paper.

Proposed Changes

2.4 There are 11 core subjects that are included in the streamlining process. National standards, content and updates for these are managed by Skills for Health. The core subjects are:

- Conflict Resolution Training
- Equality & Diversity
- Fire Safety
- Health & Safety
- Infection Control: Level 1 & Level 2
- Data Security Awareness
- Moving and Handling : Level 1 & Level 2
- Resuscitation: Level 1; Level 2 & Level 3
- Safeguarding Adults: Level 1; Level 2 & Level 3
- Safeguarding Children: Level 1; Level 2 & Level 3
- Prevent: Basic and Prevent Awareness

2.5 Further detail on the 11 subjects, target audience, delivery mode and duration of training can be found in Appendix 1. Being compliant with all 11 of these modules means an employee is considered ‘100% Compliant’ or, in ‘The 100 Club’.

2.6 The Trust currently complies with national requirements for the majority of the above subjects – exceptions are refresher periods and/or target audience for: Infection Control; Resuscitation; Safeguarding Adults Level 3; Prevent; Fire Safety. Changes that would be required for each subject are:

2.7 **Infection Control:** clinical staff would be required to complete refresher training annually compared to current 3 yearly training.

2.8 **Prevent:** Key trust staff have been targeted to attend training in line with initial requirements, however, guidelines have since changed and there is a requirement for all staff to complete training 3 yearly. SWBH does not currently measure Prevent training within its mandatory training compliance figures.

2.9 **Resuscitation:** Level 1 – the national requirement indicates that any clinical or non-clinical staff should undertake depending on local risk assessment or work context; The Board as asked to consider whether all staff should be included in Level 1 with the heightened awareness and action in other sectors such as education and considering the impact on the community we serve.

2.10 **Safeguarding Adults Level 3:** This is a new subject, and initially applies to all clinical staff Band 8a and above completing this 3 yearly. There are imminent new guidelines which will increase the target audience to include all clinical staff who work with adults. SWBH has started delivering this training to the initial target audience, however, does not currently measure this training within its mandatory training compliance figures. This training is required to be delivered face to face – sessions are c3 hours in duration.

2.11 **Fire Safety –** The national requirements define fire safety as required every 2 years e-learning package and evacuation simulation

Changes to Reporting

2.12 There is a requirement to move the organisation from a culture of 'waiting to go out of date and be reminded' to proactively managing their compliance as a professional. In the short-term more targeted data is required to be available to managers consistently, and our managers need to be developed to ensure they have the capability (know where to find the data and how to access) and are able to interpret the data and take the necessary action to ensure their teams complete training before they go out of date.

2.13 Managers will be required to use the Business Intelligence function in ESR longer term to have up-to-date information at their fingertips. A module in using data to improve performance is going to be developed and made a requirement as part of the "Accredited Manager Programme" for all 700 line managers.

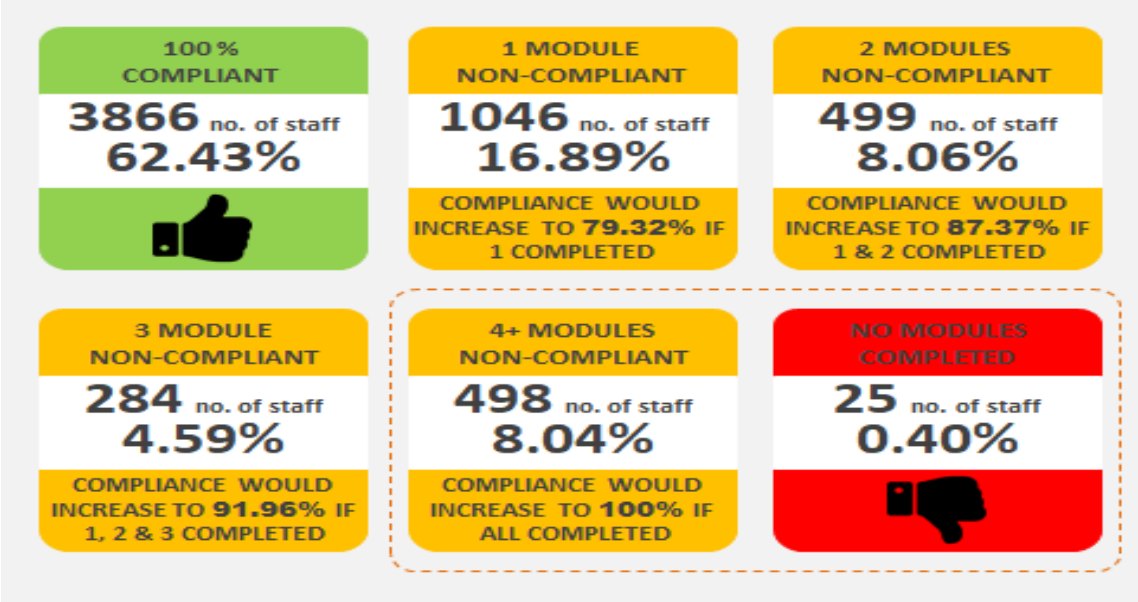
Current Mandatory Training position

2.14 From April 2019 the Trust reporting model for Mandatory Training changed to reporting total percentage of staff who are 100% compliant with their mandatory training rather than a total compliance across many modules. This has led to a decrease in overall compliance as the previous reporting remains at 91.6%. The whole trust compliance (11th September report) shows 62.43% of employees are 100% compliant with all of their Mandatory Training with a further 17% out of date with one module only.

Number of Employees @ 100%	Total Employees (minus exclusions)	%
3866	6193	62.43%

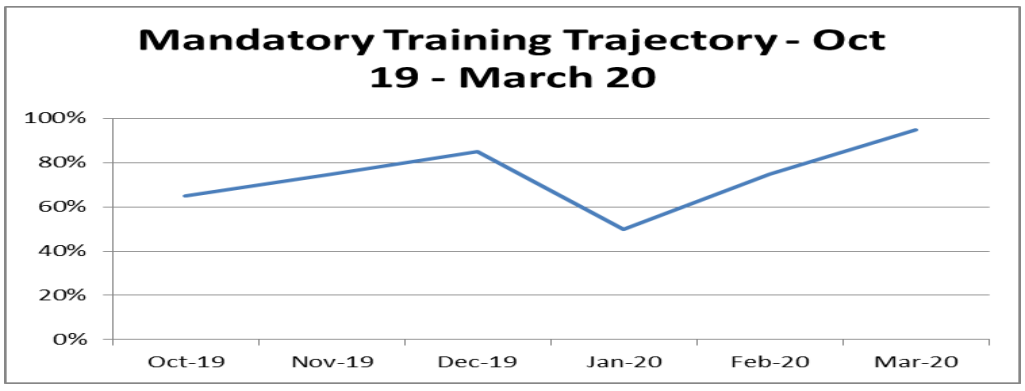
2.15 The breakdown by Group is detailed below:

Group	Number of Employees @ 100%	Total Employees (minus exclusions)	%
Primary Care, Community and Therapies	697	947	73.60%
Corporate	1211	1640	73.84%
Imaging	141	233	60.52%
Surgical Services	758	1288	58.85%
Medicine & Emergency Care	580	1248	46.47%
Women & Child Health	479	837	57.23%



Improvement Trajectory

2.16 To make the relevant changes to fully align SWBH mandatory training to the national competencies there is a period in January 2020 when the compliance will drop significantly. However, it is envisaged that with a good communications and engagement plan and local performance management that the drop in compliance will improve significantly in month and reach the March 2020 target of 95%.



2.17 The below are activities required to ensure the trajectory is achieved.

- A robust communications and engagement plan, targeted at individuals and line managers
- Group performance plans inclusive of backlog and prospective trajectories. Help will be given from L&D for groups to understand and plan this
- Reporting information, cycle and prospective reports available in one place for Managers – a 'rhythm of the month' for the data reporting
- New starters are fully trained at induction (including new trainee doctors)

Conclusions & Recommendations

2.18 There is a requirement to shift the organisation to a planned prospective management of mandatory training where managers proactively plan with staff how training will be completed before they go out of date whilst balancing other operational pressures.

2.19 By realigning to national mandatory training standards ensures training content is always up-to-date, transitioning individuals between organisations becomes a much less onerous process. Most mandatory training modules are e-learning and therefore can be achieved flexibly.

3. Sickness turnaround trajectory and plan

3.1 The board has previously agreed an approach to sickness including reducing long term absence to 140 people per month by March 2020, taking a new approach to MSK and implementing mandated mental health risk assessments in hot spot areas. There is also a new approach to mental health being provided through a partnership with Kaleidoscope**.** This is an improving position and it is envisaged the March 2020 target will be met on current and predicted performance.

Progress on Management of Long Term Sickness Cases

3.2 Open Long Term Sickness Cases:

Report Date	No. Open LT Cases	No. Cases >112days duration (16 weeks)	No. Pipeline cases (15-27 days duration)
July	159	28	40
August	151	33	69
September	142	32	61

3.3 Open Long Term Sickness Cases by Group as at 12.9.19

Group	No. open LT Sickness Cases	No. LT Cases with Planned RTW / Exit Date	No. Cases >112days duration (16 weeks) (see tab 3 for details)	Total no. pipeline cases (15-27 days):	No. pipeline cases likely to become long term*:	Planned Return to Work or Exit Sept 19
Medicine & EC	31	9	6	13	2	8
Surgical Services	27	9	8	15	5	9
Women & Child Health	25	8	7	6	3	7
PCCT	16	6	4	3	0	6
Imaging	6	1	1	3	1	1
Corporate	37	6	9	5	2	6
Total Trust	**142**	**39**	**35**	**45**	**13**	**37**

3.4 Status of Cases of >16 weeks duration as at 12.09.19

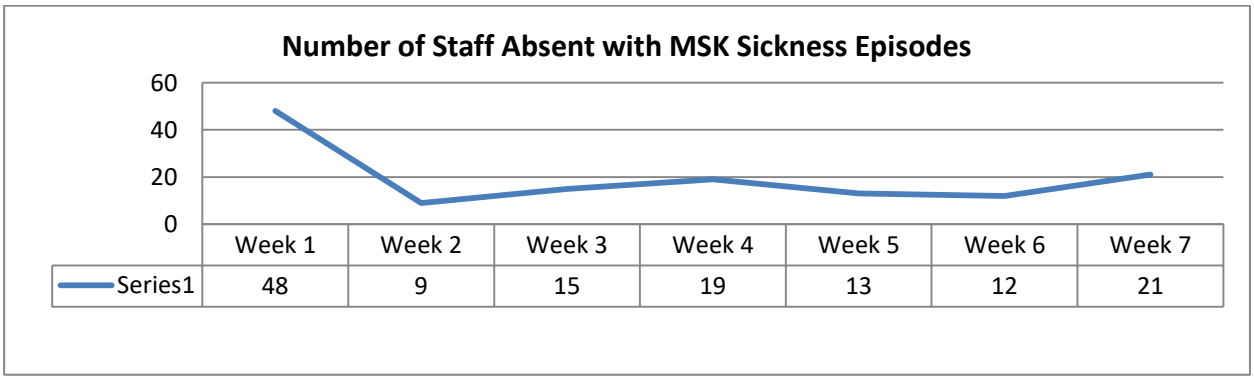
Group	No. Cases >112days duration (16 weeks)	Returned to Work/Planned RTW Date	Planned Resignation/Retirement Date	Progressing to IHD	Case Management Plan in Place	Case of Concern - Escalated
Medicine & EC	6	3	0	2	1	0
Surgical Services	8	1	0	1	5	1
Women & Child Health	7	2	0	1	2	2
PCCT	4	3	0	0	1	0
Imaging	1	0	0	0	0	1
Corporate	9	2	0	0	5	2
Total Trust	**35**	**11**	**0**	**4**	**14**	**6**

3.5 Absence Reasons for Open LT Cases

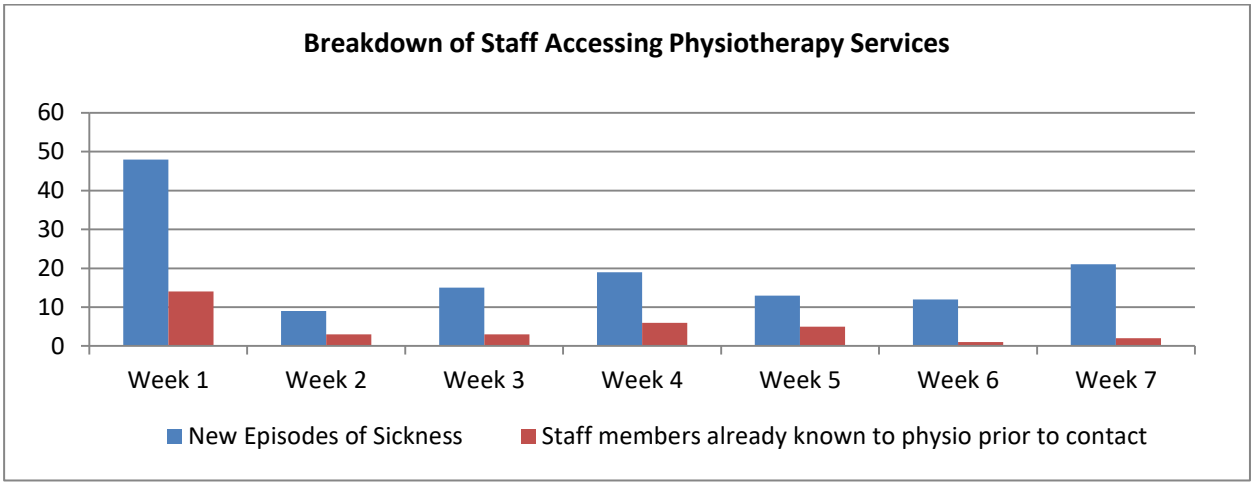
Absence Reason	Count of Assignment Number
S10 Anxiety/stress/depression/other psychiatric illnesses	42
S12 Other musculoskeletal problems	22
S26 Genitourinary & gynaecological disorders	13
S25 Gastrointestinal problems	11
S30 Pregnancy related disorders	6
S11 Back Problems	5
S24 Endocrine / glandular problems	5
S17 Benign and malignant tumours, cancers	5
S19 Heart, cardiac & circulatory problems	5
S13 Cold, Cough, Flu - Influenza	4
S15 Chest & respiratory problems	4
S16 Headache / migraine	4
S29 Nervous system disorders	3
S28 Injury, fracture	3
S98 Other known causes - not elsewhere classified	3
S21 Ear, nose, throat (ENT)	2
S99 Unknown causes / Not specified	1
S31 Skin disorders	1
S14 Asthma	1
S23 Eye problems	1
S22 Dental and oral problems	1
Grand Total	**142**

Improved Musculoskeletal Support

3.6 A commitment was made to introduce a more proactive and targeted musculoskeletal (MSK) support offer. The emphasis was on actively contacting any member of staff who has been off sick with a musculoskeletal related absence for 8 days to request whether would like to be fast tracked for physiotherapy support. A pilot started on Thursday 8th August 2019. To date 137 patients have been reported off sick with a MSK condition for 8 days or more.



3.7 The chart above demonstrates the number of new sickness episodes per week. The initial report was high as this was when the pilot started, from weeks 2-7, there is an average of 14.8 new episodes per week.



3.8 This chart demonstrates the number of staff who were already known to the physiotherapy team prior to the report being received. In total only 34 (24%) from 137 were known to the service. The outcomes from the contact with the individuals who were new to the service is shown below:

- 19% have agreed to have physiotherapy intervention.
- 16% declined physio - the reasons for declining physiotherapy are as follows:
  - Receiving treatment elsewhere
  - Fracture/break – waiting for an appointment with a consultant
  - Medication is working well
- 28% were already back at work prior to receiving the initial call
- 37% have repeatedly failed to respond to contact. Some validation is being conducted on whether the contact information is up to date or if there are other alternative means of engaging with these staff. This is currently being worked through with support from the HR team.

3.9 On the basis of the current findings it is recommended that the board continue to support the new approach to MSK and to mainstream the approach in to our practice.

Improved Mental Health Offer

3.10 **New Counselling Service - f**rom 1st August 2019 we introduced a new integrated counselling support offer in partnership with an external provider Kaleidoscope. This provides an additional 3 dedicated and experienced counsellors in addition to the current Occupational Health Offer. A commitment has been made for each employee identified as requiring support to receive at least 4 counselling sessions as a minimum. However this is reviewed and extended on a case by case basis. From 1st August to 20th September 2019 there were 119 hours of Counselling provided. During this period the previous backlog of 28 staff awaiting counselling support was cleared completely and a further additional 35 new referrals (staff not previously identified as needing support) were seen during this time.

3.11 **New THRIVE App - w**ork has been completed to procure a new THRIVE App which will be available to staff to access from October 2019. The purpose of which will be to support staff in preventing, detecting early and managing stress/mental health conditions through evidence based therapies such as CBT, Mindfulness based interventions to help those with recurrent depression, specific content for those who have been affected by trauma, deep muscle relaxation and many other techniques. Staff will also benefit from live coaching and live counselling experiences via the App and a community feature with the ability to collaborate with colleagues to earn wellbeing points as a team.

3.12 Stress Impact Assessments - Stress Impact Assessments have been completed and actioned for the highest risk areas identified in the Top 50 Hotspot departments for Mental Health related sickness absence to include Emergency Department Nursing Teams at Sandwell and City, D47, D43, Delivery Suite, Transport, Outpatients, Pharmacy, Portering and Security teams. Proactive engagement continues with managers from other areas identified as potentially requiring additional support.

3.13 Self-Care - a new self-care campaign is proposed to launch from November 2019 to encourage staff to proactively engage in any activity that supports them in taking better care of their mental, emotional, and physical health. Although it's a simple concept in theory, it's something which is often overlooked and good self-care is key to improved mood and reducing anxiety. It is proposed that a presentation which helps provide useful help, advice and guidance on this area is shared at a team level through a proactive communication campaign alongside signposting to additional support and service which are available. This could also be the topic of a future QIHD event subject to Board approval. This will link in closely with the Public Health Committee's drive on tackling obesity and reflect the success of smoke free.

4. Recommendations

4.1 The Trust Board is asked to:

a. Discuss the vacancy position and the proposed actions to increase recruitment
b. Note the changes to mandatory training and the planned drop in compliance in January 2019
c. Note the progress on reducing long term sickness absence, tentative progress on MSK and the forward trajectory for improvement.

Raffaela Goodby - Director of People and OD
Frieza Mahmood – Deputy Director of People and OD
Bethan Downing - Deputy Director of People and OD

Date 26th September 2019

Annex 1: Mandatory Training Modules Information

Summary of Subjects

The table below summarises the target audience and proposed frequency of refresher training for each subject. (Source: UK Core Skills Training Framework – Statutory/Mandatory Subject Guide; Version 1.5; October 2018).

Subject	Audience	Proposed frequency of refresher training	Learning Duration	Comments on training delivery
1. Equality, Diversity and Human Rights	All staff, including unpaid and voluntary staff	3 years	20 minutes e-learning	Elearning can cover alignment to CSTF learning outcomes.
2. Health, Safety and Welfare	All staff, including unpaid and voluntary staff	3 years	30 minutes e-learning	Elearning can cover alignment to CSTF learning outcomes. Further job specific training may be based upon local risk assessment.
3. NHS Conflict Resolution (England)	Frontline NHS staff and professionals whose work brings them into direct contact with members of the public	3 years	40 minutes e-learning	Elearning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required.
4. Fire Safety	All staff, including unpaid and voluntary staff	**Induction:** Site specific training followed by regular updated fire training. Staff who may need to help evacuate others, should receive training more frequently than those who may only be required to evacuate themselves. The frequency of	30 minutes e-learning plus workplace training of 30 minutes	Elearning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required e.g. evacuation techniques and use of firefighting equipment. Supplemented by specific job/site training as necessary to

Subject	Audience	Proposed frequency of refresher training	Learning Duration	Comments on training delivery
		refresher training needs and risk analysis with an assessment of competence at least every **2 years.**		ensure safe working practices.
5. Infection Prevention and Control	**Level 1:** All staff, including unpaid and voluntary staff **Level 2:** All Healthcare staff groups involved in direct patient care or services	3 years 1 year	30 minutes e-learning 50 minutes e-learning	Elearning can cover alignment to CSTF learning outcomes.
6. Moving and Handling	**Level 1:** All staff, including unpaid and voluntary staff **Level 2:** All staff, including unpaid and voluntary staff, whose role involves patient handling activities	Required refresher periods based upon local assessment	30 minutes e-learning 60 minutes practical assessment	Elearning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required.
7. Safeguarding Adults (Version 2)	**Level 1:** All staff working in health care settings **Level 2:** All practitioners who have regular contact with patients, their families or carers, or the public. **Level 3:** Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).	**Induction** followed by every 3 years 3 years 3 years	40 minutes e-learning 40 minutes e-learning 3 hours classroom training	**Level 1:** Elearning can cover alignment to CSTF learning outcomes. **Level 2:** Elearning can cover alignment to CSTF learning outcomes. **Level 3:** Elearning can support delivery of knowledge aspects of learning outcomes
8. a) Preventing Radicalisation	**Basic Prevent Awareness** All clinical and non-clinical staff that have contact with	3 years	40 minutes e-learning	**Basic Prevent Awareness:** Elearning can cover alignment to CSTF learning

Subject	Audience	Proposed frequency of refresher training	Learning Duration	Comments on training delivery
	adults, children and young people and/or parents/carers **Prevent Awareness** All staff who could potentially contribute to assessing, planning, intervening and evaluating the needs of an adult or child where there are safeguarding concerns	3 years	50 minutes e-learning	outcomes. Can also be incorporated into an organisation's Safeguarding training **Prevent Awareness:** Should be delivered by attendance at a Workshop to Raise Awareness of Prevent (WRAP) or by completing an approved elearning package.
9. Safeguarding Children	**Level 1:** All staff including non-clinical managers and staff working in health care settings **Level 2:** Non-clinical staff and clinical staff who have some degree of contact with children/young people and/or parents/carers **Level 3:** Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs to a child or young person and parenting capacity where there are safeguarding/child protection concerns.	**Induction** followed by every 3 years 3 years 3 years	30 minutes e-learning 30 minutes e-learning 1 day classroom training	**Level 1:** Elearning can cover alignment to CSTF learning outcomes. **Level 2:** Elearning can cover alignment to CSTF learning outcomes. **Level 3:** Elearning can support delivery of knowledge aspects of learning outcomes. At level 3, learning should be multi-disciplinary and inter-agency, including opportunities for personal reflection, scenario-based discussion, drawing on case studies etc.

Subject	Audience	Proposed frequency of refresher training	Learning Duration	Comments on training delivery
10. Resuscitation	**Level 1:** Any clinical or non-clinical staff, dependent upon local risk assessment or work context **Level 2:** Staff with direct clinical care responsibilities including all qualified healthcare professionals **Level 3:** Registered healthcare professionals with a responsibility to participate as part of the resuscitation team	Initial training (e.g. at induction) followed by local assessment 1 year 1 year	20 minutes e-learning 30 minutes e-learning plus 10 minutes competency assessment Classroom training ranging from 1 day to 4 days depending on programme required	Elearning can support delivery of knowledge aspects of learning outcomes. Practical instruction also required i.e. 'hands on' simulation training and assessment is recommended for clinical staff.
11. Information Governance and Data Security	All staff involved in routine access to information	1 year	60 minutes e-learning	Elearning can cover alignment to CSTF learning outcomes.