Paper ref: CEO Report - Annex F

Sandwell and West Birmingham Hospitals

NHS Trust

Report Title	Mandatory Training Update (January 2020)				
Sponsoring Executive	Raffaela Goodby, Director of People and OD				
Report Author	Bethan Downing, Deputy Director of People and OD				
Meeting	Trust Board (Public) Date 6 th February 20				

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

The changes to mandatory training have been discussed at various committees with January 2020 being the implementation month of the changes. This paper confirms the changes made and the outstanding areas for confirmation.

The Clinical Groups and Corporate Directorates are requested to confirm plans to improve compliance and ensure that areas of continued poor performance have improvement trajectories agreed to ensure 95% of all employees are 100% compliant with all new modules in addition to existing modules by the end of March 2020. This is the CQC target.

The main changes are; infection control for patient facing staff moved to an annual requirement (e-learning); fire safety will move to 2 yearly (e-learning every 2 years, practical every 4 years); Prevent Level 1 and Level 3 WRAP training is now formally reported and Safeguarding Adults Level 3 has some outstanding issues relating to the staff groups requiring the competence which are to be confirmed between the Chief Nurse and Medical Director.

2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports]						
Safety Plan Public Health Plan People Plan & Education Plan				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?]

People and OD CLE Committee

4. Recommendation(s)

The Trust Board is asked to:

a. **COMMENT** on assurance of CQC mandatory training target of 95% by end of March 20

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]						
Trust Risk Register x Risk 114						
Board Assurance Framework	x SBAF 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 the Public Trust Board 6th February 2020

Mandatory Training Update (January 2020)

1.0 Introduction

This paper discusses changes to mandatory training and includes:

- Reasons/rationale for change
- Changes to the matrix of mandatory training subjects, target audience and refresher periods for particular subjects
- Changes to reporting
- Implications
- Conclusions

2.0 Scope

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, facilitating ease of access.

SWBH mandatory training content is aligned to national competences and has moved to national competence refresher periods and target audience for most subjects, however, will need to make some changes compared to the current offer in relation to some of the subjects offered, frequency of refresher training and target audience.

3.0 Changes to Mandatory Training

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
- Data Security Awareness
- Moving and Handling

- Resuscitation
- Safeguarding Adults: Level 1; Level 2 & Level 3
- Safeguarding Children: Level 1; Level 2 & Level 3
- Prevent

Further detail on the 11 subjects, target audience, delivery mode and duration of training can be found in **Appendix 1**.

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:

Infection Control: clinical staff would be required to complete refresher training annually compared to current 3 yearly training. This is delivered via e-learning.

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. This is delivered via e-learning.

Safeguarding Adults Level 3: This is a new subject and initially applies to all clinical staff Band 8a and above; completing this 3 yearly. 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. There are remaining actions to confirm the staff groups who require this training particularly in relation to the medical workforce.

Fire: All staff do e-learning every 2 years plus an evacuation procedure/local departmental practical every 4 years as is currently in place.

Changes to Reporting

The 11 Statutory/Mandatory Training modules will be reported on CDA and ESR initially to ensure changes to reporting are correctly captured. A new ESR Business Intelligence report has been built and tested with a selection of managers with good feedback and this will be rolled out in January to the wider Manager Distribution list.

Timescales

All reporting changes have been implemented from 13th January with the exception of Safeguarding Adults Level 3 where there remains a query over the target audience for reporting to be confirmed by the Medical Director and Chief Nurse.

Early Reports (from 14th January)

Competence	Target	Compliant	% Compliant
Conflict Resolution Training	5634	5311	94.27
Equality & Diversity	6862	6505	94.81
Fire Safety - Workplace Training	6701	6423	95.85
Health & Safety	6862	6355	92.61
Infection Prevention and Control - 1 Years	5498	3074	55.91
Infection Prevention and Control - 3 Years	1354	993	73.34
Information Governance and Data Security - 1 Year	6862	6117	89.14
Moving and Handling - Medical Staff	782	720	92.07
Moving and Handling - Non Patient Full Load Handling	794	757	95.34
Moving and Handling - Non Patient Limited Load Handling	1520	1476	97.11
Moving and Handling - Patient Handling	3707	3311	89.32
Preventing Radicalisation - Basic Prevent Awareness	6862	5926	86.36
Preventing Radicalisation - Prevent Awareness	2912	2005	68.85
Resuscitation: Basic Life Support	4902	3872	78.99
Resuscitation: Resuscitation of Newborn	311	214	68.81
Safeguarding Adults Level 1	6862	6844	99.74
Safeguarding Adults Level 2	2913	2718	93.31
Safeguarding Adults Level 3	414	166	40.10
Safeguarding Children Level 1	6862	6846	99.77
Safeguarding Children Level 2	3957	3631	91.76
Safeguarding Children Level 3	790	668	84.56
Total	83360	73932	88.69

The modules with low compliance are predominantly changed modules with the exception of Resuscitation which has an action plan led by the resuscitation team to improve compliance significantly over January, February and March 2020.

Conclusions & Recommendations

Whilst there are short term implications for Trust mandatory training compliance figures, the benefits of making the changes include:

- Trust complies with national statutory and mandatory requirements
- Patient and staff safety
- Reduction of risk
- No duplication of training for staff moving across Trusts

Bethan Downing Deputy Director, People and OD 14th January 2020

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).

Su	bject	Audience	Proposed	Learning	Comments on
			frequency of refresher training	Duration	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 refresher training	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 ensure safe

Su	bject	Audience	Proposed	Learning	Comments on
	,		frequency of	Duration	training delivery
			refresher training		с ,
			needs and risk		working practices.
			analysis with an		5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			assessment of		
			competence at		
			least every 2		
			years.		
5.	Infection	Level 1: All staff,	3 years	30 minutes	Elearning can
	Prevention and	including unpaid and	,	e-learning	cover alignment to
	Control	voluntary staff		0	CSTF learning
		Level 2: All	1 year	50 minutes	outcomes.
		Healthcare staff	,	e-learning	
		groups involved in		0	
		direct patient care			
		or services			
6.	Moving and	Level 1: All staff,	Required	30 minutes	Elearning can
	Handling	including unpaid and	refresher periods	e-learning	support delivery of
	•	voluntary staff	based upon local	C C	knowledge aspects
		Level 2: All staff,	assessment	60 minutes	of learning
		including unpaid and		practical	outcomes.
		voluntary staff,		assessment	
		whose role involves			Practical
		patient handling			instruction also
		activities			required.
7.	Safeguarding	Level 1: All staff	Induction	40 minutes	Level 1: Elearning
	Adults (Version	working in health	followed by every	e-learning	can cover
	2)	care settings	3 years		alignment to CSTF
		Level 2: All			learning
		practitioners who	3 years	40 minutes	outcomes.
		have regular contact		e-learning	
		with patients, their			Level 2: Elearning
		families or carers, or			can cover
		the public.			alignment to CSTF
		Level 3: Registered	3 years	3 hours	learning
		health care staff		classroom	outcomes.
		who engage in		training	
		assessing, planning,			Level 3: Elearning
		intervening and			can support
		evaluating the needs			delivery of
		of adults where			knowledge aspects
		there are			of learning
		safeguarding			outcomes
		concerns (as			
		appropriate to role).	2	10	Deale Discussion
8.	a) Preventing	Basic Prevent	3 years	40 minutes	Basic Prevent
	Radicalisation	Awareness		e-learning	Awareness:
		All clinical and non-			Elearning can
		clinical staff that			cover alignment to
		have contact with			CSTF learning
		adults, children and			outcomes. Can

Su	bject	Audience	Proposed	Learning	Comments on
	.,		frequency of	Duration	training delivery
			refresher training		с ,
		young people and/or			also be
		parents/carers			incorporated into
		Prevent Awareness	3 years	50 minutes	an organisation's
		All staff who could		e-learning	Safeguarding
		potentially			training
		contribute to			
		assessing, planning,			Prevent
		intervening and			Awareness:
		evaluating the needs			Should be
		of an adult or child			delivered by
		where there are			attendance at a
		safeguarding			Workshop to Raise
		concerns			Awareness of
					Prevent (WRAP) or
					by completing an
					approved
	C C C C C C C C C C		1.1.1.1	20	elearning package.
9.	Safeguarding	Level 1: All staff	Induction	30 minutes	Level 1: Elearning
	Children	including non-clinical	followed by every	e-learning	can cover
		managers and staff	3 years		alignment to CSTF
		working in health care settings			learning
		Level 2: Non-clinical		30 minutes	outcomes.
		staff and clinical	3 years	e-learning	Level 2: Elearning
		staff who have some	5 years	e-learning	can cover
		degree of contact			alignment to CSTF
		with children/young			learning
		people and/or			outcomes.
		parents/carers			
		Level 3: Clinical staff	3 years	1 day	Level 3: Elearning
		working with	,	classroom	can support
		children, young		training	delivery of
		people and/or their			knowledge aspects
		parents/carers and			of learning
		who could			outcomes.
		potentially			At level 3, learning
		contribute to			should be multi-
		assessing, planning,			disciplinary and
		intervening and			inter-agency,
		evaluating the needs			including
		to a child or young			opportunities for
		person and			personal
		parenting capacity			reflection,
		where there are			scenario-based
		safeguarding/child			discussion,
		protection concerns.			drawing on case
					studies etc.
10	Poquesitation	Loval 1: Apy aligical	Initial training	20 minutes	Elearning can
10.	Resuscitation	Level 1: Any clinical	Initial training	20 minutes	Elearning can

Subject	Audience	Proposed frequency of refresher training	Learning Duration	Comments on training delivery
	or non-clinical staff, dependent upon local risk assessment or work context Level 2: Staff with direct clinical care responsibilities including all	(e.g. at induction) followed by local assessment 1 year	e-learning 30 minutes e-learning plus 10 minutes	support delivery of knowledge aspects of learning outcomes. Practical instruction also required i.e.
	qualified healthcare professionals Level 3: Registered healthcare professionals with a responsibility to participate as part of the resuscitation team	1 year	competency assessment Classroom training ranging from 1 day to 4 days depending on programme required	'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.