

STATUTORY AND MANDATORY TRAINING POLICY

DOCUMENT CONTROL SUMMARY

Title	Statutory and Mandatory Training Policy
Lead Director	Jonathan Warren, Director of Nursing and Quality
Sponsor Group	Training, Educational & Development Strategy Group
Purpose of document	To detail the Trust's approach to ensuring all staff receive minimum levels of statutory and mandatory training in line with a risk management training needs analysis.
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Reference (network)	P: \Human Resources \ HR Policies – All staff \ *****
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1.0	31.12.08	Draft	Initial draft of new policy
2.0	14.01.09	Draft	Trust specific changes. Changes in line with NHSLA requirements
3.0	18.3.10		<u>Update to TNA</u>
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4.1	28.08.12	final	Change of Lead Director from Mary Foulkes, Director of HR to Jonathan Warren, Director of Nursing and Quality Review of document. Inclusion of monitoring statement.

Contents

1	Introduction
2	Scope
3	Definitions
4	Development of statutory and mandatory training programmes
5	Arrangements for the delivery of mandatory training
6	Attendance at statutory and mandatory training
7	Roles and responsibilities
8	Monitoring compliance with the statutory and mandatory training policy
9	Related Policies and procedures
10	References
Appendix A	Methodology for conducting the Training Needs Analysis
Appendix B	Statutory and Mandatory TNA by subject schedule template
Appendix C	Training Needs Matrix by staff group
Appendix D	Sample Induction Programme

1. Introduction

East London NHS Foundation Trust aims to provide the highest quality care to its patients and to minimise risk in all the services (clinical and non-clinical) it provides. The Trust also recognises its legal and ethical responsibilities to create and maintain a working environment that will ensure the welfare and health and safety of its employees, patients and the public.

To support these objectives the Trust has identified a range of statutory and mandatory training requirements which are to be met to ensure appropriately skilled to reduce risk in all aspects of their work.

The aims of this policy are:

- to set out the roles and responsibilities of staff and managers in relation to statutory and mandatory training
- to set out the way in which the Trust determines statutory and mandatory training requirements through a Training Needs Analysis process. The term 'TNA' will be used throughout this document to describe this.
- to describe the process for delivering and monitoring attendance at statutory and mandatory training within the Trust
- to set out which staff groups are required to attend which aspects of statutory and mandatory training
- to set out arrangements for follow up of those who do not attend.

Note: *This policy does not set out in detail arrangements for Induction training which is the subject of a separate policy. (Policy on Induction for New Staff)*

2. Scope

- 2.1 This policy applies to **all** staff (permanent and temporary) directly employed by the Trust, plus those appointed to work for the Trust on secondment or via an honorary contract.
- 2.2 This policy does not cover temporary and locum staff supplied to the Trust through recognised agencies. For these staff the Trust will require that statutory and mandatory training is provided via the agency, and this will be monitored via contract monitoring arrangements.
- 2.3 Permanent staff employed by other contractors for example (Grosvenor, GSL) who work on any of the hospital sites should access statutory and mandatory training via their employers, although in some cases required training may be provided (by prior agreement) by the Trust.

3.0 Definitions

For the purpose of this policy the following definitions will apply:

Statutory training	Training for all staff that is required by legislation, (Health and Safety at Work Act 1974, Management of Health and safety at Work Regulations 1992) covers fire safety, manual handling and other legally required health and safety related training.
Statutory and Mandatory training	In this document the term <i>mandatory training</i> will be used to refer to statutory and mandatory / risk training.
Generic Mandatory Training	Relates to training that the Trust has determined must be undergone by all staff.
Specific Mandatory Training	Relates to training that the Trust has determined must be undergone by specified groups of staff.
Update/refresher	Refers to Mandatory and/or Statutory training which is required to be repeated at defined intervals.
Training levels	Refers to training levels (e.g. basic, intermediate and advanced), identified within a training subject and reflects the different levels of knowledge/competence required of different staff.
Training needs analysis	Identification, usually presented in the form of a spreadsheet or table, which contains as a minimum: all staff groups; all training required by each group; and the frequency of training required by each group The training needs analysis (TNA) may also include further details such as who will provide the training, the specific training package to be used, etc. (NHSLA definition). In this case, the TNA refers to the identification of risk related training as a result of the assessment of staff training needs in line with statutory and mandatory requirements.

4.0 Development of statutory and mandatory training programmes

4.1 Training Needs Analysis (TNA)

A formal review of the statutory and mandatory training needs analysis will be conducted every two years, to coincide with the review and updating of this policy. The methodology is described in detail in **Appendix A**. In between these times, the TNA will be monitored and reviewed when required. Changes can be agreed by the Chair of the Quality Committee.

The TNA process will be used to determine the range of risk related training required and the groups of staff that are required to undertake the training.

In conducting the TNA the Trust will consider:

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

Subject specialists will be asked to review their subject area programme to confirm/update as required, on an annual basis.

The Associate Director of Workforce and Education will link with subject specialists who will advise on topics, training content and frequency of training. Subject specialists and the Associate Director of Workforce and Education will consider requirements in light of the categories listed at a) to d) above.

The Training & Development team will also work with subject specialists to produce action plans for delivery of all statutory and mandatory training. These action plans may involve, for example, reviewing the current format or delivery method for mandatory training, changing the staff groups to which the subject applies, or introducing a new training topic to the statutory and mandatory training programme.

The completed training needs analysis summary will be held by the Associate Director of Workforce and Education. It will be readily available to all staff on the Trusts intranet and available by request to the Training Department.

4.2 Development of and Publishing a Statutory & Mandatory (risk management) Training Prospectus

The Training and Development Team will collate training requirements and develop programmes of training delivery that reflects the TNA. A prospectus of Statutory and Mandatory Training detailing target staff, core content, frequency and duration of delivery will be published yearly and made available to managers and staff via a brochure, the intranet and team briefings.

4.3 Frequency of Training

The TNA details what the Trust deems as mandatory training appropriate to specific staff groups, including the frequency of training or update training, together with duration of course and requirements for update. The purpose for identifying time periods is to ensure that training resources are targeted to the most appropriate staff groups, at the most appropriate intervals, recognising that different staff groups will require different levels of skills, knowledge and understanding in order to fulfil their roles.

The frequency for each training type is shown on the training needs matrix. For most topics, training is delivered as part of Trust-wide or local induction. Thereafter, if refresher training is required, attendance is normally required every two years, either as part of a mandatory training update day, e-learning or though local or specialist training sessions.

5.0 Arrangements for the delivery of mandatory training

Mandatory training is delivered by subject specialists who are Trust staff, or occasionally through carefully accredited external trainers who are required to teach to the Trusts' policies and procedures. Training is delivered in three main ways as shown below, (see sections 5.1 to 5.4).

5.1 Trust Induction

All permanent members of staff who join the Trust are expected to complete their Trust Induction programme within 4 weeks of joining the Trust (see Policy on Induction for New Staff for further information and full Induction programme).

Training is provided to all staff at induction is shown in the training needs by staff group within the TNA.

5.2 Update and refresher sessions

Some statutory and mandatory training will require an update at defined time periods. This will be determined by legal requirements or set by the Trust. Details of these are outlined in the TNA.

6.0 Attendance at statutory and mandatory training

The process for ensuring staff attend each of the main statutory and mandatory training programmes is as follows:

6.1 Trust Induction

A sample induction programme is shown in **Appendix C**.

Staff in the Human Resources Department will place all new starters (not including medical staff in training), who have received full clearance onto 'the induction spreadsheet' held on the HR shared drive which both departments have access to. Staff in the training department will then provide the staff member with a suitable induction programme for the month that the staff member is commencing employment. Details will be emailed to the staff member and manager or posted to the staff member's home address if necessary.

Attendance at Trust Induction is recorded by the Training & Development department and any non-attendance followed up with the line manager so that the new starter can be re-booked.

Follow up arrangements for those who fail to attend are detailed in the Policy on Induction for New Staff.

No staff can start employment with the Trust other than on the first Monday of the month and for the first two weeks of employment the staff member will be placed on an appropriate induction training programme suited to their role in the organisation. No new staff can start work in the organisation until they have completed the induction programme.

Full details of induction requirements and arrangements are found in the Trust Policy on Induction for New Staff.

6.2 Update sessions

Training on the induction programme identified by statute or the TNA as requiring update, will be arranged by the individual's manager at the required time periods. This should be identified through the on going process of supervision and appraisal.

6.3 Following up non attendance

Those cancelling or failing to attend induction will be reported to the line manager and they will be placed on the next months induction programme. The training and development department will contact both the staff member and their manager to inform them of their non attendance and the dates when they should next attend. Those failing to attend individual parts of the induction will also be placed on the next available sessions and their attendance monitored.

If the staff member fails to attend the induction after 3 consecutive months, an email will be sent to the manager or service director instructing them of the individual staff member's non attendance.

If a staff member fails to attend subsequent sessions, they will be subject to the Trust training booking procedure as outlined in **The Access to Training and Study Leave Policy**, whereby non attendance will incur a £50 fine to the individual's service budget.

7.0 Roles and responsibilities

7.1 The Trust

The Trust recognises its corporate responsibility as an employer to:

- make statutory and mandatory training available to its staff
- ensure that staff understand the legislative basis for statutory training
- address non-compliance with regard to attendance at statutory and mandatory training
- regularly review and update the statutory and mandatory training it provides, in line with changes in legislation and requirements of the organisations
- ensure that a sufficient number of appropriately skilled trainers are available to meet Trust training needs.

7.2 Chief Executive

The Chief Executive has overall responsibility for this policy. He is responsible for ensuring that Directors and Senior Manager in the Trust attend relevant training events as set out in this policy and the associated training programme from the training needs analysis. He has nominated the Deputy Chief Executive as the Board director with lead responsibility for mandatory training.

7.3 Line managers

All line managers are responsible for:

- **taking a systematic approach to planning** for their staff to attend the relevant statutory and mandatory training, in line with the Trust's Training and Development Strategy and The Access to Study Leave Policy, and provide protected learning time and/or cover as appropriate
- **identifying the mandatory training needs** of their staff by reference to the training matrix, (see **Appendix B**) and also responsible for identifying issues not included in the trust matrix
- **monitoring attendance** of their staff at the relevant statutory and mandatory training and follow up on those who fail to attend. They should also inform the Training and Development Department of any local or individual training undertaken in order that the central training record is accurate and up to date.
- **ensuring that mandatory training requirements** are highlighted through the **appraisal** process and feature as part of personal development plans
- ensuring that staff who return from any extended period of leave for 12 months or more (e.g. due to maternity leave, career break etc) identify relevant update training and arrange for members of staff to attend as soon as it practicable on their return to work
- **escalating the risk** to the Service Director if mandatory training requirements are not being met
- in some incidences staff may have attended a similar training programme with another Trust or organisation. If they hold an in date certificate of attendance or have been in an associated training role they may be exempt from attending that specific training until an update is required. This will be following consultation with the line manager, Training and Development Department and lead trainer for the programme and will be agreed on an individual basis.
- **The Trust Secretary** will contact any Board member who fails to attend any mandatory Board training session in order to arrange for them to meet with the trainer or another appropriate person to complete the training. The Trust Secretary will maintain a log of compliance which will be submitted to the Training Department.

7.4 Individual staff members

Each employee has a responsibility to:

- identify statutory and mandatory training requirements as part of the appraisal process and as part of their personal development plan
- prioritise attendance on statutory and mandatory courses before attending any other training or course of study
- make themselves available for statutory and mandatory training and act on the advice/ guidance/protocols
- act in a safe and responsible manner
- identify gaps in their knowledge and skills
- assist their co-workers in operating safely.

If staff deliberately do not attend statutory and mandatory courses which are relevant to their role, they risk facing a disciplinary process.

7.5 Subject specialists

There are a number of specialist trainers/advisers in the Trust. They are responsible for:

- providing information, advice and training to staff on their area of knowledge/expertise
- ensuring that the content of training is up-to-date
- providing access to flexible learning methods whenever appropriate
- evaluating and continuously improving training programmes
- recording training activity (if not captured centrally – see 6.3 above) and providing information on attendance to the Training and Development Department and managers on request
- making themselves available to deliver training at Trust Induction, regular update days and to other departments/staff groups as required.

7.6 The Associate Director of Workforce and Education

The Associate Director of Workforce and Education is responsible for:

- managing the delivery of Trust Induction, Health & Safety update days, and moving & handling refresher training
- maintaining a central record of attendance for the above courses
- working with specialist trainers and advisers to review the content, format and delivery method of all types of statutory and mandatory training
- working with subject specialists to develop action plans for the provision of identified training needs

- providing regular reports on attendance at statutory and mandatory training to the Training, Development and Strategy Group and The Health Care Governance Committee.
- providing reports of attendance to Service Directors and managers on request

8.0 Monitoring compliance with the statutory and mandatory training policy

The Trust will use a number of ways to monitor compliance with this policy.

Monitoring will include:

- Monitoring quality of training delivered
- Attendance records and following up of DNAs
- Monitoring compliance between TNA and training delivered
- Updating the TNA and training prospectus

8.1 Monitoring quality of training delivered

Each course will include a formal feedback form which will be completed by all delegates. This feedback will be monitored and reviewed by subject specialists and the Training and Development team and used to influence improvements or changes to the course content or method of delivery.

8.2. Monitoring attendance

Attendance on all training, including statutory and mandatory training will be monitored by the Training and Development Department via a learning management system, A-T Learning. The system administrates all course bookings and once a course takes place an individuals' attendance is logged. In cases of non attendance both staff member and manager are contacted via the non attendance procedure (See 6.3).

8.3 Monitoring compliance between TNA and training delivered

The Associate Director of Workforce and Education will work with the subject specialists to ensure that any action plans identified as a result of the TNA are delivered. This may include, for example, the piloting, evaluating, and review of new courses and/or new modes of delivery (e.g. e-learning).

Any shortfalls in delivery (either in terms of capacity or attendance) identified by the TNA process will be identified in the first instance by and escalated to the Director of Human Resources. The Associate Director of Workforce and Education and Director of Human Resources will then liaise with the Deputy Chief Executive in addressing any shortfall in provision and action to be taken.

Monitoring of compliance against the TNA takes place on an ongoing basis and the Training department circulates monthly reports to all Directorate leads for their information and action.

NHS LA Standard	Name	Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Actions on recommendations and leads	Change in practice and lessons to be shared
Statutory and Mandatory Training Policy								
3.4	Risk Management Training	Process for developing a training needs analysis, which must include all those topics referred to in the TBA Minimum Data Set	Director of Nursing	Workforce report	Monthly	The Director of Nursing and the Assistant Director of HR receive the reports.	The Director of Nursing and the Assistant Director of HR will formulate action points and timescales for each Directorate where there is evidence of non-compliance every quarter.	The Human Resources Committee will receive the report covering the preceding quarter and monitor the action plan
		How action plans are developed to deliver the training identified within the training needs analysis		Audit report	quarterly			
		How annual training prospectus is developed which reflects the training needs analysis						
		How the organisation records that all permanent staff complete relevant training, in line with the training needs analysis						
		How the organisation follows up those who do not complete relevant training programmes						
		Action to be taken in the event of persistent non-attendance						
3.5	Training Needs Analysis	A list of topics defined as risk management training by the organisation, which must include all those topics referred to in the TNA Minimum Training Data Set	Director of Nursing	Training report covering all the topics identified within the TNA Minimum Data Set	Bi-annual	The Director of Nursing receives the workforce report for the preceding financial year	The Director of Nursing writes a yearly update to the Assurance Committee and the Board	The Human Resources Committee will receive and discuss the report and monitor the action plan within six weeks of the report having been written.
		Which staff groups are required to attend each type of training						

		Frequency of updates required for each type of training						
3.6	Risk Awareness Training for Senior Management	How risk management awareness training is delivered to board members and senior managers, in line with the training needs analysis	Associate Director of Governance	Workforce report	annual	The Ass Director of Governance receives the reports	The Ass Director of Governance will follow up with each member of the senior management team where there is evidence of non-compliance and write a report with the results of the audit and what actions have been taken to address non-compliance within two weeks of receiving the audit report.	The Human Resources Committee will receive the report and monitor compliance within six weeks of the audit.
		How attendance is recorded						
		How non-attendance is followed up						
3.7	Moving & Handling Training	Duties	Director of Nursing	Workforce report	Monthly	The Director of Nursing and the Assistant Director of HR receive the reports.	The Director of Nursing and the Assistant Director of HR will formulate action points and timescales for each Directorate where there is evidence of non-compliance compliance every quarter.	The Human Resources Committee will receive the report covering the preceding quarter and monitor the action plan
		How the organisation records that all permanent staff complete moving and handling training, in line with the training needs analysis						
		How the organisation follows up those who do not complete moving and handling training						
		Action to be taken in the event of persistent non-attendance						
4.6	Hand Hygiene Training	Duties	Director of Nursing	Workforce report	Monthly	The Director of Nursing and the Assistant Director of HR receive the reports.	The Director of Nursing and the Assistant Director of HR will formulate action points and timescales for each Directorate where	The Human Resources Committee will receive the report covering the preceding quarter and monitor the
		How the organisation records that all permanent staff complete hand hygiene training, in line with the training needs analysis						
		How the organisation						

		follows up those who do not complete hand hygiene training		Audit report	quarterly		there is evidence of non-compliance compliance every quarter.	action plan
		Action to be taken in the event of persistent non-attendance						
6.9	Medicines Management Training	Duties	Director of Nursing	Workforce report	Monthly	The Director of Nursing and the Assistant Director of HR receive the reports.	The Director of Nursing and the Assistant Director of HR will formulate action points and timescales for each Directorate where there is evidence of non-compliance compliance every quarter.	The Human Resources Committee will receive the report covering the preceding quarter and monitor the action plan
		How the organisation records that all permanent staff complete relevant medicines management training, in line with the training needs analysis		Audit report	quarterly			
		How the organisation follows up those who do not complete relevant medicines training						
		Action to be taken in the event of persistent non-attendance						
6.3	Clinical Risk Assessment	How the organisation trains staff, in line with the training needs analysis	Director of Nursing	Workforce report	Monthly	The Director of Nursing and the Assistant Director of HR receive the reports.	The Director of Nursing and the Assistant Director of HR will formulate action points and timescales for each Directorate where there is evidence of non-compliance compliance every quarter.	The Human Resources Committee will receive the report covering the preceding quarter and monitor the action plan
		and follows up non-attendance		Audit report	quarterly			

8.4 Updating the TNA and training prospectus

This will be carried out by subject specialists and reported to the Training and Development department, who will ensure that updating occurs in a timely manner, that the Statutory & Mandatory training prospectus is updated in line with the finalised TNA, and that any changes in training requirements are communicated to staff via email and/or the Trust intranet.

The Trust risk register will identify any significant risk areas for the Trust. The Associate Director of Assurance will ensure that any identified areas that have an implication for statutory or mandatory training, will be alerted to Associate Director of Workforce and Education for inclusion in the training programme.

9. Related Policies and procedures

- Risk Management Strategy and Policy
- Training and Development Strategy
- Access to Training and Study Leave Policy
- Policy on Induction for new staff
- Resuscitation Training Policy
- Manual Handling Policy
- Slips, Trips and Falls Policy
- Safeguarding Children Policy
- Medicines Management Policy
- Health and Safety Policy;
- Safeguarding Vulnerable Adults
- Training and Development Brochure
- Fire Policy
- Food Safety Policy
- Trust Risk Register
- Infection Control Policy
- Observation Policy
- Rapid Tranquilisation Policy
- Clinical Supervision Policy
- Clinical Risk Assessment Policy
- Hand Hygiene Policy
- Policy on the Management of Violence and Aggression
- Incident Reporting Policy (including root cause analysis)
- Complaints and Claims Policy
- Policy for Working with Dual Diagnosis Service Users
- Mental Health Act Legislation
- Equality and Diversity Policy

10. References

- Department of Health. (2006). [Safer Recruitment – a guide for NHS employers](#). London: Department of Health.
- [Health and Safety at Work etc., Act 1974](#). London: The Stationery Office
- Health Professions Council. (2004). [Standards of Education & Training](#). London: Health Professions Council

Appendix A

Methodology for Conducting the Training Needs Analysis (TNA) for Statutory and Mandatory Training Requirements

1. Introduction

The Trust is committed to conducting a TNAs for determining training needs for its staff. Following the approach described by the NHSLA, the Trust TNA was completed in December-January 2008-9

The purpose of the TNA is to:

- Fulfil the TNA cycle as set out in the Statutory and Mandatory Training Policy
- Ensure that the TNA has fully considered the specific requirements as detailed in the related policies
- Inform the production of a Statutory and Mandatory training prospectus that accurately reflects the current needs of the Trust
- Ensure that the Trust has documentary evidence of the TNA process to offer assurances that the significant risk related training needs have been identified. This also supports compliance with National Health Service Litigation Authority (NHSLA) Standards for Risk Management and HCC Standards for Better Health.

2. Background

Following feedback received from the NHSLA Level 1 assessment in November 2008, the Trust reviewed and updated its procedural documents that supported statutory and mandatory training, which resulted in the production of the Statutory and Mandatory Training Policy and this TNA and resultant training matrix.

The Trust will now undertake this full TNA exercise 2 yearly to coincide with the review and updating of the statutory and mandatory training policy.

The Trust has adopted the NHSLA definition of a TNA:

'A breakdown, usually presented in the form of a spreadsheet or table, which contains as a minimum: all staff groups; all training required by each group; and the frequency of training required by each group. The training needs analysis (TNA) may also include further details such as who will provide the training, the specific training package to be used, etc.'

In order to develop a TNA spread sheet, the Trust referred to its Statutory and Mandatory Training Policy, all associated policies that detail statutory and mandatory training, and took advice of subject specialists.

The Trust has adopted agreed definitions for statutory, mandatory and desirable training and these are set out at section 3 of the main policy.

3. Subject areas to feature in the TNA

In order to determine the subject areas to be covered in the TNA the Trust took account of relevant legislation, NHSLA Risk Management Standards, HCC Standards for Better Health, and specific topic areas that the Trust has determined will be mandatory for its staff based on the specific service needs of the Trust.

As previously stated, the identification of training requirements remains the responsibility of the line manager as part of ongoing supervision and appraisal of their staff.

Within the NHSLA risk management standards there are key subject areas in relation to risk which incorporate aspects of training. The organisation must therefore ensure it includes the following areas of [risk management training](#) within the [training needs analysis](#) at 1.2.6. Please note this list is not exhaustive and if any additional [risk management training](#) specific to the organisation is provided this could be included within the evidence.

The list below is adapted to cover those areas relevant for East London NHS Foundation Trust.

As a minimum the following must be included:

Standard 2

- Clinical Supervision Training (criterion 1.2.4) - MH&LD organisations
- Clinical Risk Assessment Training (criterion 1.2.7) - MH&LD organisations
- Hand Hygiene Training (criterion 1.2.8) - all organisations
- Moving & Handling Training (criterion 1.2.9) - all organisations
- Medicines Management Training (criterion 1.2.10) - MH&LD organisations

Standard 3

- Slips, Trips & Falls Training (Staff & Others) (criterion 1.3.2) - all organisations
- Slips, Trips & Falls Training (Patients) (criterion 1.3.3) - all organisations
- Inoculation Incident Training (criterion 1.3.5) - all organisations
- Harassment & Bullying Training (criterion 1.3.7) - all organisations
- Violence & Aggression Training (criterion 1.3.8) - all organisations

Standard 4

- Health Record-Keeping Training (criterion 1.4.2) - all organisations

- Dual Diagnosis (Mental Health & Substance Misuse) Training (criterion 1.4.3) - MH&LD Trusts
- Observation of Patients Training (criterion 1.4.6) - MH&LD organisations
- Resuscitation Training (criterion 1.4.7) - all organisations
- Rapid Tranquilisation Training (criterion 1.4.8) - MH&LD organisations

Standard 5

- Investigation of Incidents, Complaints & Claims Training (criterion 1.5.5) - all organisations

In addition to these, The Organisation has prioritised some specific training courses which are determined by statute. These are outline in the final TNA.

4. Training Needs Analysis Process

The TNA was carried out by collecting relevant information on a TNA template. The template collected the following information:

- Subject area.
- Summary of how the training need was identified (including national guidance and legislation, requirements of regulatory bodies, Trust policies etc.)
- Summary of the staff involved/consulted with in the TNA process.
- Description of how the staff groups requiring the training were identified.
- A description of target staff groups, content of training, delivery method and duration, delivery mode and frequency of updates.
- Gap analysis and, where required, a training delivery action plan.

This template was completed by relevant subject specialists and returned to the Training and Development Department for analysis

Line managers and professional heads were also asked to review the training needs identified for different staff groups (based on the previously agreed matrix) and to notify the Associate Director of Workforce and education of any issues or required changes.

Based on the data received from both of these sources the TNA matrix was updated, and where required, amendments made to relevant polices to ensure accurate cross referencing and reflection of agreed delivery plans and frequency of training was consistent in the current documents.

Appendix B contains the completed Statutory & Mandatory / Risk Management Training Needs Analysis template forms for each type of training.

5. Implementing the TNA

The TNA for mandatory training will be implemented as follows:

- The Trust's Training Prospectus will be updated to reflect the findings from the TNA.
- The Statutory and Mandatory Training Policy has been revised and updated to take account of this process.
- The Training and Development Team will maintain records for all staff completing training and feedback will be provided to the managers of any staff who fail to attend.

Appendix B

STATUTORY & MANDATORY / RISK MANAGEMENT TRAINING NEEDS ANALYSIS TEMPLATE

SUBJECT AREA:

TRAINING LEAD(S) / SUBJECT MATTER EXPERT (NAME & JOB TITLE):

SUMMARY OF HOW TRAINING NEED WAS IDENTIFIED

(e.g. national guidance/legislation, requirements of regulatory body, Trust policies etc):

SUMMARY OF WHO WAS CONSULTED / INVOLVED THE TRAINING NEEDS ANALYSIS PROCESS:

DESCRIPTION OF HOW THE STAFF GROUPS REQUIRING THE TRAINING WERE IDENTIFIED:

TRAINING NEEDS ANALYSIS TEMPLATE

Target groups	staff	Target divisions for training	Type of training	Content	Delivery Method & Duration	Delivery mode <i>(Induction / update / corporate training / site specific / other)</i>	Frequency and duration of update <i>(if applicable)</i>
			<i>Mandatory / Statutory / Recommended</i>	<i>Brief overview of the content of the training</i>			

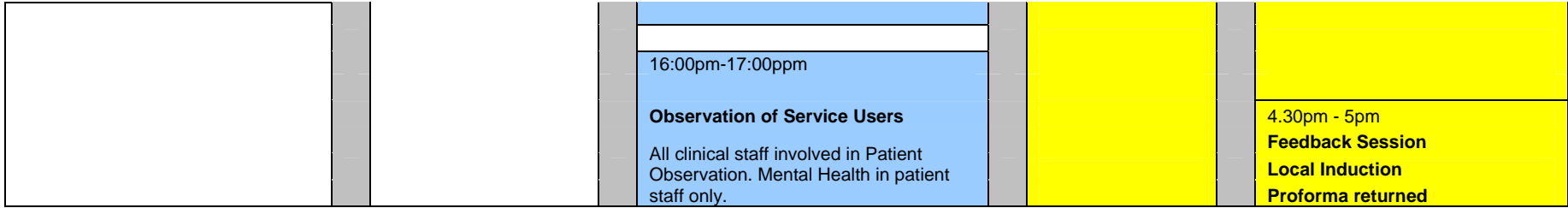
TRAINING ACTION PLAN (FOR NEW / AMENDED TRAINING COURSES)

Once a Training Needs Analysis has been completed, an action plan to describe how the identified training will be delivered needs to be completed.

Training Course / Subject Area	Actions required	Timescale	Responsibility

Appendix C – Sample Induction Programme

Monday	Tuesday	Wednesday	Thursday	Friday	
09.00 - 09.30 Registration and welcome	09.15am- 10.45am Fire Safety	09.15-10.15 Medicine Safety	1st Day at work and Local Induction	09.15-12.30	
09.30am - 10.00am Flord		Band 5 and Above Nurses and all clinical staff managing medication.		Equality & Diversity Group 1	
10am - 10.30am Welcome to the trust - chief exec / chair					
10.30am - 11am PALS & Complaints		10.15 - 12.45 CPR All Clinical Staff & OT's except: Social Workers, Art & Family Therapists, Psychotherapists and all other therapists & HQ staff nominated by HGC Chair			
11.00am - 11.30am Fraud	11.00am - 12.30 Safeguarding Children Level 1	12.45pm - 13.15pm Lunch			12.30pm - 13.30pm Lunch
11.30am - 11.45am Coffee Break	12.30am - 13.00pm Coffee Break	13.15pm - 16.00pm Overview of the Mental Health Act All clinical Staff and Managers, specialist services staff exempt - except those in Coborn unit			1.30pm - 4.30 Safeguarding Adults
11.45 - 12.45 Information Governance	13:00-13.45 Risk Management				Group 2
*13.00 - 13.45pm Stalls and Lunch Food brought out at 13.00pm	13.45pm -14 .45pm Payroll Sign on				
13.45pm - 14.15pm General Manual Handling					
14.15pm - 14.45pm Health & Safety					
14.45 - 15.45pm Infection Control					



KEY:

All Staff - Clinical & Non Clinical

All Clinical Staff

Lunch / Break