

STATUTORY & MANDATORY TRAINING POLICY

June 2020

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Name of Policy:	Statutory and Mandatory Training Policy
Date Issued:	June 2020
Date to be reviewed:	4 years or if statutory changes are required

Policy Title:	Statutory and Mandatory Training Policy	
Supersedes: (Please List)	None currently listed on website	
Description of Amendment(s):	New updated policy for CCG employees	
This policy will impact on:	All employees, Board Members, Senior Leadership Team	
Policy Area:	HR	
Version No:	3	
Author:	Organisational and Learning and Development Lead	
Effective Date:	1 st June 2020	
Review Date:	June 2024	
Equality Impact Assessment Date:	January 2020	
APPROVAL RECORD	SLT	07/10/2019
	All staff	22/10/2019
	Policy Subgroup	04/12/2019
Consultation:	Social Partnership Forum	12/12/2019
	Board	22/05/2020



CONTENTS

		Page
1.	INTRODUCTION	4
2.	SCOPE	4
3.	POLICY PURPOSE AND AIMS	4
4.	GENERAL DATA PROTECTION REGULATION (GDPR)	4
5.	IMPACT ANALYSIS	4
5.1	Equality	
5.2	Bribery Act 2010	
6.	NHS CONSTITUTION	5
6.1	The CCG is committed to:	
6.2	This Policy supports the NHS Constitution and	
7.	ROLES / RESPONSIBILITIES / DUTIES	5
8	DEFINITIONS	7
8	IMPLEMENTATION	8
9.	TRAINING AND AWARENESS	8
10.	MONITORING AND EFFECTIVENESS	8
11.	POLICY REVIEW	8
12.	REFERENCES	8
APPENDICES		9
Appendix 1	NHS Hull CCG Statutory and Mandatory Training Table	9
Appendix 2	Examples of development accepted	10
Appendix 3	Equality Impact Assessment	11

1. INTRODUCTION

- 1.1 NHS Hull CCG (the CCG) recognises that statutory and mandatory training is of vital importance in order to protect the safety of employees, visitors and the general public.
- 1.2 This policy applies to all employees of NHS Hull CCG, members of the Governing Body and agency/contracted employees.
- 1.3 Failure to undertake statutory and/or mandatory training would be considered to be a breach of the terms and conditions of employment and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.
- 1.4 It is a CCG priority for employees to be released to undertake statutory and mandatory training and the granting of permission for other training will be contingent on employees having undertaken, or arranged to undertake, their required statutory or mandatory training for the current year.
- 1.5 This policy and procedure will be available for employees on the CCG website.
- 1.6 Training and support will be available to all Line Managers locally in the implementation and application of this policy.

2. SCOPE

This policy applies to all employees of the CCG.

3. POLICY PURPOSE AND AIMS

- 3.1 The policy documents the type of training, who must attend and if any update is required. It also documents the responsibilities of employees and managers and information about how to access the training.

4. GENERAL DATA PROTECTION REGULATION (GDPR)

The CCG is committed to ensuring all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures.

5. IMPACT ANALYSIS

5.1 Equality

The CCG is committed to eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines. Further details regarding equality can be found at <http://www.hullccg.nhs.uk/pages/equality-and-diversity>

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage

and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

In developing this policy, an Equality Impact Analysis has been undertaken and is attached as an appendix. As a result of this assessment, the policy does not appear to have any adverse effects on people who share protected characteristics and no further actions are required at this stage. However, monitoring the use of the policy will be essential in order to ensure it is implemented equitably.

5.2 Bribery Act 2010

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>.

If you require assistance in determining the implications of the Bribery Act please contact the Local Counter Fraud Specialist on telephone number 01482 866800 or email at nikki.cooper1@nhs.net.

Due consideration has been given to the Bribery Act 2010 in the review of this policy. Consistent application and monitoring of this policy will mitigate bribery in relation to this policy.

6. NHS CONSTITUTION

6.1 The CCG is committed to:

Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

6.2 This Policy supports the NHS Constitution as follows:

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

7. ROLES / RESPONSIBILITIES / DUTIES

7.1 Lead

The Chief Officer and the CCG Governing Body are responsible for and committed to ensuring that all employees are appropriately trained to enable them to undertake their duties and to also protect their own wellbeing.

The CCG has responsibility for ensuring that all requirements relating to statutory and mandatory training are in place and upheld by all employees. This ensures the quality, content and frequency of training being provided and equitable access to training by employees.

The CCG is also required to ensure services commissioned by them have a Statutory and Mandatory training policy and programme to ensure best practice, minimise risk and patient, employees and public safety.

7.2 Employees

All employees are responsible for ensuring they are competent for their role and have a full understanding of the regulations and requirements related to their duties, responsibilities and facilities that enable them to carry out their job. This policy will also be discussed at the appraisal meetings between employees and their line manager. Some employees will have additional and specific professional and regulatory and continuing professional development requirements.

Staff in post after 1st April 2019 and all staff after 1/4/21. Pay progression should not be seen as an automatic right by employees but rather is something to be earned and is a reward that is dependent on satisfactory performance, conduct and demonstration of meeting all statutory and mandatory training requirements relevant to their role.

It is a priority that all employees ensure that training in the statutory and mandatory programme has been completed within the expected timescales regardless of an individual's post or ability, and should be treated as the highest priority in the annual personal development planning and review cycle.

Statutory and Mandatory development forms part of all staff contractual agreement. In order to remain a responsible employer, statutory and mandatory forms part of a reporting package each month. The report indicates staff who are out of tolerance in

terms of timings for their modules and those who should undertake modules imminently. Outputs from the reports should form part of 1-2-1 discussions with their line managers.

Staff who work at another location but are attached to Hull CCG can provide details of completed training from their normal / additional work location. Evidence of statutory and mandatory training may be viewed as compliant and therefore staff are not required to complete the same training again.

An example of this can be found in appendix 2. While appendix 2 is a training record from ESR, similar evidence can be provided from an associated system to demonstrate that training has been completed in the required areas. This should be sent to the HR Team who will amend the training records manually

Learning such as Fire Safety and Manual Handling which is likely to have similar content would be an example of this. Relevant evidence such as a completion certificate or

electronic record must be presented to the line manager during the induction period, on renewal and during appraisal meetings. Training that is not covered by the alternative work location but is required by Hull CCG must still be completed as per this policy.

Staff moving into the CCG from another NHS organisation can transfer their statutory and mandatory learning record. Staff must be able to evidence their learning via either a relevant certificate or a copy of their Electronic Staff Record (ESR) as in appendix 2.

Other methods of delivery are acceptable where the responsible trainer is suitably qualified. An example of this may be fire safety delivered face to face via a qualified trainer.

All employees who have applied to undertake further training will need to demonstrate that they have undertaken or have arranged to undertake their statutory and mandatory training before their applications for further training will be considered.

All employees whether paid or unpaid have a statutory duty to cooperate with their manager to undertake training as required. If any aspect of statutory and mandatory training is unclear, employees must bring this to the immediate attention of their Line Manager.

All employees should participate as required in any audits that may be carried out to monitor statutory and mandatory training.

7.3 Line Manager

Managers have the responsibility to ensure compliance with CCG Policies and Procedures by enabling all employees within their department to receive the required training and supervision.

It is the responsibility of all managers to ensure that their employees are up to date with all the relevant statutory and mandatory training. Every opportunity must be given to employees to undertake statutory and mandatory courses in work time.

It is the responsibility of managers and supervisors to ensure that the required statutory and mandatory training is completed during the induction process and then reviewed during appraisals, with both the manager and post holder identifying any learning needs in their Personal Development Plan (PDP).

Managers should ensure that all statutory and mandatory training certificates are recorded on personal files.

7.4 Human Resources Team

The CCG will work with the HR Team who will be responsible for the co-ordination and administration of training to meet the requirements of the statutory and mandatory training. The HR team will provide monthly reports to the CCG of training undertaken.

8. Definitions

8.1 Statutory Training

Statutory training is that which the CCG is legally required to provide as defined in law or where a statutory body has instructed organisations to provide training on the basis of legislation. E.g. Fire Safety, Health & Safety, Moving and Handling (Please see Appendix 1 for full training list).

8.2 **Mandatory Training**

Mandatory training is determined by the CCG. It is concerned with minimising risk, providing assurance against policies and ensuring the CCG meets external standards and best practice.

8.3 **Induction Process**

All new employees to the CCG are required to complete an induction process. This process commences from day one of employment. The induction period will include completion of Statutory and Mandatory Training using the national NHS e-learning system, the Electronic Employees Record (ESR) via Oracle Learning Management (OLM). Further information can be found in the CCG Induction Handbook and the Induction and Probation Policy.

9. **Implementation**

This policy will be communicated to staff via email and will be available on the CCG's website.

10. **Training and awareness**

Guidance and support will be provided to all Line Managers, by the HR Team, in the implementation and application of this policy upon request.

11. **Monitoring and effectiveness**

The implementation of this policy will be monitored on an annual basis by the CCG and reported to the Senior Leadership Team.

12. **Policy review**

The policy (and procedure) will be reviewed every 4 years following implementation by the Human Resources Team in conjunction with operational managers and trade union representatives. Where review is necessary due to legislative change, or changes to the NHS national terms and conditions of employment, this will happen immediately.

13. **References**

13.1 For further information please refer to the following reference sources:

- Induction and Probation Policy
- Induction Handbook
- Health and Safety Legislation
- Equality and Diversity Policy
- Disciplinary Policy
- Learning and Development Policy
- Performance and Development Appraisal Framework and Procedure

APPENDICES

Appendix 1 NHS Hull CCG Statutory and Mandatory Training Table

Appendix 2 Examples

Appendix 3 Equality Impact Assessment

Appendix 1 - NHS Hull CCG Statutory and Mandatory Training Table

FREQUENCY	COURSE TITLE	TRAINING PROVIDER	WHO SHOULD ATTEND/COMPLETE?
Once Only	Induction - Corporate	CCG	All Employees
	Induction - Local	CCG	All Employees
Annually	Conflict of Interest Module 1	ESR/OLM (e-Learning for Health)	All Employees
	Data Security Awareness Level 1	ESR/OLM (e-Learning for Health)	All Employees
	Fire Safety - Level 1 Conflict of Interest Module 1	ESR/OLM	All Employees
	Conflict of Interest Module 2 Conflict of Interest Module 3		Band 7's and above Band 8's and above as directed by Corporate Governance
Every 2 years	Business Continuity in the NHS *	Accessed via www.ehealthlearning.org.uk	All Employees
Every 3 years	Equality, Diversity and Human Rights - Level 1	ESR/OLM	All Employees
	Infection Prevention and Control - Level 1	ESR/OLM	All Employees
	Moving and Handling – Level 1	ESR/OLM	All Employees
	Mental Health Legislation	ESR/OLM	All Employees
	Safeguarding Adults - Level 1	ESR/OLM	All Employees
	Safeguarding Children Level 1	ESR/OLM (e-Learning for Health)	All Employees
	Prevent Awareness Level 1	ESR/OLM (e-learning for Health)	All Employees

Appendix 2 - Examples

This example shows that all statutory and mandatory training has been complete. This example below would provide evidence of compliance where staff are moving from one NHS organisation to another. Similar examples would suffice where the staff member is attached to a GP surgery, for example.

TIP To view required competencies only, tick the checkbox and press Go

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Details	Competency Name	Competence Level	Min Req	Essential	Expiry Date	Compliance Status	Find Learning	Edit
>	101 LOCAL Conflicts of Interest Module 1 - 1Year			Y	27-Jun-2020			
>	NHS MAND Data Security Awareness - Level 1			Y	27-Jun-2020			
>	NHS MAND Equality, Diversity and Human Rights - 3 Years			Y	27-Jun-2022			
>	NHS MAND Fire Safety - 1 Year			Y	27-Jun-2020			
>	NHS MAND Infection Control - Level 1 - 3 Years			Y	27-Jun-2022			
>	NHS MAND Moving and Handling - 3 Years			Y	27-Jun-2022			
>	NHS MAND Prevent Awareness - 3 Years			Y	27-Jun-2022			
>	NHS MAND Safeguarding Adults Level 1 - 3 Years			Y	27-Jun-2022			
>	NHS MAND Safeguarding Children Level 1 - 3 Years			Y	27-Jun-2022			

> Show Key

Back

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Please refer to the EIA Overview & Navigation Guidelines located in Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA)

HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	Statutory and Mandatory Training policy
Date of Analysis:	January 2020
Completed by: (Name and Department)	Will Clement – Organisational and Learning and Development Lead.
What are the aims and intended effects of this policy, project or function?	This policy defines NHS Hull CCG's statutory and mandatory training programme, which aims to ensure the organisation meets its statutory obligations in relation to training. More information can be found on equality and diversity for Hull CCG at http://www.hullccg.nhs.uk/pages/equality-and-diversity
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	No; changes are to include and clarify training requirements for the Safeguarding Children Training Strategy locally and further include changes in access to the e-learning platform on ESR.
Please list any other policies that are related to or referred to as part of this analysis	<ul style="list-style-type: none"> • Induction and Probation Policy • Induction Handbook • Health and Safety Legislation • Equalities Legislation
Who will the policy, project or function affect?	All employees of the CCG
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Consultation both locally and nationally with Trade Unions and staff <ul style="list-style-type: none"> • SLT • CCG Employees • Humber SPF • Governing Body (approval)

<p>Promoting Inclusivity and Hull CCG's Equality Objectives.</p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?</p> <p>How does the policy promote our equality objectives:</p> <ol style="list-style-type: none"> 1. Ensure patients and public have improved access to information and minimise communications barriers 2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job 3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve 4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs 	<p>This Policy sets out a process to allow all staff to access electronic learning where required. However, this might be more difficult for some groups and this must be monitored.</p> <p>The policy promotes the element of objective 3 ensuring the CCG maintains a well-supported and skilled workforce.</p> <p>Equality and Diversity training is part of the mandatory training set, which ensures there is a basic shared understanding of the principles of equality and diversity and the CCG's equality duties.</p>
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Equality Data	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as 'Equality Groups'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1: Recruitment data, e.g. applications compared to the population profile, application success rates 2: Complaints by groups who share / 	<p>Yes <input style="float: right;" type="checkbox"/></p> <p>No <input style="float: right;" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document). If you answered No, what information will you use to assess impact?</p> <p>Please note that due to the small number of staff employed by the CCG, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.</p>

represent protected characteristics 4: Grievances or decisions upheld and dismissed by protected characteristic group 5: Insight gained through engagement	
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Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?
 (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
It is anticipated that these guidelines will have a positive impact as they support policy writers to complete meaningful EIAs, by providing this template and a range of potential issues to consider across the protected characteristics below. There may of course be other issues relevant to your policy, not listed below, and some of the issues listed below may not be relevant to your policy.				
Gender	X			This has been considered and the policy itself has a neutral impact.
Age	X			This has been considered and the policy itself has a neutral impact.
Race / ethnicity / nationality	X			This has been considered and the policy itself has a neutral impact.
Disability	X			This has been considered and the policy itself has a neutral impact. Adjustments will be provided if staff have barriers to accessing the training associated with disability.
Religion or Belief	X			This has been considered and the policy itself has a

1. ¹ The action is proportionate to the legitimate aims of the organisation (please seek further advice)

				neutral impact.
Sexual Orientation	X			This has been considered and the policy itself has a neutral impact.
Pregnancy and Maternity	X			This has been considered and the policy itself has a neutral impact.
Transgender / Gender reassignment	X			This has been considered and the policy itself has a neutral impact.
Marriage or civil partnership	X			This has been considered and the policy itself has a neutral impact.

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Staff may not be able to fully access training due to disability or other access needs	Ensure that adjustments are available, and staff are aware of these adjustments	HR Humber team	Ongoing	April 2021
	Uptake of policy to be monitored for equality impact	HR Humber Team	Ongoing	2021

Sign-off

All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs

I agree with this assessment / action plan

If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:

A handwritten signature in black ink, appearing to be 'M. J. ...', is written in the middle of the second row of the table.

Signed:

Date: 24.03.20