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v4.0	July 2013	Addition of approved matrices for 2013-14 (DJH)
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V10	February 2020	2020-21 Core mandatory and corporate induction appendices updated (DJH/ AJCS)
V11	May 2021	2021-22 Core Mandatory Training and corporate induction appendices updated (DJH)

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## 1. Introduction

This policy has been developed to meet the obligations of Shropshire Community Health NHS Trust (hereon in referred to as the “Organisation” or “Trust”) to meet its statutory and mandatory requirements to comply with requirements of the Health & Safety Executive (HSE), and the Care Quality Commission (CQC). In addition to this the Organisation recognises that staff competence in statutory and mandatory topics is of vital importance to adequately protect our patients, staff, visitors and the public. The Organisation is committed to ensuring that adequate provision is made for mandatory training and for staff to be released to undertake such training.

## 2. Purpose

Shropshire Community Health NHS 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. In order to achieve this, all staff must receive the relevant training from the mandatory training programme.

This policy sets out a framework for ensuring that all staff receive core mandatory training according to their clinical / non-clinical group [see Appendix One]. It also outlines the requirement for staff to undertake role specific essential training, according to their job role. This Policy applies to all students and staff, permanent and temporary, and to any bank staff directly employed by the organisation. This Policy does not apply to Independent Contractors or their staff, though they may adopt it as good practice.

## 3. Definitions

### 3.1 Risk Management training

For the purposes of this policy, Risk Management or **Mandatory Training** is any statutory or compulsory training that the Organisation requires its employees to undertake in order:

- To comply with the law and requirements of regulatory bodies
- To carry out duties safely and efficiently
- To reduce / address areas of risk
- To maintain competence to the required standards identified by external bodies

Mandatory Training core subjects are determined by staff group. Other subjects are specific to particular staff groups, disciplines or roles and additional training may be determined locally by managers on a risk-assessed basis.

### 3.2 Training Needs Analysis (TNA)

This is presented in the form of a set of tables [see Appendices], which contain the induction and core mandatory training required by staff as well as the frequency of that training.

## 4. Duties

### 4.1. Chief Executive

The Chief Executive has responsibility for risk within the organisation and therefore ultimate responsibility for ensuring that all necessary training is undertaken by staff within the Trust.

All Executive and Non-Executive Directors are expected to undertake, as a minimum requirement, non-clinical core Mandatory Training, as outlined in Appendix One.

## **4.2 Committee with Overarching Responsibility**

The **Quality and Safety (Q&S) Committee** has overall responsibility for assurance around the Care Quality Commission (CQC) and will seek assurance that the Mandatory Training Policy and Procedure has been complied with.

The **Q&S Delivery Group** is a sub-group of the Q&S Committee and ratifies the core Mandatory Training programme. It reviews and approves the Mandatory Training Policy and Procedure to ensure that the Trust is responsive to the changing Mandatory Training needs of its workforce, according to the changing healthcare agenda and other directives.

## **4.3 Corporate Risk Manager**

The Corporate Risk Manager has responsibility to:

- Identify risk areas for the Trust and liaise with the Learning & Development Manager and / or Mandatory Training Competencies Lead regarding appropriate core Mandatory Training relating to the mitigation of specific risks
- Ensure compliance, in terms of core Mandatory Training, with legislation and CQC requirements
- Contribute to input from core Mandatory Training subject experts / trainers, clinicians and managers
- Monitor uptake of risk-based training

## **4.4 Learning & Development Manager and Mandatory Training Competencies Lead**

The Learning & Development Manager, in conjunction with the Mandatory Training Competencies Lead, has responsibility for:

- Liaison, in terms of core Mandatory Training, with the national Core Skills Training Framework (CSTF) team and our own Corporate Risk Manager to ensure compliance with legislation, CSTF and CQC requirements
- Co-ordination of input from core Mandatory Training topic specialists, clinicians and managers, in liaison with the Corporate Risk Manager
- Co-ordination of the accurate recording of core Mandatory Training delivery and uptake
- Co-ordination of the delivery of required core Mandatory Training sessions
- Reviewing the sustainability of core Mandatory Training programmes
- Ensuring appropriate core Mandatory Training is provided for all staff. This applies to staff employed whether whole time, part time or in a temporary capacity
- Regular review of the core Mandatory Training needs analysis (TNA) in accordance with the process described in section 5.1
- All staff having access to appropriate core Mandatory Training sessions at the required time intervals and accessible locations, using the most effective training interventions in order to minimise disruption to service delivery
- Reviewing the process for following up core Mandatory Training non-attendance
- The co-ordination and administration of core Mandatory Training, with clear booking and cancellation processes

## **4.5 Mandatory Training subject experts / trainers**

It is the responsibility of each trainer / subject expert to:

- Contribute to the identification, development and evaluation of appropriate core Mandatory Training for their subject area, including the recommendation of refresher periods
- Maintain their own competency / expertise in the appropriate subject matter, to the appropriate (e.g. national) standards
- Plan, deliver, evaluate and continually improve training sessions / programmes ensuring they are evidence based and compliant with Trust policy (for best practice see **NHS Education and Training Standards v5**:  
<http://content.digital.nhs.uk/media/14890/Standards-downloads-version-5/pdf/standards-download.pdf>)
- Ensure that participants record their attendance at sessions / programmes using attendance registers, which is then returned to the Organisational Development team or entered onto the Learning Management System by the trainer themselves
- Ensure that appropriate information is sent to the Organisational Development team for recording onto the Learning Management System to enable accurate reporting or enter this onto the system themselves
- Ensure participants complete an evaluation form at the end of sessions / programmes.

#### **4.6 Organisational Development Team Administrator**

The Organisational Development team administrator, in liaison with the Mandatory Training Competencies Lead and the Learning & Development Manager, is responsible for arranging all core Mandatory Training activity within the organisation, according to the processes documented in section 5.

#### **4.7 Line Managers**

It is the responsibility of all line managers to:

- Ensure that they use the current version of the Mandatory Training Policy and Procedure to ensure the appropriate training requirements for their staff
- Ensure that all their staff are aware of the need to comply with Mandatory Training according to both core and specific role requirements
- Ensure that their staff are supported to complete their mandatory training in order that they can progress to their next Grade Step Point (increment) in a timely manner, accordance with the Agenda for Change Contract Refresh 2019
- Ensure that all their staff whether employed whole time, part time or employed in a temporary capacity, have attended and are up to date with the relevant core Mandatory Training for their role prior to attending any other training
- Plan the attendance of their staff at relevant core Mandatory Training and give protected time to attend face to face sessions or to undertake e-learning
- Ensure that during the annual staff appraisal / performance review they check compliance with core Mandatory Training
- Check required competencies, bearing in mind those individuals who can evidence prior experience or training demonstrating competence to their line manager, will be considered to have met the needs of the TNA
- Identify learning needs, role specific essential training and refresher requirements
- Follow-up staff who have failed to attend booked core Mandatory Training, investigate why and ensure another date is arranged as soon as possible
- Managers should consider the effects on training provision that may result in the way they manage their staff's core Mandatory Training. The most extreme example would be where training is on a 3-year cycle, if all staff were to attend in one year then the effects on training provision and planning would be serious. It should also be noted that a significant cost is attached to training provision of cancelled courses and low attendances resulting from non-attendance

- New Employees - As part of the Local Induction process the training needs should be established by the manager. They should consider the job role, previous learning and experience and should schedule a training programme accordingly. In some instances, this may mean that the job role cannot be undertaken until core Mandatory Training aspects are undertaken. Some initial training that is different from the normal refresher mandatory training may also be needed, [see Appendix Two]
- Managers should also refer to the role specific essential training associated with being a manager, [see Appendix Three]

#### **4.8 Individual Staff**

It is the responsibility of all staff to:

- Ensure that the core Mandatory Training they are due to attend is in accordance with the current requirements, in liaison with their line manager. Individuals who are able to evidence prior experience or training demonstrating competence to their Line Manager, will be considered to have met the needs of the TNA e.g. they present any relevant, in-date mandatory training attained and recognised from other employers across the health economy
- Ensure core Mandatory Training requirements, as identified in the mandatory training TNA and those role specific elements identified locally, are maintained
- Identify when updating is required and agree a date for this with their manager
- Give priority to core Mandatory Training and make every effort to attend training sessions arranged for this purpose
- Alert their line manager and cancel themselves on ESR if they are unable to attend any booked session
- Sign the attendance record for the session / programme. Take part in evaluation of session / programme in order to inform future provision
- Regularly review and maintain their record of core Mandatory Training, within the Compliance Matrix / Learning History sections of ESR self-service, for the purposes of self-monitoring and appraisal
- Aim to apply the learning to their area of work / role

**Note:** Where staff do not complete their core Mandatory Training, they understand that they will not be eligible to progress to their next Grade Step Point (increment) in accordance with the Agenda for Change Contract Refresh 2019.

### **5. A Systematic Approach to Mandatory Training**

#### **5.1. Training Needs Analysis (TNA)**

Organisational core Mandatory Training needs are reviewed annually by the Organisational Development Team and the Q&S Delivery Group in line with legislative and audit requirements. A mapping exercise of CSTF, CQC and statutory requirements is undertaken to establish areas for inclusion.

Core Mandatory Training is planned in consultation with subject matter experts. The resultant TNA is taken to the Q&S Delivery Group annually for ratification. The ratified core Mandatory Training lists for clinical and non-clinical staff are made available on the Trust intranet at the start of each financial year.

There will be no exceptions to the subjects imposed by the core Mandatory Training TNA. However, local needs will dictate the list of role specific essential training (RSET); these could be either team or professionally based and could also apply where a specialist piece of equipment is being used, where a particular treatment is being trialled or other

circumstances. Managers must ensure that all RSET is justifiable and is recorded within ESR.

## **5.2. Role Specific Essential Training (RSET)**

RSET could affect a small or large amount of staff. It may be defined by local risk or quality assessments, guidance from a professional body, regulatory guidance (including medical devices), manufacturers' instructions (including those on medical devices) or other sources, such as workforce and business planning. It should not be seen as secondary to core Mandatory Training, but as an equal. Failure to comply with a requirement could lead to action being taken against the Trust, or to individual members of staff. Where a manager is unsure of a requirement advice should be taken either from internal subject experts or from external bodies.

### 5.3. Training Action Plan

Following the annual review of core Mandatory Training requirements (as per section 5.1), the Organisational Development team carries out an analysis. Plans are developed, in liaison with core Mandatory Training subject specialists and course providers, to deliver the required training. The annual timetable for Mandatory Training action planning is outlined below:

Task		Responsibility	Dependencies	Deadline
1	Review and amend core Mandatory Training Policy, Procedure and TNA according to the national NHS Core Skills Training Framework (CSTF), legislative and audit requirements.	Organisational Development Administrator in liaison with L&D Manager	Any updated requirements are submitted / requested in a timely manner.	January / February
2	If required, disseminate updated proposals to relevant parties and to Q&S Delivery Group for approval.	Organisational Development Administrator	All relevant parties are identified correctly.	February / March
3	Liaise with all Mandatory Training subject specialists for approval and to ensure sufficient cross-referencing of their sections of the TNA with their own regulatory requirements.	Organisational Development Administrator in liaison with L&D Manager and Mandatory Training subject specialists	Subject specialists understand their own requirements and comment before deadline.	February / March
6	Update ESR competences for employees and use the competences mapping to inform target setting.	Organisational Development Administrator in liaison with L&D Manager	Mandatory training targets are agreed.	February / March
7	Update Organisational Development website and course details and publish Mandatory Training messages via other communication channels e.g. <i>Inform</i> , OD team update.	Organisational Development Administrator; Communications & Marketing Manager	Website accessible to and <i>Inform</i> / OD weekly updates reach all staff.	April
8	Managers communicate to all their staff in order to ensure Mandatory Training requirement awareness.	All Managers	Managers have effective and regular communication with their staff.	April
9	Complete the year's commissioning process / confirmation of core Mandatory Training face-to-face session provision and plans for those subject areas.	Organisational Development Administrator in liaison with Mandatory Training providers	Provider availability aligns with demand.	April/May
10	Assist staff and managers in monitoring core Mandatory Training course uptake.	Information Team	Stakeholders access and act upon their mandatory training reminders and reports.	Monthly
11	Managers release their staff / allocate protected learning time for staff to meet their core Mandatory Training requirements.	All Managers	The Executive Team supports managers.	April
12	Staff review their compliance matrix on ESR on a regular basis and then identify, enrol and attend relevant core Mandatory Training and e-learning to meet their requirements.	All staff	Managers release staff to complete training.	April
13	Update monthly reporting of core Mandatory Training compliance against target to the Executive Team via the Trust performance dashboard.	Information Team	The Executive Team is kept informed of Mandatory Training compliance (actual vs. target).	Monthly
14	If new national guidance or alerts are issued by appropriate bodies in-year, liaise with CSTF to inquire if core Mandatory Training is being developed / the national framework to be updated	Organisational Development Administrator in liaison with L&D Manager and subject matter experts / service leads	The Organisational Development team is informed of / involved when new guidance / alerts are issued.	Ongoing



## 5.4. Training Prospectus

The Organisational Development website features core Mandatory Training pages including:

- Lists of the core Mandatory Training topics for both clinical and non-clinical staff
- Booking instructions for any core Mandatory Training face-to-face courses which, when followed on ESR, lead to:
  - Course dates
  - Available dates, times and venues

A new member of staff joining the Trust, initially unaware of their core Mandatory Training responsibilities, would be informed of these by their Manager, referring to the Trust Induction Policy. They would also refer to their compliance matrix on ESR. Managers of new staff can contact the OD team if their staff are not already booked onto Corporate & Combined Induction [Appendix Two].

## 5.5. Recording Attendance at Training

The Trust operates a self-service booking system where staff can book onto core Mandatory Training online via the ESR/Oracle Learning Management (OLM) system, using a smartcard. All staff are expected to liaise with their line manager to gain authorisation prior to booking on a face-to-face course. All staff can keep track of their learning via the Learning History section within ESR/OLM.

Access to core Mandatory Training **e-learning courses** is also self-managed by all staff, directly through the ESR/OLM system. Progress and completion are tracked and recorded within ESR/OLM itself and the results are available to each staff member and to the Organisational Development team for reporting and monitoring purposes.

Alongside e-learning, our core Mandatory Training providers deliver face-to-face training sessions, as agreed above. However, where a *minimum* number of delegates per session is identified and this number is not booked by **seven working days** prior to the session date, the session may be cancelled by the Organisational Development team: in liaison with the trainer and operational managers. Trainers may be able to alert the Organisational Development team of a planned session with less than the minimum number, but the Organisational Development team actions the cancellation and ensures that all relevant parties are informed.

Where applicable, the Organisational Development team issues each trainer with attendance registers for each training session approximately **seven working days** before a session. Trainers ensure that delegates record their attendance on the attendance register, which is returned to the Organisational Development team within **five working days** of the session.

Where attendance registers are not issued for any reason, trainers still ensure that the details of all attendees are recorded and returned to the Organisational Development team.

The Trust's Information Team, in liaison with the Organisational Development team, provides monthly core Mandatory Training performance reports to the Trust Board, via the Performance Dashboard.

Training delivered or commissioned by the Organisational Development team is evaluated after each event using reactive level evaluation. It is the responsibility of each delegate to complete and submit an evaluation sheet in order to contribute to the improvement of training within the Trust. These evaluations are captured and monitored. The Organisational Development team strives to identify and resolve any significant issues highlighted through this process.

## 5.6. Non-attendance at Training

Resources within the Trust, as for most organisations, are limited. It is therefore, of paramount importance that the use of the resources is maximised. Core Mandatory Training interventions are planned based on the TNA, as above, and the Mandatory Training budget is allocated accordingly. Non-attendance at booked training courses is a waste of these resources.

Additionally, where an individual has an incomplete core mandatory training matrix, they will be unable to progress to their next Grade Step Point (increment) in accordance with the Agenda for Change Contract Refresh. Therefore, it is important that managers enable their staff to access the appropriate training.

Staff can cancel booked places via ESR or by notifying the Organisational Development team **at least five working days** before the event.

Staff who do not cancel but fail to attend booked courses are categorised as DNA (did not attend) and these DNAs are monitored and, *when resources allow*, actioned as follows:

1<sup>st</sup> DNA – ESR notifications are received by the individual staff member and their manager. It is the responsibility of the individual staff member to re-book onto the missed course and the responsibility of the manager to check that this has been done.

2<sup>nd</sup> DNA (same course) – notifications are again sent to the individual staff member and their manager. It is the responsibility of the manager to investigate the reasons for the second DNA, to instigate rebooking of the individual onto the missed course and to inform the staff member of the new course details.

3<sup>rd</sup> DNA - (same course) If a member of staff fails to complete / attend a Mandatory Training course for a third time then, further to the notifications / re-booking as above, the manager should seek advice from the HR team to agree a course of action, and this may in some cases lead to the matter being dealt with under the Policy and Procedure for Managing High Standards of Performance or the Trust Disciplinary Policy.

There are a few exceptions to the DNA process set out above:

- Compassionate / Special leave – granted / approved by line manager who then notifies the Organisational Development team
- Sickness – notification received in advance by line manager who then notifies the Organisational Development team
- The course is cancelled by the Organisational Development team (e.g. trainer absence or other exceptional, last-minute circumstances)

As part of the Trust appraisal process, managers check the core Mandatory Training compliance of individual members of staff during their annual personal development review meetings. [Refer to Trust Performance Appraisal Toolkit for Staff, section two.]

## 5.7. Coordinating Training Records

All core Mandatory Training records are collated and managed within the ESR/OLM system, which is a complex and secure relational database integrated with the NHS Electronic Staff Record (ESR) platform.

## 5.8. Risk Awareness Training for Managers

A manager is a person responsible for controlling or administering an organisation, group(s) of staff and / or resources e.g. they may manage personnel / finance / premises / assets.

The Role Specific Essential Training requirements for each manager will be those which refer to their individual function, in agreement with their own line manager. Individuals who can evidence prior experience or training demonstrating competence to their line manager will be considered to have met the needs of the TNA; detailed in Appendix Three.

Assessing the Role Specific Essential Training requirements of managers and Trust Board members is included in the TNA and Mandatory Training action planning process, as described above in section 5.3. Managers should be aware that the matrix in Appendix Three outlines training to be undertaken **in addition to** their other core Mandatory Training requirements.

## **6. Equality Impact Assessment**

Initial Equality Impact Screening has been carried out on this document, which does not discriminate and does not require a full Equality Impact Assessment.

## **7. Associated Documentation**

The following documents contain information that relates to this Policy and Procedure:

- CPR-DNACPR Policy (Cardiopulmonary Resuscitation / Do Not Attempt Cardiopulmonary Resuscitation)
- Hand Hygiene Policy
- Management of Corporate and Local induction
- Infection Prevention and Control Arrangements and Responsibilities Policy
- Fire Safety Strategy and Policy
- Risk Management Strategy
- Health and Safety Policy
- Risk Assessment Code of Practice
- Related Codes of Practice and Guidelines
- Information Governance Policy (and Training Action Plan)
- Information Governance Toolkit
- Medical Devices Management Policy
- Data Protection Policy
- Display Screen Equipment Policy
- Freedom of Information Policy
- Records Management Strategy and Policy
- Confidentiality Code of Practice

## **8. References**

- Core Skills Training Framework (CSTF)
- Health & Safety at Work Act
- Management of Health and Safety at Work Regulations
- Control of Substances Hazardous to Health (CoSHH) Regulations
- NHS Information Governance Toolkit
- Counter Fraud & Security Management Services (CFSMS) Secretary of State Directions
- Health and Social Care Act
- The Regulatory Reform (Fire Safety)
- NHS Firecode HTM 05
- NHS Protect Strategy
- NMC – Medicines Management
- MHRA Guidance for Medical Devices
- Resuscitation Council Guidelines and CPR/DNAR Policy
- Manual Operations Regulations.
- Lifting Operations and Lifting Equipment Regulations (LOLER)
- Protection of Vulnerable Adults (POVA) and Safeguarding Adults
- SCHT Safeguarding & Promoting the Welfare of Children - Training Strategy

## 9. Appendix One – TNA - Core Mandatory Training April 2021- March 2022

	Mandatory Training Competences	Frequency	Renewal Method	Notes
UNIVERSAL EVERY EMPLOYEE	Corporate Induction	Once	N/A	#1
	Information Governance and Data Security	Annually	E-Learning	
	Fire Safety	Annually	E-Learning	#2
	Fraud Awareness	3-Yearly	E-Learning	
	Equality, Diversity and Human Rights	3-Yearly	E-Learning	
	Health, Safety and Welfare	3-Yearly	E-Learning	
	NHS Conflict Resolution (England)	3-Yearly	E-Learning	
	Moving and Handling - Level 1	3-Yearly	E-Learning	
	Preventing Radicalisation - Levels 3, 4 & 5 (Prevent Awareness)	3-Yearly	E-Learning	
CLINICAL STAFF ONLY	Resuscitation - Level 2 - Adult Basic Life Support	Annually	E-learning	
	Resuscitation - Level 2 - Paediatric Basic Life Support	Annually	E-learning	
	Infection Prevention and Control - Level 2	Annually	E-Learning	
	Safeguarding Children - Level 2	3-Yearly	E-Learning	#3
	Safeguarding Adults - Level 2	3-Yearly	E-Learning	#3
NON-CLINICAL STAFF ONLY	Infection Prevention and Control - Level 1	3-Yearly	E-Learning	
	Safeguarding Children - Level 1	3-Yearly	E-Learning	#3
	Safeguarding Adults - Level 1	3-Yearly	E-Learning	#3
OTHER	Fire Safety - High Risk Practical	Annually	Face-to-face	#2

In addition to the above mandatory core subjects, you may have other **ROLE SPECIFIC ESSENTIAL TRAINING** to be undertaken; as identified and agreed by you and your manager (e.g. Moving & Handling High Level; Safeguarding Children level 3, Medical Devices etc.)

**#1** - Corporate induction is a (2.5 hour) mandatory online session for every employee upon joining our Trust. Clinical staff also need to attend further clinical induction days to attain clinical role specific essential training requirements.

**#2** - Every new starter will need to do Fire Safety via e-learning. In addition, all those staff working in our Community Hospitals and Oswestry Health Centre (whether clinical or non-clinical) need to complete **high-risk fire safety practical session training**; delivered at each base.

**#3** - This is the *minimum level* for staff i.e. level 1 for non-clinicians and level 2 for clinicians. However, specific roles may require training at a **higher level** (as per each ESR compliance matrix). This will be **instead of** - not as well as - the minimum levels.

## 10. Appendix Two – Corporate Induction; April 2021-March 2022

All clinical and non-clinical new starters complete Corporate Induction on the start date of their employment within our Trust (or as near as possible to that date).

Timing	Content	Lead
09:50	Teams Lobby is live for staff to join the meeting	OD Team
10:00	Welcome	CEO
10:20	Nursing and Operations	Director of Nursing and Operations
10:30	Staff Health and Well-being	OD Team
10:50	Trust Values	OD Team
11:10	ESR: Mandatory Training	OD Team
11:30	Delegates disperse to either complete their mandatory training or continue with their working day.	

If you have questions about **Corporate Induction** please contact our Organisational Development and Leadership Co-ordinator on: [shropcom.odadmin@nhs.net](mailto:shropcom.odadmin@nhs.net)

## 11. Appendix Three - Managers' Role Specific Essential Training

Mandatory Training to be undertaken *in addition to* any other core Mandatory Training or RSET

Training Topic	Reference	Course Title(s)	Staff Group(s) - as defined by job role	Frequency	Delivery Method	Training Provider	Timings
<b>Finance</b>		<b>Financial Control &amp; Budgetary Control</b>	All Managers with responsibility for budget management	On appointment then refresher every 3 years	Face to face	Finance Team	2-3 hours
<b>Human Resources</b>		<b>Appraisal (Personal Development Review)</b>	All Managers with responsibility for line management of staff	On appointment then refresher every 3 years	Face to face	HR Team	1 day
		<b>Grievance and Concerns</b>					
		<b>Managing Attendance at Work</b>					
		<b>Maintaining High Standards of Performance</b>					
		<b>Safer Recruitment</b>	All Managers with responsibility for recruiting staff				1 day
<b>Risk and Governance</b>	Health and Safety at Work Act. Management of HS at work regulations Health and Social Care Regulations	<b>Assessing the Risk, Risk Management and Health and Safety for Managers and Supervisors</b>	All Managers	On appointment then refresher every 3 years	Face to face	Corporate Risk Manager	½ day
		<b>Root Cause Analysis Investigation</b>	All Investigating Officers				1 day