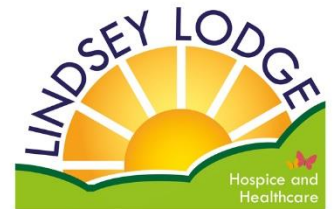


# LINDSEY



# LODGE

# LEARNING

## Training Policy

## Contents

Section Ref.	Section	Page Number
1.0	Introduction	3
2.0	Purpose	3
3.0	Scope	3
4.0	Responsibilities	3
5.0	Exemptions	3
6.0	Actions and Procedures	4
7.0	Statutory and Mandatory Training Compliance	5
8.0	Managing Non- Compliance	6
9.0	Monitoring Statutory and Mandatory Training Compliance	7
10.0	Volunteer Training	7
Appendix A	Induction Matrix	8
Appendix B	Statutory and Mandatory Training Clinical Staff Matrix	9
Appendix C	Statutory and Mandatory Training Non-Clinical Staff Matrix	10
	References	11

## **1.0 Introduction**

1.1 Lindsey Lodge (LL) is committed to providing a high quality and safe service.

Underpinning this objective is the need for all staff to be fully compliant with the core skills needed in their role. This includes the need to be compliant and up-to-date on statutory and mandatory training topics.

This policy details the system for Lindsey Lodge to ensure that all staff receive adequate statutory and mandatory training and other non-essential training.

1.2 The policy is underpinned in with guidance from national bodies which includes CQC, NICE, Professional bodies as appropriate (NMC, GMC), Health and Safety Executive and local health providers, i.e. NLAG and NHS North Lincolnshire.

1.3 Statutory Training is the type of training that is required by law or where a statutory body has instructed an organisation to provide training based on specific legislation (i.e. the Health and Safety and Work Act 1974 and the Management of Health and Safety at Work Regulations 1999).

1.4 Mandatory Training is compulsory training that has been determined essential for the safe and efficient delivery of services. It is designed to reduce organisational risk and comply with local or national policies and government guidelines. This is determined by a 3 yearly Training Needs Analysis undertaken by the Clinical Trainer in conjunction with clinical leads and other senior managers.

## **2.0 Purpose**

2.1 The purpose of this policy is to ensure that all staff working in all areas of Lindsey Lodge Hospice operate in a safe and competent manner.

## **3.0 Scope**

3.1 This policy applies to all employed staff working in all areas across Lindsey Lodge.

3.2 It is a requirement that all newly appointed staff attend the set Induction Day ideally within 3 months of employment. Role specific Induction programmes must be completed within 6 months in order to fulfil the education and training requirements of the probationary period.

3.3 The renewal periods are the minimum timescales that staff should complete training. Staff can opt to, or may be required to, refresh training earlier than the indicated timescales to maintain their skills.

3.4 LL agrees to accept training and assessments delivered by other organisations that have confirmed that they deliver training to a recognised national standard or framework.

## **4.0 Responsibilities**

It is the responsibility of all staff to access statutory and mandatory training as shown on the Essential Training Matrices below/over. This is monitored at completion of probation/staff appraisals, as appropriate, by their line manager and/or the clinical trainer.

## 5.0 Exemptions from attending some or all of statutory and mandatory Training

5.1 If staff are able to provide evidence of training in any of the statutory and mandatory topics, then this may be sufficient to exempt from having to repeat the training at LL until they reach the required refresher period.

Examples of other organisations, which may provide acceptable training, include (but are not limited to):

- Another NHS organisation
- Another organisation which provides training in a multi-agency topic e.g. Safeguarding

Evidence may include:

- Original certificate or evidence of attendance
- Email or report from the organisation where the training was delivered
- A up to date training matrix

5.2 Any requests to be exempt from attending/completing training, because of existing competence achieved elsewhere, must be submitted along with acceptable evidence to the Clinical Trainer. The Clinical Trainer will make an informed decision on the appropriateness of previous learning. Additional guidance may be sought from the Director of Nursing and Patient Services, Workforce, etc.

5.3 3.3 Additionally, staff will not be required to complete statutory and mandatory training if their employment status is one of the following: Maternity/Adoption/Shared Paternity leave; long-term sick, career break.

5.4 Once staff return from any authorised long-term absence, then arrangements must be made by the individual's line manager for them to complete any outstanding statutory and mandatory training at the earliest opportunity.

## 6.0 Actions and procedures

### 6.1 Recording of Training

LL will maintain accurate and up-to-date records of completions/attendance and produce reliable, frequent and trusted reports, visible to all staff. An attendance register will be taken of all training events and scanned electronically. It is the responsibility of Workforce to record completions/attendance at Induction and Statutory and mandatory Training. It is the responsibility of the Clinical Trainer to record all other completions/attendances

### 6.2 Appraisal

Evidence of statutory and mandatory training will be required at annual appraisal. It is the appraisee's responsibility to provide this information for the appraiser.

### 6.3 Non- essential training

6.3.1 Any request to attend a non-essential training event should be discussed by the individual with their line manager in the first instance to establish if the event is appropriate and linked to appraisal objectives. The mechanism for feedback at this point should also be agreed at this point.

6.3.2 A Professional Development/Training/Study Leave (PDTSL) form should then be completed.

6.3.3 The Clinical Trainer in conjunction with your line manager will then decide if it is appropriate and necessary for you to attend.

Consideration will be given to:

- How this event relates to your role
- Is the event essential for service delivery
- Has the event been highlighted as necessary for your professional development
- Costs involved including the event, travel, accommodation, backfill

The case may be referred to the Director of Nursing and Patient Services for a final decision.

6.3.4 Once it has been authorised, the Clinical Trainer will pass the form to the PA to the Chief Executive who will then book the event and any travel and accommodation arrangements

6.3.5 Post-event you the individual will review the learning and development from the event on the PDSTL. This should be completed within 2 weeks of the event.

6.3.6 If permission to attend the event is declined, this will be documented on the form, with the reasons. The Clinical Trainer will discuss this with the individual and their line manager.

#### 6.4 Expenses

All statutory and mandatory training will usually be provided in paid time, this includes any role specific statutory and mandatory training. Expenses for non-essential training may not be always be in paid time and are to be agreed between the employee, their manager and the clinical trainer before permission is granted.

With reference to Lindsey Lodge Hospice Expenses Policy (2018), it is recognised that on occasions staff may incur expenses in the course of hospice business during attendance at conferences/courses or other training, networking events. It is anticipated that all such costs will be agreed in advance by the appropriate line manager and bookings for attendance at such events booked centrally via the Chief Executive's PA and the Clinical Trainer to enable effective management and recording of all such activities. In circumstances where, because of time constraints, arrangements cannot not be co-ordinated via the offices of the Chief Executive's office, individuals should seek advice from either the Deputy or Chief Executive directly prior to any costs being incurred.

#### 7.0 Statutory and Mandatory Training Compliance

Lindsey Lodge Hospice is committed to providing a high quality and safe service. Underpinning this objective is the need for all staff to be fully compliant with the core skills needed in their role. This includes the need to be compliant and up-to-date on statutory and mandatory training topics for their role.

7.1 There is a clear escalation process, which identifies the timescales and responsibilities for the Clinical Trainer, employee, line manager and senior manager.

This is detailed as follows:

Stage	When	What happens	Who is contacted	Responsibility
1	After a study day/course/deadline for completing e-learning or workbook	Employee does not attend/complete some/all of booked statutory and mandatory training	Employee and line manager asked to rebook a date (deadline normally 10 working days)	Employee
2	Specified deadline passes	Statutory and mandatory training not rebooked/attended/completed by employee	Line Manager	Line Manager
3	After failure to book/attend/complete statutory and mandatory training	Line manager/Senior manager instigates meeting to manage non-compliance. 10 working days given to employee to book/attend/complete training before meeting again	Employee Clinical Trainer WORKFORCE	Line manager/senior manager/clinical trainer
4	Failure to book/attend/complete training after 10 days	If after meeting, training is still outstanding, then LLH Disciplinary procedure commences	Employee Line Manager Senior Manager WORKFORCE Clinical Trainer	Line Manager/Senior Manager

7.2 The above escalation process assumes that there are no extenuating circumstances which prevent the employee from completing or booking onto any outstanding statutory and mandatory training. If there were, then these would be documented and taken into account in any conversations that take place between the relevant parties.

7.3 It is envisioned that the introduction of the SMI HR system will allow access to training records for individuals in order for them to clearly see their individual requirements and compliance. Organisational access for managers will allow the generation of compliance and other reports. The Clinical Trainer and Business Manager are responsible for a pathway of responsibility to upload and update training records.

## 8.0 Managing Non-compliance

8.1 An employee that is not fully compliant with all the statutory and mandatory training topics relevant to them is required to agree an action plan with their line manager such that they become compliant as soon as practicable.

8.2 Line managers are required to have an action plan in place for each individual who is not fully compliant as soon as practicable.

8.3 LL reserves the right to take disciplinary action in accordance with the LLH Disciplinary Procedure, if there are no mitigating circumstances, where it is deemed appropriate

8.4 LL reserves the right to withdraw the opportunity to access any other learning until the employee is fully compliant with their relevant statutory and mandatory topics.

## 9.0 Monitoring Statutory and Mandatory Training Compliance

Statutory and mandatory training compliance will be monitored by the Clinical Trainer and reported quarterly in the quality report presented to the Quality Assurance Board.

## 10.0 Volunteer Training

At Lindsey Lodge we value our dedicated volunteers - they are an integral part of the hospice and greatly support the work that we do.

### 10.1 Responsibilities

Our volunteers are integrated within the structure of the hospice therefore each line manager/team leader is responsible for all volunteers in their team in the same way they are responsible for the employees in their team. This responsibility extends to ensuring that their volunteers receive adequate training and support to carry out their role. The Workforce Team is available to provide advice and guidance to both managers and volunteers in relation to volunteer management

Some specific volunteer roles require a formal qualification such as volunteer hairdressers or volunteer therapist. In these circumstances proof of qualification will be checked at appointment and if applicable refresher/continuing professional development will be undertaken. This will be reviewed on an annual basis as part of the annual review meeting held between the line manager and the volunteer. It is the responsibility of the volunteer to ensure they have met and can demonstrate they have met the requirements of the specific role.

### 10.2 Induction/Training

All volunteers will be invited to complete generic induction training; this may be after they have begun volunteering but will aim to be within the first three months of volunteering. They will also be given role specific training and support. Volunteers will be invited to refresher training every 3 years, and will be given on-going access to any other role relevant training.

**APPENDIX A: INDUCTION- within 3 months of employment**

<b>STAFF GROUP</b>	<b>TOPIC</b>	<b>ADDITIONAL INFORMATION</b>	<b>TIME</b>
ALL	FIRE		30MINS
"	HEALTH AND SAFETY- includes Slips, Trips and Falls		30MINS
"	INFECTION CONTROL		30MINS
"	MOVING AND HANDLING		30MINS
"	SAFEGUARDING AND PREVENT		1 HOUR
"	CONFLICT RESOLUTION		30 MINS
"	INFORMATION GOVERNANCE		15MINS
"	EQUALITY AND DIVERSITY	WORKBOOK	1 HOUR
"	BULLYING AND HARRASSMENT	WORKBOOK	1 HOUR
"	COMMUNICATION SKILLS		30 MINS
CLINICAL STAFF	CPR/ANAPHALAXIS		1 HOUR
CLINICAL STAFF	SYRINGE DRIVER	Via NLAG	2 HOURS
CLINICAL STAFF	MEDICAL GASES	ONLINE/WORKBOOK	
CLINICAL STAFF	ENTONOX	ONLINE/WORKBOOK	
CLINICAL STAFF	MEDICINES MANAGEMENT	WORKBOOK	1 HOUR
CLINICAL STAFF	CONTROLLED DRUGS	WORKBOOK	1 HOUR
CLINICAL STAFF	MOVING AND HANDLING- PRACTICAL		2 HOURS
CATERING	BASIC FOOD HYGIENE		2 HOURS



**APPENDIX B: ONGOING STATUTORY AND MANDATORY TRAINING**  
**CLINICAL STAFF- includes RN, HCA, AHP, Therapists**

<b>STAFF GROUP</b>	<b>TOPIC</b>	<b>ADDITIONAL INFORMATION</b>	<b>TIME</b>
ALL	INFECTION CONTROL	Annual	30 MINS
“	CPR/ANAPHALAXIS	Annual	1 HOUR
“	INFORMATION GOVERNANCE	Annual- e-learning	2 HOURS
“	FIRE	3 YEARLY	1 HOUR
“	MCA/DOLS/SAFEGUARDING	1 theme per 3 year cycle	1 HOUR
RN, HCA	MOVING AND HANDLING	Annual	2 HOURS
ALL	CONFLICT RESOLUTION	3 YEARLY	30 MINS
ALL	DEMENTIA	3 YEARLY	1 HOUR
RN	SYRINGE DRIVER	2 YEARLY VIA NLAG	2 HOURS
RN	MEDICAL GASES	3 YEARLY- ONLINE /WORKBOOK	
RN	ENTONOX	3 YEARLY- ONLINE WORKBOOK	
ALL	EQUALITY AND DIVERSITY	5 YEARLY- WORKBOOK	1 HOUR
ALL	SLIPS, TRIPS AND FALLS	3 YEARLY- WORKBOOK	1 hour

**APPENDIX C: ONGOING STATUTORY AND MANDATORY TRAINING**  
**NON-CLINICAL STAFF- Admin., Fundraising, WORKFORCE, Finance, Household**

STAFF GROUP	TOPIC	ADDITIONAL INFORMATION	TIME
ALL	INFORMATION GOVERNANCE	ANNUALLY- ONLINE	1 HOUR
“	FIRE	3 YEARLY	1 HOUR
“	CONFLICT RESOLUTION	3 YEARLY	1 HOUR
“	DEMENTIA	3 YEARLY	1 HOUR
“	SAFEGUARDING/PREVENT	3 YEARLY	1 HOUR
“	MOVING AND HANDLING	3 YEARLY	30 MINS
“	SLIPS, TRIPS AND FALLS	3 YEARLY WORKBOOK	1 HOUR
“	EQUALITY AND DIVERSITY	5 YEARLY- WORKBOOK	1 HOUR
CATERING	BASIC FOOD HYGIENE	3 YEARLY	2 YEARLY

**REFERENCES:**

NHS Protect: Conflict Resolution Training: Implementing the National Syllabus 2004

NLAG Mental Capacity Act (MCA) 2005 & MCA Deprivation of Liberty Safeguards (DOLS) Policy – April 2015 – DCP098

Health Education England Dementia Core Skills Education and Training Framework 2015

The Equality Act 2010

Fire Regulatory Reform Order 2005

Health and Social Care Act 2012

Data Protection Act 1998 & Freedom of Information Act 2000

NMC Medicines Standards 2008

Health and Safety at work Act 1974

LLH Safeguarding Policy

LLH Expenses Policy

LLH Disciplinary Policy

LLH Volunteer Policy

Resuscitation Council Standards for Clinical Practice and Training 2004

DH No Secrets 2000

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