

#### TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# INDUCTION, STATUTORY & MANDATORY TRAINING

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**Version 2** 

Quality, recovery and wellbeing at the heart of everything we do

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# INDUCTION, STATUTORY & MANDATORY TRAINING

#### **Further information about this document:**

Document name	INDUCTION, STATUTORY & MANDATORY TRAINING (REFERENCE NUMBER HR28)
Document summary	This policy describes the Trusts approach to the delivery of induction, statutory and mandatory training delivery and the importance of staff compliance to this training.
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	Your Space Extranet: <a href="http://nww.portal.merseycare.nhs.uk">http://nww.portal.merseycare.nhs.uk</a> Trust's Website <a href="www.merseycare.nhs.uk">www.merseycare.nhs.uk</a> an be made available in a range of alternative formats including
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**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

#### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they
  have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers,
   Safeguarding Ambassadors or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict
  adherence to Mersey Care NHS Foundation Trust policy and procedures and
  professional guidelines. Roles, responsibilities and accountabilities, will differ depending
  on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

#### **EQUALITY AND HUMAN RIGHTS**

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy

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#### INTRODUCTION

- The following generic objectives of the policy explain the responsibilities we have in effectively managing educational governance within the Trust.
  This includes the strategic and operational leadership & management to demonstrate quality and good outcomes required for all learning taking place which includes;-
  - Building the knowledge base of students and learners
  - Fiscal responsibility of expenditure of funds provided by Mersey Care NHS Foundation Trust, the Government including Health Education England (North West) funds assigned to specific purposes
  - Providing innovative solutions that underpin health and social care knowledge and skill development
  - Ensuring freedom for academic/ teaching professionals to give advice on issues in their areas of expertise which affect learning and development
  - Providing leadership and ensuring capacity and funding to support subject disciplines or professional areas in which the trust seeks to excel for example Apprenticeships, Personal Safety Services (PSS) resuscitation
  - Providing an environment where all students and learners have the opportunity, whatever their background to achieve all that is possible for them.
  - Recognising equality of opportunity for all staff across the trust.
- 1.2 This model of educational governance involves a readiness to experiment with innovation, be evidence informed, provide equity in provision, benchmarking against good practice, be student/ learner centred, with the aim to embed a collaborative model of practice locally and across the region.
- 1.3 This policy will require periodic review due to the constant changes within education and across the Sustaining Transformation plan (STP) region. To ensure structures and operational efficiencies and responsiveness to external issues such as cutback in funding, structures and processes are recognised and to ensure we meet the need for change in academic/vocational and non academic programmes of teaching, learning and skill development provided across the Trust.
- 1.4 The Trust believes that robust induction practices are an essential part of helping employees recognise our organisations strategy, values and staff charter to enable them to have a clear understanding of expectations and the Trusts commitment to supporting staff to be effective in their new posts.
- 1.5 The Board of Directors accepts that their continued investment in the induction programme is crucial to its success and the satisfactory assimilation of new employees.
- 1.6 Induction begins during the selection process, when the job applicant starts to form first impressions of the people who they will work with and an impression of Mersey Care NHS Foundation Trust. Everyone who is newly employed or is transferred from one job or division/team to another needs induction. It is the opportunity to introduce people to their new environment and the people they work with and give them the information and guidance they need to become familiar with the Trust and its policies and practices.
- 1.7 It is important that the individual recognises that induction is the beginning of a journey of life long learning within their career at Mersey Care and is part of their continuous personal / professional development (CPD) to stretch and challenge themselves to enable their growth and continued learning.

- 1.8 Delivery of a comprehensive Corporate and then Local Induction indicates a high level of commitment to new employees, ensuring that they feel welcomed into the organisation and that they feel competent and confident to deliver high quality care and services.
- 1.9 Mersey Care NHS Foundation Trust is committed to ongoing development of its staff. It is also committed to the equality and human rights of all staff, service users and carers who are involved in the Trust. Mersey Care is committed to valuing diversity. We will challenge inequalities within any provision. We will ensure that all learners are treated with dignity and respect, and within all our opportunities for development we recognise and respond to the varying needs of all our learners to enable all staff to reach their full potential. We expect all our staff to commit to CPD and recognise that our commitment to their continual improvement will have a positive impact on the patients, carer's and families we serve.

#### 2 SCOPE

- 2.1 This policy applies to all permanent, temporary and seconded staff (including volunteers); in all staff groups and all contract types, including bank workers and students.
- 2.2 All staff who change roles within the Trust must undertake Local Induction within their new work area and may attend aspects of the Corporate Induction in agreement with the Learning & Development Team (L&D), if appropriate.
- 2.3 In the rare event that the new employee commences work in their area before having attended Corporate Induction, their Line Manager must ensure the new employee attends the next available Induction. This will be monitored by the Learning & Development Team to ensure it takes place on the next available date.
- 2.4 Local Induction specific to divisions is over and above this Corporate process, and is outside the scope of this policy.
- 2.5 Staff within scope of this policy.
  - **Permanent staff -** All staff (permanent and temporary) under a contract of employment with the organisation, including Junior Medical Staff (including Trainees)
  - **Temporary staff** Workers supplied by one organisation (e.g. locums, agency workers) for temporary use by another organisation and are only required to complete a Local Induction. Temporary staff are employees of the supplying organisation, therefore the responsibility for all other training and development lies with the employing organisation and not the Trust.
  - Contractors are neither temporary nor permanent staff and are not required to undertake any type
    of Induction, statutory or Mandatory Training via the Trust. The suitability and required training to
    work within the Trust must be identified and assessed during the contractual stage. Dependent
    upon the level of risk identified, i.e. coming into contact with any patients it is advisable for all
    employees of contracting organisations to demonstrate completion of statutory training as a
    minimum and should be able to read MCFT policies to gain a clear understanding of procedures
    and expectations when working within the boundaries of the Trust.
  - TUPE staff All staff joining our organisation under TUPE agreements will be expected to undertake a full Corporate Induction programme. An analysis of their training records will also be undertaken by the Learning and Development Team to establish the currency of their training. A full training gap analysis will be undertaken with a training plan developed prior to the transfer of employees. Completion of Local Induction is expected as above

## 3 INDUCTION PROCESS AND START OF STATUTORY AND MANDATORY TRAINING REQUIREMENTS.

- 3.1 Mersey Care Induction occurs at three levels within the organisation:
  - Corporate.
  - Divisional (where appropriate e.g. Secure Division)
  - Local level i.e. ward/team/department.

#### 3.2 **DEFINITIONS**

- 3.3 Definition of Core Statutory and Core Mandatory Training is found within the ESR/OLM systems training matrix 2016. Further definitions can be found within the annual prospectus.
- A non exhaustive list of all Core statutory, core mandatory and role specific training is found in appendix A.
- 3.5 Both definitions align and there is a specific standard operating procedure (SOP) to demonstrate the relationship to these processes and the interdependencies between the following teams which support their update and maintenance:
  - Learning & Development Team
  - HR Workforce systems Team
  - Systems and Business Intelligence Team

#### **UK Core Skills Framework (CSF)**

- 3.6 Mersey Care have core (all staff) and role specific statutory and core (all staff) and role specific mandatory subjects delivered to our staff. These subjects promote effective risk management and ensure quality and safety in practice for patients, carers and families. Delivery of these subjects enables Mersey Care to meet its legislative and regulatory compliance requirements. The Core statutory and mandatory training is delivered on induction (within 90 days) and then refreshed as defined within the annual prospectus. (see appendix B)
- 3.7 Mersey Care has adopted the UK Core Skills Framework (CSF) for its core statutory and mandatory subjects. The subjects are common to all health care organisations. Adoption of this guidance is necessary to streamline subjects for consistency across organisations. It also ensures Learning & Development are able to work closely alongside our Subject Matter experts (SMEs) to examine the guidance and align learning outcomes to this evidence based framework. In addition it ensures efficiency and prevents unnecessary duplication of delivery to staff that move within NHS organisations signed up to this framework.
- 3.8 All CSF subjects are delivered by either e learning or as face to face delivery a blended approach to learning within MCFT.

#### Core statutory subjects (see appendix A)

- These include 8 subjects defined within the UK CSF which enable MCFT to meet its statutory requirements.
- 3.10 MCFT also include Information Governance (IG) within this list as a 9th subject highlighting the risk level of non compliance with this training. IG is reported separately but accepts the subject as statutory to accept the legal responsibility the Trust has to protect sensitive information and data.
- 3.11 These subjects are required to be completed within 90 days (12 weeks) and then refreshed as detailed within the training matrix definitions and annual prospectus.

#### 3.12 Core Mandatory Subjects (see appendix B)

Mersey Care also deliver additional core mandatory training found within the requirements within the CSF. These Core mandatory subjects are delivered to all staff and are determined and monitored by the Strategic Workforce Group chaired by the Executive Director of Workforce. This group reports to the Executive Committee and to Board.

3.13 This training is delivered on induction within 12 months and then refreshed as defined within the training matrix definitions and the annual prospectus.

#### 3.14 Statutory and Mandatory Role Specific training (see appendix C)

In addition MCFT also deliver statutory and mandatory role specific training as defined within the prospectus and systems training matrix. Some of these subjects are included in the CSF statutory and mandatory training and are a combination of predominantly specialist classroom (taught) training and some e learning.

#### 3.15 **CORPORATE Induction**

This is an interactive, coproduced, value based programme to welcome and support the individual in settling into their new role within the organisation. Induction is suitable for all employees as it gives the individual a strong sense of our values and what they stand for. Staff will begin their learning journey during corporate induction where they will have a demonstration of how to access their e learning including log in and password access. They will have information on the prospectus and how to access their statutory and mandatory training plan on their personal training plan within SharePoint.

3.16 As part of the Corporate Induction process new staff will be required to complete Statutory elearning and face to face learning as identified within the Trust prospectus and within 90 days of commencing employment with the Trust

#### 3.17 **SECURE DIVISIONAL Induction**

This will be carried out as determined by the Secure Services Division and is NOT applicable for other clinical divisions.

#### 3.18 WORK PLACE Induction

Ward or department managers are responsible for ensuring a Workplace Induction within their team/service is organised and undertaken for all new employees and for new team members (even if they were previously working in another department in the Trust). This will be undertaken using the Trusts Corporate Checklist (Appendix 3) and any local checklists that supplement this. Each new employee will receive supervision and their manager will ensure the new employee receives any initial support required during the first weeks within in their new role.

- 3.19 The aim of a systematic induction is to cover all of the ground in an appropriate time scale and ensures staff are safe and effective to go into their practice.
- 3.20 New staff will receive a PACE meeting within 3 months of starting within the Trust

## 4 DUTIES AND RESPONSIBILITIES STATUTORY AND MANDATORY TRAINING:

#### 4.1 **Chief Executive**

As Accountable Officer, the Chief Executive must ensure that responsibility to deliver an effective induction, statutory and mandatory training programme is delegated to an appropriate Board Member.

#### 4.2 **Executive Director of Workforce**

As nominated Board Member, the Executive Director of Workforce must ensure that robust systems and processes are in place to develop and deliver an effective Induction, statutory and

Mandatory Training programme and will monitor the processes and risks in implementation of this policy. The Executive Director of Workforce is the accountable Director for this policy and is Chair of the Strategic Workforce group that oversees this policy.

#### 4.3 Learning and Development (L&D) Manager

The Learning & Development Manager will be responsible for ensuring that the processes contained within this policy are monitored and reviewed regularly. The L&D Manager will oversee the review of the Trust wide annual prospectus and the interdependent work required with HR Workforce Systems and Systems and Business Intelligence Team to ensure any updates to the ESR/OLM Systems Training Matrix which in turn affects all individual staff training matrix are aligned to Learning & Development Standard Operating Procedures..

4.4 The L&D Manager delivers a variety of reports across the organisation to highlight compliance data.

#### 4.5 **Escalation process to improve compliance:**

L&D Manager and Team will report poor e learning compliance by division and will highlight and target any teams which are at the highest risk of poor or non compliance. In addition the L&D Manager will report any non attendance for core statutory, core mandatory, statutory and mandatory role specific face to face training to Line Managers and the Strategic Workforce Group.

- 4.6 Team information on individual staff who are "expiring" or have "breached" within the approved training period will be made available for all team managers February 2017.
- 4.7 Ongoing issues with compliance to core statutory, core mandatory, statutory and mandatory role specific training from any team or individual will be escalated to the Executive Director of Workforce.

We recognise that if learning needs that may affect compliance within the anticipated timeframes that are disclosed due to disability, this will be addressed on an individual basis.

#### 4.8 Reporting data

2016 has seen a considerable amount of work undertaken to improve the collection and presentation of compliance data for all Core Statutory, Core Mandatory and role specific subjects. The reports which are now used to monitor these subjects is robust, reliable and valid using the Corporate ESR/OLM system through the Corporate Workforce Business Improvement Tool (BiT), taken from the data warehouse which updates information overnight each day.

4.9 Compliance reports are available in February showing staff who are eligible for training and staff who have attended. This allows compliance reporting information to be available to relevant groups and Managers.

#### 4.10 **Strategic Workforce Committee**

The Strategic Workforce Committee has oversight of all Workforce issues within the Trust. This group is chaired by the Executive Director of Workforce. The Learning & Development Manager presents relevant information regularly at this group. The committee is responsible for all aspects of this policy.

Any changes to induction or statutory and mandatory training is expected to have full agreement and subsequent formal sign off by this group and the Executive Director of Workforce.

#### 4.11 Process for changes to mandatory training:

Subject Matter Expert /Accountable Officer to deliver a paper explicitly outlining proposed changes

- additions or amendments to training
- the rationale. This must be accompanied by any relevant linked policy or strategy.
- what form of training is required (proposed teaching method)

- who the training is for by appropriate job role
- Refresher period.
- Cost of training including the cost of any potential back fill required.
- How this training is governed ie evaluated, actions on poor compliance, escalation process.

#### 4.12 **Compliance information**

Compliance Information for core statutory and core mandatory subjects are submitted monthly within the Care at a Glance report.

- 4.13 Monthly compliance updates are presented to the following groups by the Learning & Development Manager
  - Local Services operational managers group
  - Secure Division Education Governance Group
  - Specialist Learning Disabilities Quality Surveillance Group
  - Quality Group (Local Services)
  - Safety sub Group (Local services)
  - MCA/DoLs sub group

#### 4.14 Divisional Managers and Heads of Service will ensure that:

- Staff attend Corporate Induction and complete all their core statutory and core mandatory training both e-learning and classroom (taught) within 12 weeks of commencing employment in the Trust
- Ensure their managers allow individual staff, time to undertake on induction and then at specified refresher periods their mandatory role specific training requirements to ensure safety to practice.
- Staff complete work place Induction (work place Induction checklist appendix C)
- This policy is cascaded throughout their services, ensuring that arrangements are in place to comply with this policy
- Monitor local compliance with this policy
- Progress against 95% all statutory and mandatory training compliance trajectory and ensure this is discussed at monthly divisional/service/ward meetings/performance review meetings
- Managerial action takes place in the instance of non and poor-compliance
- Alert the L&D Team to any conflicting operational difficulties, making suggestions for improvements in compliance as appropriate

#### 4.15 Line Managers will ensure that:

- Staff attend and complete their Corporate Induction, work place Induction, (appendix C) core statutory, core mandatory e-learning and statutory and mandatory role specific training within the specified timescales (within 12 weeks statutory and within 12 months or specified mandatory refresher period) and via the processes outlined in this policy.
- individual staff attend statutory and mandatory role specific training requirements to ensure safety to practice on induction and then at specified refresher periods.
- The identity of any temporary member of staff is checked prior to commencing work
- If it is the temporary staffs first shift on the area, that they complete the appropriate work place check lists with the staff member (appendix 3)
- That they commit to planning training effectively to enable staff to undertake core statutory, core mandatory and mandatory role specific training to ensure safety and quality in practice.
- That they follow up reasons for non-attendance/non completion of training, taking managerial action where required

- They inform their own line manager of any circumstance preventing compliance with this
  policy
- That they complete relevant workforce transact forms to inform HR to make necessary changes within ESR/OLM of all new staff members, staff on long term leave including an absence of 28 days or more, maternity leave, career break, secondment etc or staff members leaving the team or Trust. If this is NOT completed it will affect the training data for that staff member and will impact on divisional training data.
- At the request and disclosure of the member of staff inform L&D of any specific requirements or learning needs which may require a reasonable adjustment for a staff member when booking them onto any type of training.
- Should any individual persistently not meeting their statutory and mandatory training requirements, having been provided with every opportunity to do so in terms of guidance of what is required, time to attend etc. then the manager may take disciplinary action in line with the Trust Disciplinary Policy. Equally, managers who fail to release staff to attend Statutory/Mandatory events may be subject to disciplinary action in line with the Trust Disciplinary Policy.
- Where permanent medical staff do not attend statutory and mandatory training, the Medical director will be advised of non-attendance.
- Ensure that any accessibility issues a staff member will require to access training should be identified through HR27 supporting staff with mental and/or physical disabilities.

#### 4.16 **Subject Matter Experts (SME's) are responsible for:**

- reviewing the prospectus content of their subject on an annual basis
- development and maintenance of subject content either on line or face to face (taught) delivery to meet internal and external requirements/standards
- Complete a report to highlight changes and recommendations to a subject when changes are considered or if new subjects are intended to be added to inform and gain sign off at the Strategic Workforce Group meeting.
- Report any required changes to L&D to ensure the systems training matrix and subsequently individual staff training matrix is updated. This should preferably be completed annually during review of the prospectus.
- Evaluate delivery of content of courses through observation or peer observation of delivery and liaise with L&D to align course observation of effectiveness of teaching methods. Ensure the approved register is completed and returned to <u>Learninganddevelopment@merseycare.nhs.uk</u> within 3 days of course completion. Failure to return completed register will result in data inaccuracies reported within Care at a glance.
- the monitoring and management of attendance and quality of the provision of your training remains responsibility of SME / Accountable Officer for policy.
- planning adequate amount of provision to satisfy requirements and Key Performance Indicators based on on-going needs analysis.
- Any changes to the statutory and mandatory training matrix must be approved by the Trust Strategic Workforce Group in accordance with the L&D policy on behalf of the Executive Committee.
- room set up, provision of course resources, equipment and refreshments etc

#### 4.17 Central L&D Team are responsible for:

• Planning and Delivering Corporate induction to all new starters. Producing lesson plans and ensuring content is continually reviewed, coproduced, improved and quality assured.

- Booking staff onto all face to face courses, sending acknowledgements of course acceptance and reminders
- Managing L&D inbox, Inputting attendances (from completed registers) into the ESR/OLM database for Corporate induction and all face to face (taught) training
- Chasing registers from trainers to ensure data is current.
- Scanning and filing evaluations
- Providing advice and guidance on e learning ie how to log on, and restore passwords.
- Report e learning technical issues which cannot be resolved to HR Workforce systems.
- Ensuring all templates produced by SMEs to update the HR systems training matrix are completed and filed.
- Producing a weekly DNA report for the L&D Manager which includes all face to face training and monthly Corporate Induction delivery.
- Carrying out internal quality assurance observations to maintain quality of training.
- Continually improve internal departmental standard operating procedures (SOPS) to ensure on-going quality improvement in processes,
- Continually analyse, monitor and escalate breeches to staff, managers, L&D Manager to improve compliance but to ensure staff remain in date with core statutory, core mandatory and statutory and mandatory role specific training.
- Work with systems to produce ad hoc reports if requested by managers.
- Agreed interdependencies and operational management of administrative operations which affect compliance data.
- Creation of registers and evaluation forms for Corporate Induction and face to face (taught) learning.
- Accepting new starters onto Corporate Induction via Resourcing Team.
- Ensure timely reports of compliance against Corporate induction, core statutory, core
  mandatory, statutory and mandatory role specific training and none attendance on the third
  week of the month for the L&D Manager and Senior L&D Facilitators to cascade down
  compliance reporting lines.
- Raising awareness of this policy and corresponding standing operating procedures (SOPs) across the Trust
- ensuring L&D deliver or commission an adequate number of training sessions/interventions (if required)to meet the needs of the workforce as indicated in the prospectus.
- on-going monitoring, evaluation and development of e-learning and taught classroom sessions, relevance, status and quality.
- Providing advice & guidance relating to induction, statutory and mandatory training requirements for individual staff members in-line with the prospectus.
- Overseeing the general running and organisation of Corporate Induction, statutory and mandatory learning. (with the exception of Junior Medical Staff Inductions – please refer to next section
- Creation of an annual training prospectus to run from October to September (academic cycle).
- Advise and guide divisions on work place induction checklists, process for returning and their content.
- Annually review the systems training matrix with SMEs, noting any changes. Along with HR
  Workforce systems Team contribute to the updating and production of the systems training
  matrix.
- To work to support divisions and Line Managers as required to update existing action plans in order to resolve issues of non-compliance

#### 4.18 **Director of Medical Education is responsible for:**

 Contribute to the annual review of the systems training matrix in relation to the Junior Medical Staff core statutory, core mandatory, statutory and mandatory role specific training which will affect revalidation and induction of medical staff.

#### 4.19 **Medical Education Team is responsible for:**

- Overseeing the general running and organisation of the Junior Medical Staff (Trainee) Induction programmes in conjunction with Associate Medical Director
- Booking all new junior doctors a date, time and venue within the trust within their first two
  weeks of commencement of employment to complete the on-line junior doctor's e-learning
  modules specific to their placement at Mersey Care.
- Tracking junior doctor's progress on the on-line programmes and providing feedback to the Educational Advisors and Lead Employer
- Generate reports for the Deanery and the L&D Team, Lead Employer on successful completion of the programmes by the junior doctors.
- Update ROSTA
- Any outstanding statutory and mandatory training is followed up by MET and Lead Employer
- Any persistent non-compliant trainee would be dealt with by the Lead
- Employer and HE North West and their disciplinary procedures
- Instigate and oversee the annual review of the systems training matrix and prospectus in relation to the Junior Medical Staff Induction programme in conjunction with Lead Employer, SME's and the Director of Medical Education.

#### 4.20 **Employees (Permanent) will:**

- Attend and complete their Corporate Induction, work place Induction, core statutory, core
  mandatory and statutory and mandatory role specific training within the specified
  timescales and via the processes outlined in this policy.
- Be familiar with the content of this policy
- Ensure that they complete the Corporate Induction attendance sheet and evaluation form
- Ensure that any specific needs (if applicable) are communicated and inform the L&D Team
  of any further adjustments that may need to be made prior to commencement of Corporate
  Induction they are attending
- Commit to attending all face to face training that they are booked onto.
- In conjunction with their line manager inform L&D if unable to attend any face to face
  training and explain the reason why. This should be done preferably before the date of the
  training event. If another member of staff can be substituted this is also preferable. As
  training in planned cancellation should be the exception rather than the rule. DNAs will be
  reported weekly to managers.

**N.B**. It is a contractual requirement that staff complete and pass the assessment of all the statutory and mandatory training both e learning and classroom (taught) – failure to do so may result in action being taken, in-line with the Trust's Disciplinary Policy & Procedure

#### Work place Induction. (Appendix C)

Managers should return all completed work place induction check lists to the Learning and Development Team inbox (<a href="mailto:learninganddevelopment@merseycare.nhs.uk">learninganddevelopment@merseycare.nhs.uk</a>) for audit purposes within 3 months of any staff start date.

(This process is being evaluated during March 2017 to make the process automated on the sharepoint site.)

#### 4.21 **Employees temporary will:**

- Attend Corporate Induction and complete any work place Induction process and checklist (appendix C) prior to commencement of their first shift/first day
- Will complete the required core statutory, core mandatory and role specific statutory and mandatory training modules within the agreed time frame
- Commit to attending all classroom ("taught") training that they are booked onto.

In conjunction with their line manager inform L&D if unable to attend any face to face
training and explain the reason why. This should be done preferably before the date of the
training event. If another member of staff can be substituted this is also preferable. As
training in planned cancellation should be the exception rather than the rule. None
attendance will be reported weekly to managers.

**N.B.** It is a contractual requirement that staff complete and pass the assessment of all the statutory and mandatory training both e learning and face to face – failure to do so may result in action being taken, and no further bank shift will be offered until completion of all the required modules.

#### 4.22 **Agency staff will**:

 Complete work place induction checklist (appendix C) on commencement of their first shift, managers will have received evidence that all their statutory training is in date with their agency prior to working within MCFT.

#### 5 Prevent Duty and Safeguarding:

- 5.1 All adult education providers have a duty to safeguard their learners, Prevent is about safeguarding our learners to keep them both safe and within the law. The Prevent Duty is not about preventing learners from having political and religious views and concerns, but about supporting them to use those concerns or act on them in non-extremist ways.
- 5.2 There is an important role for adult education institutions, including sixth form colleges and independent training providers, in helping prevent people being drawn into terrorism, which includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit. It is a condition of funding that all further education and independent training providers must comply with relevant legislation and any statutory responsibilities associated with the delivery of education and safeguarding of learners. As a training provider Mersey Care Foundation Trust complies with the Prevent duty for providers of education and training in collaboration with our Trust leads.

#### 6 Consultation

- 6.1 This policy was consulted on with the following groups and individuals:
- 6.2 Strategic Workforce Group
- 6.3 Subject Matter Expert Group
- 6.4 Equality & Human Rights Lead
- 6.5 OE&L Service
- 6.6 Policy Group (including staff side)

#### 7 Monitoring

This policy is overseen by the strategic workforce group. It is monitored annually by the Learning and Development Manager. Any changes to the outcomes within this policy will be reported to the SWG for agreement and sign off.

Appendix A

## Core Statutory and Mandatory & Role Specific Statutory and Mandatory

staff to subjec	Statutory Subjects -All control of achieve success in all 8 ets plus IG – 9 eted in Care At A Glance)	Act/regulations/legislation.	Local Division Secure Division	Specialist learning Disability Division.
1)	Fire	The regulatory reform Fire Safety order 2005	ELearning and classroom	Classroom E learning 2017
2)	Infection Prevention & Control	Health & Safety at work act 1974 and regs 2002 Control of substances hazardous to health Health act 2009, Health & Social care act 2008, Public health (control of diseases)Act 1984,The health protection (notification) regs 2010	ELearning & classroom	Classroom E learning 2017
3)	E&D &Human Rights	Equality act 2010, Human rights Act 1998	ELearning & classroom	Classroom E learning 2017
4)	Moving & Handling	Health and Safety at Work etc Act 1974  Lifting Operations and Lifting Equipment Regulation (LOLER), 1998  Management of Health and Safety at Work Regulations, 1999  Provision and Use of Work Equipment regulations (PUWER), 1998  Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), 2013  The Health and Safety (Miscellaneous Amendments) Regulations 2002  The Manual Handling Operations Regulations 1992	ELearning & classroom	Classroom E learning 2017

_	Legislation – UK Wide  • Data Protection Act 1998 • Equality Act 2010 • Freedom of Information Act 2000 • Human Rights Act 1998 • Public Interest Disclosure Act 1998  • Safeguarding Vulnerable Groups Act 2006 • Counter-Terrorism and Security Act (2015)  Legislation – England and Wales  • Care Act 2014 ,• Children and Families Act 2014 ,• NHS Act 2006  • Mental Capacity Act 2005 ,• The Mental Capacity Act Deprivation of Liberty Safeguards	ELearning & classroom	Classroom E learning 2017
6) Sa	UK United Nations Convention on the Rights of the Child 1989 Legislation – England and Wales Children and Families Act 2014, Act, 2004, 2008.	ELearning & Classroom	Classroom E learning 2017
7) C	NHS Protect (2013), Conflict Resolution Training: implementing the learning aims and outcomes  NHS Protect (2014), Meeting needs and reducing distress: Guidance on the prevention and management of clinically related challenging behaviour in NHS settings  NHS Protect, Tackling crime against the NHS: A strategic approach  NHS Counter Fraud and Security Management Service (2003), A Professional Approach to Managing Security in the NHS	ELearning & PSS classroom	Classroom E learning 2017
8) He	Health and Safety at Work etc Act 1974  Management of Health and Safety at Work Regulations 1999  Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013  The Control of Substances Hazardous to Health Regulations 2002  The Health and Safety (Training for Employment) Regulations 1990  The Health and Safety (Display Screen Equipment) Regulations 1992	ELearning	Classroom E learning 2017

The Provision and Use of Work Equipment Regulations 1998	
 The common law duty of confidentiality, data protection act 1998, FOI Act 2000	ELearning

CORE Mandatory Subject All staff to achieve (Reported in Workforce report)	Local Division Secure Division	Specialist learning Disability Division
Adverse Incidents	E learning	Roll out April 2017
Complaints Handling	E learning	Roll out April 2017
Carer Awareness *	E Learning	E Learning
Suicide Awareness	E Learning	Classroom
Fraud Awareness	E learning	Roll out April 2017
Very Brief Advice on Smoking *	E learning	E learning
Dementia Awareness (Tier 1) *	E learning	Classroom on induction
Relationship Boundaries (SECURE ONLY)	E learning	E Learning
TOTAL	7	4

<sup>\*</sup> Subject status to be confirmed with Subject Matter Experts (SME)

Statutory Role Specific Subject Designated staff only to achieve. (Reported in Workforce report)	Local Division Secure Division	Specialist Learning Disability Division
350 Moving and Handling of People (one day)	classroom	Classroom
350 Moving and Handling of Inanimate Objects	E learning	Classroom
CSTF Safeguarding Adults - Level 2	E Learning	E Learning
CSTF Safeguarding Children - Level 2	E Learning	E Learning
350 Basic Life Support (BLS)	Classroom	Classroom
350 Immediate Life Support (ILS) LOCAL	Classroom	Classroom
350 Immediate Life Support (ILS) SECURE	Classroom	Classroom
350 Safeguarding Children/Adults Level 3	Classroom	Classroom
350 PSS Local & Secure Division Breakaway ( 1 day)	Classroom	Classroom
350 PSS Local & Secure Division Refresher (2 days)	Classroom	Classroom
350 PSS Local & Secure Division Team Work (4 days)	Classroom	Classroom
TOTAL	12	12

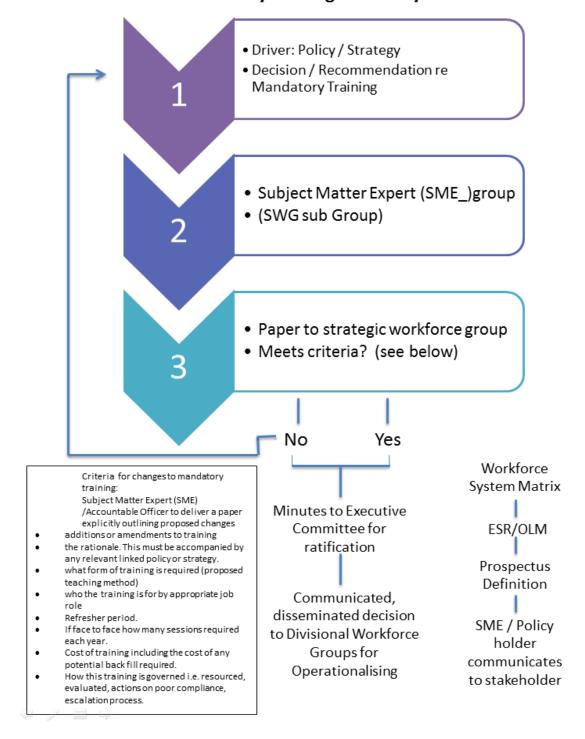
Mandatory Role Specific Subjects Designated staff only to achieve. (Reported in Workforce report) Subject	Local Division Secure Division	Specialist learning Disability Division
350 Mental Health Act (MHA/MCA/Dols 3 competencies) level 1	E learning	Workbook Face to face on induction E learning 2017
350 Mental Health Act (MHA/MCA/Dols) Interface (level 2)	Face to face	Face to face
350 discretionary medicines (local services)	Classroom	Classroom
MEWS	Classroom	Classroom
Food safety awareness level 1	E learning	Workbook E learning 2017
Food safety – award in food safety in catering	Face to face	Face to face
Medicines calculations	E learning	E learning 2017
Safe and effective use of medicines	E learning	E learning 2017
Witness to medicines	E learning	Face to face e learning 2017
Record keeping	E learning	Face to face on induction e learning 2017

Mental Health Clustering (local services)	Face to face	Consultation on draft framework nationally for LD and high secure.
Root cause analysis	Face to face	Face to face
TOTAL	12	12

<sup>\*</sup> When making recommendations to add or change any statutory or mandatory training SMEs to consider resources to deliver and affect on headroom.

#### **SME Flowchart**

#### Procedure for the Governance of Statutory and Mandatory training at Mersey Care



## **Workplace Induction Checklist**

## **WORKPLACE INDUCTION CHECKLIST – PART ONE**

Employee's Name:	
Job Title:	Department:
Date Commenced in Post:	Line Manager:
This record is to be completed by the support p  To be completed on the first day of attendance	erson in conjunction with the new starter or for staff returning from a period of absence that may have affected their statutory and mandatory training compliance. in Locality/Divison
NB. No member of staff shall be entitled, or ex appropriate training is essential until such trainidiscussed with their line manager/supervisor	

INTRODUCTION	DATE INFORMATION GIVEN	INFORMATION GIVEN BY (Signature)	INFORMATION RECEIVED BY EMPLOYEE
Orientation to the ward/department and any other areas within the organisation relevant to the post			
Introduction to Line Manager			
Introduction to colleagues/patients (if applicable)			
Received clear instructions on who s/he is responsible to			
Shown lockers/security of belongings explained			
Been acquainted with location of notice boards, dining facilities, coffee machine/ kettle, and library – (where available).			
Introduced to support person			
Introduced to the Job			
Introduction to statutory and mandatory training /PACE and supervision, policy and practice			

HEALTH, SAFETY & ENVIRONMENT			
Policy & Procedure for the effective management of risk and received instruction in local Risk Assessments – SA02			
Safety rules relevant to the post			
Housekeeping, tidiness, clear floor space			
Issue with protective clothing/explained where protective clothing is available (if appropriate)			
Fire, Evacuation and Fire Safety Policy – SA08			
Policy & Procedure for reporting, management and review of adverse incidents – SA03			
Management of Risk through Supportive Observation SD04 (if appropriate)			
	DATE INFORMATION GIVEN	INFORMATION GIVEN BY (Signature)	INFORMATION RECEIVED BY EMPLOYEE
HEALTH, SAFETY & ENVIRONMENT			
Location and fire fighting equipment			
Fire Safety procedures & location of Fire Exits/Assembly points			
Health risks – COSHH			
First Aid boxes/first aiders/incident forms			
Security measures – doors and alarm codes			
Corporate Environmental Policy (SA34) – any specific environmental aspects/risks related to the job			
INFORMATION			
Time sheet/signing in/out procedure			
Meal times and arrangements			
Dress code			
Procedure for obtaining time off			
Sickness reporting procedure			

Who to approach for help/information		
Importance of regular time keeping/attendance		
Issued with any supplementary checklists		
Explanation of the key documents used within the team, ward, department		
EXPECTED STANDARDS OF BEHAVIOUR		
Informed of confidentiality	-	
Courtesy to patients/visitors	-	
Concerns at work about patient care/business misconduct (whistleblowing) – HR06		
Reliability and loyalty to Division/Service/Department		
Helpfulness to other staff		
Telephones/bleeps/pagers & Personal telephone calls – incoming & outgoing		
Policy & Procedure for the use of email, Intranet and the Internet – IT02		
Car parking/standards of driving/lease car Process	-	
Performance Review Process		
Identified Training Needs recorded (use separate form)		
Use of Personal Mobile phones		

I confirm that the above information has been discussed with me and that	t I fully understand all of the information.
Employee's Signature:	Date:

Allocated support staff signature:	

## **WORKPLACE INDUCTION CHECKLIST - PART TWO**

Employee's Name:		
Job Title:	Department:	
Date Commenced in Post:	Line Manager:	
This record is to be completed by the line manage	er/supervisor in conjunction with the new starter.	
TO BE COMPLETED WITHIN ONE CALANDER NB. No member of staff shall be entitled, or expec		

appropriate training is essential until such training is carried out. This should be

discussed with the allocated Support person.

RECEIVED INSTRUCTION ON: (If applicable)	DATE INFORMATION GIVEN	INFORMATION GIVEN BY (Signature)	INFORMATION RECEIVED BY EMPLOYEE
Their Role			
Health & Safety & Welfare Policy – SA07			
Infection Control Procedures			
Manual handling Policy			
Safety of patients			

Corporate Waste Management Policy - SA22		
Policy for handling of Medicines within the Mersey Care NHS Trust (SD12)		
Local management structures		
Local operational issues		
Local Business Plan/s		
Computer information		
Mental Health Act – (if appropriate)		
Role of Staff Side organisation		
Role of Staff Support and Occupational Health		
Explanation of Payslip (should take place when new staff receives their first payslip)		
Policy SD04 Management of clinical Risk through Supportive Observation		

	DATE INFORMATION	INFORMATION GIVEN BY (Signature)	INFORMATION RECEIVED BY EMPLOYEE
	GIVEN		
RECEIVED INFORMATION ON: (If applicable)			
Dealing with public/media			
Standards of Business Conduct			
Local rules			
Department rules			
Ward/department/service routine			
Expenses Claims			

SPECIFIC INSTRUCTION				
Communications: Team briefing, Trust bulletin, Service Users guide, telephone directory, Trust Business Plan, Strategies for future, etc.				
Departmental meetings				
Health and Wellbeing				
Staff Training & Development opportunities				
Personal Development Portfolio				
Risk Management				
Management of Violence & Aggression				
Personal Security				
Local Security Policy				
Emergency Plans				
Reporting Procedures				
IDENTIFIED TRAINING NEEDS				
1/				
2/				
3/				
4/				
DATE OF PERSONAL CONTRIBUT	ON & EVALUATION	MEETING (PACE) wi	thin 3 months	
Dates of supervision planned	YES	No	Comments	

confirm that the above information has been discussed with me and that I fu	ally understand all of the information.
Employee's Signature:	Date:
Allocated support staff signature:	

# INDUCTION CHECKLIST – PART THREE General Information

#### **HR Advice**

List of all contact details for Human Resources including Director or Workforce, Head of Workforce for both divisions and HR Business Partners and Advisors can be found via this link:

http://www.merseycare.nhs.uk/Working for Us/HR/Human Resources.aspx

Main number - 0844 3245298

Options: 1 Payroll

- 2 Recruitment
- 3 Pensions
- 4 Expense claims
- 5 Personal / Contractual changes
- 6 ESR Admin / Reporting

#### Pay date

The 26<sup>th</sup> day of every month – paid direct into your bank account. Dates can sometimes change but will be advertised on Your Space. Payslips should be received the day before or day of pay.

#### **Annual Leave Entitlement - Policy Number HR17**

The annual leave year runs from 1<sup>st</sup> April to 31<sup>st</sup> March, and the current entitlements under Agenda for Change are:

Length of service	Annual leave + General Public Holidays
On appointment	27 days + 8 days
After 5 years service	29 days + 8 days
After 10 years service	33 days + 8 days

These will vary if part-time on a pro-rata basis – please check the policy.