

Learning, Development and Training Policy

Reference No:	P_HR_13
Version	7
Ratified by:	LCHS Trust Board
Date ratified:	10 September 2019
Name of originator / author:	Head of Learning & Development
Name of responsible committee / Individual	Employment Policy Group
Date issued:	September 2019
Review date:	September 2021
Target audience:	All LCHS Staff
Distributed via	LCHS Website

(Education, Training and Development Policy)

Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1	Pages 1-4, heading of page 5	Addition of reference Number to title page; Light re-formatting	May 2009	Anny Jones
2	Whole Document	Review content; link to HR policies; re-format process templates – also changed from a guidance document (GuCPS001) to a Policy document	July 2013	Annie Burks
3	Whole document	Full policy review	June 2015	Jill Anderson
4	Page 50-52	Resources to compliment preceptorship added including access to Athens Information		
5	Whole document review	Change of title, mandatory training included in policy to avoid need for additional mandatory training policy Merged P_HR_13 Education, Training & Development Policy with P_HR_37 Mandatory Training Policy	June 2018	Emma Lee
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Learning Development and Training Policy

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Learning Development and Training Policy

Procedural Document Statement

Background Statement

Lincolnshire Community Health Services NHS Trust (LCHS) aims to provide the highest standards of quality and safe patient care. Every employee has a personal responsibility to achieve and sustain high standards of performance, behaviour and conduct that reflects the Trust's vision and values at all times.

LCHS recognises the importance of Learning, Development and Training for the personal and professional development of staff, and in contributing to their health and wellbeing. It also enables staff to carry out their duties safely and efficiently and reduces/address areas of risk.

The WDG (Workforce Delivery Group) agenda covers deliverables on Strategic Objectives such as recruitment (workforce plan), training, and attendance at training and clinical supervision.

LCHS seeks to promote a change in culture in the organisation and support delivery of one of the Trusts strategic goals;

'To realise the full potential of everyone we work with and the talent of all our staff'.

We need a workforce that is fit for the future and able to meet the needs of patients both today and tomorrow.

Essential to this is the provision of good quality learning and development opportunities that involve staff and provide them with the knowledge, skills, values and behaviours to support safe and high quality compassionate care.

Providing staff with the skills and knowledge to do their job effectively and enabling them to be the best they can be in their role is a priority within the workforce and OD strategic plan.

In order that LCHS can grow its workforce and sustain knowledge and skills within teams, staff need to support the development others in their roles, empowering them in their job roles. This may be achieved through coaching and mentorship in the practice areas in addition to formal training.

LCHS recognises that in order to deliver their roles and statutory duties, and to support the organisation to meet its objectives, *all nationally registered clinical staff* require a period of preceptorship to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning so by supporting their individual journey from novice to expert

This policy is designed to promote fairness and consistency in approach to the delivery of a period of preceptorship and provides a framework of documentation to ensure that it is recorded, monitored and audited.

Responsibilities

This policy applies to all staff and newly registered clinicians regardless of whether they are employed on full-time, part-time, bank or fixed term contracts.

All staff will receive training appropriate to their role within the preceptorship process

Training in relation to equality and diversity principles specifically related to the organisation's Single Equality Scheme is also a requirement

Dissemination Resource

Website

Resource implication

Training needs are identified within LCHS training needs analysis and are aligned to the organisations strategic objectives.

Staff accessing training are prioritised for training on the basis of a RAG rated assessment following appraisal and once their manager's support has been agreed to access the training requests.

Education training funding resource is not infinite; therefore where the value of training requests outstrip the available financial resource a prioritisation exercise will be undertaken with senior managers.

Since June 2016 training needs requested on the training needs analysis have to align to Lincolnshire sustainability and transformation plans. Training requests are assessed against STP themes and priorities

1. INTRODUCTION;

1.1 Lincolnshire Community Health services NHS Trust recognises that it's most important resource is its employees. The objectives of the organisation can only be fulfilled through a well-trained, appropriately qualified and supported workforce

The Learning, Development, and, Training Policy aims to promote the development of its employees recognising the importance of learning and development to both the organisation and the individual.

The policy is guided by the principle of education for a safe and supported workforce. Improving the quality and provision of health care in the context of a community based service.

1.2 Linked Policies and Guidance

Recruitment and Selection, Secondment Policy P_HR_10

Preceptorship Policy P_CS_22

Return to Practice Policy P_HR_56

Probation Period Policy

Equality and Diversity Policy

Induction Policy P_HR_04

Your Performance Matters – Probation Periods for New Employees Policy P_HR_6

Learning Agreement Policy and Guidelines

Professional registration policy P_HR_08

Work experience policy

1.3 Key Strategic and Local Documents Influencing Educational Agendas

Five Year Forward View

Health and Social Care Mandate 2017/2018

Lincolnshire Sustainability and Transformation Plan

Lincolnshire STP Workforce Strategy

Workforce Strategy – Facing the Facts Shaping the Future PHE Jan 2018

Care Quality Commission – Regulation 18. Staffing levels.

National Quality Board – Safe, Sustainable and Productive Staffing- An improvement resource for the district nurse service. (Edition 1) Jan 2018

1.4 Workforce Planning.

Currently the NHS faces workforce challenges at various levels, and the additional need to respond to the service goals set in the Five Year Forward View. Health Education England has proposed the following the 6 Principles to make better workforce planning and policy decisions. This can be summed up as, 'Right Skills, in the Right Place at the Right Time for the Right Person'. (Workforce Strategy – Facing the Facts- Shaping the Future PHE Jan 2018);

Securing the supply of staff the health and care system needs to deliver high quality care in the future

Training, educating and investing in the workforce to give new and current staff flexibility and adaptability

Providing broad pathways for staff so they have careers, not just jobs

Widening participation in NHS jobs

Ensuring that the NHS, and other employers in the system, are model modern employers

Ensuring that in future service, financial and workforce planning are properly joined up
The organisation will develop a single competency library which will support line managers to map the training requirements competency gaps in their staff teams. The education team will partner clinical educators in the development of competency profiles.

Education provision is linked to the organisations strategic plans and is directed by the Lincolnshire Sustainability and Transformation Plan. It is an integrated component to the implementation of workforce development. It supports the retention of staff.

1.5 Key Drivers of Education and Workforce Development

New Service Models of Clinical Care Delivery

This involves integrated approaches to the delivery of care e.g. Care Close to Home, Neighbourhood teams.

A career pathway will be developed to enable staff to see opportunities for progression and development where the workforce plans requires this.

New roles and new skills

Developing new roles is a key part of supporting a richer skill mix in multi-disciplinary teams across health and care. Health Education England is supporting rapid growth in physician associates and nursing associates as part of this.

Complementing these developments in workforce are supporting a range of initiatives to support advanced or extended practice in a range of professional roles.. (Facing the Facts Shaping the Future- Public Health England 2018)

LCCHS will continue support Return to practice placements supporting persons to get back onto a professional register, with opportunities to bring back into the organisation care staff with life and previous health care employment skills.

Programmes can support those on programmes supported through HEE to assist those on a professional register but 'Out of Practice' back to the floor.

Managers will access a single competency library hosted on LCCHS Education website which will support line managers to map the training requirements competency gaps in their staff teams. The education team will partner clinical educators in the development of competency profiles.

Equality and Diversity

This policy aims to ensure that no individual receives less favourable treatment on the grounds of gender, sexual orientation, transgender status, civil partnership/marital status, race, nationality, ethnic or national origins, religion/belief, disability, age or trade union membership.

Reasonable adjustments to support the education and learning needs of specific individuals will be supported when identified with individuals. Examples might be dyslexia. The Equality and Diversity Lead will be involved for support where deemed appropriate.

The organisation recognises the value of learning and development in maintaining an efficient and effective service. Therefore, learning interventions should have a clear link to achievement of personal, departmental and organisational business objectives.

A pre-requisite for access to learning and development will be a current Personal Development Plan (PDP) agreed through an annual appraisal process. The Trust works within finite resources, therefore it is essential that value for money learning intervention is approved. The Trust will continue to provide mandatory training for all employees in line with professional requirements.

However, the Trust expects individuals to contribute towards their personal development in terms of commitment, time and finance.

This policy seeks to ensure that the organisation complies with the NHS Litigation Authority Risk Management Standards, Care Quality Commission Essential Standards and the Health and Safety Executive requirements..

1.7 Mandatory Training

Mandatory training is a requirement determined by the organisation and stipulated as a minimum requirement and is, therefore, compulsory. Mandatory training is concerned with minimising risk, providing assurance against policies and ensuring the organisation meets external standards. LCHS is aligned to the Skills for Health recommended Core Skills Training Framework CSTF. The organisation has a systematic approach to ensuring that all staff, including all Board members receives relevant and timely risk management training as detailed CSTF framework (See Appendix 4). Training is also an essential control measure when managing risks associated with the provision of healthcare. A lack of training can be a contributory factor in incidents, therefore if staff have been trained appropriately to undertake their duties the risks of an error or omission occurring can be reduced (NHSLA Risk Management Standards 2012-13). A matrix of mandatory training requirements is available from LCHS Education and Training website. (See Appendix 3) All staff are booked on to annual mandatory training by the Learning and Development team.

1.8 Induction Training;

The organisation recognises the importance of an effective induction for employees new the organisation. A robust mandatory induction programme containing both corporate and local elements ensures that our employee's receive vital information, knowledge, skills, The organisation has a legal obligation to ensure that risks are minimised and neither the staff nor the organisation are unnecessarily exposed to hazardous situations The Learning, Development and Training Team support the delivery of induction training and work closely with Workforce Services/ Recruitment Services to ensure new recruits and line managers book staff onto Induction using the E-Booking system. Managers should refer to the LCHS NHS Trust Induction Policy when recruiting new staff.

Attendance & Compliance Monitoring

The Learning development and training delivery team monitor attendance monthly, providing risk management reports on non-attendance bi monthly to the Workforce and Transformation Executive Group. Failure to attend is reported to staff and their line managers within 48 hours and escalated to Heads of Clinical Services as appropriate.

In order to maximize attendance and maintain compliance the training team will:

Ensure that all staff are aware of the availability of mandatory training via the Trust website.
Ensure that accurate training records are maintained and there is a clear process for booking

and cancelling training.

Ensure a process is in place for identifying individuals whose training is not up to date and this information is made available to line managers and service leads.

Ensure that a robust process is in place for following up of non-attendance by informing the individual's manager of their non-attendance and the need to rebook.(see Appendix 5)

Care Certificate

LCHS will continue to manage the Care Certificate access by all staff in clinical patient facing roles. (Francis Report, 2013 & Cavendish Review Report July 2013), Care certificate as a baseline to career progression and development. Care Certificate supporting local induction of unregistered employees and is linked to the LCHS Probation Period Policy for New Employees. The care certificate resources are available in electronic portfolio; access to this is arranged by the learning, development and training team. An observation of practice based on the key specific areas of demonstration in practice will be recorded in practice and uploaded to the electronic portfolio. The learning and development team will manage the quality of assessment and maintain records of staff who have completed the care certificate.

1.9 Essential Training

A training requirement determined by the organisation to;

Support policy implementation

Support service delivery in line with STP priorities.

To support the individual to carry out their current job role.

1.10 Professional Development:-

Individuals have the responsibility to raise with their line manager and be responsible for their own learning and development however:

Advice and support to help you manage your own learning and growth throughout your career.

E.g. Information, advice and guidance about career development.

Learning can be met by methods other than face to face classroom learning. For example e-learning, work-based shadowing, coaching, on the job learning, or a blended approach to learning incorporating workbooks, face to face workshops.

1.11 Introduction of New Training

All new training will be introduced following Trust procedure to ensure a coordinated and streamlined approach. Specific learning needs analysis is required for any new training initiative to include: Advice should be sought from the learning and development, training team training delivery lead. The need for new training should be discussed at LCHS Effective practice group.

Clear rationale

Learning objectives including lesson plan, competency assessment document

Description of standards being met

Description of risks being mitigated

An implementation plan

The implementation plan should include:

Methodology and format for delivery

Suitable supporting policies linked to National Frameworks. E.g. NICE (National Institute of Clinical Excellence Guidelines) or Skills for Health National Occupational Standards.

Training needs analysis for who the training is for and why

Identify the resources that need to be in place to deliver the training
Cover the plans for evaluation and impact of the training delivered

1.12 Preceptorship

LCHS NHS Trust supports preceptorship for all newly registered (NMC/HCPC) employees, back to work returners after a gap in employment. This includes preceptorship bespoke for those gaining employment in a new role or field of practice. Return to Practice (NMC/HCPC) for those coming back on a professional register.

The LCHS Multi-professional Preceptorship Policy Outlines the requirements of managers and educational provision and recording of preceptorship. Managers have the responsibility for supporting preceptorship and identifying a suitable Preceptor within their service area.

1.13 Apprenticeships;

For apprenticeships staff are required to have 20% of the job learning time (pro-rata for contract hours). This may include attendance one day a week at college, university, e-learning, shadowing and work experience in other services, other professions, workshops. This is monitored by Employer Skills Funding Agency and OFSTED on inspection visits. (Note this is 40% - Nurse Associate apprenticeship/Degree nursing as mandated by NMC).

For all apprenticeships the manager and employee should complete an apprenticeship commitment form which is the contract between the LCHS NHS Trust apprenticeship centre, managers and staff members to support the full requirements of the apprenticeship including off the job learning requirements.

Support arrangements are in place to support safeguarding learners and ensure that Prevent duties are met. OFSTED has responsibility for monitoring the **Prevent duty** in publicly funded further education which includes apprenticeships. The Learning, development and training team LCHS apprenticeship centre is registered on the ROATP database. (Register of Apprenticeship Training providers. This supports delivery of in house delivered apprenticeships. Quality assurance of accredited apprenticeship awards delivered in house is monitored by the accrediting provider via standards verifier visits, internal quality assurance assessors, and by OFSTED inspections. The management of apprenticeship levy funding is monitored by the Employment, Skills Funding agency.

2.0 Record Keeping and Evaluation:

There is an expectation that attendance of training will be recorded centrally. It is acceptable to keep a secondary record locally to inform managers of staff development.

The impact of learning and development should be measured by appraisal and evaluation.

Recording of training

Accurate recording of training records is essential as it provides the evidence of compliance required by internal and external assessing bodies. All persons delivering training are required to return all sign in sheets/ attendance sheets to the education and workforce development team where attendance is recorded on the Trust's Electronic Learning Management System. Email Workforcetraining@lchs-chs.nhs.uk

All staff attending training events must sign the attendance record in order that their attendance can be recorded accurately by the learning and development business support team, following receipt of the attendance record sheet.

3.0 Roles and Responsibilities

3.1. The Role of the Trust Board/Management Board

The organisation has a responsibility to monitor that mandatory training is available to and accessed by the workforce. Quarterly Workforce reports will be made available to the Boards and to key stakeholders of the LCHS NHS Trust Workforce Services and Education and Training Team, to ensure compliance.

To ensure a suitable framework of statutory and mandatory requirements is identified for all staff and appropriate learning approaches are put in place to support the framework and demonstrate staff competence, the organisation is committed to ensuring that adequate provision is made for associated training and assessment and for staff to be released to comply.

As evidence of this commitment, the cost of mandatory training will be funded in full by the organisation.

3.2 The Role of LCHS Learning, Development and Training Team.

The education and workforce Development team follow the ethos of Support, Engagement, Education, and Development (leading to) Success. (SEEDS).

Support the collation of training needs analysis from data provided by nominated managers within LCHS to be able to plan an annual training time table. The training needs analysis is collated between November and January each year to inform Health Education England and the Lincolnshire STP of training requests based on a RAG rating and the STP Themes. (See Appendix 1 and 2).

Internal Clinical training planning is based on the requests made by nominated managers completing the training needs analysis. Therefore managers need to include these requests in the annual training needs analysis.

Provide/arrange mandatory and Induction training for all staff to meet the organisation's specified mandatory/ induction training requirements and monitor attendance reporting to workforce board and senior managers. Staff will be booked onto annual mandatory training by the education and workforce development team using the Electronic Staff Record System

Maintain accurate training records of attendance for all staff attending training. Provide advice and guidance on lesson plans, record keeping of attendance to others within the organisation delivering training to ensure all training delivery is recorded in the Electronic Staff record.

Provide information, advice and guidance to managers and/or staff to support individual and organisational development. Referenced to the principles of the Matrix Standard.

(<http://matrixstandard.com/about-the-standard>).

To meet the requirements of OFSTED and Employment Skills funding agency (ESFA) for quality assurance.

Work in partnership with operations managers for Health Education England Quality assessment visits, Mott McDonald NMC visit assessments, and other regulatory bodies as required for the provision of educational information, advice and guidance.

Manage the training budget within finite resources and monitor expenditure of external funding contracts e.g. HEE Funding Allocations, Apprenticeship Levy.

Work in partnership with key senior managers through the T1 form system identifying training requests to be considered from a central education budget. These will be RAG rated for priority and linked to STP themes. Work with colleagues in Procurement providing data that will inform where it is necessary to tender for education providers to deliver apprenticeship programmes.

Develop and monitor contracts with training providers and customers and ensure compliance with equality and diversity and to ensure quality provision.

Work with managers via effective practice group/ workforce delivery group to identify flexible alternative methods of learning delivery that support safe staffing. This might include other means of learning, shadowing in the work place or e-learning/ use of technologies web based learning where deemed appropriate.

Provide/arrange courses to meet the existing and evolving training needs of the organisation and publicise these to all staff with equality and diversity. This will be based on the competency requirements for staff job roles.

Work with organisational subject matter experts to arrange the delivery of specialist training. This includes working across Lincolnshire health care providers to access specific training identified from the training needs analysis.

Work with educational partners supporting evaluation and learning for quality placements for learners.

Work in partnership with the Effective Practice & Education Lead Practitioner and Clinical Practice Educators in the organisation and delivery of clinical study days in addition to providing support in response to practitioner performance issues and lessons learned resulting from investigations.

Work with safeguarding team to support safeguarding of learners and the Prevent Programme as required by the Employment Skills Funding Agency and OFSTED. (Office for Standards in Education, Children's Services and Skills).

Support evaluation of Education and learning quality, NMC, HCPC visits, OFSTED assessments.

Commission, deliver apprenticeships based on accredited standards and frameworks. Manage a team of assessors and internal quality assurers, standards verifiers' visits to meet accreditation requirements.

Support the management of staff processes for the Care Certificate. Act in advisory role for assessors in the work based areas and support quality assurance of completions.

Link with managers and Clinical Educators supporting Preceptorship Programmes.

The Learning, development and training team provide accredited training in health and safety, food hygiene and first aid. The team has met 'Matrix' accreditation in information, advice and guidance, works with the Education, Funding and Skills Agency for apprenticeships, and is subject to OFSTED inspection and Verification visits for Pearson accreditation of apprenticeships.

Systems are in place within the education and training to monitor quality through peer observation and evaluation of training delivery, have systems in place to monitor and evaluate quality.

3.3 The Role of Clinical Practice Educators.

A team of Clinical Educators are placed within the organisation to offer support and expertise to clinical team.

The CPE role is to work in partnership with management and clinicians to identify potential areas of practice development

Support the development and change of practice and/or services

- Provide strong clinical leadership and contribute to the quality and safety strategic developments and assurance across the trust.
- Support competency based development and act as a role model
- Identify the learning and development needs of the workforce, assessing, coordinating and support delivery of the workforce skills and competencies aligned to specific teams of registered and unregistered staff.
- Provide mentorship and placement support to community based learners relevant to professional qualification and accountability.

Contact details for CPEs can be accessed from the Education and Workforce Development Intranet website. CPE activities are planned based on the referral form requests.

3.4 The Role of Organisational Development Team.

The role of Organisational development is to support excellence in healthcare with a capacity to respond to change flexibly. This includes building the Trust's capacity and capability to achieve its goals through planned development, improvement and alignment of strategies, structures, people, culture and processes that lead to organisational effectiveness

Consultancy

Facilitation

Coaching

Talent Management

Leadership Development

Team Development

Behavioral Shift

Staff Engagement

Systems Integration

3.5. The Role of Managers

The direct responsibility for training and developing individual members of staff or groups of staff member's rests with their line manager. In the case of Board members, responsibility for ensuring training compliance will be overseen by the Trust Board Secretary.

Managers will balance service needs versus the needs of staff to access training across the financial year.

Managers must ensure all new recruits attend induction training in line with the organisations induction policy. Line managers are responsible for local induction

All managers must ensure that their staff have an individual plan in place to access and attend mandatory training according to their job role, before considering further development opportunities and:

Consider all applications for learning and development in a uniform and equitable manner ensuring decisions are free from bias and discrimination.

Manage staff development in line with the organisation's Induction Policy, ensuring both a corporate and local induction is attended, the induction checklist completed and staff are supported to gather evidence towards their annual appraisal and / revalidation (see Induction Policy for recommended timescales).

Make a regular and careful appraisal of the performance and potential of every employee through an annual appraisal. The Review should result in an updated Personal Development Plan for each member of staff.

Identify and authorise all training with new and existing members of staff to establish learning needs and suitable learning interventions. All training **must** be authorised by the line manager who has responsibility to ensure that staff attend.

A T1 form must be completed with the staff member for all training requiring funding from the central deputy director of nursing training budget and be RAG rated for priority

Complete the annual training needs analysis with all training needs identified in appraisal this will include clinical in house training, learning beyond registration university training, training required from the central training budget, apprenticeships.

It is a requirement of the STP that a learning agreement all public funded courses e.g. those provided by Higher education institutions or purchased through HEE and ATP business case funding.

Complete a learning agreement with the staff member as outlined in the learning agreement policy and learning agreement guidelines. Learning agreements will be sited for access on the learning agreement policy and Education and training team website. Appendix 9

Support staff to attend/participate in identified and authorised learning activities. This may involve both formal and informal opportunities ensuring the following are in place: mentorship

arrangements, learning agreements, internal assessment and verification, work shadowing etc. This will enable the employee to progress with their learning and development.

During the period of learning and development the manager should ensure that they work with the employee to ensure that barriers in the workplace do not hinder the employee's progress. Consider the impact of sickness, change of personal circumstances, and at the earliest opportunity involve the education provider, so that provision may be put in place to support the employee.

Support staff to evaluate the effectiveness of learning interventions and to implement and apply knowledge and skills gained through learning activities, cascading knowledge gained to the wider workforce where appropriate.

2.3. The Role of Employees

The employee must ensure that they are aware of their training requirements identified within the LCHS Mandatory Training Matrix and at appraisal for their individual job role and ensure that they have an individual annual plan for ensuring that all training is attended.

The employee is responsible for researching appropriate learning and development interventions as included in their personal development plan. This will enable managers to have all the relevant information on content, cost and learning outcomes before authorising the appropriate level of support.

Employees will also be expected to take an active part in evaluation of learning and development activities, both internally and with the training provider. This will ensure that the organisation addresses any quality issues and ensures value for money.

Employees will be invited to disclose any access, dietary and or other specific requirements they may have in order that the organisation can ensure that they receive support to help them benefit fully from learning and development interventions. This may take the form of preferential seating, information in Braille, change of venue etc.

Employees will be expected to familiarise themselves with the Delegate Code of Practice which is available from the trainer at all training events

There is an expectation that staff through agreement with their manager and completion of T1 form, attend a "Train the Trainer" or "cascade training" deliver the training interventions as agreed with their line manager.

Employees should abide by the Uniform and Dress Code Policy when attending all training events.

Comply with the requirements in the Learning Agreement Policy post training.

Highlight to managers any training required to support Fitness to Practice for NMC/ HPCP revalidation purposes so this can be considered in annual performance reviews and training needs analysis.

4.0 Training Needs Analysis

Training needs analysis is a key component of the workforce planning cycle. It links into the priorities for training for new ways of working and service development. E.g. Close to home-Integrated teams, 5 year forward view and STP plans. Demographics are also key in influencing workforce needs.

Other considerations are 'Fitness to Practice' requirements laid down by the NMC, HPCP

The operational training plan forms the basic minimum learning and development requirements to keep an individual practitioner safe in practice for a year and assists the organisation to minimise risk. Examples of this type of training would be the clinical and non-clinical annual mandatory update programmes.

Training needs analysis requests should include all identified training needs RAG rated for priority and linked to the STP Priorities/ Themes. LCHS receives some limited funding from Health Education England with the remainder being sited with the STP and which is accessed via business cases being approved by the STP. Clinical Practice educators and Professional Development can advise on the most current position.

Training needs analysis supports the planning of commissioning training programmes e.g. University programmes, clinical in house training delivery, apprenticeships, commissioning of external training, care certificate requirements.

Organisational development requirements also need to be included in the training needs analysis. These include coaching and leadership programmes.

This then forms the organisations RAG rated training plan. The training needs analysis is completed in an electronic format between the months of November to beginning of January. The co-ordination of this activity is supported by the Education and Workforce Development team. (see Appendix 6 & 7)

The responsibility for completing the training needs analysis lies with managers identified by the Deputy Director of Nursing and operations.

5.0 Governance and Quality of training provision.

All training courses will have clearly identified aims and learning outcomes. This will be managed through the development of a clear lesson plan. The lesson plan will include reference to equality and diversity and 'British Values'.

Lesson plans and resources used in training programmes will be stored on a central secure drive.

The Learning, development and training team are able to support where assistance is needed to develop competencies and lesson plans.

Reporting and monitoring is via LCHS NHS Trust Effective Practice Group, Workforce Delivery Group, and Workforce Training Executive Group which reports into Trust Board.

6.0 Authorisation of Study Leave

6.1 Internal Courses

All applications for training for courses provided or administered by the LCHS NHS Trust -

Workforce Services and Education and Training Team must be made using the organisation's e-booking system. Managers must approve applications before a member of staff has their place confirmed.

Staff not receiving an email confirmation via ESR must query this to ensure that there is not a technical issue and they actually have a place confirmed. Staff will be required to supply a printed copy of their confirmation at registration for formal training. EF2 forms should be completed whenever there is a change of manager to ensure the staff member is assigned to the correct manager so the electronic booking system can support managers' authorisation for attendance on courses.

6.2 External Courses

Where staff attend training on external courses and the e-booking system is not used, a T1 form must be completed and authorised and a copy returned to the LCHS NHS Trust –Learning, Development, and team for final sign off and collation.

Under no circumstances should training be booked with an external provider without senior management sign off. University course (Learning beyond registration) bookings supported through HEE funded will be managed by the Education and Workforce Development Team who will notify staff when they can book on once the training needs analysis has been ratified by senior managers and the HEE has confirmed the funding is available.

Managers should be guided by the Training needs analysis Priorities Appendix 1 and the STP Priorities in appendix 2.

Requests for learning and development will not be unreasonably refused. Agreement should be reached with an individual's line manager where attendance at training falls outside roistered working time. Line managers are encouraged to identify this training time within the normal working shift pattern.

Non-medical prescribing courses will be accessed following an interview with the Non-Medical Prescribing Lead and successful completion of a numeracy skills test. Any re-sit and subsequent funding of the examinations will be agreed with the Manager, Non-Medical Prescribing Lead. See LCHS NHS Trust Non Medical Prescribing Policy. P_CS_25

Employees who require guidance and support with applications are strongly advised to speak to the LCHS NHS Trust Education Workforce Development Team in the first instance. Employees who feel they have been unreasonably refused access and/or support for learning and development may wish to pursue the matter further under the organisation's Grievance Policy.

6.3 Travel and Expenses

Travel and expenses need to be discussed and agreed with the line manager with reference to LCHS expenses policy and lease car policy

https://www.lincolnshirecommunityhealthservices.nhs.uk/download_file/270/442

https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/4515/1387/3715/P_HR_58_Lease_car_scheme_Policy.pdf

Appendix 1:

RAG Rating for Training Priorities in Appraisal and the Training Needs Analysis

The following are used to assess the priorities of training needs within LCHS NHS TRUST

Priority 1	Requirement for an individual to perform in their current role
Priority 2	Requirement for a planned service need or team development
Priority 3	A desirable development of their current role for continued professional development
Priority 4	A personal development not related to their current role but may be of benefit for the Trust in a future position (e.g. Some MSc programmes, further skills development outside of the current area of responsibility)

Other factors which, should be taken into account before authorising learning and development include:

- Length of course.
- Effect of the employee's absence. Safe staffing levels.
- The benefits to both the individual's PDP and organisational objectives..
- How it contributes to the individuals fulfilment of their specific job role. .
- The amount of time requested.
- Professional mentorship or vocational assessment required.
- Access to information, internal/external networks and exposure to current issues and work streams.
- How the knowledge gained can be disseminated in the organisation.

Figure 1: National Quality Board expectations (2016)¹

Safe, Effective, Caring, Responsive and Well- Led Care		
<p>Measure and Improve</p> <ul style="list-style-type: none"> -patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback- 		
<ul style="list-style-type: none"> -implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing 		
Expectation 1	Expectation 2	Expectation 3
<p>Right Staff</p> <ul style="list-style-type: none"> 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers 	<p>Right Skills</p> <ul style="list-style-type: none"> 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention 	<p>Right Place and Time</p> <ul style="list-style-type: none"> 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

Appendix 2

Sustainability and Transformation Plan Priorities for Training Needs Analysis/ Workforce Planning

STP Priority	Examples of education programmes which fit into category	Priority Number for TNA purposes
ACP - Primary Care (but across all areas)	NMP	1
Salaried GPS		2
Specialist mental health workers (primary care focused)	MH therapeutic interventions Dementia care	3
Case managers	NMP History taking Clinical skills and interventions (core activity) E.g. Bobath, wound care Advanced physical assessment and consultation MECC	4
Care navigators	NMP History taking - highly skilled/complex cases	5
Urgent care responder	Any activity undertaken in urgent or emergency care	6
Transitional care workforce	NMP History taking Could include various core activities Cultural/OD activity	7
Clinical/Community pharmacists	NMP	8

Appendix 3 Apprenticeship Commitment Form

The Form linked below must be completed by the prospective learner's line manager and is a commitment to support the learner to access their apprenticeship and support the requirements for off the job learning time

Error! Not a valid link.

Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Every 2 years	Employer Policy Group (EPG) JCNC Trust Board	Education and Workforce Development	Monthly Board Reporting Monthly EPG monitoring	EPG Trust Board HR Policy Lead	Workforce services Policy lead	Professional Standards Committee

Appendix 4

Equality Analysis

Name of Policy/Procedure/Function*
Education, Training and Development Policy

Equality Analysis Carried out by:

Date: Valerie Ronis Professional Development Manager

Equality & Human rights Lead:

Director\General Manager:

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	This Policy supports the organisation objectives for delivery of training and education based on organisational workforce plans, Sustainability and Transformation plans and to outline the organisational responsibilities of managers and employees for training needs analysis aligned to service needs. The policy links to CNST standards for mandatory and induction training aligned to current legislation and risk management
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	Staff only
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No

D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		No	
	Sexual Orientation		No	
	Sex		No	
	Gender Reassignment		No	
	Race		No	
	Marriage/Civil Partnership		No	
	Maternity/Pregnancy		No	
	Age		No	
	Religion or Belief		No	
	Carers		No	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Valerie Ronis		
Date:		8 th Feb 2018		

Section 2

Equality analysis

Title:
Relevant line in:

What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i>
Who will be affected? <i>e.g. staff, patients, service users etc</i>

<p>Evidence</p> <p><i>The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.</i></p>
<p>What evidence have you considered?</p> <p><i>List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.</i></p>

<p>Disability Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.</p>
<p>Sex Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</p>
<p>Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</p>
<p>Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</p>
<p>Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</p>
<p>Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</p>
<p>Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</p>
<p>Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</p>
<p>Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</p>

<p>Engagement and involvement</p> <p>Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve)? (Y/N)</p>
<p>How have you engaged stakeholders in gathering evidence or testing the evidence available?</p>
<p>How have you engaged stakeholders in testing the policy or programme proposals?</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p>

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Advance equality of opportunity

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Promote good relations between groups

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

What is the overall impact?

Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

Addressing the impact on equalities

Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

Action planning for improvement

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

For the record

Name of person who carried out this assessment:

Date assessment completed:

Name of responsible Director/ General Manager:
Date assessment was signed:

Appendix 5

Overview of CSTF Mandatory Training Competencies

Lincolnshire Community Health Services NHS Trust is fully aligned to the Skills for Health Core Skills Training Framework (CSTF). The CSTF defines which staff groups should be trained and the frequency for this training to take place for each core subject.

Subject	Level	CSTF Code	Staff Group	Refresher Period	Delivery	Delivery
Infection Prevention & Control	Level 1	IPC01	All Staff	Annual	Induction Day 1	Mandatory Training Day 1
Infection Prevention & Control	Level 2	IPC02	All Staff	Annual	Induction Day 1	Mandatory Training Day 1
Safeguarding Adults & Children	Level 1	SA01, SC01	All Staff	Annual	Induction Day 1	Mandatory Training Day 2
Safeguarding Adults & Children	Level 2	SA02, SA02	Clinical Staff	Annual	Induction Day 4	Mandatory Training Day 2
Safeguarding Children	Level 3	SC03	Clinical Staff	Annual		Mandatory Training Day 2
Safeguarding Adults	Level 3	Local 818	Clinical Staff	Annual		Mandatory Training Day 2
PREVENT WRAP	n/a	Included in SA02	All Staff	Annual	Induction day 2	Mandatory Training day 2
Moving and Handling	Level 1	MH01	All Staff	Annual	Induction Day 1	Mandatory Training Day 1
Moving and Handling	Level 2	MH02	Clinical Staff	2 Yearly	Induction Day 5	Clinical Pathway
Resuscitation (Adults & Children)	Level 1	RE01	All Staff	Annual	Induction Day 1	Mandatory Training Day 1
Resuscitation (Adults & Children)	Level 2	RE02	All Staff	Annual	Induction Day 1	Mandatory Training Day 1
Resuscitation (Adults) ILS	Level 3	RE03	Clinical	Annual		Clinical Pathway
Resuscitation (Children) PILs	Level 3	RE03	Clinical	Annual		Clinical Pathway
Anaphylaxis	n/a	n/a	Clinical	Annual	eLearning	eLearning
Information Governance	n/a	IG01	All Staff	Annual	Induction day 1	Mandatory Training Day 1
Equality, Diversity & Human Rights	n/a	EDHR01	All Staff	Annual	Induction Day 1	Mandatory Training Day 1
Conflict Resolution	n/a	CR01	All Staff	Annual	Induction Day 2	Mandatory Training Day 1
Health, Safety & Wellbeing	n/a	HSW01	All Staff	Annual	Induction Day 1	Mandatory Training Day 1
Fire Safety	n/a	FS01	All Staff	Annual	Induction Day 1	Mandatory Training Day 1

Local Competencies:

LCBS recommends the following subjects to be taught in response to local risk.

Anaphylaxis Awareness – Clinical Staff

Safeguarding Adults Level 3 – Clinical staff who work regularly unsupervised with vulnerable adults

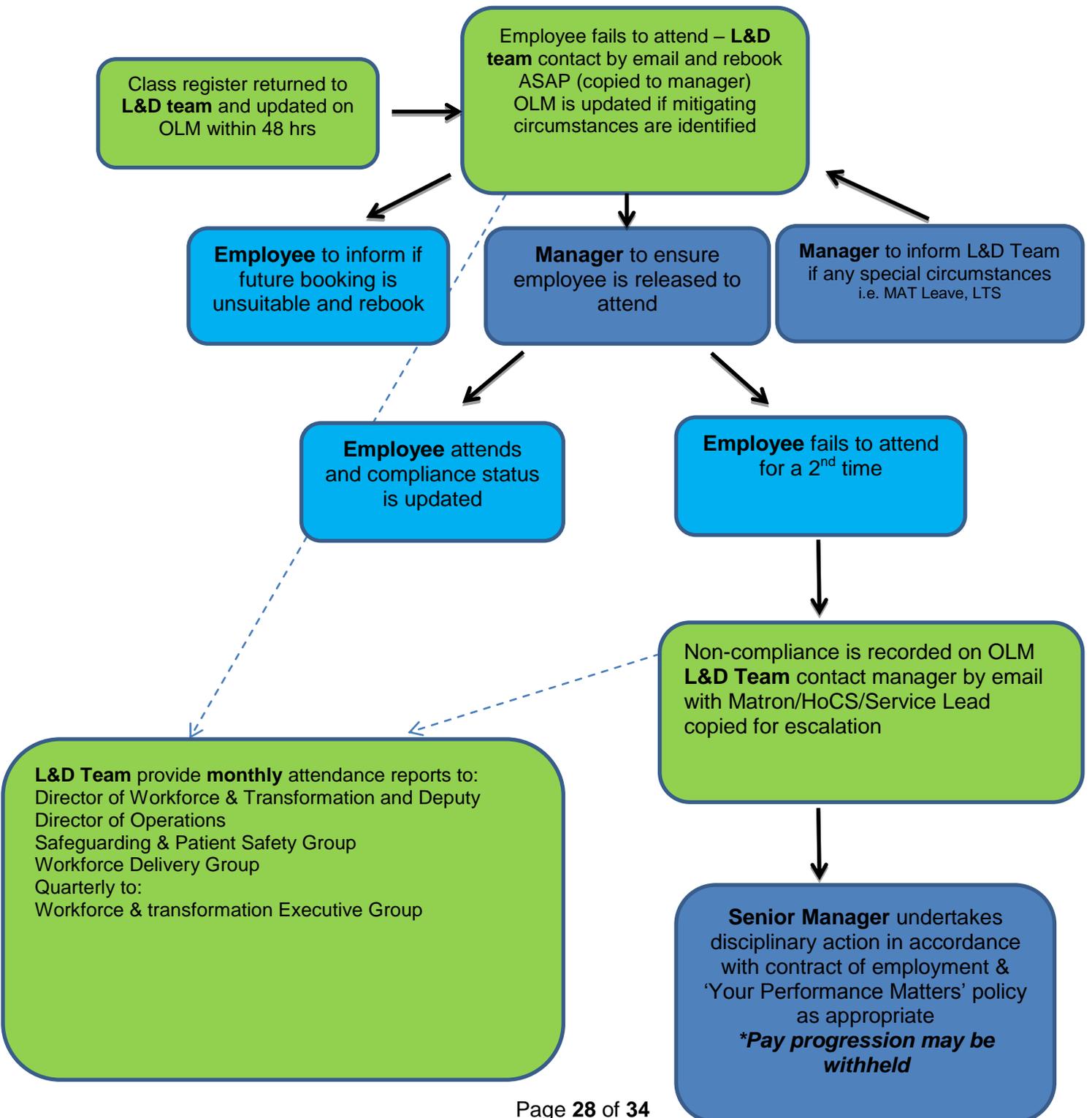
Safeguarding Adults / Children Level 4 - Professional Advisors, Named and Designated lead professionals

Appendix 6

Failure to Attend Mandatory Training Process

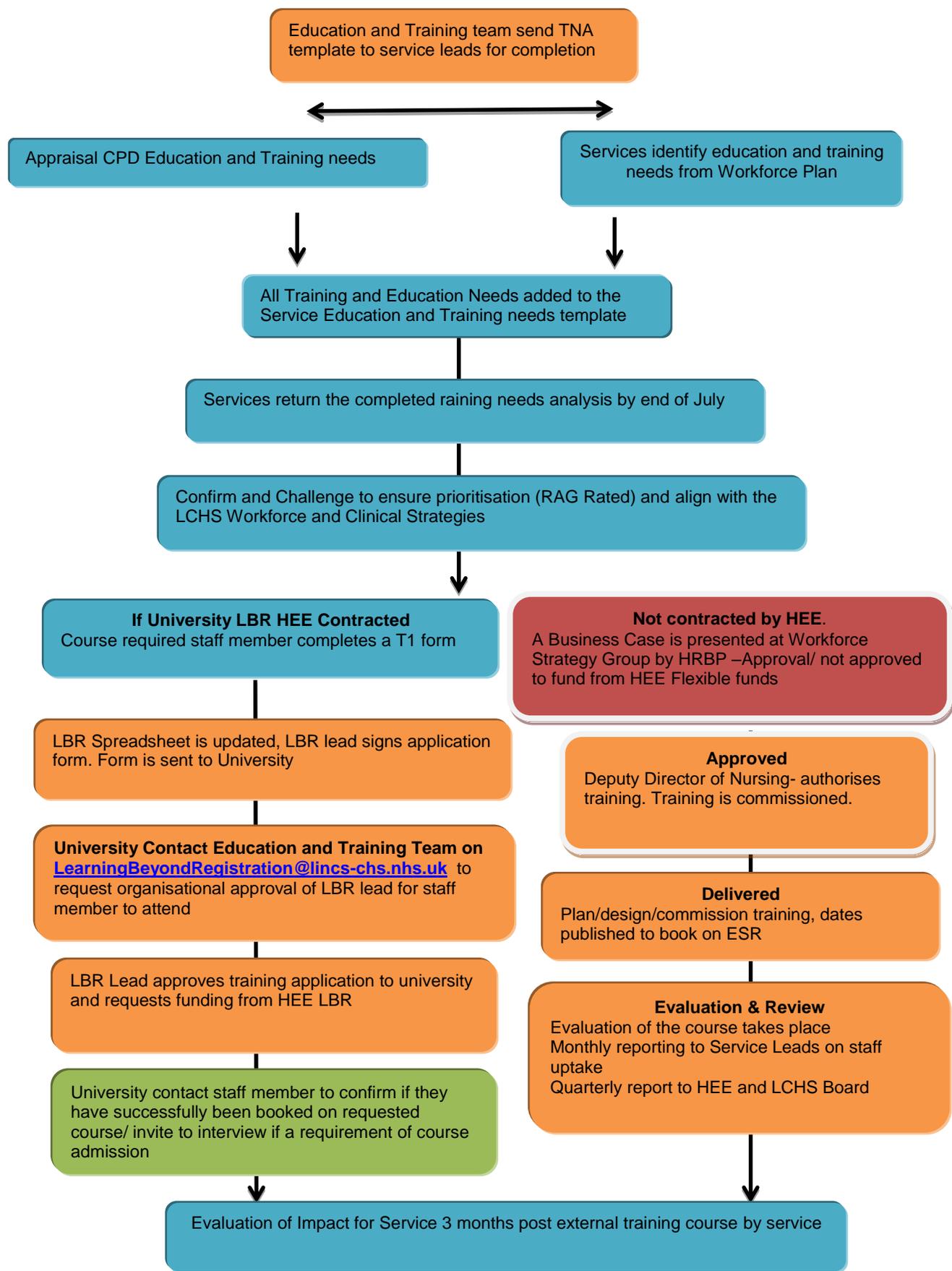
Mandatory training includes:

- Clinical Mandatory Annual Update
- Corporate 7 Admin Annual Update
- Moving & Handling Level 2
- Safeguarding Levels 1 – 3 (Adults & Children)
- Adult Immediate Life Support (ILS)
- Paediatric Immediate Life Support (pILS)
- Acute Illness Management Skills (AIMS)



Training Needs Analysis Process

Mid-March
 April – June
 July
 July – onwards



Appendix 8

GUIDANCE ON COMPLETING THE 18/19 TNA TEMPLATE

The Rag Rating system that is on the Template is as follows

1. **Priority 1 – Essential To Daily Role**
2. **Priority 2 – Critical Service Need**
3. **Priority 3 – CPD**
4. **Priority 4 – Would Be Nice.**

Please use the Rag Rating System as a means of prioritising who you wish to go on training first, please be mindful when you have a number of members of staff that you wish to undertake a certain course, but cannot release them all at the same time, that you grade the priority rating accordingly .

Please note that our requests this year for LBR Courses are going to be fed through Lincolnshire STP and the LWAB (Local Workforce Advisory Board- Education and training group) who will then determine the priority for Lincolnshire to align and support the STP plans... **so it is a must that the training needs support the workforce plans and that we are able to release the staff to attend and not DNA.** In order to assist with this we have prefixed certain LBR courses with STP and SET (Senior Executive Team), these courses are the priorities for the Trust and will take preference. **ALL** LBR requests **must** be submitted on the TNA prior to the deadline in order to be considered. Please also make your staff aware requesting a degree or masters programme for more than one year that it is not guaranteed to be funded the following year.

For LCHS Internal Training, a rolling programme is already in place for some courses so please ask your staff members to book via ESR. Training on the Mandatory Matrix (ie ILS, PILS, Moving & Handling, Annual Mandatory Update) does **not** need to be included.

For those that have not used the Template before, a few key points to note about its use are as follows

You DON'T need to save the template anywhere. Just open it Ensure Macros are enabled ... and click away, although please keep the email for future use of the template.

CONCEPT

The worksheets aims to do 3 things

1. Reduce the time it takes to submit a list of training needs for multiple staff (Less typing)
2. Reduce or eliminate the need to type information into the template (Click and Go)
3. Increase data purity and accuracy

PROCESS - OVERVIEW

1. The Template opens on the "WELCOME SCREEN" where you will select your name from the drop down manager menu
2. You select the employee band who you'd like to enlist for a training course, push extract staff list and then click if list is correct.

5. You must then click the Submit Data button at the top of the page and the Template automatically submits the data to the Education and Workforce Development Team

If your Team list is incorrect, missing more than 2 names, then please email me and I will get these added to the template for you. If the list is missing just 1 or 2 people, then you can use the "Vacant Post" options if you wish (you can then type over the Vacant Post with a name once they have moved across to the Name List section)

Although the form will disappear once you have completed and submitted, there is a 'My Subs' button that allows you to see everything you have submitted so far.

If you would like assistance with the process over the phone or to arrange a visit to your Team to assist you, then please contact Angela Bradley 01522 308769 angela.bradley@lincs-chs.nhs.uk

Appendix 9

Learning Agreement Checklist

Managers are required to discuss the following with the prospective learner to jointly agree the terms and conditions of the learning agreement before staff commence their learning program:-

	Discussed & Understood Yes/No/Not Applicable
Mandatory Training – is the learner compliant with all Mandatory and Essential to Role Training (eg Mandatory Update as well as Safeguarding, ILS & M&H where appropriate). Further training may not be agreed if compliance is not met (please discuss with the Training Team)	
Outline of agreement made and arrangements made for the reimbursement of subsistence, travel, mileage expenses, lease cars, training costs and any other expenses or allowances	
Will be in accordance with Agenda for Change, completion of the T1 Form and in line with discussion and agreements of the organisation involving Senior Human Resource Business Partners and Senior Service Line Managers.	
Prior authorisation should be obtained from the Service Manager before the prospective learner incurs any expenses	
An EF2 should be completed to reflect changes if appropriate	
Inform the learner that if applying for a course that requires an up to date enhanced DBS the learner will be liable for any cost involved (an EF2 should be completed and sent to Workforce Services to request a link)	
Agree with the learner any need for change of base and ensure there is an understanding between managers and learners of the requirements for placements outside of LCHS.	
Managers and learners will have an understanding for the requirements to attend set days in university or college in accordance with the learning and development programme. Discussion to include substantive contract hours and supernumerary hours.	
Learners on module programmes MUST disclose on-going results, i.e. if an exam requires a resit or if a module is failed completely they must keep their Manager and the Training Team updated.	
20% off the job agreed and signed Apprenticeship Commitment Form completed and submitted to the Education Team Apprentice Centre Administrator. (This is mandated by EFSA as the employer is drawing down Government apprenticeship Levy)	
Discussion with learner regarding agreement to remain with the host organisation upon completion of training for a minimum of 2 years unless the host organisation has agreed otherwise. Manager will maintain contact and apprise employee of any up and coming vacancies.	
Discussion with learner regarding agreement that in the event of an employee leaving prior to the completion of the course, or prior to 2 years post qualification, they will be required to repay any costs that are outside of any monies provided through levy or HEE funds which will be agreed and settled between the learner and the organisation.	
Discussed mentor allocation arrangements	
Annual leave arrangements (eg to be taken as per learning programme to meet registration body study hours requirements however this must not compromise the service ie safe staffing)	
Informing education provider and apprenticeship centre of any sickness that might impact on the completion of the programme study hours. Education team can advise.	
Salary during learning (managers responsible for salary agreement and payment during apprenticeship – note no backfill funding available for apprenticeships)	
T1 form completed and arrangements made to discuss sharing of learning and best practice from learning and development post course completion.	
Summary of Discussion	

--

Discussion regarding aims and objectives ensuring that learning and development is aligned to the LCHS People Strategy Fit for the Future Workforce – *‘have a qualified, experienced and flexible workforce that are able to deliver the highest standards of personalised care’*

Use this section to aid discussion with staff as part of the appraisal process and personal development plans to ensure that identified training needs are aligned to service needs.

Course Final Evaluation: Impact for Learner and Service

--

I have discussed organisational policy in regard of retention post qualifications – impact of non-completion of this learning and potential for organisation to seek return of funds in line with the Education and Training Policy and Learning Agreement Policy. I agree to inform my line manager and the education provider of any issues impacting on my ability to complete the requirements of the learning programme e.g. sickness, changes in personal circumstances, fitness to practice issues at an early stage.

This allows for education providers e.g. universities and apprenticeship providers to offer early support and if necessary, in exceptional circumstances, course deferrals.

I agree to the terms and conditions in this learning agreement and understand my requirements to attend all formal university study days and meeting assignment and assessment deadlines.

I have discussed the management support and implications for service.

	Print Name	Signature
Learner		
Manager		
Head of Service		
Date		

Copies of this form to be sent to Workforce Services to be added to the staff member’s personal file. Email: workforcetraining@lincs-chs.nhs.uk & workforceservices@lincs-chs.nhs.uk

Copy to be retained by staff member and manager