

Learning, Development and Training Policy

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(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	June 2018	Emma Lee
6	Whole document review		May 2021	Emma Lee
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(Education, Training and Development Policy)

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Learning and Development 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 LCHS Way at all times.

LCHS recognises the importance of learning, development and education for the personal and professional development of staff, It also enables staff to carry out their duties safely and efficiently and reduces/address areas of risk.

The People Strategy Group (PSG) agenda covers deliverables on strategic objectives which include 'Enabling Great Development and Fulfilling Careers', Creating a Pipeline of Talent Ready For The Future and Growing the Workforce for the Future. LCHS seeks to promote a change 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 LCHS and National People Plan In order that LCHS can grow its workforce and sustain knowledge and skills within teams, it is essential that staff support the development of others in their roles. This may be achieved through coaching and mentorship in 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 the 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 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

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

Dissemination Resource

Trust Intranet

Resource implication

Learning and development needs are identified as part of the annual appraisal conversation and are recorded within the LCHS training needs analysis tool. These should be aligned to the organisation's strategic objectives.

Staff accessing learning and development programmes are prioritised for training on the basis of a RAG rated assessment with line manager approval. The funding resource is not infinite; therefore where the value of training requests outstrips the available financial resource a prioritisation exercise will be undertaken with senior managers.

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 and Development Policy aims to promote and recognise 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);

1. Securing the supply of appropriately trained and skilled staff that the health and care system needs to deliver high quality care in the future
2. Training, educating and investing in the workforce to give new and current staff flexibility and adaptability
3. Providing broad pathways for staff to enable fulfilling careers
4. Widening participation in NHS careers
5. Ensuring that the NHS, and other employers in the system, are model modern employers
6. Ensuring effective workforce planning for the future

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, Diversity and Inclusion 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 organisation works within finite resources, therefore it is essential that value for money learning intervention is approved. The organisation will continue to provide mandatory training for all employees in line with professional requirements.

However, the organisation 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 requirements are determined by the Core Skills Training Framework (CSTF) and is 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 fully 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 guidance note 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 Learning and Development page on the intranet (See guidance note 3) Mandatory training compliance is verified as part of the annual appraisal process, failure to maintain compliance may result in withholding of pay progression and/or personal and professional development opportunities as specified in the Appraisal policy. Mandatory training is delivered using a blend of eLearning, Face to Face engagement and virtual classes. All staff are booked on to annual mandatory training by the Learning and Development team as required. Staff are supported by the Learning and Development team regarding access and completion of online programmes.

1.8 Induction Training;

The organisation recognises the importance of an effective induction for employees new to the organisation. A robust mandatory induction programme containing both corporate and local elements ensures that our employees receive vital information, knowledge and skills.

The Learning and Development team support the delivery of induction training and work closely with the Human Resources and Digital Health teams to ensure that new starters are booked on to the corporate induction programme. Managers should refer to the LCHS Trust Induction Policy when recruiting new staff.

Attendance & Compliance Monitoring

The Learning and Development team regularly monitor compliance and report in to the quarterly People Executive Group in addition to monthly narrative reports in to Trust Board and formal committees as appropriate.

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

1. Ensure that all staff are aware of the availability of mandatory training via local communications platforms and the Trust intranet.
2. Ensure that accurate training records are maintained and there is a clear process for booking and cancelling training.
3. 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.
4. Ensure that a robust process is in place for following up of non-attendance/non-completion by informing the individual's manager

Care Certificate

The Learning and Development Apprentice Centre has a successful, robust and quality assured blended programme of the delivery of the Care Certificate. Using the Care Certificate as a tool to support our staff development and engagement has been instrumental in the success of Talent movement across our services such as: Apprenticeships and other Higher Educational programmes. The Care Certificate is the introduction to Health and Social Care our qualified Assessors navigate and support our workforce through learning and career development.

The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered over a four week process or 6 weeks if you are new to Health and Social Care. You will be offered protected time at work to complete the work books and practical application of skills which should equate to a minimum of 30 hours for knowledge and performance for the full care certificate. Extension time may be offered under exceptional circumstances but will need the permission of your manager to do so.

For further information visit the L&D intranet page which provides further details of the care certificate in the form of a care Certificate guide, useful for managers and staff.

1.9 Essential Training

Essential training is defined as a training requirement determined by the organisation in order to:
Support policy implementation

Support service delivery

To support the individual to carry out their current job role effectively and safely to provide optimal patient outcomes.

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 is available to assist individuals to manage their own learning and growth. The Learning and Development team is able to provide accredited Information, Advice and Guidance (IAG) support around 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

New programmes of learning may 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:

1. Clear rationale
2. Learning objectives including lesson plan, any required competency assessment document
3. Description and alignment to any national standards being met
4. Description of risks being mitigated
5. An implementation plan

The implementation plan should include:

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

3. Training needs analysis for who the training is for and why

4. Identification of the resources that need to be in place to deliver the training
5. 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 and back to work returners after a gap in employment. This includes preceptorship which is bespoke for those gaining employment in a new role or field of practice and also 'Return to Practice' (NMC/HCPC) for those returning to a professional register.

The LCHS Multi-professional Preceptorship policy outlines the requirements of managers, 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 all apprenticeship levels learners are required to undertake '20% off 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 the Employer Skills Funding Agency (ESA) 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. Arrangements are in place to support the safeguarding of 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 and development team 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 regular 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 lhnt.learninganddevelopment@nhs.net

All staff attending face to face 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 Board and relevant committees and to key stakeholders of the LCHS Learning and Development 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 and Development Team.

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

The Learning and Development team support the collation of the training needs analysis from data provided by nominated managers within LCHS to be able to produce an annual training plan. The training needs analysis is completed as part of the annual appraisal for staff and is collated between November and January each year to inform Health Education England and the system of training requests based on a RAG rating. (See Appendix 1 and 2).

Internal clinical training planning is based on the requests made by nominated managers completing the training needs analysis.

Statutory/Mandatory training for all staff is provided in order to meet the Core Skills Training Framework requirements.

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 and Adult Education budgets.

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 system 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 key stakeholders as a members of the People Strategy Group to identify flexible alternative methods of learning delivery that support safe staffing. This might include other means of learning, shadowing in the workplace 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 and deliver apprenticeships based on accredited standards and frameworks. Coordinate a team of assessors and internal quality assurers to ensure that standards verifiers' visits 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 and Development 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 teams.

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.

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. This includes:

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 the provision and delivery of 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.

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, university training, training required from the central training budget, apprenticeships.

It is a requirement 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.

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. Managers should 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.

Staff should be supported 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.

Employees should comply with the requirements in the Learning Agreement Policy post training.

Employees should 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 system 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 outside of the mandatory programme and should be RAG rated against Essential to Role & Service Need priorities. The Training Needs Analysis (TNA) supports the planning and commissioning of training e.g. University courses, externally provided courses, clinical and non-clinical in-house training delivery, apprenticeships and leadership.

LCHS receives various funding from Health Education England and the TNA helps to inform the correct funding for requests and ensures funds are spent appropriately and fairly. The electronic TNA is completed during and immediately after appraisal season to establish the requirements for the following financial year and supports workforce planning. The Learning and Development Team are responsible for the coordination of the TNA and the reconciliation of the funding spend (see guidance note 6)

The responsibility for completing the TNA lies with managers identified by the Heads of Service who then have ultimate sign off on their service requests.

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 and Development team is able to support where assistance is needed to develop competencies and lesson plans.

Reporting and monitoring is via LCHS People Strategy Group and People Executive Group which reports into Trust Board.

6.1 Internal Courses

All applications for training for courses provided by the Learning and Development Team must be made using the organisation's e-booking system. Managers must approve applications before a member of staff has their place confirmed.

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 Learning and Development 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 bookings supported through HEE funds will be managed by the Learning and 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.

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 rostered 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 Learning and 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

Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	Review of Learning, Development & Training Policy		
Date form completed	Emma Lee	Name of lead for this activity	Emma Lee

Analysis undertaken by:		
Name(s)	Job role	Department
Emma Lee	Head of L&OD	Learning & Development

What is the aim or objective of this activity?	Review of policy
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	staff

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Impacts <i>(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
No action required
How will you monitor this impact or planned actions?
Not applicable
Future review date: