University Hospitals of Leicester **NHS**
NHS Trust

Core Training Policy

For

Statutory, Mandatory and Essential to Job Role Training

Approved By:	**Policy and Guideline Committee**
Date Originally Approved:	**14 June 2005**
Trust Reference:	**B21/2005**
Version:	V10
Supersedes:	V9 – November 2020
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Latest Approval Date:	19 Sept 2024 – Non-Clinical Policy and Guideline Committee
Next Review Date:	September 2029

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

V9 September 2024
Updated to reflect current practice and procedures. Clarity in terms of honorary contracts who do work at UHL and those who provide advise or work in an academic lecturer capacity.

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KEY WORDS

Statutory, mandatory, essential, required, training

1 INTRODUCTION AND OVERVIEW

1.1   This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for core training.

1.2   This policy is based on the NHS Core Skills Training Framework, national guidance published by Skills for Health which details Statutory and Mandatory training requirements for all staff working in a healthcare setting

1.3   Healthcare organisations have a legal responsibility to ensure their staff receive training to develop their knowledge and skills which contribute to ensuring a safe and healthy workplace.

2 POLICY AIMS

2.1   The policy aims to ensure a consistent approach to core training by:

2.1.1   Defining statutory, mandatory and essential to job role training
2.1.2   Providing guidance for developing and delivering statutory and mandatory training
2.1.3   Providing guidance on identification, development and implementation of training deemed essential to job role
2.1.4   Providing guidance on which staff groups should attend initial mandatory training and subsequent refresher periods
2.1.5   Providing roles and responsibilities of the Executive team, Subject Matter Experts, CMG's/Corporate Directorates, line managers and employees in managing compliance
2.1.6   Providing guidance on the Trusts' bank staff mandatory training processes and procedures.

3 POLICY SCOPE

3.1   This policy covers:

3.1.1   Staff that are employed by the Trust on a permanent or fixed term contract.
3.1.2   Staff covered by a letter of authority / honorary contract whilst working on Trust premises (This does not include academic lecturer or advisory roles).
3.1.3   Staff employed solely by the Trust bank.
3.1.4   Volunteers.
3.1.5   Doctors in Training.

3.2   This policy does not cover:

3.2.1   Training essential to professional / technical competence prior to registration or qualification and continuous professional development required for maintaining registration is outside the scope of this policy.
3.2.2   Temporary staff. Reference should be made to the UHL Temporary Staffing Policy (Trust ref B58/2011).
3.2.3   Staff who are completing secondment duties from UHL or employed/hosted by the Trust and work across the health and social care network totally outside of UHL premises and services. The training for these staff will be the responsibility of their lead service organisation within which they work. The exception to this is those organisations who contract back to UHL the management of their mandatory training. The arrangements and management of this will be the contracting departments.
3.2.4   Agency or temporary staff employed by external organisations. The responsibility for training will be the employing organisation and should meet the NHS Core Skill

Framework minimum criteria and any organisational requirements as deemed relevant from time to time. It is the responsibility of the contracting department to ensure arrangements for this are in place and monitored. Reference should be made to the UHL Temporary Staffing Policy (Trust ref B58/2011).

3.2.5 Staff covered by a letter of authority / honorary contract whilst working on Trust premises in an academic lecturer or advisory role.

4 DEFINITIONS

4.1 Bank staff

Persons employed on a bank contracts by the Trust.

4.2 Core Training

A term that refers to all training that needs to be completed to maintain compliance by an individual. Core Training is the term that refers to mandatory, statutory and essential to job role training which is relevant to all colleagues.

4.3 Essential to Job Role

Training that has been determined by the Trust, nationally agreed government or regulatory body policy or an organisational identified risk as being required / mandatory for particular staff groups or areas of work. NB: There are some training requirements that are either statutory or mandatory for certain staff groups or apply to particular areas, these would come under the heading of Essential to Job Role.

4.4 Honorary Contracts

Honorary contracts are intended to be used for clinical academic doctors who are employed by Higher Education Institutions (HEI) or other organisations in a research and/or teaching capacity and who also may provide services for NHS patients, at consultant level, in NHS facilities.

Honorary contract staff who work on site in a role that is not an advisory role and is not in an academic capacity, would typically be expected to undertake mandatory training in the basic working hours; in consultation with the Educational / Clinical Supervisors, and would not attract additional remuneration.

Honorary contracts who are employed as advisors/researchers and do not work on site would typically not be required to undertake UHL mandatory training and this would remain the responsibility of the HEI or organisation they are rooted in.

The arrangements and management of all honorary contracts in regards to mandatory training, and specifically for those not working on site and with no patient data, are the responsibility of the contracting department and their relevant risk assessments.

4.5 Learning Management System (LMS)

The main system which the Trust approves to record and report training. The current system is known as HELM.

4.6 Mandatory

Training identified in the NHS Core Skills Training Framework that is required by all staff.

4.7   NHS Core Skill Training Framework (NHS CSTF)

The minimum standard which the Trust will work towards for all permanent staff. The framework can be found at https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework

4.8   Permanent or Substantive staff

Staff who are employed on a contract of 8 weeks or more and are recorded on the Trusts Electronic Staff Record system (ESR).

4.9   Statutory

Training required by law.

4.10   Subject Matter Expert (SME)

The topic lead responsible for ensuring the programme content, delivery and compliance covers the elements required to support the Trust for different staff groups and areas of work.

4.11   Temporary Staff

Temporary staff are staff who work at the Trust on a temporary basis and do not appear on ESR. These staff are typically agency staff and are managed under the Temporary Staffing Policy (Trust ref B58/2011). NB: If these staff work for more than 8 weeks their manager should ensure arrangements are made for completion and local recording of statutory and mandatory training.
NB This does not include bank staff or short term contracted staff on ESR. Students on unpaid placements should follow the guidance in the Unpaid Placement Policy (Placements – Unpaid UHL Policy).

4.12   Volunteers

Persons who conduct a role on a voluntary basis for the Trust. These staff will have their statutory and mandatory training arranged, monitored and managed by the voluntary services manager.

5   ROLES AND RESPONSIBILITIES

5.1   Chief People Officer

5.1.1   Executive Lead for this Policy
5.1.2   Compliance data will be shared through the relevant Trust committees and boards via the executive policy lead.

5.2   Clinical Management Group (CMG) Clinical Directors, Heads of Nursing, Head of Operation, Corporate Directors

Along with the Chief Nurse and Medical Director:
5.2.1   Compliance with statutory and mandatory training requirements by all staff within the CMG / Directorate / Staff Group is 95% or above

5.2.2   Action plans are in place and implemented when compliance falls below 95%

5.2.3   Provide reports on CMG Compliance to Trust Board, CMG Boards and Corporate Directorate Area Managers when requested.

5.3   Line Managers

5.3.1   Identify the essential to job role training required for the staff members within their team

5.3.2   Arrange for staff to be booked on, and are released to attend, their training in a prioritised and planned manner. Ensuring new employees complete training within their first month of employment

5.3.3   Follow up and address issues such as non-attendance, to maintain or exceed compliance of 95% or above. Point 6.7.2 provides guidance for this

5.3.4   Support staff members in accessing any additional learning support as required

5.3.5   Ensure all members of staff are listed within the correct department and role on the ESR system to enable the LMS to be kept up to date

5.3.6   Ensure timely amendments are made to the ESR system to enable the LMS to reflect the required training appropriately

5.3.7   Complete a monthly check on the LMS to ensure that all members of staff have completed their core training; following up any staff that are non-compliant

5.3.8   Check at appraisal that all core training requirements have been met and the staff member is compliant

5.3.9   Have a recovery plan in place to achieve compliance within the team should compliance not be met, and share this on request to the CMG, SME or Core Training leads

5.3.10 Support the CMG mandatory training recovery plans when requested

5.3.11 Ensure no developmental or career training is approved without ensuring compliance for mandatory training requirements

5.3.12 Ensure training compliance of staff available to work team of 95% or above

5.3.13 Ensure any honorary contracts, temporary staff, contractors, students and bank workers have the correct mandatory training for their duties.

5.4   All members of staff

5.4.1   Completing all core training that is required for the role in the timeframes required

5.4.2   Turn up for training in a timely manner and participate appropriately throughout

5.4.3   Be responsible for regularly checking own compliance

5.4.4   Raising concerns of non-compliance or out of date training with their line manager and take action to address non-compliance immediately

5.4.5   Request additional learning support where required

5.4.6   Ensure they only complete tasks for which they are appropriately trained and safe to do so.

5.5   Statutory and Mandatory Providers and/or Subject Matter Experts (SME)

5.5.1   For Mandatory topics the SME will ensure the training is in line with the NHS Core Skills Training Framework and meets the minimum requirements set out. This includes checking/approving training ported from other organisations. Ported training is training that the individual has completed, which is still in date, and is at an appropriate level for their role. Ported training must be from an approved NHS CSF organisations registered with Skills for Health

5.5.2   There is sufficient capacity for all staff to access and attend training, that it is not onerous and it is relevant to roles and the needs of the organisation to support best

place to receive care and best place to work Training should mitigate risks and reduce/remove incidents.

5.5.3 Record attendance accurately and in a timely manner using the LMS

5.5.4 Keep training records in accordance with the Trusts GDPR policy

5.5.5 Provide high quality and relevant training, meeting the requirements set out by any governing or legislative bodies who guide delivery of this subjects training within a healthcare environment

5.5.6 Review and update training at least once per annum

5.5.7 Implementing an evaluation process to monitor the effectiveness and impact of the training

5.5.8 Support the CMG's and corporate directorates in achieving compliance

5.5.9 There is sufficient provision of training in a variety of formats to support additional learning support needs. For example, staff who encounter challenges completing eLearning may need either face to face support or an easy to read handbooks alternative.

5.5.10 Lesson plans and audit logs of content are maintained locally to support content delivery history

5.5.11 Ensure they report on their topic at least annually to their governing committee, articulating any risks from non compliance (e.g. increased incident numbers) and proposed changes in forthcoming year

5.5.12 Apply for new topic delivery through the appropriate route using the form in appendix 2

5.5.13 Support staff to gain access to training should they have any Additional Learning Support requirements.

5.5.14 Scoping, developing and ensuring CQC have reports that they need for their topic area and ensure the skills to pull reports for the CQC are present in their team.

5.6 UHL Bank Executive Leads

5.6.1 Agreeing the guidelines for recruiting and onboarding bank staff, allocating shift procedures, identification of dormant bank staff and terminating the bank staff for their area in relation to mandatory training.

5.6.2 If the compliance, or training requirements, are different to UHL permanent staff the executive lead should be able to justify the difference in relation to the risks and set up of their professional bank if required e.g. holding dormant bank staff on record for a period of time when shifts are not required to support recruitment processing efficiencies.

5.6.3 Agreeing, monitoring and ensuring an appropriate compliance for the bank workforce that aligns wherever possible to the boundaries of employed staff.

5.6.4 Having in place action plans to support compliance for staff that wish to work shifts.

5.7 UHL Bank Leads

5.7.1 Ensure no shifts are given to Bank staff who are not compliant at the same level required of a permanent staff member of UHL for that role/area of work. NB: The exception to this would be when an executive director overrides the requirement e.g. due to greater risks to the service being present.

5.7.2 Support bank staff to achieve compliance.

5.7.3 Have an understanding of the detail behind the compliance data in terms of number of dormant staff, number of staff being declined for shifts due to no training to support evaluating risk.

5.8 Voluntary Service Managers

5.8.1 Identify the training volunteers need

5.8.2 Communicate training needs to volunteers

5.8.3 Record bookings and attendance of volunteer training

5.8.4 Provide an annual report on request to the Trust on compliance of volunteers

5.8.5 Support non-compliant volunteers to become compliant.

5.9 Doctor in Training Co-Ordinator / Junior Doctor Co-Ordinator

5.9.1 Encouraging compliance with the Doctors n Training in their area

5.9.2 Input in date certificates from other NHS CSTF organisations for relevant topics as required

5.9.3 Chase up non-compliance, and escalate any concerns or persistent non-compliance to the Doctor in Training Leads

5.9.4 Agree any 'time back' for mandatory training in accordance with local arrangements.

5.10 Doctor in Training Lead / Junior Doctor Lead

5.10.1 Agree methods for Doctors in Training each year

5.10.2 Agree time back arrangements for mandatory training each year

5.10.3 Support and cascade training information to Doctor in Training/Junior Doctor Coordinators

5.10.4 Support compliance for mandatory training

5.10.5 Follow up Doctors in Training with non-compliance to support CMG's.

5.11 The Core Training Team

5.11.1 Support the maintenance of the LMS through the stakeholders (e.g. OCB Media, IBM, IM&T and ESR team) to enable it to accurately record and report training completion

5.11.2 Report mandatory training completion data monthly to the Trust

5.11.3 Provide reports to the Trust as requested to support e.g. CQC, Workforce Race Equality reporting etc.

5.11.4 Distribute monthly reports on Trust mandatory training compliance to CMG's and dashboard leads

5.11.5 Co-ordinate processing of requests for new programmes/changes to training needs between SME and Trust

5.11.6 Assist subject matter experts in development of eLearning materials where resources allow.

5.11.7 Coordinate enquiries regarding the porting of in date training, from an approved NHS CSF organisation for staff joining the organisation (Appendix 3)

5.11.8 Lead on the UHL Training Needs Analysis for mandatory training.

5.12   Workforce Training and Education Steering Group

5.12.1 The group will oversee the requests for new Essential to Job Role Training and the allocation of a compliance box

5.12.2 If the need occurs the group will override the recommended content from the SME to ensure relevant Trust messages and quality standards are met. Liasion with the SME will be in place

5.12.3 The steering group will have responsibility to recommend to People and Culture Committee decisions on training needs analysis for UHL and compliance boxes staff

5.12.4 The People and Culture Committee will have overriding responsibility for approving the mandatory and essential to job role training plan.

6   POLICY STATEMENTS AND PROCEDURES

Statutory and mandatory training subjects and requirements as described in the NHS Core Skills Training Framework are detailed in Appendix One.
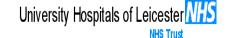

6.1   **New starters**

6.1.1   Statutory and mandatory training for new staff must be completed within a four week period.

6.1.2   Attendance at Trust induction and junior doctor induction is compulsory for new staff. Please refer to the Policy for Corporate and Local Induction – Permanent Staff (Trust ref B4/2003) for more details

6.2   **Refresher training / Update Training**

6.2.1   Refresher / update requirements for statutory and mandatory training are typically in line with the NHS Core Skills Training Framework Core Skills Training Framework | Skills for Health. The refresher periods act as a maximum time between training sessions or assessments. Should local or individual needs require more frequent training this should be conducted as appropriate. Should someone be going on planned absence e.g. maternity leave/long term sick then the training can be done early, prior to finishing.

6.3   **The Trust LMS system** must be used for the recording and monitoring of attendance at training courses for all staff (including medical staff).

6.4   **Essential to Job Role Training**

6.4.1   The Subject Request Form (Appendix Two) must be used for all essential to job role training requests.

6.4.2   Essential to job role training must be in line with the recommendations of the individual governing bodies for the subject and include details of any refresher / update requirements. The refresher periods act as a maximum time between training sessions or assessments.

6.4.3   It should be noted that some Essential to Job Role Training is to support an immediate

risk/challenge or introduce a new initiative. Consideration should be given as to how long the topic should be classed as Essential to Job Role by the SME. This will enable it to be removed when the needs of the Trust change.

6.5   Co-ordination of Training Records

6.5.1   Statutory and mandatory training records e.g. attendance, will be held on the Trust LMS system wherever possible, thereby providing a co-ordinated record for training across the Trust

6.5.2   Local areas (including for CQC reports) can retrieve training records from the LMS by department managers, SME's and approved staff from the dashboard.

6.6   Non Compliance and / or Non Attendance

6.6.1   Pay progression is now linked to completion of statutory and mandatory training as part of an individual's appraisal, this aspect of training compliance and its processes form part of the 6.7.2 Appraisal Policy for Non-Medical Staff (Trust ref B1/2009) Medical Appraisal & Revalidation Policy (Trust ref B17/2014) and Pay Progression Policy and Procedure (Trust ref B16/2015).

6.6.2   The process for following up staff who do not attend core training should strike a balance between recognising that there may, on occasion, be a requirement for cancellation and the need to ensure that frequent non-attendance is investigated and resolved.

6.6.3   Where non-attendance occurs, it is the responsibility of the member of staff's line manager to investigate and address any non-compliance / attendance issues and ensure any relevant support is in place to enable compliance.

7   EDUCATION AND TRAINING REQUIREMENTS

7.1   There are no specific training requirements required for the implementation of this policy.

7.2   Advice on how to use the Trust LMS system can be sought from the Core Training Lead.

8   PROCESS FOR MONITORING COMPLIANCE

Element to be	Lead	Method	Frequenc	Reporting arrangements

Achieving a compliance level for staff available to work of at least 95% for all NHS Core Skills Training Framework subjects	CMG leads, Professional leads and SME's People and Culture Committee Trust Board	Learning Management System (LMS) report	Monthly reports to all relevant people, with additional data provided as, and when, required.	Report provided by Core Training Team to Clinical Management Group (CMG) Clinical Directors, Heads of Nursing, General Managers, Corporate Directors, Junior Doctor Administrators, HR Business Partners, Subject Matter Experts along with the Chief Nurse and Medical Director for monitoring, action and follow up

9 EQUALITY IMPACT ASSESSMENT

9.1 The Trust recognises the diversity of its local communities and staff . Our aim is to provide a fair and equitable practices and an environment that is free from discrimination, harassment, bullying and victimisations and treat all individuals with dignity and respect whilst meeting their needs.

9.2 **The** Equality Analysis has been undertaken against the policy

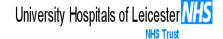## 10 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

The statutory and mandatory aspect of this policy is based on the NHS Core Skills Training Framework), national guidance published by Skills for Health which details statutory and mandatory training requirements for all staff working in a Healthcare setting.

11 POLICIES

11.1 Appraisal Policy for Non-Medical Staff (Trust ref B1/2009)

11.2 Medical Appraisal & Revalidation Policy (Trust ref B17/2014)

11.3 Pay Progression Policy and Procedure (Trust ref B16/2015)

11.4 Policy for Corporate and Local Induction – Permanent Staff (Trust ref B4/2003)

11.5 Temporary Staffing Policy (Trust ref B58/2011)

11.6 Study Leave Policy (Trust ref B32/004)

11.7 Temporary Nurse Staff and Agency UHL Policy (B35/2016)

12 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

12.1 This document will be uploaded onto SharePoint and available for access by Staff through the Trust intranet. It will be stored and archived through this system.

12.2 This document will be reviewed every three years, or sooner in response to reported risks or incidences

APPENDIX 1

Mandatory Training Subjects – Typical Frequencies
Please ensure the below topics are completed as relevant for your job role in terms of level of training and frequency of refresher.

Annual Refresher Topics
- Cyber Security
- Fire
- Infection Prevention and Control

Biennial Refresher Topics
- Resuscitation
- Moving and Handling

Triennial Refresher Topics
- Conflict Resolution
- Equality, Diversity and Inclusion
- Prevent
- Health and Safety
- Safeguarding Adults
- Safeguarding Children

Mandatory or Essential Training Subject Request Form

Mandatory or Essential to Job Role Training Subject Request Form

Contents of this Document:

Section	
1	Purpose of this Document
2	Instructions for Completion and Submission
3	Subject Request Details
4	Subject Definition & Supporting Evidence
5	Training Materials
6	Summary of Consultation

Appendices	
A	Process for Approving Essential to Job Role Training
B	Prioritisation Criteria and Codes

1.   Purpose of this Document

1.1 The purpose of this Subject Request Form is to provide sufficient information that enables the Trust to make a decision on what should be added to the Learning Management System (LMS), for which staff and at what level. It will provide the Trust with assurance on who the responsible lead, Subject Matter Expert (SME), is.

1.2 If approved the next step would be for the SME to identify teaching methods, materials, governance arrangements and to identify the responsible person for the delivery of, or creation of (in the case of eLearning) such materials and the monitoring of both compliance and impact of the training.

1.3 There are 4 potential outcomes after the Requested Subject has been through the process outlined in Appendix B:

- It is **approved as Essential to Job Role** – Code A; Once training materials have been created and are accessible the subject will be added to the Essential to Job Role section of the LMS

- It is **approved, but not as Essential to Job Role** – Code B; Once training materials have been created and are accessible the subject will be added to the Course Catalogue section of the LMS. This can still be recommended to staff.

- It is **rejected** – Code C; the subject is not deemed as required by any staff/sufficient numbers of staff within UHL and therefore will not be added to the LMS

- **More Information is Required** – Code D; more information must be submitted before a decision can be made.

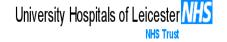## 2   Instructions for Completion & Submission

2.1 Sections 3 to 6 of the Subject Request Form should be completed in full by the individual(s), typically the SME, requesting the work.

2.2 The SME should have already socialised and gained support from professional leads that the introduction of this training will affect e.g. Medical Director, Director or Nursing etc. Please consider how long the programme should be Essential to Job Role e.g. if it is in response to the launch of a new initiative or staff survey it may be 1 year, if it is a new piece of legislation for a bespoke staff group it may be significantly longer.

The request should also be approved by an appropriately senior person within the requesting CMG/corporate directorate. Signatures are not required but please ensure that the approver is copied into the email when the request is submitted.

Please do not save the document as a PDF as comments will need to be added later.

2.3 If you have any queries relating to the completion of the Form, in the first instance please contact the Core Training Lead.

2.4 Once complete, the form should be submitted to the Core Training Lead at HELMeLearningQueries@uhl-tr.nhs.uk. The Request will then follow the approval process as outlined in Appendix A. The SME will be kept informed of the status of the request and any outcomes. This typically happens on a quarterly basis.

3. Training Subject Request Details

Subject Title	*Enter short title which reflects the nature of the request/project*
Requested By *(Requestor)*	*Enter name, role and CMG of the individual submitting this request*
Requestor Contact Details	**Email:** **Phone Number:**
Approved By *(Approver)*	*Enter the name & role of any Executive Team (ET) Member that is authorising for the delivery of the subject, e.g. Chief Nurse, Medical Director etc. (must be copied in when application is submitted)*
Reason for Request	*Enter reason for request e.g. external body requirement, CMG/Trust risk, guidelines etc.*
How long should it be Essential to Job Role for and why?	*Please consider if it is a response to a launch/staff survey or new legislation. This helps prevent compliance boxes becoming 'stuck' on colleague records when the project or programme of work evolves.*
Document Version	*Enter the version of the document & update it each time changes are made*
Date of Submission	*Enter date that this version of the Brief is first submitted to the Core Training Lead for review*
Subject Code	*To be added by Core Training Lead*

4. Subject Definition & Supporting Evidence (to be completed by Requestor)

Subject Title	The programme will be called	*The title by which the training will be called and known throughout the Trust.*
Contents of the subject	In summary the objectives of the programme will be	*Please provide an overview of the subjects' contents*
Frequency / Refresher Period of the Subject	Is this a one off training session?	
	Does this have to be repeated and updated, if so, how frequently?	
	Where is the refresher frequency recommended? e.g. national guidelines	
Criticality	What will be the impact if the training is not delivered to staff?	
	Are there any penalties associated with not delivering it?	
Drivers	Why does this training need to be completed?	*E.g. Is this a Trust Policy we need evidence of adherence to?* PLEASE NOTE: Please attach to this document, or include in this section links to relevant papers, copies of policies or references relating to the Criticality of this subject.
	Is this a requirement of the CQUIN, CQC inspection, HSE policy?	*E.g. Is it for compliance purposes, and if so, what?*
	Is this a response to an incident or number of incidents, where training is seen as part of the solution?	
Solutions already in place & Solutions/Options Already Considered/Evaluated	What solutions are already in place for this topic?	
	Will this work replace an existing solution?	

	What potential solutions/alternatives have been considered?	
	Have any discussions taken place with suppliers? If so, please provide an overview of these.	
Staff groups training must be completed by	Who must complete this training? Please be as specific as possible.	*E.g. Everyone within UHL who has patient or visitor contact.* *e.g. All clinical staff with direct patient contact* *e.g. All Medics (except Pathologists)* *e.g. All Nursing Staff*
	Do all staff need the same level? If not please describe the different areas/staff groups that you see as needing different levels of training and why.	
Governance	Who will be responsible for the content of this Training and ensuring that it is kept up to date and relevant in regards to the needs of the Trust?	
	Which committee/group will monitor the SME/content of the programme, impact of training/ compliance?	
Budget	Do you have an approved budget to deliver / develop this training? If so how much?	
	Are you aware how much this training would cost in terms of staff time to complete it?	
	Are you aware of the unseen costs e.g. staff time, in completing this training. e.g. a 30minute eLearning could cost £404,000 in wages p.a. for 18,000 staff to complete	
Timeframes	When do you ideally need this training 'live' by if approved? And reasons why. (NB: no guarantees of resource availability can be made)	

5. Training Materials

Current Training Materials	Are any training materials currently in place, or courses currently being delivered that meet the training outcomes required OR will new materials, courses or eLearning have to be developed or updated.	
Format of any Required Training Materials	Face to face training sessions? ELearning delivered training? Training can be, and will be delivered in a variety of formats? Will you be able to provide training materials in different formats for collegeus with additional learning support needs?	
Length of training	How long do you expect the training to last? E.g. 10 minutes, 1 hour etc.	
Do you commit to reviewing the content annually and ensuring it is of		
If the request is rejected what risks will the Trust hold?		
Any Other Information		

6. Summary / Outcome of Request

Please collate the responses of the professional leads and approvers.

Appendix A – Process for Approving Essential to Job Role Training

Stage 1: Request: The Requestor – typically the SME - should identify the training that they wish to propose becomes 'Essential to Job Role,' articulate why the training is required e.g. cite the national document, policy, guideline that supports the training and obtain Executive or senior management sponsorship. The request form should be fully completed and submitted to HELMGeneralQueries@uhl-tr.nhs.uk NB: The SME will have already sought permission and engagement to train from the staff groups affected and any internal committees that monitor the topic/service the training would support. Evidence of this should be supplied with the application.

Stage 2: Checking of submitted Data: The completed form will be checked by the Core Training Lead to ensure completion and the evidence provided / attached meets the criteria for submission. A recommendation on way forward will be made to the Workforce Training and Education Steering Group. This typically occurs quarterly.

Stage 3: Decision: A decision will be made on the way forward. This will be issued with a code (as detailed). The Core Training Lead will share the outcome with the SME.NB: It is unlikely that a compliance box will be added to HELM for programmes needed by less than 200 staff.

Stage 4: Appeal Process: If the requestor feels that the outcome of this process in relation to the approval or feedback received is not correct. Then they should approach the Workforce Training and, Education Steering Group. The steering group will review the appeals received each quarter and their decision will be final.

Stage 5; Workforce Training and, Education Steering Group will update the Trusts People and Culture Committee on decisions made each quarter. A central Log of all submitted Subject Request Forms will be held by the Core Training Lead. This will be referred to as "Essential to Job Role Training - Priority Work List".

Stage 6; If approved the work will be scheduled according to the priority code for the programme and the resources available. If the topic is to be added to job roles/areas of work once the information is received and input there will be a compliance box allocated under the heading Essential to Job Role Training. Compliance data can be provided in the form of a percentage figure.

Stage 7: It should be noted that all topics held on HELM are subject to ad hoc content or quality checks from members of Workforce Training and, Education Steering Group, Education and Practice Development Team or their representatives. Any changes or information found to need updating will be made along with communication to the SME.

Appendix B – Prioritisation Codes and Criteria

The following criteria will be applied by the Core Training Lead on behalf of the Trust upon completion and approval/feedback from approvers in order to apply a priority code and allocate resources.

Outcome of Review	Description
Approve; Essential to Job Role. Group allocation and upload to course catalogue	This project is considered to be high priority based on one or more of the following criteria:- • National mandate • Key Trust objective/risk– supports or delivers • Commissioning requirement – Quality Initiative • Clinical risk – Major / Intermediate / Minor Priority code A will be accompanied by a priority indicator which should be allocated following approval: • A1 – Critical priority to the Trust – All resources should focus on the implementation and roll out of this training • A2 – High priority to the Trust – Details added to the Essential to Job Role Training - Work List and addressed as work has been allocated to the list • A3 – Priority to the Trust - Details added to the Essential to Job Role Training - Work List and addressed following any outstanding Critical and High Priority Work. Should the amount of priorities in A1 outweigh the resources available this will be raised through the Workforce Training and, Education Steering Group for a decision on prioritisation. If the project is not considered high priority in accordance with the above criteria then it will be addressed as resources allow as a code B; being allocated priority in accordance with a combination of number of staff affected and date request received.
Approve – Add to Course Catalogue only for staff to self-select	This request should/could be done but is not considered to be a priority in line with the Essential to Job Role criteria above and should be added to the waiting list and prioritised relative to any other lower priority requests. These will be given code B meaning that it will be added to the course catalogue.
More Information Required	More information or action is required before a decision can be made on this request. This will be given a code D indicating that the form has been returned to requestor for more information or clarity.
Reject	The project/topic will not be progressed further as it is not seen as a priority at this point in time. This could be for a variety of reasons e.g. only a very small amount of staff need the local developmental training. This will be allocated a code C meaning Request Rejected - No further action to be taken.

Process to Check Requests to Port Between Organisations in Date Training


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Member of staff has an in date certificate for training from a non UHL organisation
    → Is the topic a mandatory training NHS CSF?
        → Yes → Core Training Team (CTT) supports enquirer and reviews Skills for Health accreditation page for training organisation.
            → Training is from an accredited organisation
                → No → CTT advises enquirer that UHL training needs to be completed and certificate cannot be accepted
                → Yes → CTT advises enquirer that certificate can be accepted. CTT updates relevant admin team/SME to make arrangements for certificate to be input onto LMS and stored with registers in case of audit.
        → No → SME reviews certificate, objectives covered and organisation completed at to decide if it matches UHL requirements
            → Agreed as a match
                → No → SME advises individual that UHL training needs to be completed and certificate cannot be accepted
                → Yes → SME advises individual that certificate can be accepted. SME makes arrangements for certificate to be input onto MS and stored with registers in case of audit.
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