



**South Central Ambulance Service
NHS Foundation Trust**

**EDUCATION POLICY & PROCEDURE
(EPP No.02)**

**STATUTORY AND MANDATORY
TRAINING POLICY**

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4

South Central Ambulance Service NHS Foundation Trust

Statutory and Mandatory Training Policy

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**SOUTH CENTRAL AMBULANCE SERVICE
NHS FOUNDATION TRUST**

Statutory and Mandatory Training Policy

1. Policy Statement

1.1 South Central Ambulance Service NHS Foundation Trust is committed to providing a high quality service to the communities it serves and recognizes that mandatory training is of vital importance to adequately protect its staff, patients and the public. It is also committed to ensuring that adequate provision is made for training and for staff to be released to attend such training.

1.2 This policy describes the process that will be followed within the Trust for the identification of need and the subsequent implementation of statutory and mandatory training for ALL staff. It provides provisions for statutory and mandatory training which must be undertaken by all staff and also specific mandatory training which is relevant to other groups supporting the work of SCAS.

1.2 This policy is designed to be read in conjunction with other Trust policies and guidelines which are relevant including:

- Infection Control Policy (including Hand Hygiene and Inoculation)
- Minimal Lifting Policy (Moving and Handling)
- Child & Vulnerable Adults Policy
- Slips Trips and Falls Policy
- Paediatric Care Policy
- Obstetric Care Policy
- Resuscitation (Recognition of Life Extinct) Policy
- Adverse Incident and Investigation Policy
- Violence and Aggression Policy
- Medicines Management Policy
- Clinical Supervision in Training Policy
- Clinical Supervision Policy
- Complaints Policy
- Claims Policy
- PALS Policy
- Corporate Induction Policy
- Information Governance Policy
- AACE Guidelines
- HCPC Guidelines

2. Purpose

2.1 This policy will ensure that there is a process by which all statutory and mandatory training is consistently delivered and recorded. **This policy applies to all staff and others e.g. Volunteers as noted within this document.**

3. Definition of Statutory training

3.1 Statutory training is training which the Trust is legally required to provide as defined in law or where a statutory body has instructed organizations to provide training on the basis of legislation

For example

- Fire Safety training is required by statute: Management of Health and Safety at Work Regulations 1997, amended 1999
- Race related training is required under the Race Relations Amendments Act (2000) as interpreted by the Commission for Racial Equality

3.2 Definition of Mandatory training

Mandatory training is any training the Trust considers to be essential and therefore requires its employees to undertake with the purpose of minimizing risk, providing assurance against policies and to meet external standards which will ensure that:-

- Staff are able to carry out duties safely and efficiently
- To protect staff, patients and the public from harm
- To maintain competence to the required standard e.g. Care Quality Standards and the NHSLA

Some mandatory training is specific to particular groups and disciplines, and may be determined by Trust policy, government regulation and professional regulation instruction and guidelines. A Training Needs Analysis will be undertaken on an annual basis to determine the mandatory training requirements of the Trust. Appendix 1 gives guidance on generic mandatory training, individual departments are required to review the provision and make requests for additions, revisions or subtractions from the provision prior to the annual review. See Appendix 2 for details of the process.

The Trust expects that every member of staff will attend mandatory and essential training as designated for their job roles according to this policy. The Trust has set a target of 95% attendance for this training and will monitor this through the Integrated Performance Review (IPR), as reported to the Board. See paragraph 9.1.

4. Duties and Responsibilities

4.1 The Trust has a duty of care to ensure that staff receive the relevant statutory and mandatory training for their job role in order to ensure their own and patient and staff safety.

4.2 Responsibility for delivering statutory and mandatory training

Executive Management Team

The Trust Board has overall responsibility for ensuring that an effective education and training system is in place within the Trust and for meeting all statutory requirements and adhering to guidelines issued by the Health Education England in respect of training and education.

The Executive Management Team will:-

- Set organizational, directorate, departmental objectives
- Agree direction for workforce development in line with national and local agenda.
- Support all directorates to achieve their learning and development objectives
- Initiate Trust-wide initiatives to meet organizational workforce development issues

Trust Senior Management Team

The Director of Human Resources has overall responsibility for the development and implementation of training and education. The Director of Human resources chairs the Workforce Board, which reports to the Executive Management Team.

The Workforce Board will:-

- Identify and initiate the direction for workforce development in line with national and local agenda
- Identify opportunity and mitigate risk to the delivery of learning and development
- Identify external initiatives that could benefit the organization's learning and development aims and objectives

The Director of Quality and Patient Care has delegated responsibility for managing the development and implementation of the Trusts training and education programmes in relation to Clinical input.

The Assistant Director of Learning and Development has responsibility for ensuring the practical implementation of the training programmes. Collating the training needs of staff, analyzing the data and ensuring training programmes are developed that are both relevant to the TNA and contribute to the ongoing professional development of Trust staff, and for overseeing the recording of such training within the Trust.

Line Managers

Line managers have responsibility for ensuring that their staff attend and/or undertake the relevant Statutory and Mandatory training required for their role – in accordance with the requirements of their role, and as described in this policy. Attendance/completion of training will be reported regularly to the Workforce Board (see above)

The Statutory and Mandatory programme supports the identification and setting of the direction for workforce development in line with national and local agendas.

4.3 All Trust Managers are responsible for their staff undertaking Statutory and Mandatory training and will:-

- Cascade the set organisational & departmental objectives to their teams.
- Set and support individual objectives that are both realistic and achievable.
- Promote initiatives that meet organisational workforce development issues

- Ensure that all team members undertake an appraisal on an annual basis (minimum) recording Statutory and Mandatory attendance/completion.
- Ensure staff are aware of their required attendance on a course or learning activity and the learning objectives they need to achieve.
- Respond appropriately to staff members who do not attend planned events. Reports and reviews of non-attendees will be notified to the line manager by the Learning and Development Department.
- Identify the training requirements for their staff through appraisals and with regard to the business objectives and corporate goals of the Trust.

4.4 Individual Trust Employees

Attend all Statutory and Mandatory training as required by the trust

Identify own learning and development needs in line with the job specific competencies and take personal responsibility for undertaking agreed development.

Take responsibility for Continued Professional Development as required

Notify cancellation of any arranged course or training as early as possible to the appropriate person/s

Ensure personal compliance with professional registration requirements

4.5 Responsibilities of Committees/Groups established in the Trust

The Quality and Safety Committee will monitor the implementation of relevant policies and guidelines, within the Trusts governance structure. This Committee will monitor the effectiveness of policies and guidelines ensuring that the Trust Board is aware of any significant non compliance as a result of review and audit activity. It specifically monitors performance with regards Risk Assessments and the Trust Risk Register, Complaints, Legal Claims, Health, Safety and Risk, Adverse Incidents, Risk Reports, Quality and Clinical performance and improvement, and the Board Assurance Framework. The Committee is responsible for reviewing and ensuring that recommendations from external reports from the Care Quality Commission, NHSLA Risk Management Standard for the Provision of Pre Hospital Care and Clinical Telephone Triage in the Ambulance Service etc. are implemented.

The Workforce Board will agree priorities for education and agree the annual training plan, including statutory and mandatory training, and the methodology for delivery. The Workforce Board will receive regular reports detailing progress against the annual plan, agree action plans to mitigate risk and to address underperformance against targets.

The Clinical Review Group is responsible for the reviewing the recommendations of the Clinical and Education Review Group of clinical content of the training programmes on a regular basis, or when significant revisions are made or required, ensuring that all relevant clinical standards are maintained. The Clinical Review Group will submit documents to the Quality and Safety Committee for approval as required.

Development, revision and amendment to content of the training programme is the responsibility of the Clinical and Education Review Meeting Liaison, Education and Audit Review Group (CLEAR). The Clinical Review Group will review any clinical amendments recommended by the CLEAR. Senior Education Managers will regularly review the objectives, content and methods of

delivery of this programme and make recommendations to CLEAR and subsequently the Workforce Board / CRG when amendments are required

CLEAR will monitor attendance/completion of training courses and liaise closely with the Human Resources team and relevant management teams to ensure that all associated processes are fit for purpose, recommendations for review or alteration will be made to the Clinical Review Group/ Workforce Board for acceptance prior to submission to the Quality and Safety Committee for approval.

4.6 Responsibilities of the Education Department

The Education Department is responsible for delivering the agreed statutory and mandatory training plan in accordance with Trust work-force planning data. See Appendix 1 for the annual Training Needs Analysis and Appendix 7 Diagnostic and Therapeutic Equipment - authorized use

The Department will ensure records of completed training are entered on to the Learning Management System (LMS), and for undertaking regular audits of attendance and reporting the results to the CLEAR Group.

The Department will ensure that all staff who use Diagnostic and Therapeutic Equipment have received the relevant training and are authorized to use it, and receive the relevant up date and refresher training as required (see Appendix 6 and 7)

The Department will inform the member of staffs line manager when a member of staff fails to complete a course, and to re book if appropriate (see also 4.7)

The Department will work closely with Clinical and Operational management teams to ensure programmes are fit for practice and purpose, and that delivery of the courses is planned to support operational activity.

The Department will review and evaluate all statutory and mandatory training programmes as appropriate ensuring any necessary changes or improvements are managed and implemented according to Trust policy.

The Department will monitor Corporate Induction, and Statutory and Mandatory Training Activity, reporting as noted above.

The local Education Co – ordinators will ensure that they complete the relevant records, inform line managers of attendance / non attendance, re- book staff onto courses, if appropriate, and ensure that any action plans devised by line managers are reported to the Assistant Director of Learning and Development, see also Appendix 4.

4.7 Personal responsibility of staff in relation to Statutory and Mandatory training

All staff are encouraged to ensure that they are compliant with the requirements of Statutory and Mandatory Training policy, and will be supported by this Trust to do so, however, non-compliance with this policy by the personal action of staff, as identified by Line Managers, at personal appraisal or by identification via the Learning Management System, will be monitored and reported to CLEAR and / or the Clinical Review Group as appropriate and to the Quality and Safety Committee. The relevant Divisional/Department Managers will be informed by the Learning and Development Department Co-ordinators and are then required to devise action plans to be implemented to rectify this and to inform the Learning and Development Department of these actions.

5. Professional Registration and Continuing Professional Development

5.1 It is a legal requirement that registered professional medical/clinical staff demonstrate ongoing competency in their specialty to enable re-registration. The Trust has developed a framework for CPD, see the prospectus (appendix 6). The Trusts' Education Department will offer appropriate support to allow staff to maintain their registration

5.2 Individual members of staff are required to maintain personal professional accreditation and hold responsibility for ensuring that they personally maintain their registration and are responsible for their own learning.

6. Identification of Training Need

New Employees

6.1 New employees are required to attend the Trusts Corporate Induction training programme as described in the Corporate Induction Policy. On completion of the Corporate Induction training the member of staff (and volunteers) are then required to undertake the local induction training (as described in the Corporate Induction Policy and as appropriate to their job role). During the local induction period their line manager will identify any additional mandatory training which was not covered in the Corporate Induction and ensure that the member of staff completes this training before they are signed off as competent to work.

6.2 The Assistant Director of Learning and Development will ensure that all relevant documentation which records that statutory/ mandatory has been completed is recorded onto the member of staffs training records.

Existing Employees

6.3 The E.learning System alerts the Learning and Development Department of the dates statutory and mandatory training covered by E.learning is required by individual members of staff. Employees can check their own learning history on their E.learning accounts and undertake training as required.

6.4 For 'formal' Statutory and Mandatory training (ie that undertaken by Face to Face training) the Education Department will liaise with Operational Scheduling or appropriate line managers to ensure staff attend as required.

6.5 Managers must review every employee's statutory and mandatory training record at their annual appraisal and ensure that all relevant documentation to show that the required statutory/ mandatory training has been completed and recorded onto the member of staffs training records. Should any member of staff not have completed their training the line manager will devise an appropriate timetable and action plan to ensure the member of staff attends the relevant statutory and/or mandatory training as soon as possible.

The practical implementation of Statutory and Mandatory training by this Trust

6.5 The Trust will make certain that the Statutory and Mandatory training it provides ensures the following:-

- It champions the importance of Statutory and Mandatory training at all levels
- It ensures that an effective system of Statutory and Mandatory training is in place **for all staff**, appropriate to the needs and requirements of the roles they undertake

- It identifies any gaps in the availability or provision of Statutory and Mandatory training and reports this to the appropriate committee and takes appropriate remedial action to rectify any omissions
- It ensures that appropriate and relevant records are kept of Statutory and Mandatory training activities and arrangements, all training records are kept electronically on the Learning Management System
- It ensures that Statutory and Mandatory training is actively supported within the Trust and that **all staff** are provided with sufficient and appropriate protected time to enable them to undertake mandatory and essential training
- It links systems of Statutory and Mandatory training to Governance and CPD

Identification of the training needs of all permanent staff

6.6 The designated subject matter expert will undertake a review of the provision it makes of statutory and mandatory training on an annual basis (see below). The Education Development Department will liaise with all departments to ensure that individual professional groups receive the training and support they require to perform their duties safely and effectively. The Education Department will produce a Training Needs Analysis (TNA) annually which will inform the statutory and mandatory training programme for that year and will form part of the training prospectus. See Appendix 2, 3 and 6 for details of the process.

6.7 The individual departments will consider the following when reviewing the training needs of their staff

- The information they have drawn from staff appraisal undertaken that year
- The departmental business plans
- Any government initiative or statutory / mandatory requirement from the Department of Health or other Government body which affects the operation of their department.

6.8 Requests by individual departments for additions, revisions or subtractions from the prospectus following their review of the provision are made to the Education Department. The Senior Education Manager responsible for Personal and Professional Development Manager will present these requests to the CLEAR meeting which will evaluate each request against the objectives of the Trust for the coming year. See Appendix 5.

6.9 The training currently considered by this Trust as mandatory (to specific job roles), which includes risk management training is detailed below and includes:-

- Hand Hygiene
- Moving and Handling
- Information Governance
- Safeguarding of Children and Vulnerable Adults
- Slips Trips and Falls
- Driving Standards
- Inoculation Incident
- Conflict Resolution
- Paediatric Care
- Obstetric Care
- Resuscitation (Recognition of Life Extinct)
- Infection Prevention and Control
- Investigation of Complaints, Incidents and Claims

- CoSHH
- Fire
- Medical Devices and Equipment
- Risk Management

For the full current list see Appendix 1

7. Delivery of the identified training

7.1 The Senior Education team will consider the training needs of the Trust, producing the annual TNA and will amend the training prospectus accordingly which will be reviewed/approved at the CLEAR meeting. When the course content and mode of delivery are agreed by the Workforce Board courses will be scheduled, the Learning Management System will be updated and staff will be called for training when appropriate.

8. Recording of training

8.1 The Education Department Co-ordinators maintain the staff training records electronically on the Learning Management System. This database is linked to the Electronic Staff Record (ESR) which ensures that every permanent member of staff is entered onto the Learning Management System.

The LMS is updated regularly by the Education Department Co-ordinators to ensure accuracy. The Education Department ensures that staff requiring update training are called for training at the earliest appropriate time. Non attendance of the training is reported to the Scheduling department and action is taken accordingly (see Appendix 4 for the process to track attendance)

9. Monitoring

9.1 Monitoring of this policy will be undertaken by the Assistant Director of Learning and Development on an annual basis who will:-

- Ensure that accurate records are maintained detailing the number and percentage of staff completing mandatory and essential training in the year
- Ensure accurate reports for the Executive Management Team of staff meeting the compliance standard as specified
- Review the process for non compliance and recommend actions
- Review the content of the training programme on an annual basis to ensure it complies with the TNA, as agreed by the Trust.

9.2 Identified issues will be presented to the CLEAR meeting and / or the Clinical Review Group and trust-wide action plans developed, which will be reviewed and monitored by the Workforce Board. Exception reports will be provided by the Quality and Safety Committee.

9.3 Uptake of Statutory and Mandatory training by all staff is recorded on the Learning Management System and will be reported to the Board via Quality and safety Committee. The Departments recorded as showing less than the required compliance as noted in Paragraph 3.2 over a 12 month period will be required to produce an action plan to address the situation, which

will be monitored by the Workforce Board. An exception report to the Quality and Safety Committee will provide assurance that actions are being taken to ensure compliance.

10. Review

10.1 This policy will be reviewed every two years or sooner in the light of any changes in the law or guidance from the GMC, HCPC, NMC, etc., and national and professional standards and guidelines to which the Trust must adhere.

11. EQUALITY STATEMENT

11.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post.

11.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

11.3 The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

11.4 Where there are barriers to understanding; eg, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

12. References and Reading

Trust policies

SCAS Infection Control Policy (including Hand Hygiene)
SCAS Minimal Lifting Policy (Moving and Handling)
SCAS Child & Vulnerable Adults Policy
SCAS Slips Trips and Falls Policy
SCAS Paediatric Care Policy
SCAS Obstetric Care Policy
SCAS Resuscitation Policy
SCAS Adverse Incident and Investigation Policy
SCAS Violence and Aggression Policy
SCAS Medicines Management Policy
SCAS Clinical Supervision in Training Policy
SCAS Complaints Policy
SCAS Claims Policy
SCAS PALS Policy

SCAS Corporate Induction Policy
SCAS Information Governance Policy

Guidelines and Standards

Association of Ambulance Chief Executives (AACE) UK Ambulance Services Clinical Practice Guidelines (2013). (Formally known as JRCALC) and subsequent guideline revisions
NMC Guidelines
NHSLA Risk Management Standard for the provision of Pre Hospital Care in the Ambulance Service
Health Protection (Notification) Regulations (2010)
Health Act (2009)
Health and Social Care Act (2008)
College of Paramedics (2008) Paramedic Curriculum Guidance and Competence Framework
Health Professions Council (2005), Standards of Proficiency
Institute of Health and Care Development Paramedic Syllabus (2005)
Department of Health (June 2007) The Competence and Curriculum Framework for Emergency Care Practitioner, Skills for Health
Delivering the NHS Plan (2002) Department of Health
Improving Working Lives (2002) Department of Health

Statutory and Mandatory Training as delivered by SCAS

Statutory and Mandatory training covers the core skills identified by Skills for Health and the requirements of the NHSLA, CQC etc as identified below:-

Fire Safety and Awareness

Legislation: The Regulatory Reform (Fire Safety) Order 2005

Expert Guidance

FIRECODE HTM 05

DCLG Guide (Green Guide) for Healthcare Premises

Expert Organisation

National Association of Healthcare Fire Officers (NAHFO)

SCAS SME

Risk Department

Fire safety awareness training is an annual requirement for all grades of staff

Equality, Diversity and Human Rights

Legislation: Human Rights Act 1998

Equality Act 2010

Key Guidance

NHS Constitution

Equality Delivery System

Knowledge and Skills Framework

Equality Race Commission

Department of Human Rights in Healthcare

Expert Organisation

Equality and Human Rights Commission (England and Wales)

The NHS Centre for Equality and Human Rights

SCAS SME

Ludlow Johnson

Conflict Resolution

Expert Guidance

Tackling Crime against the NHS: a Strategic Approach

A Professional Approach to Managing Security in the NHS

Expert Organisation

NHS Protect

SCAS SME

Richard Rolfe

A refresher period of every 2 years is recommended for direct and indirect patient facing staff.

Infection Prevention and Control

Legislation: Health and Safety at Work Act 1974

The Control of Substances Hazardous to Health Regulations 2002

Public Health (Control of Disease) Act 1984

Health and Social Care Act 2008

Health Act 2009

The Health Protection (Notification) Regulations 2010

Key Guidance

Infection Control: Prevention and control of healthcare-associated infection in primary and community care (National Institute for Clinical Excellence) (2012)

Pratt RJ, Pellowe CM, Wilson JA, Loveday HP, Harper PJ, Jones SRLJ, McDougall C, Wilcox MH. epic2: National Evidence-Based Guidelines for Preventing Healthcare-associated Infections in NHS Hospitals in England. Journal of Hospital Infection January 2007;65(1): supplement 1: S1-69

Code of Practice on the prevention and control of infection and related guidance (Dec 2010) (file updated 31st Jan 2011)

Expert Organisations

Infection Prevention Society

Healthcare Infection Society

National Resource for Infection Control
Health Protection Agency (England)
World Health Organization

SCAS SME

Phil Convery

Level 1 staff: all staff including contractors, unpaid and voluntary staff

Level 2 staff: all healthcare staff groups involved in direct patient care or services

The recommended refresher period for Level 1 staff is every 3 years and for Level 2 staff annually

Moving and Handling

Legislation:

Health and Safety at Work etc Act 1974

The Manual Handling Operations Regulations 1992

Reporting Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 1995

Lifting Operations and Lifting Equipment Regulation (LOLER), 1998

Management of Health and Safety at Work Regulations, 1999

Provision and Use of Work Equipment regulations (PUWER), 1998

The Health and Safety (Miscellaneous Amendments) Regulations 2002

Expert Guidance

The Guide to the Handling of People (HOP 6 edition). Backcare: London

Ruszala, S et al. (2010). Standards in Manual Handling, (3rd edition). National Back Exchange:
Towcester

Health Safety Executive the Manual Handling Operations Regulations 1992 (as Amended 2002)

Health Safety Executive. Getting to grips with manual handling

ISO Technical Report 12296 Ergonomics – Manual Handling Of people in the Health Care Sector

Expert Organisation

The Health and Safety Executive (HSE)

National Back Exchange

SCAS SME

Richard Rolfe, Kenneth Wilcox, Brian Lilley

Level 1 Staff: all staff including voluntary and unpaid staff

Level 2 Staff: Staff groups including voluntary and unpaid staff whose role includes patient handling activities

Skills for Health assert that given the complex local factors and role specific demands in relation to manual handling activities the organisation should have a programme of audit and review to determine training need. This could include an annual update on basic theory for level 2 staff and an assessment of each individual's competence.

Safeguarding Adults

Legislation:

Human Rights Act 1998

Public Interest Disclosure Act 1998

Data Protection Act 1998

Freedom of Information Act 2000

Mental Capacity Act 2005

NHS Act 2006

Safeguarding Vulnerable Groups Act 2006

The Mental Capacity Act Deprivation of Liberty Safeguards

Equality Act 2010

Expert Guidance

No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, Department of Health 2000

Clinical governance and adult safeguarding: an integrated process Department of Health 2010

Safeguarding Adults: The role of health service managers and their boards Department of Health 2011

National Competence Framework for Safeguarding Adults (Bournemouth University) Care Quality Commission: Our Safeguarding Protocol

Safeguarding adults at risk of harm: A legal guide for practitioners Social Care Institute for Excellence

SCAS SME

Tony Heselton

It is recommended that Safeguarding training is provided for ALL staff at least every 3 years and for direct and indirect patient facing staff annual (with face to face delivery recommended every 3 years)

Safeguarding Children

Legislation:

United Nations Convention of the Rights of the Child 1989

Children Act, 1989

Children Act, 2004

Children and Young Persons Act 2008

Protection of Freedoms Act 2012

Expert Guidance

Safeguarding Children and Young people: roles and competences for health care staff. Intercollegiate Royal College of Paediatrics and Child Health (2010)

Safeguarding Children and Young People: A toolkit for General Practice, Royal College of General Practitioners (2011)

National Competence Framework for Safeguarding Children

General Medical Council (2012) Protecting Children and Young People: The responsibilities of all doctors. General Medical Council

Looked after children: knowledge, skills and competence of health care staff. Intercollegiate Report Published by Royal College of Nursing and Royal College of Paediatrics and Child Health (2012)

National Institute for Health and Clinical Excellence (2009) When to suspect child maltreatment. National Institute for Health and Clinical Excellence

HM Government (2010) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2010 London: DSCF

Department of Education (2012) The Munro Review of Child Protection: a child-centred system (2012)

Report of the Children and Young People's Health Outcome Forum (2012)

Office of the Children's Commissioner

SCAS SME

Tony Heselton

Levels (Intercollegiate Royal College of Paediatrics and Child Health (2010));

Level 1: All non-clinical staff working in health care settings.

Level 2: Minimum level required for clinical staff that have some degree of contact with children and young people **and/or parents/carers.**

Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.

Refresher periods

Level 1 (all non clinical SCAS Staff) induction and then every 3 years

Level 2 and 3: no longer than 3 years, annual update 'best practice'

Resuscitation

Policy Guidance: HSC 2000/028: Resuscitation Policy

Expert Guidance

Resuscitation Council 2010 Resuscitation Guidelines

Cardiopulmonary Resuscitation – Standards for clinical practice and training Joint Statement

Decisions relating to cardiopulmonary resuscitation. A joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing

General Medical Council Treatment and care towards the end of life: good practice in decision making (2010) General Medical Council

Expert Organisation

Resuscitation Council (UK)

SCAS SME

No Resuscitation Officer employed by SCAS, SME – currently held collectively by the Clinical Review Group (CRG)

Where staff are exposed to and involved in the care of patients from a range of age groups, they should receive the relevant type of resuscitation training.

Level 1: All staff, including unpaid and voluntary staff

Level 2

Staff with direct (and indirect) clinical care responsibilities including all qualified healthcare professionals:

Staff working with Adult patients should undertake training in adult basic life support.

Staff working with Paediatric patients should undertake training in paediatric basic life support.

Staff working with Newborn patients should undertake training in newborn basic life support.

Level 3 Staff with direct clinical care responsibilities including all qualified healthcare professionals required to undertake and manage a resuscitation in practice should receive training relevant to their grade and role e.g. ALS, PALS, NALS for Registrants annually. ILS for Adults, Paediatrics and Neonates for Technician Grades annually

Indirect patient care in EOC and 111, Registrants require annual training in ALS/PALS/NALS

Information Governance

Legislation:

The Data Protection Act 1998

The Freedom of Information Act 2000

The common law duty of confidentiality in accordance with relevant Case Law

Expert Guidance

NHS Information Governance Toolkit (IGT)

Information Security Management: NHS Code of Practice

Confidentiality: NHS Code of Practice

Records Management NHS Code of Practice (Parts 1 and 2)

The Care Record Guarantee Our Guarantee for NHS Care Records in England

The NHS Constitution

Information Governance Assurance: Joint Letter from Department of health and Information

Commissioner's Office (2011)

SCAS SME

Barbara Sansom

All staff are required to undertake Information Governance training annually

Government Statutes

Management of Health, Safety and Risk at Work Regulations 1997, amended 1999

Race Relations Amendments Act (2000) as interpreted by the Commission for Racial Equality

APPENDIX 1

Annual Training Needs Analysis

Summary

This section of the document outlines the Trust's commitment to the professional development of its workforce, and across all levels and disciplines. The aim is to ensure that South Central Ambulance Service has a workforce that is fit for purpose, and can deliver the objectives of the business plan, and to deliver a high quality service to patient's and their families.

The annual training plan is designed to meet the needs of staff based on corporate need, divisional need and as a result of individual appraisal linked to the appraisee's core competencies needed for his/her job.

Mandatory and Essential Training for Staff as required on an annual/ regular basis as described in the policy

Training Needs Analysis (TNA) Core Delivery and Educational Provision Key

Staff Providing Direct Patient Care/Contact		Staff Providing Indirect Patient Care		Other Personnel		Relevant Terms	
	CFR		999 EOC Staff Emergency Control Centre	A	All Trust Personnel	CTL	Clinical Team Leader
	PTS				111 EOC Staff 111 Control Centre		Managers
	Educators, CTL, CM					Administration Ancillary Commercial Logistics	ECA
	HART					CM	Clinical Mentors
	ECP					HART	Hazardous Area Response
	Paramedics					CFR	Community First Responder
	Ambulance Nurses					PTS	Patient Transport Services
	Technicians					SME	Subject Matter Expert
	ECA					RO	Responsible Officer
	CSD Registrants					NHSLA	NHS Litigation Authority
	111 Registrants					CQC	Care Quality Commission
						MCA	Mental Capacity Act
						CI	Corporate Induction
						S&M	Statutory & Mandatory
						CPD	Continuous Personal Development

Training	Frequency	Core Staff Groups – Target Audience	Legislation/Drivers	Comments
Confidentiality/Consent	Once (Induction)	A	CQC	May be delivered more frequently as determined by SME/RO Identified by Risk Assessment
Counter Fraud	Once (Induction)	A	CQC	May be delivered more frequently as determined by SME/RO Identified by Risk Assessment
Health and Safety	Once (induction)	A	CQC	May be delivered more frequently as determined by SME/RO Identified by Risk Assessment
Medicines Management	Once (Clinical Induction)	 New Recruits at Clinical Induction	NHSLA, MHRA, CQC	May be delivered more frequently as determined by SME/RO Identified by Risk Assessment
Medical Devices & Equipment	Clinical Induction + as required		NHSLA, MHRA, CQC	May be delivered more frequently as determined by SME/RO Identified by Risk Assessment
Infection Prevention and Control	Once Annually	 	Health & Social Care Act (2008) Code of Practice for the Prevention of Infection (2010) NHSLA, CQC	May be delivered more frequently as determined by SME/RO Identified by Risk Assessment or triggered by increased reported sickness or local outbreak
Fire	Annual	A	Regulatory Reform (Fire Safety Order) 2005, NHSLA	
Information Governance	Annual	A	Data Protection Act Freedom of Information Act	

AMPDS	Initial training		AMPDS Academy Licensing Agreement	Re-qualification as per licence agreement – shortly to be superseded by Pathways across the trust
Pathways	6 Monthly		Software Licensing Agreement	
Safeguarding Adults and Children	Annually <u>3 Yearly</u> <u>Face to face</u>		The Children's Act (1989) The Children's Act (2004) HM Government (2010) Working together to safeguard children NHSLA, CQC, MCA (2005)	May be delivered more frequently as determined by SME/RO Identified by Risk Assessment Direct (face to face) delivery every 3 years for staff providing direct and indirect care
BLS Basic Life Support	Once	 at Induction	Resuscitation Council (UK) Guidance DOH (2000) Resuscitation Policy	To include: Adult/Paediatrics/Neonate
BLS Basic Life Support	Annually			
ILS Intermediate Life Support	Annually		As per IHCD Guidance	
ALS Advanced Life Support	Annually		Resuscitation Council (UK) Guidance DOH (2000) Resuscitation Policy	To include: Adult/Paediatrics/Neonate
Conflict Resolution	2 Yearly 3 Yearly		Managing Security in the NHS (2003) NHSLA, CQC	Practical/Theory Approved Training Package CFMS/City & Guilds 1886
Manual Handling (Moving and Handling)	2 Yearly 3 yearly		Manual Handling Operations Regulations (1992) Management of Health & Safety at Work (1999) , NHSLA	May be delivered more frequently as determined by SME/RO Identified by Risk Assessment

Equality and Diversity	3 Yearly	A	NHSLA, CQC	
Emergency Driving	Core Training			
RRV Training	Core Training	 On completion of Preceptorship Period		
Patient Transport & Logistics Driving	Core Training	* as relevant to role		
Major Incident Reporting and Planning		As required for job role		
Control of Hazardous Substances		As required for job role		
Management Training	CPD		Best Practice CQC	
CPD Continuous Professional Development In line with Registering Body Continuous Personal Development	Annual Provision	 	Registrant Obligations Best Practice Meet and maintain National Standards set by the NHS (Willis/Francis) Improvement of Service Delivery and enhanced Patient Care Workforce development and enhanced satisfaction	The Trust will endeavour to source funding for relevant personnel development The Trust will provide e learning packages in relation to identified corporate need (Professional) The Trust will provide e learning packages in relation to identified corporate need (Personal)

Educational Provision Plan

Education/Training	Delivery Mode	Target Audience	Completion Target	Comments	Measurement
Fire IG Equality & Diversity Infection Control	E learning	A A A 	95%	Aim to reach 100%*	ESR Monthly Report At Appraisal**
BLS ILS ALS	Direct (face to face) Designated Sessions At base station	 ● ● ● ● 	95%	Aim to reach 100%	ESR Monthly Report At Appraisal**
Safeguarding	Direct (face to face) Designated Sessions	 ● ● ● ●	95%	Aim to reach 100%	ESR Monthly Report At Appraisal**
Manual Handling (Moving and Handling)	E learning (theory) Practical Assessment		50% Rolling bi-annual basis	Aim to complete all Direct Delivery Staff Over 18 months	ESR Monthly Report At Appraisal**
Conflict Resolution	E Learning		95%	Face to face provided on an individual group basis as required	National Content Available
Management Training	E Learning		As Required		National Content Available
Suicide Prevention Corporate Delivery	Direct (face to face)		85%	DOH Need identified SME Single provision	ESR Monthly Report At Appraisal**
CPD*** Professional	Blended E Learning/Direct	A	As Required Monthly CPD	Aim to provide flexible options	Monthly Report At Appraisal

Personal			Report to Board		HCPC/NMC
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* Completion Target – the agreed minimum to allow for absence, attrition rates etc

** Appraisal should include measurement of Statutory & Mandatory Training and CPD ± Portfolio evaluation

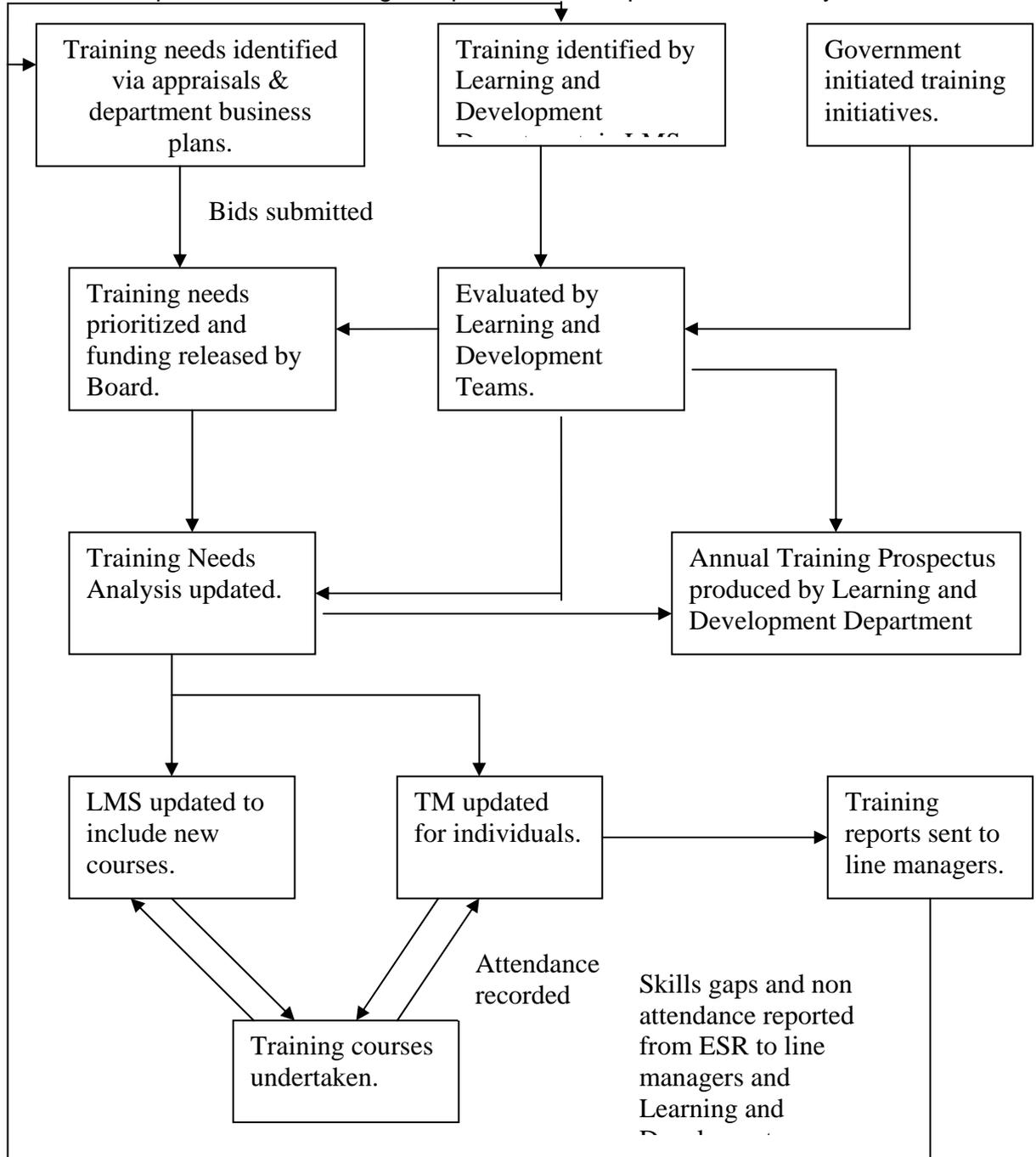
*** CPD Plan to produce a catalogue to CPD Options for staff to select educational opportunities according to need

Flexible approach to CPD offers governance opportunities and the development and dissemination of educational material in response to incident reporting

APPENDIX 2

Training Needs Identification Process

This process diagram shows how statutory and mandatory training is identified. This is updated annually the Learning and Development Department of the Trust. This leads to development of the Training Prospectus which is published annually

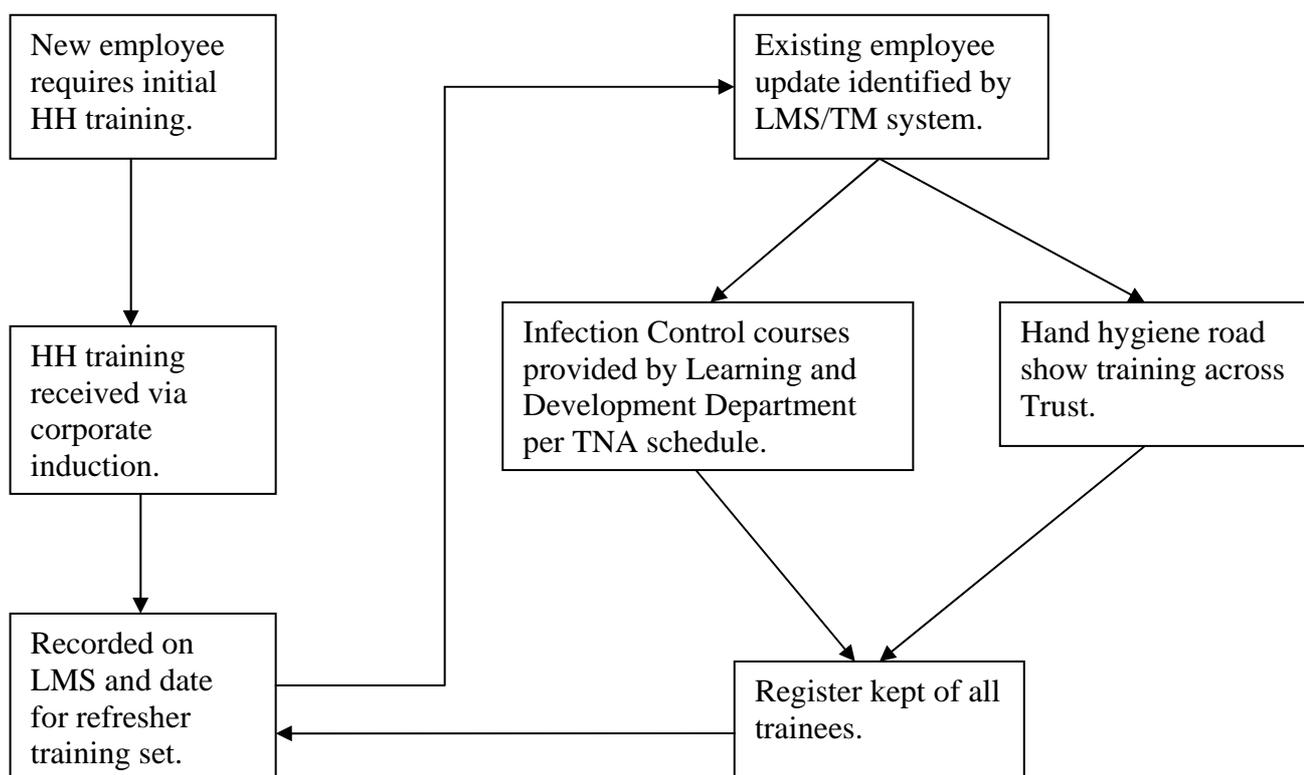


Appendix 3 – Process Maps

Examples of Process Maps for ensuring identification and delivery of effective training.

A Hand Hygiene Training Process

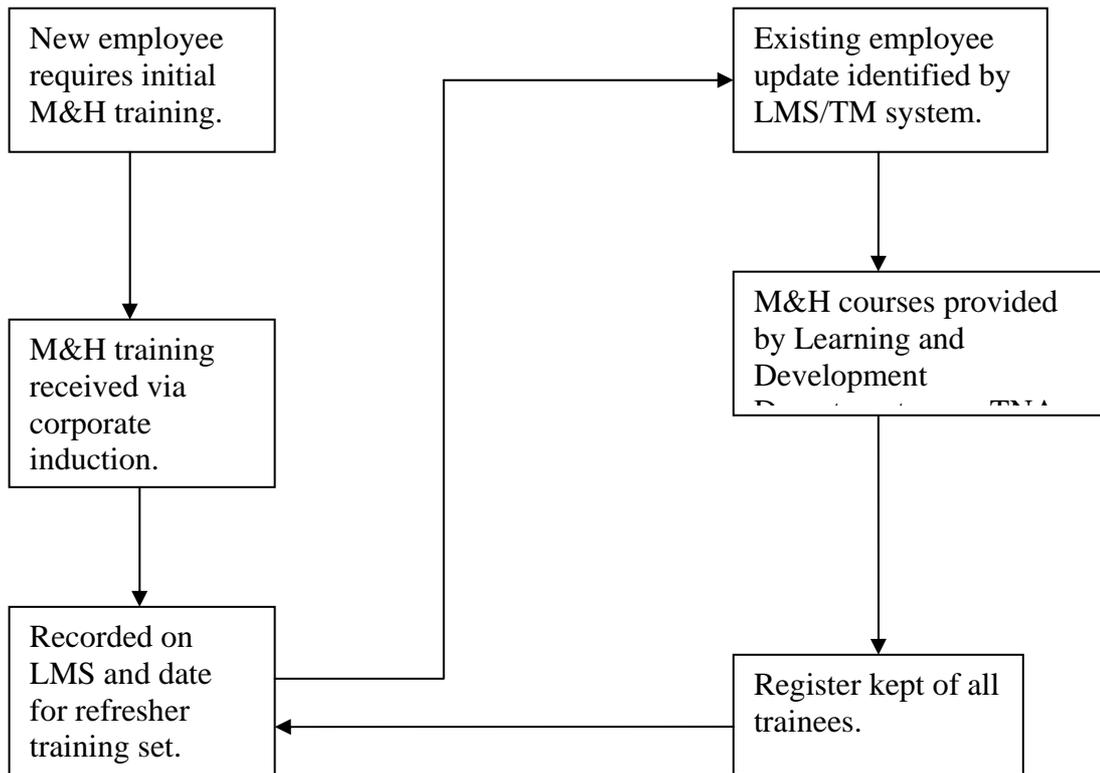
The following section describes the process of how hand hygiene training is administered and delivered at the Trust. This covers both how new starters receive initial hand hygiene training, and the process of identifying and carrying out refresher training when required.



Staff requiring mandatory hand hygiene training are identified in two separate streams. Firstly new employees joining the Trust receive hand hygiene as part of the infection control module of the Corporate Induction programme. The register of attendance at Corporate Induction is used to update the staff LMS record, and a date for refresher training, which initiates the second stream of training which forms part of the mandatory training programme and is delivered as described previously in this document.

B Moving and Handling Training Process

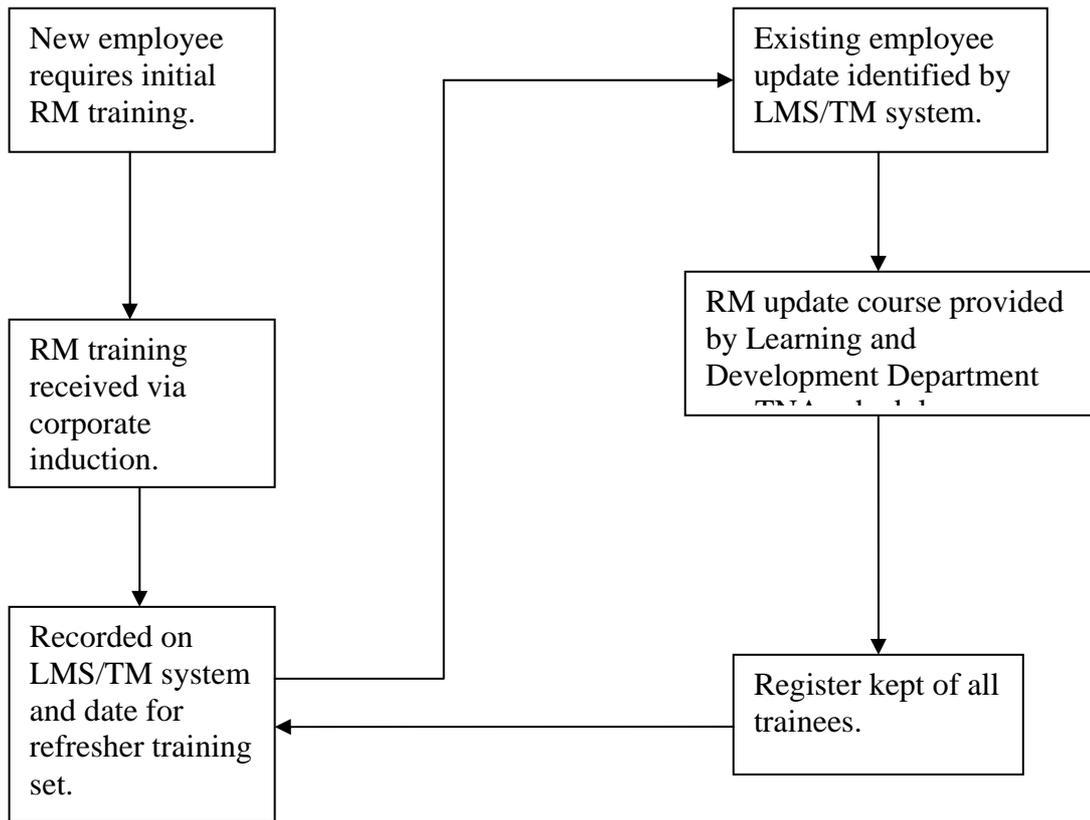
The following section describes the process of how moving and handling training is administered and delivered at the Trust. This covers both how new starters receive initial moving and handling training, and the process of identifying and carrying out refresher training when required.



Staff requiring mandatory moving and handling training are identified in two separate streams. Firstly new employees joining the Trust receive training as part of the Corporate Induction programme. The register of attendance at Corporate Induction is used to update the staff LMS record, and a date for refresher training, which initiates the second stream of training which forms part of the mandatory training programme and is delivered as described previously in this document.

C Risk Management Training Process

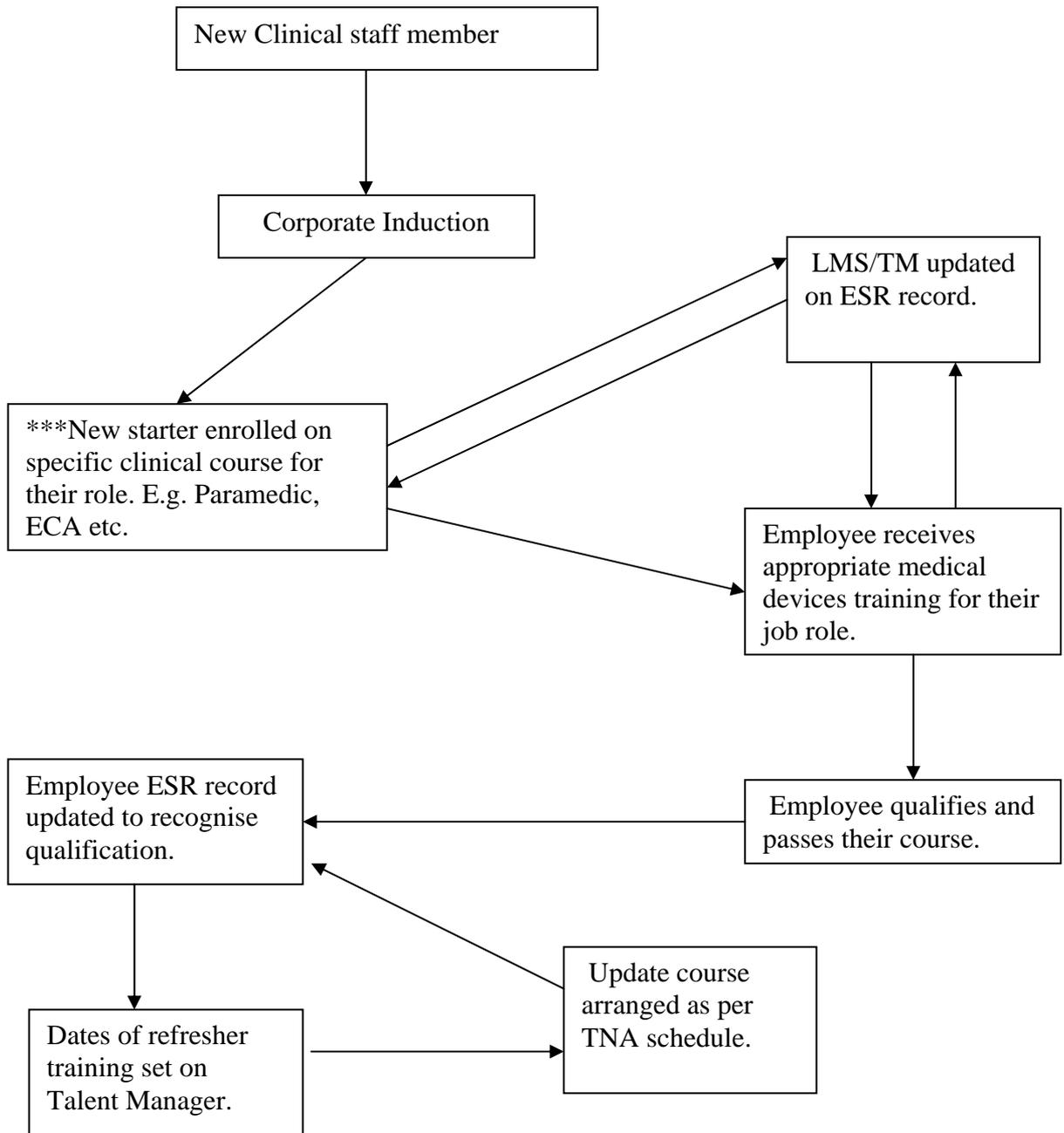
The following section describes the process of how risk management training is administered and delivered at the Trust. This covers both how new starters receive initial risk management training, and the process of identifying and carrying out refresher training when required.



D Diagnostic and Therapeutic Medical Devices Training Process

Due to the nature of pre – hospital care the Ambulance Trust utilizes a wide variety of medical devices.

The following section describes the process of how medical devices training is administered and delivered at the Trust. This covers both how new starters receive initial diagnostic and therapeutic medical devices training, and the process of identifying and carrying out refresher training when required.

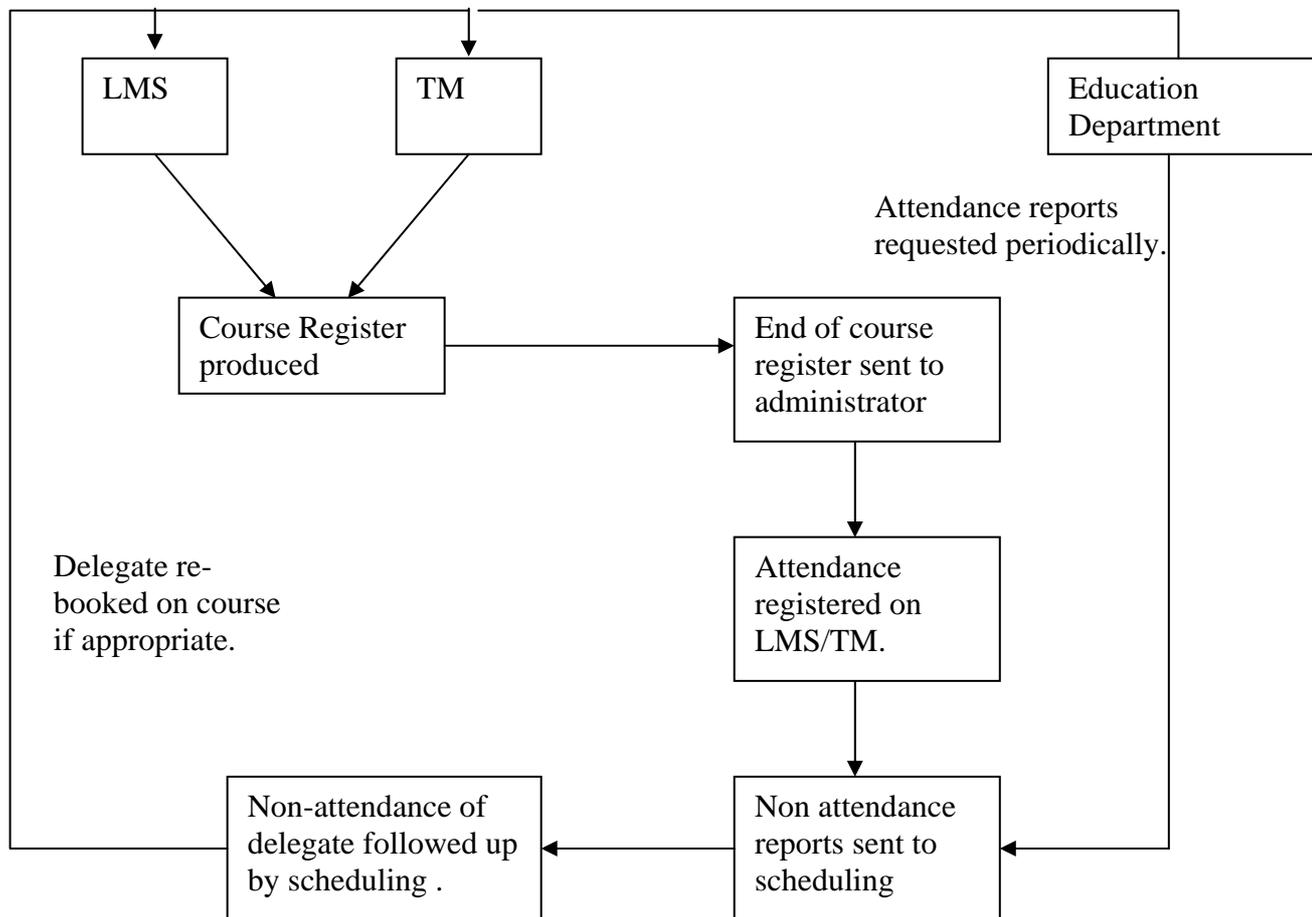


When new equipment is introduced the process begins at ****

Appendix 4

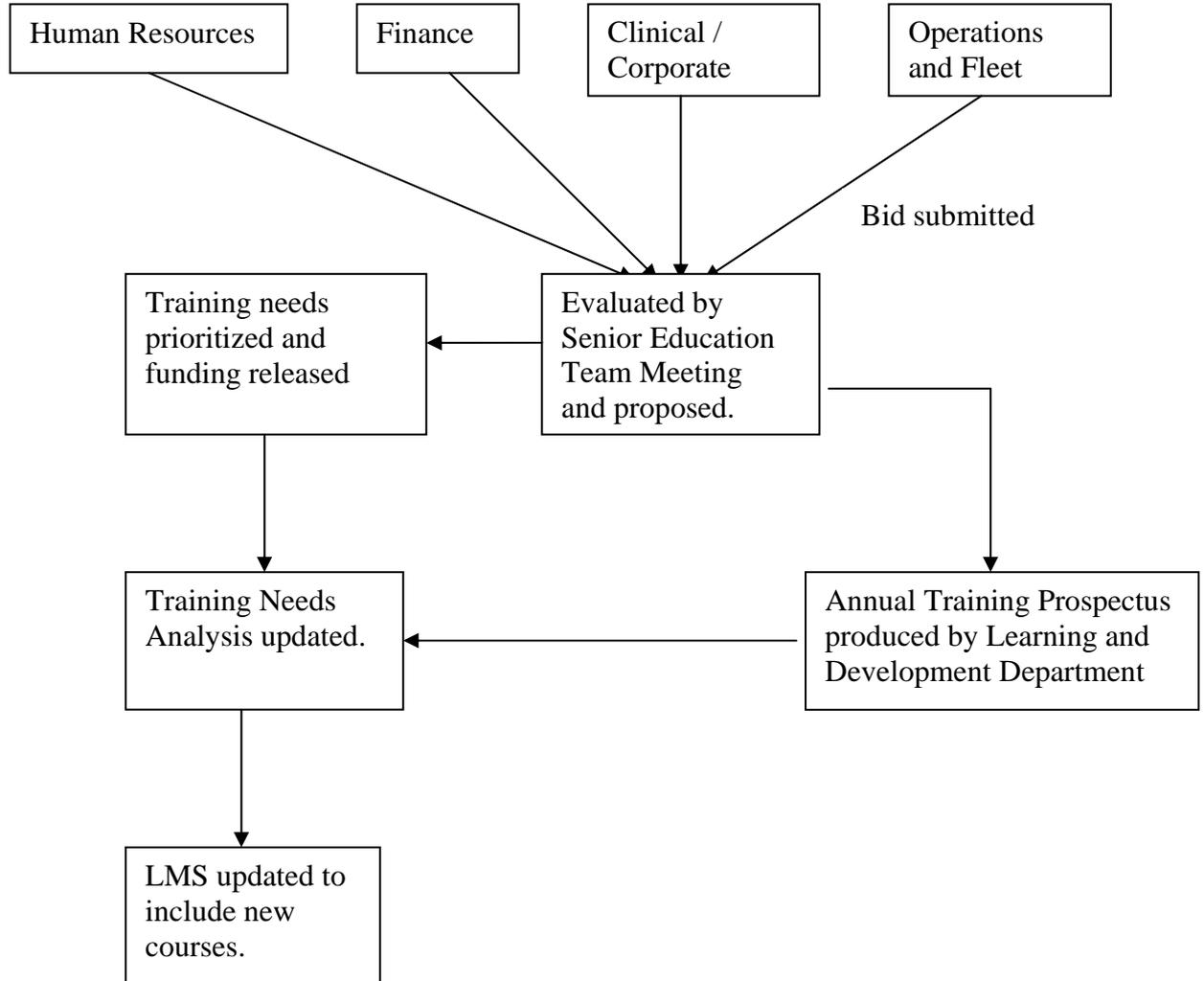
Process map to demonstrate how non – attendance at training courses are monitored and action taken

Students will be booked onto training courses via LMS – the training administration system. Each course will have a register which will be printed out and given to the course facilitator to record who attends the course. At the end of the course the register will be given back to the training co-ordinator who will record whether each delegate attended the course, those who didn't will have their non-attendance marked on their record, and a report will be produced and sent to Scheduling to discover the reasons for non-attendance, and if appropriate, request that they be re-booked on next course at the next available date. The Education Department will run regular reports to identify courses with high absenteeism and to take any action they deem appropriate to rectify this situation.



APPENDIX 5

Processes for Departmental Training Bids. How departments can submit training bids into the Learning and Development Department to decide on training for the year and how this is evidenced.



N.B. ALL Departments feed into the bidding process – examples shown above are not exclusive to this process

Appendix 6



South Central Ambulance Service **NHS**
NHS Foundation Trust

Training Prospectus 2014/16

Version:	3
Ratified by:	Clinical and Education Review Group
Date ratified:	18 th June 2014
Name of originator/author:	Christina Fowler
Name of sponsoring Director	Sharon Walters
Date issued:	September 2012
Date reviewed by Senior Education Team Meeting	April 2014
Review date:	April 2016
Target audience:	All staff
Reviewed against the Equality Impact Tool	April 2014

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6.2	Requirements and Responsibilities	
6.3	Schedule of Mandatory and Essential Training	
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8.1	Professional Support and Skills Enhancement	
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1.1 Introduction

This document describes the Trusts commitment to its workforce to provide education and training which is fit for purpose and which meets the needs of the individual and the Trust, the provision it makes for mandatory and professional training across all aspects of the Service and the support it offers staff to enable them to maintain their professional status or to progress their careers. The Trusts vision statement for learning and development is as follows:-

The Trust aims to create, develop and maintain an environment in which all staff, regardless of role or position, are encouraged to become self-directed and pro-active learners, to enable them to become and remain skilled, competent and effective members of staff, who can think creatively and adapt positively to change in order to ensure high quality patient care and service delivery needs

The guiding principles which drive training in the Trust are:-

- That all training should be directed and focused towards the enhancement of the provision and delivery of high quality patient care and effective service delivery
- That training activities will be prioritised around the need to prevent and manage risk
- That there should be adequate support provided for core skills training
- That training will be provided for all staff on an equal and equitable basis
- That training needs will be assessed by use of the approved training needs analysis format
- That quality measures will be key to ensure the effectiveness and value for money for all learning and development activities
- That education pathways are developed to support recruitment, retention and succession planning
- To ensure that the Trust as a whole learns from successes and mistakes and that innovation and excellence are promoted and acknowledged
- That the Trust will seek to widen its training potential by strengthening current and forging new partnerships with education and training providers

These principles are embedded in the Trusts strategy for Learning and Development and support the vision expressed by Peter Bradley in the report 'Taking Healthcare to the Patient' (2005),

Education, learning and development for **all** staff must be a priority to ensure they have the appropriate skills, behaviors and knowledge to meet the professional standards expected of them

which this Trust fully endorses. The overriding objective of the Trust is to ensure all staff are trained to meet the needs of their roles and those of the Trust, which supports the provision of a flexible and dynamic workforce, which meets patient and service delivery needs and is positioned to respond to changing patient expectations

The Trust, therefore, aims to provide holistic, integrated and focused training, as identified by need, to all staff regardless of their role within the organisation, recognising the part each individual plays and the contribution they make towards the Trust and its provision of quality service to the people of the South Central area.

2.1 Objectives

The principles which drive the provision of training within this Trust, as described in the introduction to this document, are designed to ensure that the needs of the Service are met by its workforce. The objective being that the Trust is able to serve the people of the South Central area, and other areas served by this trust by providing high quality patient care and meeting service delivery needs. This objective will be ensured by the Trust providing focused, directed and appropriate training where and when it is needed, in a flexible and pro-active manner, which is responsive to the changing dynamics of the Service and the needs of individual members of staff. However, this does not intimate that the provision of training should be fragmented or idiosyncratic; rather that training should be sharply focused on need, determined by measurable quality standards and directed towards defined priorities.

The overriding objectives which will determine the provision of training are:-

- That all training provision must be directed and focused towards the enhancement of the provision and delivery of high quality patient care and effective service delivery
- That the prevention and management of risk will be a priority for determining training provision
- That core skills training will be adequately supported and provided across all areas of the Trust
- That training will be provided for all staff on an equal and equitable basis
- That all training provision will be assessed against quality measures to ensure the effectiveness and value for money
- That staff will be encouraged to develop Personal Development Plans to support their defined career pathway, the aim being that this should enhance personal job satisfaction and support recruitment, retention and succession planning
- That the Trust will ensure that it learns from successes and mistakes and that innovation and excellence are promoted and acknowledged
- That the Trust will widen its training potential by strengthening current and forging new partnerships with education and training providers

By meeting these objectives the Trust will ensure that it meets its commitments to both its workforce and to service delivery.

3.1 The Determination of Training Needs

The provision of training within the Trust is determined by set criteria; firstly training must meet specific and identified need. It must provide value for money and be effective, and it must support the aims and objective of the Trust.

Before elements of training are planned, commissioned or provided the specific needs of the individual and the Trust should be carefully assessed. These needs are established by means of a training needs analysis which should be undertaken by either the appropriate line manager, departmental manager or education manager. The need for training could have arisen as a result of changes in working practice, the introduction of new equipment, the need to up-skill a particular job group as a result in changing patient needs or service delivery, the intended provision of a new service, or if a gap in an individuals knowledge or skill has been identified etc. or as the result of an appraisal or supervision interview, or where a Personal Development Plan has identified a potential career progression pathway which has been approved by the line manager and which can be supported by the Trust.

4.1 Responsibility for Training Provision

The changes in the way the Trust is measured (i.e. performance and target achievement) influences the way training is provided and funding determined. Internal funding provided by directorates or directly from the Trusts main budget to support the delivery of services forms the major portion of the training budget. The Trust receives funding from a variety of sources, these include centrally from the Department of Health as part of the MPET scheme, regionally from Health Education England and through their education arm – the Local Education and Training Boards (LETBs) which provide for professional undergraduate and postgraduate clinical/medical education, the provision of leadership and management education, and for other specific or special projects. The Learning and Skills Council also provides some funding for staff who do not meet national minimum education targets and for some Apprenticeship provision. Therefore, most training funding is determined internally and can be directed towards identified need, allowing training to be responsive to changing service needs and perceived or identified requirements.

The provision of the majority of education in the Trust is the responsibility of the Education Department. A review of the Trusts training/education provision following the strategic review of the trust in 2011 which considered national demands and local needs determined that the centralised provision of training which allowed an overview of training across the Trust rather than by department or division, would provide a more holistic approach education and training which should serve the needs of the service in a more pro-active and responsive way and to ensure a harmonised approach to training across all divisions and departments.

The Education Department supports the planning of training provision for the short, medium and long term, which reflects the provisions made in the Integrated Business Plan, relevant training policies, and the Learning and Development Strategy, but is flexible enough to respond to the changing needs of the service when new performance targets or delivery models are introduced. The separation of the Education Department from the service providers has the advantage of increasing the integrity of education/ training provision by the Trust and to ensure the commitment to provide high quality education/training for all staff on an equal and equitable basis, according to recognised need.

4.2 Key Responsibilities

- The Assistant Director of Learning and Development has responsibility for ensuring that education/training is provided in accordance with the Learning and Development Strategy. They must also ensure that provision meets the objectives for education/training noted above.
- The CLEAR meeting is responsible for the review and monitoring of education provision by the Education Department within the Trust
- The Clinical Review Group is responsible for the overview and monitoring of all clinical education provision within the Trust
- The Policy Review Group approves and reviews policies and strategies related to education in the Trust
- Line managers are responsible for ensuring that their teams complete all the Statutory and Mandatory training, relevant to their role, in a timely manner. Failure to do so will be reported by the Education Department to the relevant Trust Executive for action.
- Line managers are required to ensure that members of staff are released from duties to undertake statutory, mandatory and essential training when requested by the Learning and Development Department
- Individual members of staff are expected to maximise every learning or development opportunity offered by the Trust.
- Records of relevant training will be maintained centrally by the Education Department and will be reviewed regularly and provision for training made accordingly

5.1 The Specifics of Training

The provision of education and training within the NHS is described in the document ***'Liberating the NHS: Developing the Healthcare Workforce'*** 2012, SCAS embraces the principles contained in the document, and endeavors to hold to the premise that reformed education and training systems should be directed to improve patient care and outcomes, be responsive to patient and public need, changing service models, and that the investment in the capacity to deliver care and the skills needed to do so of current and future staff reflect the needs of patients, carers and local communities.

The Trusts first priority is to secure and improve patient care by ensuring all mandatory, statutory and essential training is provided for all appropriate staff, this relates directly to the Trusts principle that training activities should be prioritised around the need to prevent and manage risk, as noted within the documents which support the Healthcare Commission - *Standards for Better Health* (2004), and the NHS *Litigation Authority Risk Management Standard*, and the *QIPP Agenda*. The second priority for the Trust is that there should be adequate support provided for core skills training, this ensures that the professional skills needed to provide high quality patient care are maintained and enhanced across all divisions and job roles within the Trust. Thirdly, that the Trust is able to support its staff develop

professionally, through career guidance, professional qualification support and skills enhancement, when appropriate and permissible. Lastly, by ensuring the provision of training is sufficiently flexible to meet individual identified needs when appropriate.

6.1 Statutory, Mandatory and Essential Training

Statutory, mandatory and essential training includes key skills training and training that the Trust must provide to meet regulatory and statutory requirements (see schedule 1). e.g. fire, infection control, manual handling, medical devices and equipment, hand hygiene, clinical up dates, conflict resolution, risk management, child and vulnerable adult protection, etc. as appropriate to the needs of each role.

The Schedule of Mandatory training is included as an appendix to this document – the courses offered are as follows:-

Infection Prevention and Control, including hand hygiene

All members of staff working in a clinical/operational – patient facing role are required to undertake face to face Infection Control up date training at a minimum of every two years. The Trust also runs Infection Control Workshops when a training need has been identified. There is an annual audit which members of staff are encouraged to take part in, and the Trust offers printed information to all members of staff, through the Clinical Handbook. Additional information is circulated to staff via the email and intranet on an ad hoc basis throughout the year.

Subjects covered under the Infection Control programme include gaining an understanding of the relevant national legislation and local policies relating to infection prevention and control, which will include use and disposal of sharps, including accidental injuries, management of blood and body fluids, environmental cleanliness, hand hygiene and the principals of standard precautions.

Resuscitation (Basic Life Support)

ALL staff are required to know how to summon help to a collapsed person on Trust premises.

Clinical and operational staff trained in Resuscitation as part of their job role and Community Responders are required to undertake face to face refresher training every year in accordance with the skill level. Staff must also maintain CPD evidence in their portfolios. Members of staff working in the EOCs who are Pathways Practitioners are recommended to under take BLS training on a regular basis – but this is not part of their Mandatory training requirements.

Basic moving and handling

All staff who are engaged in the lifting and movement of goods or weights as part of their roles are required to undertake face to face refresher and competence training every two years, in accordance with current Moving and Handling Regulations, as part of the Statutory, Mandatory and Essential training programmes. Staff or the line managers of staff can request face to face training for competence refreshers at any time if this is considered appropriate,

Advanced moving and handling

All staff who are engaged in the lifting and movement of patients are required to undertake refresher training as noted above. Staff can request additional face to face training if appropriate, and are required to undertake a personal refresher up date if they have been absent from work for an extended period.

Safeguarding Children and Vulnerable Adults

ALL members of staff working in healthcare setting both clinical and non clinical are required to have an understanding of safeguarding and how this is applicable to their role

Members of staff receive detailed training in their Corporate and Local Induction training. Clinical and patient facing staff receive enhanced up date and competence training as part of the mandatory update programmes and all staff can access additional information via the information systems available in the Trust.

Health, Safety and Risk Training, including slips, trips and falls

Members of staff will receive face to face training which will include training related to national legislation, guidance and local policies every two years. Members of staff can request additional personal face to face training as appropriate and all staff can access additional information via the information systems available in the Trust.

Fire Safety

Members of staff receive detailed training in their Corporate and Local Induction training. Face to face up date and competence training forms part of the Statutory and Mandatory training programme for all staff, staff are also required to take part in the e.Learning programme available on line to all staff and staff can access additional information via the information systems available in the Trust.

Equality, Diversity and Human Rights

Members of staff receive detailed training in their Corporate and Local Induction training. Face to face up date and competence training forms part of the Statutory and Mandatory training programme for all staff. Members of staff can access additional information via the information systems available in the Trust and are also encourage to take part in the e.Learning programmes available on line

Conflict Resolution

All patient facing staff are required to undertake face to face training at an enhanced level to achieve certification and then regular competence up – dates as part of the Mandatory training programme. Members of staff can access additional information via the trust information systems. Any member of staff who feels they require training in addition to the scheduled training can request this via their line manager

Information Governance

Members of staff receive detailed training in their Corporate and Local Induction training in addition every member of staff is required to undertake the e.learning

training module every year. Every member of staff who has access to or is required to store or maintain records – either paper or electronic - is required to maintain their knowledge of the policy, procedures and processes required by this Trust. Refresher training is provided as part of the Statutory, Mandatory and Essential training programme for ALL staff and by the distribution of a training leaflets or by email when changes are made.

Individuals who work with records as a major part of their job role can request additional bespoke training if they or their line manager considers it appropriate. Such training could be provided in house or externally according to need.

Emergency and Non Emergency Driving of Trust Vehicles

When it is an integral part of the job role that the member of staff is required to drive under Emergency conditions staff who fall into this category will be required to undertake assessments and refresher training every five years (– or sooner if this is deemed necessary). Staff who drive non Emergency vehicles (NEPTS) will be provided with the appropriate training to fulfill that role and will be required to undertake assessments and refresher training, if appropriate every year – or sooner if this is deemed necessary. All staff who drive as part of their role – in both trust vehicles or private vehicles – e.g. to attend meetings etc, are required to undertake a driving competence assessment.

Paediatric and Obstetric training

This forms part of the CPD training for clinical staff and will be delivered in accordance with the relevant policy. Staff will receive training face to face, by e.Learning or by other blended learning programmes

Recognition of life extinct

This forms part of the training for clinical staff, for whom this is appropriate (Ambulance Technicians, Paramedics and EPCs), and will be delivered by face to face training.

CoSHH training

This will be provided on an individual face to face basis to relevant staff – at local induction and when changes to regulations occur.

Incident Reporting

Members of staff receive detailed training in their Corporate and Local Induction training. Clinical and patient facing staff receive enhanced up date and competence training as part of their CPD programmes and all staff can access additional information via the information systems available in the Trust. All staff are provided with information related to incident reporting via leaflets, information sent via the intranet and or emails when procedures change.

Investigation of Complaints, Incidents and Claims

Managers are provided with face to face training and literature when changes are made to the systems, the law or when other amendments or changes to process or

procedure are made. Managers can request additional face to face training as appropriate to need

Risk Management

All managers of the Trust are required to maintain their knowledge of risk management procedures. Specific training events will be organised when new risks are identified, otherwise managers will be informed by email of any specific information they need to maintain their knowledge

Medical Equipment/ Devices training

All staff who operate medical equipment / devices will be provided with training when new equipment is introduced, changed, modified or altered, this will be by face to face training – or if the change is considered to be minor via the Clinical Handbook, e.learning, email, intranet or other information system

Basic Skills Training (Skills for Life)

The Trust offers a confidential service to staff who feel they need additional assistance to help them reach basic level of skills. Staff will be encouraged to undertake a course of education in either English and / or Maths according to need. These courses are facilitated by the local Adult Education Centres or other appropriate provider. Any member of staff who feels they do not meet the basis standard should contact the Professional Development Manager, in confidence, for advice.

Core Skills Training

The provision of core skills training is the second priority of the Trust. This applies to all staff and includes courses which support the provision of clinical and non clinical services. This ensures that the professional skills needed to provide high quality patient care are maintained and enhanced across all divisions and job roles within the Trust, and provides for career progression, when appropriate. Courses provided by the Trust which come under this category include:-

Non Emergency Patient Service Car Drivers

A bespoke training course, consisting of Corporate Induction, Statutory, Mandatory and Essential training, Conflict Resolution, non Emergency driving course, basic life support, patient contact and communication skills, medial equipment training, SCAS record keeping, followed by local induction.

Ambulance Care Assistant

A bespoke training course, consisting of Corporate Induction, Statutory, Mandatory and Essential training, Conflict Resolution, Moving and Handling, non Emergency driving course, basic and intermediate life support, patient contact, intermediate patient skills, including oxygen therapy, medial equipment training, SCAS record keeping, followed by local induction.

Emergency Care Assistant

A bespoke training course, consisting of Corporate Induction, Conflict Resolution, Statutory, Mandatory and Essential training, moving and handling, 4 weeks

Emergency driving course, basic and intermediate life support, medical equipment training, intermediate patient skills, SCAS record keeping, followed by local induction.

Ambulance Technician

The programme is delivered in house and follows the IHCD Ambulance Technician programme and is supplemented by the appropriate in - house CPD programme at the time of initial training

Paramedic training

Student Paramedics are enrolled onto University programmes and follow the approved education and training pathways

Call Centre Assistants and Telephone Clinical Support

Bespoke training consisting of Corporate and Local Induction, basic life support, when appropriate, Statutory, Mandatory and Essential training, in-house training on systems, procedures, protocols etc., Call Centre Assistants and Clinical Support team members follow the Pathways licensed training programme which is followed by a period of time working with a mentor before final sign off, if satisfactory.

Patient Transport Call Centre Assistant

Bespoke training consisting of Corporate and Local Induction, Statutory, Mandatory and Essential training, in house training on systems, procedures, protocols etc followed by a period of time working with a mentor before final sign off, if satisfactory.

Other staff

All other permanent staff undertake corporate and local induction, Statutory, Mandatory and Essential training, and specific training appropriate to their roles – e.g. Audit and Performance Information staff undertake Qlikview and / or CARS training, etc. the length of training will depend on the roles being undertaken and the previous experience of the individual.

The bespoke courses noted above, are provided 'in house' by dedicated training staff, or by on the job trainers who are specialist in their roles – e.g. systems specialists. They ensure that staff employed in these roles achieve and maintain the competencies needed to perform these roles to the required standard.

Professional Support and Skills Enhancement

The Trust supports the professional training of staff, through career guidance, support and skills enhancement, by providing specific training to meet the needs of particular job roles and by the support of training and education for qualifications, when appropriate to the role or as the result of an appraisal or supervision interview, or where a Personal Development Plan has identified a potential career progression pathway which has been approved by the line manager and which can be supported by the Trust. Career guidance is provided through the review of the individuals' Professional Development Plan, which is undertaken on a regular basis as part of the appraisal process, which provides support for career pathway development and identifies individual training and support needs.

Professional qualification support is provided 'in house' or externally as the result of an appraisal or employment or supervision interview, or where a Personal Development Plan has identified a potential career progression pathway which has been approved by the line manager and which can be supported by the Trust. Courses which fall into this category include:

Clinical Development

The Trust provides clinical up – date and development courses to operational clinical staff. The subjects covered during these courses include statutory, mandatory and essential training as indicated above and additional clinical training on a defined programme according to patient care needs as identified by the Clinical Review Group annually and approved by the Workforce Board. The sort of subject which may be included are :-

- Medical Model of Examination / Documentation
- C-Spine Examination and Clearance
- Mental Health Issues – looking at risk, legal issues, assessments
- Suicide Assessments and DSH
- Head Injury and Cranial Nerve, back Pain, Abdominal, Falls Assessments
- Clinical Audit
- Clinical Indicators
- Paediatric Assessment Skills
- Obstetric Emergencies
- Clinical Decision Making – alternative Pathways
- Consent Update
- Driving and Care of Vehicles
- Manual Handling refresher – including Bariatric procedures
- Drugs update – AACE
- Risk Assessment Update
- End of Life Care
- Long Term Conditions

The content of these courses will be determined by the annual Training Needs Analysis. Clinical staff will receive training which will be delivered face to face by Clinical Education Managers or other appropriate educators in the Trusts' Education Centers or other venues appropriate to the training, by e.learning, Clinical Directive or Clinical Memo or other appropriate methods.

Other specialist training will be provided to appropriate staff groups, this includes, Major Incident, CBRN and Control of Hazardous Substances update training to the designated operational cohort. This training will be undertaken face to face or by other means depending on the information to be imparted and will be supported and directed by the HART education team.

Continuing Professional Development programmes

At various times the Trust offers programmes of training to support personal CPD. These courses are provided to support the training needs of staff which have been identified during the appraisal process or following a supervision interview. Staff will only be offered places on these training offerings at the request of and with the support of their line manager. A short description of the type of courses offered is noted below, this list is offered as an example only and does not necessarily

represent the offerings available – courses are signposted via Staff Matters when they are available.

Examples of courses offered

Courageous Conversations

In this course participants will be encouraged to examine why conversations go wrong, how to prevent this, and how to approach a difficult conversation in a positive frame of mind. This course would be particularly useful for staff who may previously have found it difficult to open conversations with a purpose or for staff who may have been recently appointed to a post where such conversations are an expected element of the role.

Building Bridges

This course has been designed specifically for staff who experience difficulty in some elements of verbal communication or for staff who would like to enhance their communication skills and perhaps gain a greater understanding or how we communicate generally will benefit from this course.

Finance for Non Finance Managers

The intricacies of budgets explained. If you are responsible for a budget but are not confident in your knowledge of finance this course could be of benefit to you.

Mentorship

This course is designed specifically for registrants. Part one is delivered on-line, part two by face to face workshops. Guidance on the principles, theory and practice of mentorship form the basis of this course and participants will be expected to bring personal experiences of mentoring to the group for discussion. Participants are expected to undertake some mentoring prior to acceptance on the course (this could be informal mentorship and all participants must provide a written reflection on what has taken place).

Service Improvement – core values

This course will be of particular interest to managers with more senior responsibilities, the course will centre on *learning sets* where individuals are questioned by the group to help them formulate their thoughts, develop ideas or question their opinions. Participants must be prepared to be challenged deeply in the sessions and will be required to undertake prior learning before attending the course.

Investigation Skills

If you are required to undertake investigations as part of your role but are unsure of the process, do them infrequently or would like to practice in a secure setting this could be very beneficial. The training will follow the course of an investigation and participants will be expected to write reports, formulate questions, and deliberate on findings during the day.

Appraisal Skills

If you are required to undertake staff appraisals but feel nervous or unsure about how to get the best from the review this course will help you develop techniques and strategies to undertake effective and successful appraisals. The course will consider how to question team members to obtain information, how to determine what their needs are and how to address these. Participants must be prepared to work in role play situations.

Individual MBTI reports

Having your MBTI report undertaken in a confidential and secure environment will help you understand your preference types and why you sometimes feel uncomfortable in your role – and how to work with this. The MBTI will help you to explore why you may sometimes feel differently to your colleagues and why some people do not necessarily always understand your point of view. This exercise will help participants understand why they find some things easier than others, why people behave differently to them

Individuals should be nominated by their line manager in order to have their MBTI report undertaken and the reports will be undertaken in the individuals own time as these are provided on a one to one basis and at the availability of the assessors.

Team Building using the MBTI framework

Managers can request a team building day for themselves and their teams. This is a one day event which should ideally be undertaken off site. Prior work is required in order to undertake the MBTI report for each individual member of the team, the assessors will then write a report which will demonstrate how the collective team is viewed by the wider organisation. The day will be spent undertaking exercises which will show to the team how and why people in the team behave differently, and will help the team understand how to achieve more by recognising the strength of individuals and their preferred working styles. The objective of the day will be to engender a better understanding of each individual and to enable more effective team working

In order to obtain the maximum benefit from this day every member of the team should attend.

The provision of training to meet individual needs

The Trust will consider applications for training or development from staff on an individual basis. Staff should have the support of their line manager, be able to demonstrate that the training they request meets a defined need, and that it supports their appraisal. Applications for funding to support such development should be made when staff are invited to apply – this is usually in the autumn of the year prior to the expected delivery of the course – staff are informed of the application process by an inclusion in Staff Matters.

Whenever a training need is identified which is essential to that persons job role, which can be by the individual or by their line manager, appropriate assessment of this need is undertaken usually, but not exclusively, at the appraisal. If it is determined that additional support is considered appropriate this will be provided.

This may be by the provision of a formal training programme or by support provided by a mentor or supervisor the aim is to provide training or support appropriate to individual need.

Individual members of staff are responsible for ensuring that they complete their annual Personal Development Plans which will inform their personal training need requirements and staff are expected to maximum use of every learning or development opportunity offered by the Trust.

The defined and cohesive approach to training as described in this document will ensure a fair and equitable distribution of funding, learning and development access; it will support the successful integration and harmonisation of roles and responsibilities following reconfiguration and service modernisation and will provide a mechanism for supporting learning and development across the Trust.

Staff who have received specific training in particular specialism e.g. major incident, chemical, biological, radiological and nuclear provision, display screen assessors etc. must maintain their training as specified by the protocol operational by the Trust.

6.2 Requirements and Responsibilities

- The provision of statutory, mandatory and essential training takes precedence over all other training provision.
-
- Statutory and Mandatory training is delivered in accordance with the Statutory and Mandatory Policy Training which is informed by the Training Needs Analysis.
- Line managers are responsible for ensuring that their teams complete all the Statutory and Mandatory training, relevant to their role, in a timely manner. Failure to do so will be reported by the Education Department to the relevant Trust Executive for action.
- All line managers are required to release staff from operational duties to attend statutory, mandatory or essential training
- The provision of training will be reviewed by the Workforce Board against the objectives contained in the Trust's annual business plan
- The provision, monitoring and review of training policies and strategies will be undertaken by the appropriate committee / review group
- All non attendances of training provision will be fully enquired into by the Education Department and further provision will be made for the member of staff, if a member of staff declines to undertake statutory, mandatory or essential training then this will be reported to their line manager – who may remove that member of staff from operational duties until the training has been completed
- All members of staff are required to attend statutory, mandatory and essential training when requested by the Education Department

7.1 Core Skills Training

The provision of core skills training is the second priority of the Trust. This applies to operational staff, including the provision of courses which support the provision of clinical and non clinical services. This ensures that the professional skills needed to provide high quality patient care are maintained and enhanced across all divisions and job roles within the Trust. Courses provided by the Trust which come under this category include:-

Pathways training for Call Centre staff, Emergency Driving, Patient Transport Car Driver, Patient Transport Ambulance Care Assistant, Patient Transport Call Centre Assistant.

These courses are provided 'in house' by dedicated training staff, they ensure that staff employed in these roles achieve and maintain the competencies needed to perform these roles to the required standard. Training needs analyses for individual roles are regularly undertaken to ensure that training provision meets the needs of the training department service users, courses being reviewed, revised, up dated or enhanced to meet departmental needs.

8.1 Professional Support and Skills Enhancement

The Trust supports its staff to develop professionally, through career guidance, professional qualification support, when appropriate, and skills enhancement, by providing specific training to meet the needs of particular job roles. Professional career guidance is provided through the review of the individuals' Professional Development Plan, which is undertaken on a regular basis, at least annually as part of the appraisal process, which provides support for career pathway development and identifies individual training and support needs.

Professional qualification or job specific training can be provided 'in house' or externally. Courses which fall into this category include:

Paramedic qualifications – as provided by Universities

Call Centre Practitioner Pathways License

Emergency Care Assistant training

National Vocational Training for specific job groups, e.g. Customers Services, Business Studies, Team Leading and Management through the Modern Apprenticeship scheme

9.1 Monitoring and Evaluation

The review and assessment of training is governed by CLEAR and Clinical Review Group, who will review the provision and objective achievable on an annual basis. The CLEAR Group meeting will report against the key themes to the Clinical Review Group. The Trusts Senior Education Team meets regularly and is responsible for the review of training provision and the key objectives as stated and progress achieved. The operational responsibility for the implementation of training rests with the Trusts

Education Department, or by contractors or external providers who provide courses on behalf of the department

The Education Team has forged key relationships with all directorates and departments to ensure Trust-wide provision of training to meet operational and individual need.

Individual members of staff are responsible for ensuring that they complete their annual Personal Development Plans which will inform their personal training need requirements and are expected to maximise every learning or development opportunity offered by the Trust.

The defined and cohesive approach to training as described in this document will ensure a fair and equitable distribution of funding, learning and development access; it will support the successful integration and harmonisation of roles and responsibilities following reconfiguration and service modernisation and will provide a mechanism for supporting learning and development across the Trust.

10 References

PUBLICATIONS

NHSLA Risk Management Standards 2012 – 13

Department of Health (2010) Education Commissioning for Quality

College of Paramedics (2008) Paramedic Curriculum Guidance and Competence Framework
Department of Health (2008) Pre – registration education and funding for paramedics - guidance

Department of Health (June 2007) The Competence and Curriculum Framework for Emergency Care Practitioner, Skills for Health

Association of Ambulance Chief Executives (AACE) UK Ambulance Services Clinical Practice Guidelines (2013). (JRCALC) and subsequent guideline revisions

Health Professions Council (2005), Standards of Proficiency

Department of Health (2005) *Taking Healthcare to the Patient* HMSO

Institute of Health and Care Development Paramedic Syllabus (2005)

Department of Health, Healthcare Commission (2004) *Standards for Better Health* HMSO

Department of Health (revised 2003) NHS *Litigation Authority Risk Management Standards* HMSO

Delivering the NHS Plan (2002) Department of Health

Improving Working Lives (2002) Department of Health

Managing for Excellence (2002) Department of Health

NMC Guidelines

TRUST POLICIES AND DOCUMENTS REFERRED TO IN THIS DOCUMENT

SCAS Strategy for Learning and Development 2012

SCAS Clinical Supervision Procedure Document 2012

SCAS Clinical Portfolio Document 2008

Annual Integrated Business Plan

Appendix 7

Inventory of Diagnostic and Therapeutic Equipment authorized for use by the Trust and who is authorized to use it, together with refresher training updates.

South Central Ambulance Trust		
Category	Equipment Name	Staff Groups authorized to use it Refresher Training included in clinical development courses
Diagnostic Equipment	Patient monitoring and defibrillation devices	ECP, Paramedics, Ambulance Nurses – for diagnosis Techs, ECA monitoring (set up and defibrillation only)
	Automated External Defibrillation Devices AED	ECP, Paramedics, Ambulance Nurses, Tech, ECA, PTS, Community Responders
	Sphygmomanometer (manual and automatic)	ECP, Paramedics, Ambulance Nurses, Techs, ECA,
	Thermometers (Tympanic)	ECP, Paramedic, Ambulance Nurses Techs ECA
	Stethoscopes	ECP, Paramedics, Ambulance Nurses, Techs, ECA,
	Urine Testing sticks	ECP, Paramedics, Ambulance Nurses, Techs
	Ophthalmoscope / Otoscope	ECP
	Glucose Monitors	ECP, Paramedics, Ambulance Nurses, Techs, ECA
	Pulse Oximetry (Monitor unit and Tuffsat Portable Devices)	ECP, Paramedics, Ambulance Nurses, Techs, ECA, Community Responders
	Carbon Monoxide Monitoring (Colorimetry and Capnography)	ECP, Paramedics, Ambulance Nurses, Tech, (ECA set up of devices only)
	Peak Flow meters	ECP, Paramedics, Ambulance Nurses, Tech, ECA
	Carbon Monoxide Monitors	Team Leaders, HART, TAC Advisors Bronze Officers (provided clinically registered) ECP
Therapeutic Equipment	Oxygen Flow Meters	ECP, Paramedics, Ambulance Nurses, Tech, ECA, PTS, Community Responders
	Entonox delivery system	ECP, Paramedics, Ambulance Nurses, Tech, ECA, Community Responders
	Oxygen delivery systems (Including oxygen delivery masks)	ECP, Paramedics, Ambulance Nurses, Tech, ECA, PTS, Community Responders
	Cannulas	ECP, Paramedics, Ambulance Nurses
Category	Equipment Name	Staff Groups authorized to use it
	Airway Management – Bag valve masks (adult and paediatric) and connecting tube (trunking)	ECP, Paramedics, Ambulance Nurses, Tech, ECA
Category	Equipment Name	Staff Groups authorized to use it

		Refresher Training included in clinical development courses
	Laryngoscope and blades	ECP, Paramedics, Ambulance Nurses, Tech, (tech airway visualization and FB removal with Magills only)
	Airway adjuncts (Oropharyngeal and Nasopharyngeal)	ECP, Paramedics, Ambulance Nurses, Tech, ECA
	I-Gel (Supraglottic device)	ECP, Paramedics, Ambulance Nurses, Tech,
	Endotracheal Tubes	Use only when trained ECP, Paramedics, Ambulance Nurses
	Intra-osseous devices	ECP, Paramedic, Ambulance Nurse
	Nebulisers	ECP, Paramedics, Ambulance Nurses, Tech, ECA
	Nebuliser masks	ECP, Paramedics, Ambulance Nurses, Tech, ECA
	Syringes/Needles	ECP, Paramedics, Ambulance Nurses, Tech, (ECA under direction of qualified clinical staff)
	Suction (Manual and Automatic)	ECP, Paramedic, Ambulance Nurse, Tech, ECA
	LUCAS Chest Compressor	Trained staff and Helimed only
	Syringe Drivers	Helimed
	Traction devices and splints	ECP, Paramedic, Ambulance Nurse, Tech, ECA,
	Ventilators	ECP, Paramedic, Ambulance Nurse, Tech
Non Diagnostic or Therapeutic Equipment	Stretchers	ECP, Paramedic, Ambulance Nurse, Tech, ECA, ACA
	Minimal Lifting Equipment (Slide Sheet) Transfer Board (Banana Board) Turntable, Handling Transfer Belts,	ECP, Paramedic, Ambulance Nurse, Tech, ECA, ACA
	Lifting Devices (Manger Elk)	ECP, Paramedic, Ambulance Nurse, Tech, ECA
	Hoists	Only those trained to use the specific hoist in use
	Carry Chairs	ECP, Paramedic, Ambulance Nurse, Tech, ECA, ACA
Category	Equipment Name	Staff Groups authorized to use it
		Refresher Training included in clinical development

		courses
	Orthopedic Stretcher Scoops	ECP, Paramedic, Ambulance Nurse, Tech, ECA
	Extrication Board (Long Board)	ECP, Paramedic, Ambulance Nurse, Tech, ECA
	Southampton Sling – Extrication Device	ECP, Paramedic, Ambulance Nurse, Tech, ECA
	C-Max, Striker, Ferno Comp[act 2 track Chair and I -Bex Chairs	ECP, Paramedic, Ambulance Nurse, Tech, ECA, ACA
	Extrication Devices (KED/TED)	ECP, Paramedic, Ambulance Nurse, Tech, ECA
	Cervical Collar (Adult and Paediatric	ECP, Paramedic, Ambulance Nurse, Tech, ECA

Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Statutory and Mandatory Training Policy

Officer completing assessment: Christina Fowler – Professional Development Manager

Telephone: 01962 898075

<p>1. <i>What is the main purpose of the strategy, function or policy?</i></p>
<p>To provide a framework for the provision of Statutory and Mandatory Training, showing organisation structure, monitoring, reporting and accountability for managers and staff. This should ensure a standardised approach to this provision across all Divisions.</p>
<p>2. <i>List the main activities of the function or policy? (for strategies list the main policy areas)</i></p>
<p>Provides clear guidelines and accountabilities on the provision of Statutory and Mandatory training in the Trust. Defines clear standards and expectations of managers and staff. It also details the committees with responsibility for performance monitoring that will be provided by the Trust.</p>
<p>3. <i>Who will be the main beneficiaries of the strategy/function/policy?</i></p>
<p>3.1 All Trust staff and Volunteers 3.2 The Trust in terms of having robust governance arrangements 3.3 The staff and managers who will have clarity of the expectation of training 3.4 Other stakeholders, who when appropriate, will be informed of the Trusts procedures</p>
<p>4. Use the table overleaf to indicate the following:-</p> <ul style="list-style-type: none"> a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

South Central Ambulance Service NHS Foundation Trust Training Prospectus

		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	N/A	N/A	No impact either positive or negative identified
	Men	N/A	N/A	No impact either positive or negative identified
RACE	Asian or Asian British People	N/A	Yes	If English not first language may effect employees ability to understand /follow procedures and policy
	Black or Black British People	N/A	Yes	If English not first language may effect employees ability to understand /follow procedures and policy
	Chinese people and other people	N/A	Yes	If English not first language may effect employees ability to understand /follow procedures and policy
	People of Mixed Race	N/A	Yes	If English not first language may effect employees ability to understand /follow procedures and policy
	White people (including Irish people)	N/A	N/A	No impact either positive or negative identified
	Disabled People	N/A	Yes	If English not first language may effect employee's ability to understand /follow procedures and policy
	Lesbians, gay men and bisexuals	N/A	N/A	No impact either positive or negative identified
	Trans people	N/A	N/A	No impact either positive or negative identified
AGE	Older People (60+)	N/A	N/A	No impact either positive or negative identified
	Younger People (17 to 25) and children	N/A	N/A	No impact either positive or negative identified
	Faith Groups	N/A		No impact either positive or negative identified
	Equal Opportunities and/or improved relations	Yes		Clear statements made in relation to Equality and Diversity throughout policy.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input type="checkbox"/>
Intended	<input type="checkbox"/>	<input type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
N/A – None identified		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
N/A – None identified		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
N/A – None identified		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:	<i>Christina Fowler</i>	
Name:	Christina Fowler	
Date:	12 th June 2014	

