



# Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board



| Meeting Date        | 17 <sup>th</sup> May 201  | 8  | Agenda Item                         | 2a             |
|---------------------|---|--|-------------------------------------|----------------|
| Report Title        | Mandatory and Statutory Training  |  |                                     |                |
| Report Author       | Kay Myatt, Head of Learning & OD  |  |                                     |                |
| Report Sponsor      | Hazel Robinson, Director of Workforce & OD  |  |                                     |                |
| Presented by        | Hazel Robinson, Director of Workforce & OD  |  |                                     |                |
| Freedom of          | Open  |  |                                     |                |
| Information         |   |  |                                     |                |
| Purpose of the      | This paper updates the Committee on the history, current  |  |                                     |                |
| Report              | compliance and recommended actions in relation to   |  |                                     |                |
|                     | mandatory and statutory training within ABMU Health   |  |                                     |                |
|                     | Board.  |  |                                     |                |
| Key Issues          | which sets requirements   | a Mandatory Trout the mandatory for staff and this pramework (CS | itory and statu<br>is is aligned to | itory training |
|                     | The Welsh Government has set Health Boards a target of 85% compliance against the 10 mandatory training modules in the CSTF and this is monitored routinely. As at March 2018, ABMU overall compliance was 52.8%. Whilst this has improved significantly from 24% in 2015, the Health Board is still not meeting the Welsh Government target. ESR is the enabling platform to access e-learning modules and record mandatory and statutory training compliance data. This has presented some challenges for ABMU but also some opportunities for improvement. Short term and longer term solutions are proposed to improve compliance, with the latter requiring investment to facilitate system-wide sustainable improvements. |  |                                     |                |
| Specific Action     | Information   | Discussion   | Assurance                           | Approval       |
| Required            | <b>~</b>  |  |                                     |                |
| (please ✓ one only) | A C   |  |                                     |                |
| Recommendations     | recommendat   | mmittee are aske<br>ions detailed abory t                        | ove to improve o                    | compliance     |

#### MANDATORY AND STATUTORY TRAINING

# 1. INTRODUCTION

This paper provides the Audit Committee with an update on Mandatory and Statutory Training Compliance within the Health Board. It highlights:

- current compliance levels and progress
- the use of ESR functionality
- issues with current processes
- Actions to increase compliance in the short and long term

#### 2. BACKGROUND

The Health Board has in place a *Mandatory Training Framework and Matrix* that incorporates the UK Core Skills Training Framework (CSTF).

The ABMU Mandatory Training Framework was reviewed in 2016. As a consequence the overall number of Mandatory and Statutory (M+S) subjects staff were expected to complete was reduced. It was agreed that in addition to the standard 10 core M&S modules included on the UK framework, three additional e learning topics were agreed for ABMU. These were Dementia Awareness, Social Services & Wellbeing Act and Domestic Violence against Women and Sexual Abuse.

In addition, it is recognised that staff may be required to undertake additional mandatory training which are specific to their role. Staff are advised of this additional training by their managers during departmental induction.

Provided in the table below is the agreed suite of ABMU core M&S training.

| Statutory (Minimum requirement for all staff)               | Frequency          |
|---|--------------------|
| Fire Safety Level 1 - CSTF Certification                    | Annual Requirement |
| Health & Safety Level 1 - CSTF Certification                | 3 Yearly           |
| Infection Prevention & Control Level 1 - CSTF Certification | 3 Yearly           |
| Information Governance Level 1 - CSTF Certification         | 2 Yearly           |
| Manual Handling Module A - CSTF Certification               | 2 Yearly           |
| Resuscitation Level 1 - CSTF Certification                  | Once Only          |
| Safeguarding Children Level 1 - CSTF Certification          | 3 Yearly           |
| Safeguarding Adults Level 1 - CSTF Certification            | 3 Yearly           |
| Treat me Fairly (Equality) Level 1 - CSTF Certification     | 3 yearly           |

| Violence Aggression Module A - CSTF Certification      | Once Only |  |
|--|-----------|--|
| Competence Name (ABMU Specific)                        |           |  |
| Dementia Awareness Level 1 - Certification             | Once Only |  |
| Domestic Violence Against Women Sexual Abuse (Level 1) | 3 Yearly  |  |
| Social Services & Well-Being Act Wales 2014            | Once Only |  |

The Welsh Government has set a target of 85% compliance against the 10 mandatory training modules in the CSTF and this is monitored routinely.

As at March 2018, ABMU overall compliance was 52.8%. Whilst this has improved significantly from 24% in 2015, the Health Board is still not meeting the Welsh Government target.

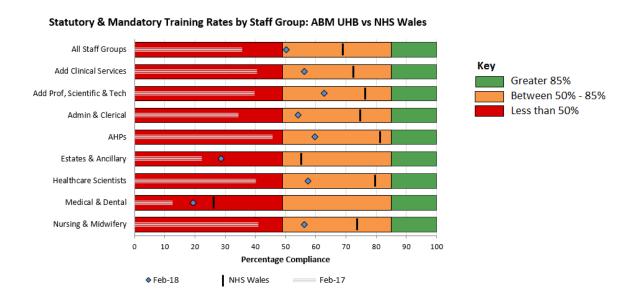
The table below illustrates March 2018 compliance rates against each of the 10 modules in the CSTF and the 3 additional ABMU topics. The figures represent all staff groups.

| Competence Name (CSTF)  | Compliance % |
|---|--------------|
| Equality, Diversity and Human Rights - 3 Years                            | 55.60%       |
| Fire Safety - 2 Years   | 62.46%       |
| Health, Safety and Welfare - 3 Years                                      | 53.94%       |
| Infection Prevention and Control - Level 1 - 3 Years                      | 54.01%       |
| Information Governance (Wales) - 2 Years                                  | 60.52%       |
| Moving and Handling - Level 1 - 2 Years                                   | 40.13%       |
| Resuscitation - Level 1 - No Specified Renewal                            | 37.54%       |
| Safeguarding Adults - Level 1 - 3 Years                                   | 49.09%       |
| Safeguarding Children - Level 1 - 3 Years                                 | 45.11%       |
| Violence and Aggression (Wales) - Module A                                | 52.09%       |
| Competence Name (ABMU Specific)   | Compliance % |
| Dementia Awareness - No Renewal   | 58.84%       |
| Social Services and Well Being Act Wales Awareness (2014) - No<br>Renewal | 83.55%       |
| Violence Against Women, Domestic Abuse and Sexual Violence - 3<br>Years   | 34.42%       |

The table below illustrates compliance by staff group (March 2018). The lowest compliance is recorded amongst Medical and Dental staff (21.96%) and Estates and Ancillary staff (34.12%).

| Staff Group                      | Compliance % |
|----------------------------------|--------------|
| Add Prof Scientific and Technic  | 62.45%       |
| Additional Clinical Services     | 58.53%       |
| Administrative and Clerical      | 56.80%       |
| Allied Health Professionals      | 62.45%       |
| Estates and Ancillary            | 34.12%       |
| Healthcare Scientists            | 59.73%       |
| Medical and Dental               | 21.96%       |
| Nursing and Midwifery Registered | 58.34%       |

The table blow outlines ABMU compliance performance with other NHS Wales organisations.



In 2017, compliance with M+S training was added to the PADR and Pay Progression policy. The policy states that individuals must be 100% in their M+S training to progress to the next increment in their band. It was also added as a mandatory question in the PADR form to check whether staff are 100% compliant in their M+S training.

# 3. E LEARNING SYSTEM DEVLOPMENT IN NHS WALES

To understand the benefit of a sustainable e learning solution for ABMU it is useful to understand the history of e learning development in NHS Wales.

In 2007, all national e learning products were housed on a Moodle e-learning platform known as Learning@Wales. The system had limitations in that the Moodle platform did interface with Electronic Staff Record (ESR) but did not automatically transfer compliance data into the employee record. The process for compliance updating involved a download and bulk upload of data between the two systems. This was managed nationally.

In 2014, NHS Wales worked collaboratively to agree standard e-learning content across all organisations. The intention being that the competency record was transferable between all NHS Wales bodies and thus avoiding the need for staff who moved between organisations to complete e-learning for which they had already achieved compliance, reducing duplication and waste.

NHS Wales entered a new ESR contract in August 2016 which included additional elearning functionality as a core feature of the ESR system enhancements. At the time Welsh Government mandated that the Electronic Staff Record (ESR) would be the only accepted method of reporting statutory and mandatory training compliance for all NHS organisations.

In January 2017, as part of a national migration programme, ABMU transferred to ESR for the completion of all e-learning. All e-learning competencies were transferred into ESR as part of this migration programme and it is believed that some compliance records were 'lost' during this process. For logistical reasons both systems operated in tandem for a number of months.

From January 2017 it was intended that employees would only be able to access elearning modules for statutory and mandatory training via the ESR system.

The new ESR Enhance functionality has a number of significant benefits. Once elearning is completed correctly the competence record will automatically update.

To work in the most effective way all e learning should be set up and accessed through the employee self-service portal. E-learning requirements can be pre-loaded for all staff so staff only have to click and play the appropriate e-mail module from their portal. Within the ESR Portal staff can see at a glance their compliance status for each course and will be altered when compliance is due for renewal. Managers can also see the compliance of their staff from the Manager Self Service BI reports.

In addition the enhancements in ESR enable e-learning to be accessed on home computer or mobile device so staff no longer need to access e-learning from a work desk top.

There are also opportunities to give automatic compliance if an individual member of staff has achieved competency at a higher level than the minimum standards laid down in the CSTF.

Whilst e-learning is not suitable for all training requirements it is a cost effective alternative to classroom based training in many circumstances.

### 4. E-LEARNING SYSTEM CHALLENGES WITHIN ABMU

The current process with ABMU has created a number of challenges in achieving acceptable levels of M&S learning compliance.

These are summarised below:

- IT compliance not all lap tops are fully IT/ESR compliant. This has resulted
  in course completions not updating and courses not playing properly. Not
  only has this resulted in loss of compliance data, it has also resulted in a lack
  of faith in ESR as a system and frustrations from staff attempting to complete
  but being unable to.
- Human Error ABMU is not utilising the ESR Enhance functionality in the
  most effective way i.e. using the Portal to pre-load all courses. As a result
  staff are having to search for the correct course and in some cases are not
  accessing the correct course. As a consequence the ESR competency record
  will not update even though staff believe they have completed their e learning
  correctly.

Even though guidance has been issued there are many examples where staff have accessed a similar English e-learning course. The following information has been obtained from the national ESR team in NWSSP and highlights the number of ABMU Staff accessing (England) CSTF courses:

- 100+ Safeguarding Children
- 200+ Equality
- 350+ Fire
- 150+ Health & Safety
- 100+ Information Governance
- 300+ Manual Handling
- 350+ Infection Prevention Control
- 50+ Safeguarding Adults
- 20+ Violence and Aggression

In addition over 100 staff have undertaken e-learning in the old Moodle platform.

Further problems have been identified where staff exit the e-learning module incorrectly either, do not complete the module or choose a non-certificated module. In these circumstances staff will believe they have completed their e-learning but their competency will not update.

**Lost Opportunities -** it is possible to set up new starters with ESR numbers and elearning accounts to enable them to complete e-learning before they take up post. In the past this has been done using dummy ESR numbers meaning e-learning may have been completed but again the competency record will not update the substantive compliance record.

This is a process that can also be used for clinical students who can complete the required e-learning whilst undertaking their studies. This would result in them not needing to undertake the e-learning when they join.

In addition the Inter Authority Process should be used correctly which will result in the e-learning competency record transferring with the individual when they move between NHS Wales organisations. This is an issue that will be raised with NWSSP.

### 5. GOVERNANCE AND RISK ISSUES

Mandatory and Statutory Training compliance features on the corporate risk register.

Non-compliance not only poses a reputational and performance risk by not achieving the Welsh Government Target of 85% but also increases risks to both staff and patients. Each subject area would need to be risk assessed by a subject matter expert to assess the risk associated with non-compliance. Some areas may have higher risks associated with non-compliance.

It is noted that non-compliance with subjects that are statutory also pose an overall legal risk especially in the defence of claims against the Health Board.

### 6. RECOMMENDATION

A two-pronged approach is recommended to increase compliance in e-learning and use of ESR. This could be done by firstly exploring quick wins with the way in which e-learning and ESR are used currently. These solutions may reduce but will not eradicate human error and include:

# **Short term - quick fix solutions** – fixing the way we use ESR now

- Reissuing communications around how to use ESR and how to select the correct modules
- Work with Shared Services Recruitment Team to rectify problems with the process of Inter Authority Transfers (IAT).
- Explore with Shared Services any further work, which can be supported to recover lost competencies from user errors
- IT compliance
- Focus on compliance in non-clinical areas

However a sustainable long term solution must be developed to ensure that ESR is used to its full potential. . Secondly by developing a longer term plan for the future use of ESR which will require investment of resources.

# Future solutions – developing the way we use ESR

- Engagement with National ESR Helpdesk
- Preloading competence linked to position number to ensure correct course selection which will also ensure that all individuals get alerts to flag when out of compliance.
- Roll out of Employee and Manager Self Service functionality
- Rectifying any issues with 'auto enrolment' onto courses to eliminate user error
- Set up robust processes, which ensure that competencies are automatically being met when higher levels of competence assessment are being completed

- Further work on IAT transfer process in partnership with NWSSP

The Audit Committee are asked to note the recommendations detailed above to improve compliance with mandatory and statutory training.

| Governance and Assurance               |  |  |  |   |   |
|--|--|--|--|---|---|
| Link to corporate objectives (please ) | Promoting and enabling healthier communities | Delivering excellent patient outcomes, experience and access | Demonstrating value and sustainability | Securing a<br>fully engaged<br>skilled<br>workforce | Embedding<br>effective<br>governance<br>and<br>partnerships |
|  |  |  |  | X   |   |

# **Quality, Safety and Patient Experience**

The Mandatory Training Framework and Matrix is a key Health Board policy which sets out the statutory and mandatory training requirements for all staff to ensure our workforce is appropriately skilled and competent to manage risk and promote safe practice. The framework has been developed in accordance with the UK Core Skills Training Framework (CSTF) to provide a baseline assurance of competency and training across all staff groups, volunteers and students. The current compliance levels across ABMU highlights a need for improvement and despite measures to highlight the profile and reporting through performance review and changes to appraisal policy, this has not resulted in achievement of the target. A number of options are presented within this paper, which may offer short term and longer term improvements.

# **Financial Implications**

The paper suggests addressing the challenges through a two-pronged approach. The quick term technical fixes can be achieved through partnership working between ABMU and Shared Services. The longer term and sustainable solutions around ESR would require investment and this would require investment.

# Legal Implications (including equality and diversity assessment)

The Regulatory Reform (Fire Safety) Order 2005 places statutory obligations on the Health Board for training staff in relation to Fire Training. The Mandatory Training Framework, whilst not a statutory instrument is determined by the UK as essential training that enables Health Board staff to carry out their duties safely and efficiently as well as maintain their competence to required standards.

# **Staffing Implications**

The framework applies to all staff. New staff who join the Health Board are required to undertake the training as part of their induction. Existing staff are required to maintain their competence in line with the refresher periods outlined in the framework. Whilst the framework is delivered principally via e learning, this still requires release of staff to complete the modules and staff release continues to be a challenge with operational pressures.

# Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Training and education key component parts of the Parliamentary Review of Health and Social Care in Wales (January 2018)

| Report History | None |
|----------------|------|
| Appendices     | None |