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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28 May 2019	Agenda Item	2.3
Report Title	Deep Dive: Mandatory & Statutory Training Compliance		
Report Author	Louise Joseph, Assistant Director Workforce & OD		
Report Sponsor	Hazel Robinson, Director of W&OD		
Presented by	Kay Myatt, Head of Learning & Development		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the W&OD committee with a detailed analysis of the Mandatory & Statutory training compliance rates within Swansea Bay Health Board as a Tier 1 Welsh Government target. The data within this report is extracted from ESR and is correct as at April 2019 (for internal data) and February 2019 (for benchmarked data with other Health Boards) as the latest available data. The report therefore includes workforce data pre-Bridgend Boundary change.		
Key Issues	Mandatory & Statutory training is a Tier 1 Welsh Government Target that requires all Health Boards to achieve 85% compliance for staff. Achievement of this target is monitored monthly through ESR as the only accepted reporting mechanism. Routine Internal monitoring is undertaken through the Performance Review Process which holds Delivery Units and Directorates to account on their service and workforce measures. Whilst some significant improvements have been made in Swansea Bay (formerly ABMU) and across Wales, achievement of the Welsh Government Target is a challenge for Health Boards, with the NHS Wales average compliance rate at 78.2% in February 2019.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: NOTE to note the information included in the report.		

DEEP DIVE: MANDATORY & STATUTORY TRAINING COMPLIANCE

1. INTRODUCTION

The purpose of this report is to provide the W&OD committee with a detailed analysis of Mandatory & Statutory Training Compliance activity within Swansea Bay (formally ABMU) University Health Board, as a core performance and developmental intervention for staff and also a Tier 1 Welsh Government Target.

2. BACKGROUND

Mandatory & Statutory Training compliance is an integral part of how staff receive information and knowledge on the level 1 training requirements completed via e-learning and recorded in the ESR (Electronic Staff Record). In Swansea Bay, all UK Core Skills Level 1 Mandatory & Statutory training can be completed via e-learning.

Mandatory & Statutory Training compliance is a Tier 1 target set by Welsh Government, requiring all Health Boards to achieve an annual compliance rate of 85%. Achievement of this target is monitored monthly through ESR as the only accepted reporting mechanism. Routine internal monitoring is undertaken through the Performance Review Process which holds Delivery Units and Directorates to account on their service and workforce measures. Achievement of the Welsh Government Target is a challenge for Health Boards across Wales with the NHS Wales average compliance rate currently 78.2% (February 2019) an improvement from 69% in February 2018.

Service pressures, time and ESR reliability are cited as the biggest challenges for managers and staff in undertaking Mandatory & Statutory Training and this has been further exacerbated in Swansea Bay (formally ABMU) due to the impact of Bridgend Boundary Change. Reporting through ESR, as the only mechanism, raises challenges as this can only be completed by individuals successfully completing the specific e-learning modules. Any face to face Mandatory & Statutory Training that is provided is updated within ESR by the various Departments responsible for Mandatory Training, however, this can take considerable time due to administrative issues and capacity.

3. GOVERNANCE AND RISK ISSUES

The data contained within this report is extracted from ESR. Our internal data is correct as at April 2019. However, when comparing and benchmarking with other Health Boards in Wales (section 3.4), February 2019 data is utilised as the latest available information nationally.

3.1 At Health Board Level:

The UK Core Skills Framework has 10 core modules for mandatory training. In Swansea Bay (ABMU) a further 3 modules have been added and mandated for all staff. This includes Dementia Awareness, Social Services and Well Being Act Wales Awareness (2014), Violence Against Women, Domestic Abuse and Sexual Violence.

The Mandatory & Statutory Training compliance rates in Swansea Bay (ABMU) have seen significant improvements, from 49.3% in January 2018 to 75.3% in April 2019.

Whilst still below the 85% Welsh Government target, our compliance rates have improved by 22.6% in the last 12 months, from 52.7% in April 2018 to 75.3% in April 2019. It is of note that a rise of 1% equates to 2500 records updated in ESR. Therefore, 56,500 additional learning programmes have been completed by staff in ABMU over the past year.

Table 1 provides a breakdown of compliance by Delivery Unit and Directorate at the 30th April 2019.

Table 1a - Breakdown by Delivery Unit and Directorate April 2019

Org L5	Assignment Count	Required	Achieved	Compliance %
130 D3 Board Secretary - Div	38	494	291	58.91%
130 D3 Chief Operating Officer - Div	1237	16081	8512	52.93%
130 D3 Clinical Medical School - Div	17	221	139	62.90%
130 D3 Clinical Research Unit - Div	43	559	495	88.55%
130 D3 Delivery Unit - Div	32	416	328	78.85%
130 D3 Director of Strategy - Div	36	468	406	86.75%
130 D3 EMRTS - Div	30	390	239	61.28%
130 D3 Finance - Div	84	1092	939	85.99%
130 D3 Informatics - Div	352	4576	3645	79.65%
130 D3 Medical Director - Div	35	455	410	90.11%
130 D3 Nurse Director - Div	79	1027	843	82.08%
130 D3 Workforce & Organisational Development - Div	143	1859	1552	83.49%
130 SDU - Mental Health & Learning Disabilities - Div	1708	22204	18067	81.37%
130 SDU - Morriston Hospital - Div	3716	48308	34065	70.52%
130 SDU - Neath Port Talbot Hospital - Div	1264	16432	13846	84.26%
130 SDU - Primary Care & Community - Div	1458	18954	16228	85.62%
130 SDU - Princess of Wales Hospital - Div	156	2028	1659	81.80%
130 SDU - Singleton Hospital - Div	2269	29497	22635	76.74%

It should be noted that a number of the areas of low compliance are 'hosted' bodies, including: EMRTS, Delivery Unit, Clinical Medical School and Clinical Research Unit. As such we have no direct control over their Mandatory & Statutory Training activity and compliance rates.

It should also be noted that Board posts are included in the Board Secretary Assignment count. As such the % compliance is not an accurate reflection of the compliance level of the Board Secretary's direct team.

It is also important to note that ESR structural changes and executive portfolios may have an impact on compliance figures for certain units. Table 1b shows a

comparison of compliance by Delivery Unit and Directorate at the 30th April 2019 compared to July 2018. The Director of Strategy Division shows the greatest increase in compliance however it is noted that the Estates and Ancillary teams were within this area and now sit within the Chief Operating Officer Division. All Delivery Units have increased compliance with the highest increase in Singleton Delivery Unit at just under 20%.

Table 1b -Compliance by Delivery Unit and Directorate at the 30th April 2019 compared July 2018¹

Org L5	Compliance % July 2018	Compliance % April 2019
130 D3 Board Secretary – Div	62.25%	58.91%
130 D3 Chief Operating Officer – Div		52.93%
130 D3 Clinical Medical School – Div	64.23%	62.90%
130 D3 Clinical Research Unit – Div	80.60%	88.55%
130 D3 Delivery Unit – Div	81.00%	78.85%
130 D3 Director of Strategy – Div	41.14%	86.75%
130 D3 EMRTS – Div	62.82%	61.28%
130 D3 Finance – Div	84.87%	85.99%
130 D3 Informatics – Div	64.99%	79.65%
130 D3 Medical Director – Div	82.32%	90.11%
130 D3 Nurse Director – Div	73.85%	82.08%
130 D3 Workforce & Organisational Development – Div	75.31%	83.49%
130 SDU - Mental Health & Learning Disabilities – Div	70.61%	81.37%
130 SDU - Morrison Hospital – Div	58.25%	70.52%
130 SDU - Neath Port Talbot Hospital – Div	71.16%	84.26%
130 SDU - Primary Care & Community – Div	68.20%	85.62%
130 SDU - Princess of Wales Hospital – Div	59.91%	81.80%
130 SDU - Singleton Hospital – Div	56.91%	76.74%
Total	61.18%	75.30%

¹ The Health Board started to publish Training Data as part of the SharePoint data dashboard at July 2018.

3.2 At Staff Group level

When comparing our data at a staff group level, it is of note that the compliance rates for most clinical staff groups are between 80% and 87%. However, the lowest levels of compliance are recorded for Ancillary and Estates staff at 54.87% and Medical & Dental at just 36.89%.

Table 2a – Compliance by Staff Group at the 30th April 2019

Staff Group	Assignment Count	Required	Achieved	Compliance %
Add Prof Scientific and Technic	385	5005	4197	83.86%
Additional Clinical Services	2566	33358	27028	81.02%
Administrative and Clerical	2354	30602	23645	77.27%
Allied Health Professionals	844	10972	9567	87.19%
Estates and Ancillary	1270	16510	9059	54.87%
Healthcare Scientists	320	4160	3334	80.14%
Medical and Dental	1032	13416	4949	36.89%
Nursing and Midwifery Registered	3923	50999	42498	83.33%

The table below (2b) illustrates that improvements were made across all staff groups between July 2018 and April 2019, despite some areas showing low compliance levels. Work has started on mapping higher level competencies to the core skills framework and investigate where sign off of competence would be appropriate without the completion of lower level eLearning. This will need full engagement from the subject matter experts. When complete, it is anticipated that compliance levels for medical and dental staff would improve. Also, to improve accessibility for junior doctors and medical and dental staff, a number of iPads have been purchased by the Medical Education Centre in Morriston. This is a relatively new intervention and therefore it is too early to evaluate if this has had an impact on eLearning completion levels.

The Ancillary department (facilities – catering, portering, cleaning) has invested in individuals to drive forward compliance with mandatory training. This includes support to complete eLearning and in IT skills.

Table 2b— Compliance by Staff Group as at 30th April 2019 compared to July 2018

Staff Group	Compliance % July 2018	Compliance % April 2019
Add Prof Scientific and Technic	72.30%	83.86%
Additional Clinical Services	67.02%	81.02%
Administrative and Clerical	64.94%	77.27%
Allied Health Professionals	71.34%	87.19%
Estates and Ancillary	43.16%	54.87%
Healthcare Scientists	64.35%	80.14%
Medical and Dental	25.01%	36.89%
Nursing and Midwifery Registered	67.89%	83.33%
Total	61.18%	75.30%

3.3 Comparison by Competence

When comparing our data at competency level, it is of note that the compliance rates of all competencies are recorded at above 65% compliant.

Table 3a – Compliance by Competence at the 30th April 2019

Competence Name	Assignment Count	Required	Achieved	Compliance %
Equality, Diversity and Human Rights - 3 Years	12697	12697	9609	75.68%
Fire Safety - 2 Years	12697	12697	9933	78.23%
Health, Safety and Welfare - 3 Years	12697	12697	9642	75.94%
Infection Prevention and Control - Level 1 - 3 Years	12697	12697	9386	73.92%
Information Governance (Wales) - 2 Years	12697	12697	10707	84.33%
Moving and Handling - Level 1 - 2 Years	12697	12697	8653	68.15%
Resuscitation - Level 1 - 3 Years	12697	12697	9072	71.45%
Safeguarding Adults - Level 1 - 3 Years	12697	12697	8800	69.31%
Safeguarding Children - Level 1 - 3 Years	12697	12697	8772	69.09%
Violence and Aggression (Wales) - Module A - No Specified Renewal	12697	12697	9645	75.96%
Dementia Awareness - No Renewal	12697	12697	9938	78.27%
Social Services and Well Being Act Wales Awareness (2014) - No Specified Renewal	12697	12697	11465	90.30%
Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	12697	12697	8677	68.34%

The table below (3b) highlights the levels of improvement by competency since July 2018. A targeted focus on Information Governance compliance and frequent reporting by subject matter experts has seen a rise of 14% compliance. A joint approach between the Learning and Development team and the subject matter experts has seen a 24% rise in the recording of Resuscitation competency. This process is now in place to ensure that records are held within ESR.

Table 3b – Compliance by Competence at the 30th April 2019 compared July 2018

Competence Name	Compliance % July 2018	Compliance % April 2019
Equality, Diversity and Human Rights - 3 Years	63.32%	75.68%
Fire Safety - 2 Years	68.73%	78.23%
Health, Safety and Welfare - 3 Years	61.90%	75.94%
Infection Prevention and Control - Level 1 - 3 Years	64.13%	73.92%
Information Governance (Wales) - 2 Years	70.16%	84.33%
Moving and Handling - Level 1 - 2 Years	48.94%	68.15%
Resuscitation - Level 1 - 3 Years	47.30%	71.45%
Safeguarding Adults - Level 1 - 3 Years	55.89%	69.31%
Safeguarding Children - Level 1 - 3 Years	53.52%	69.09%
Violence and Aggression (Wales) - Module A - No Specified Renewal	60.96%	75.96%
Dementia Awareness - No Renewal	66.18%	78.27%
Social Services and Well Being Act Wales Awareness (2014) - No Specified Renewal	86.45%	90.30%
Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years	47.93%	68.34%
Total	61.18%	75.30%

3.4 At NHS Wales level

To enable a comparison across NHS Wales, this section of the report is based on February 2019 data as the latest available data nationally on ESR. It compares ABMU with the 5 other Health Boards in Wales; Cwm Taff, Aneurin Bevan, Hywel Dda and Betsi Cadwaladr.

None of the Health Boards are currently meeting the 85% tier 1 target, although Betsi Cadwaladr sits just below at 84.4%. In the past 12 months (February 2018 to February 19), there have been variable improvements in the percentage compliance rates across Wales and ABMU has seen the most significant improvement of 23%. Table 5 outlines the February 2018 and February 2019 position along with improvement percentages.

Table 4: Compliance levels and % improvements by Health Board (2018/19)²

	ABMU	HD	CT	Cardiff	AB	Betsi
Feb-18	50.30%	66.50%	67.30%	72.40%	61.20%	80.30%
Feb-19	73.30%	79.80%	76.10%	76.00%	71.30%	84.40%
% improvement	23.00%	13.30%	8.80%	3.60%	10.10%	4.10%

When analysing the data by staff group, similar patterns emerge. The highest levels of compliance across Wales are evidenced within AHP, Professional & Technical, Nurses and Midwives and Health Care Sciences staff groups. This is consistent across Wales and outlined in Table 5.

Table 5: Compliance by Staff Group – highest compliance levels (Feb 2019)

	ABMU	HD	CT	Cardiff	AB	Betsi
AHP	85.30%	87.50%	88.30%	86.70%	78.50%	92.50%
Prof & Tech	88.50%	80.20%	77.20%	80.10%	78.90%	88.00%
Nurses & Midwives	80.80%	83.80%	79.50%	82.30%	80.20%	89.50%
Health Care Scientists	80.00%	88.60%	83.30%	88.10%	84.80%	88.20%

Conversely, the lowest levels of compliance are also mirrored across NHS Wales. The medical and dental workforce is significantly below all other staff groups. In February 2018, the All Wales average for medical and dental compliance was 26.2%. This improved to 33.7% in February 2019, but still significantly below the Welsh Government target and out of line with other staff groups. Table 6 describes the 2018/19 position and % improvement in each Health Board during this period.

² The most up to date data available from an all Wales perspective is February 2019.

Table 6: Medical & Dental compliance – All Wales Comparison & % improvement (2018/19)

	ABMU	HD	CT	Cardiff	AB	Betsi
Feb-18	19.40%	12.40%	12.90%	26.00%	15.00%	50.30%
Feb-19	32.90%	28.50%	16.60%	30.70%	21.40%	54.40%
% imp	13.50%	16.10%	3.70%	4.70%	6.40%	4.10%

Compliance within estates and ancillary staff is a further area for improvement and development across NHS Wales. Estates and ancillary staff has the second lowest compliance levels amongst all staff groups (68.6%) and this trend is also consistent across NHS Wales. In ABMU our compliance levels for this staff group improved from 28.6% in February 2018 to 55.2% in February 2019, a significant improvement of 26.6% and the highest recorded improvement for this staff group when compared with other Health Boards. It is nonetheless, well below compliance, with other Health Boards performing better and one Health Board reaching the 85% target.

Table 7: Estates & Ancillary compliance – All Wales Comparison & % improvement (2018/19)

	ABMU	HD	CT	Cardiff	AB	Betsi
Feb-18	28.60%	66.40%	52.80%	67.00%	51.10%	61.80%
Feb-19	55.20%	85.10%	78.90%	78.50%	52.00%	66.00%
% improvement	26.60%	18.70%	26.10%	11.50%	0.90%	4.20%

4. FINANCIAL IMPLICATIONS

Mandatory training completion is a core element of the PADR / appraisal process. Work is currently underway at an all Wales level to determine the steps that need to be taken in integrating the pay progression element of the pay deal and its direct links to Mandatory & Statutory Training to enable progression to the next increment of the pay scale. This in turn should drive improvements in our Mandatory & Statutory Training completion rates.

5. CONCLUSION

In conclusion, the data in this report has highlighted that Mandatory & Statutory Training completion rates are steadily improving and significant progress has been made over the past 12 months. However, achieving the 85% Welsh Government Target continues to be a challenge for Swansea Bay (formally ABMU) and this position is mirrored with other comparator Health Boards across Wales. There are a number of staff groups where compliance levels are nearing the target rate and this is also reflected across NHS Wales. However, completion rates for medical and dental staff and ancillary and estates staff falls below the national average and is a focus for development and improvement.

Recording of Mandatory & Statutory Training onto ESR is also noted as an ongoing issue due to minor issues in recording, accessing correct modules, despite step by step guides being made available, together with Drop in e-learning sessions held across all major health board sites on a regular basis. It is important that staff continue to access e-learning to keep the level of compliance as high and maintain the upward trajectory.

Workforce & OD continue to support staff and managers in providing training in how to complete Mandatory & Statutory Training and this will also be an integral part in the management pathway which is currently under development for all new managers.

6. RECOMMENDATIONS

The Workforce and OD Committee Members are asked to note the information included in the report.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>Mandatory & Statutory Training is one of a number of performance management tools that aim to ensure employees' performance contributes to business objectives, and should be used as part of a holistic approach to managing performance. Positive staff experience, which includes compliance with Mandatory & Statutory Training, has a direct impact on the quality of services, the safety of services and overarching patient experience.</p>		
Financial Implications		
<p>Completion of Mandatory and Statutory Training is core to the PADR/Appraisal process and linked with incremental pay progression.</p>		
Legal Implications (including equality and diversity assessment)		
<p>Mandatory & Statutory Training should take into account individual members of staff needs. This should be considered within the discussion. As Mandatory & Statutory Training, become linked to pay progression EIA should be carried out locally to ensure that no one is disadvantaged due to a protected characteristic.</p> <p>It is important to note that the Welsh Specific Equality Duties require public organisations to report on staff development opportunities. This should be taken into account when discussing opportunities with staff.</p>		
Staffing Implications		
<p>Currently there is no capacity within the W+OD Directorate to provide additional support for Mandatory & Statutory Training, on top of what is currently offered in terms of support for system users. Queries are continuously received from users asking for technical assistance in completing or updating their training and as current capacity to respond is limited, queries are sometimes delayed and subsequently escalated which generates additional workload.</p>		

If actions are agreed additional to what is already being supported – staffing implications would need to be reviewed.

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

Effective Mandatory & Statutory Training will support a highly effective workforce to deliver excellent patient outcomes. This will support the Well-being of Future Generations Act.

Report History NA

Appendices NA