



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15 June 2021	Agenda Item	3.1
Report Title	Deep Dive: Mandatory & Statutory Training Compliance/ ESR		
Report Author	Mike Dunnage / Kay Myatt – Learning & OD		
Report Sponsor	Kathryn Jones - Director of Workforce & OD		
Presented by	Kay Myatt, Head of Learning & Development		
Freedom of Information	Open		
Purpose of the Report	<p>The purpose of this report is to provide the W&OD Committee with the following information</p> <ol style="list-style-type: none"> 1. A detailed analysis of the Mandatory & Statutory training compliance rates within Swansea Bay Health Board as a Tier 1 Welsh Government target. The report covers all staff within Agenda for Change and includes data extracted as at April 2021. 2. An exploration of factors affecting Level 1 compliance rates, highlighting areas of strength and potential risk. 3. An exploration of the SBUHB approach to delivering higher-level, role-specific mandatory training. This includes the history, reporting mechanisms, barriers and on-going work / proposed solutions. 		
Key Issues	<p>Mandatory & Statutory training is a Tier 1 Welsh Government Target that requires all Health Boards to achieve 85% compliance for staff covered by Agenda for Change. Achievement of this target is monitored monthly through ESR as the only accepted reporting mechanism. Routine internal monitoring is undertaken through the Mandatory Training 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.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to: NOTE to note the information included in the report.</p>		

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 Level 1 compliance activity within Swansea Bay Health Board, as a core performance and developmental intervention for staff and also a Tier 1 Welsh Government Target. This includes an exploration of factors affecting compliance rates, highlighting areas of strength and potential risk.

It also provides an exploration of SBUHB's approach to delivering higher-level, role-specific mandatory training. This includes the history, reporting mechanisms, barriers and on-going work / proposed solutions.

2. BACKGROUND

SBU is required to report compliance with the CSTF (Core Skills Training Framework) to Welsh Government on a monthly basis with the target for all health boards being 85%. This target has been the focus of M & S compliance monitoring for a considerable amount of time. Due to the increasing use of ESR and its facilities the focus has been widened and questions are now being raised regarding the scrutiny, measuring and reporting of more role-specific mandatory training which includes higher levels of CSTF. Questions raised include the level of knowledge which is applicable for each role and which roles require an increase in knowledge to ensure safe practice in the workplace.

The M & S requirements at Level 1 are made up of 13 elements, 10 of which are specified by the CSTF, 2 of which are mandatory by Welsh Government and one which is SBU specific (Dementia Awareness).

All Level 1 M & S Training can be completed via e-learning with the exception of Fire Awareness which at present requires a blend of face to face and e-learning on alternate years.

Welsh Government has set M & S Training as a Tier 1 target requiring all health boards to achieve a compliance rate of 85%, monitored monthly through ESR which is regarded as the only reporting mechanism to use.

It is important to note the monitoring and reporting to Welsh Government is focussed on the Tier 1 target and therefore the Level 1 compliance only. Previous reports and Deep-dives to W&OD Committee have historically only focused on Level 1 for this reason. However, several HB committees also present higher levels of data which has led to questions around the accuracy of reporting and the relevance of reporting Level 1 for scrutiny across the health board. For this reason, we have included a discussion of factors affecting high-level compliance within the scope of this report.

Factors affecting overall compliance rates

Service pressures and time are often cited as the biggest challenges for both managers and staff in undertaking M&S training in Swansea Bay. Reporting through ESR, as the only mechanism, raises challenges as ESR will only record automatically, the successful completions of e-learning modules relating to the Level 1 requirements. To

achieve 100% compliance with Swansea Bay M&S training requirements using e-learning will take an individual an average of 12 hours to complete. For the size of the organisation 1 hour of training for all staff is equivalent to over 46 weeks of time.

Any higher levels of training delivered via e-learning or face-to-face (including virtually) are completed and recorded within ESR and will appear in any specific reports or in the individual's learning history. If they are subjects that appear in the Mandatory Training requirements, then completion of Level 2 will automatically provide a record for Level 1. This negates the need to complete Level 1 & Level 2 separately and reduces the commitment for the individual.

Face to face delivery [mostly Level 3] records would need to be updated manually by the Subject Matter Experts [SME's] after the session and therefore may risk delays.

Using a digital system to provide the required training, especially information-based Level 1 Mandatory & Statutory Training, is both cost effective and efficient. It does however rely on staff being computer literate, having access to suitable equipment, understanding how ESR works and the capacity to complete the requirements in a timely fashion. Prior to the-pandemic, drop-in sessions were made available to assist with some of these issues. Since then, individual one-to-one support is provided via MS Teams.

In order to access reports on staff learning progress and completions, higher-level access to ESR is required. Most areas do not have this level of access however, and rely on the local ESR team to provide reports on request. It has previously been suggested by Audit that SBU should limit numbers of people with this access. In areas where Supervisor Self-Service has been rolled out, line managers can access this information for their staff. Within the Annual Plan 2021-22, ESR development and roll-out is a key priority and would enable widespread Supervisor Self-Service.

3. GOVERNANCE AND RISK ISSUES

To enable a comparison across NHS Wales, this report and narrative is based on 30th April 2021 data as the latest available data nationally on ESR.

Level 1 Mandatory Training Compliance Analysis

Assignment count = number of staff

Required = number of staff X 13

Achieved = number of modules successfully completed and in date

By Organisation

Assignment Count	Required	Achieved	Compliance %
13466	175058	140393	80.20%

There has been a drop in compliance compared to April 2020 of 2.29%. It is however, noted that the assignment count has risen by 403 staff. This is due to temporary Covid recruitment.

By Service Group

Table 1 – Morriston

Assignment Count	Required	Achieved	Compliance %
3838	49894	37621	75.40%

A decrease in compliance of 1.77% over April 2020.

Table 2 - Neath Port Talbot

Assignment Count	Required	Achieved	Compliance %
817	10621	9096	85.64%

A decrease in compliance of 4.14% over April 2020.

Table 3 – Singleton

Assignment Count	Required	Achieved	Compliance %
2503	32539	27438	84.32%

An increase in compliance of 0.49% over April 2020.

Table 4 - SDU - Primary Care & Community

Assignment Count	Required	Achieved	Compliance %
2155	28015	25115	89.65%

A decrease in compliance of 0.4% over April 2020.

Table 5 Mental Health & Learning Disabilities

Assignment Count	Required	Achieved	Compliance %
1625	21125	17840	84.45%

A decrease in compliance of 1.7% over April 2020.

The above tables show a decrease in overall compliance based in each Service Group over that of 2020. Table 5 below illustrates corporate information highlighted by directorates.

Table 5 – Corporate Directorate Details

Org L5	Assignment Count	Required	Achieved	Compliance %	Compliance % April 2020
Board Secretary	78	1014	722	71.20%	70.15%
Chief Operating Officer	1184	15392	10150	65.94%	69.80%
Clinical Medical School	23	299	183	61.20%	66.77%
Clinical Research Unit	42	546	503	92.12%	91.18%
Delivery Unit	40	520	387	74.42%	79.00%
Director of Strategy	368	4784	2529	52.86%	77.97%
Director of Transformation	23	299	217	72.58%	83.17%
EMRTS	52	676	574	84.91%	77.07%
Finance	88	1144	1069	93.44%	89.59%
Informatics	366	4758	4109	86.36%	94.03%
Medical Director	29	377	336	89.12%	93.67%
Nurse Director	65	845	726	85.92%	88.90%
Workforce & Organisational Development	170	2210	1778	80.45%	87.74%

Whilst a number of directorates are showing a % decrease in compliance, this is likely to have been significantly impacted by the COVID pandemic. It is recommended that monitoring of M&S Training resumes as part of on-going performance measurements.

Table 6 - Staff Groups

The table below demonstrates compliance by staff group.

Staff Group	Assignment Count	Required	Achieved	Compliance %	Compliance % April 2020
Add Prof Scientific and Technic	443	5759	4946	85.88%	88.73%
Additional Clinical Services	2788	36244	30542	84.27%	87.53%
Administrative and Clerical	2585	33605	27317	81.29%	85.49%
Allied Health Professionals	921	11973	10667	89.09%	93.30%
Estates and Ancillary	1246	16198	10955	67.63%	71.99%
Healthcare Scientists	331	4303	3703	86.06%	89.95%

Medical and Dental	1020	13260	6032	45.49%	44.40%
Nursing and Midwifery Registered	4131	53703	46230	86.08%	87.76%

It is of note that A & C staff have not reached a higher level given that most staff have access to a PC. This could be due, in part, to staff being re-deployed in other areas as a result of the pandemic. An increased focus on raising compliance should result in significant improvement in this group due to the nature of the work as it will be largely desk-based with good access to IT.

In areas where low compliance has been identified such as Medical & Dental and Estates & Ancillary, work was underway pre-pandemic to identify how completion rates could be increased. This included the provision of drop-in sessions, individual assistance in areas such as Estates, Domestic and HCSW. Staff also requested assistance via email to Learning & Development.

The induction of training grade doctors includes a video of how to use ESR, however, many doctors arrive in Swansea Bay having a much higher level of mandatory training gained from other NHS Organisations, University or within Swansea Bay. We are currently investigating whether IAT could be used to transfer doctors Mandatory Training records into Swansea Bay. In the last M&S Deep-dive it was recognised that many doctors have a higher level of training in the mandatory topics. Pre-pandemic, work was started to map out previous learning and knowledge against the Mandatory Training modules. The skills needed for each subject area would be assessed by the SME to approve any pre-signed off modules.

NHS Wales M&S Training Compliance comparison

Due to the COVID pandemic national NHS Wales reporting is delayed and is currently 6 months behind real time data. The comparison available can be found in Appendix 1. Table 1 highlights that as of October 2020 SBUHB rates third in Wales 6 largest Health Boards and Table 2 fifth when including smaller Health Boards and Trust in relation to its levels of Mandatory and Statutory compliance. When contacted BCUHB and Health Boards use similar approaches to driving compliance as SBUHB. One of the requirements which BCUHB have in relation to M & S Training is within their M & S policy, it is stated that all staff may face disciplinary action if not fully compliant with M & S requirements, (extract available in Appendix 2). When previously considered by SBUHB Mandatory and Statutory Training Group this was not added to our policy. This will be reviewed at the time the Mandatory and Statutory Framework is reviewed. Table 3 highlights that across Wales Estates and Auxiliary and Medical and Dental staff have lower levels of compliance which is reflective of the SBUHB data.

As the data available is October 2020 this is pre second wave pandemic. Further analysis will be completed once more up to date data is available.

Factors affecting Level 1 Compliance Rates

Reasons for non-compliance could be due, in part, to some of the issues identified below although not necessarily restricted to these areas

- It / access issues: ESR is available on many platforms including mobile devices, home computers and within SBU sites. All Health Board IT departments adhere to the MN 100 document that stipulates how internal systems are set up and used. Therefore, access via Swansea Bay IT equipment should be possible. Access outside of this protective environment may cause issues. With many staff (post pandemic) accessing ESR through their own devices, difficulties may be experienced which are outside the control of ESR L&D support.
- Assistance is available for all staff via email to the L & D ESR lead, direct telephone and a specific generic email address. Pre-pandemic drop in workshops were available across Swansea Bay for staff to attend as required. Post pandemic, individual support is provided by the L & D ESR lead via MS Teams and email. One issue with this approach, necessitated by the requirements for social distancing and reducing footfall on-site, is that support delivered via virtual technology is not always accessible to all staff groups [especially those who already experience IT access difficulties].
- Staff completing the incorrect modules: The e-learning modules relating to the Level 1 Mandatory requirements are set on the home page of ESR for all staff. It is only these modules that have the recordable competence attached. By successfully completing the modules, ESR is updated automatically with the competence which is then recorded on the individuals training, their compliance updated and reportable. Completion of other similar modules which do not have the competency attached are not recorded. An illustrated user guide is easily available on the main intranet page that staff can access to ensure they complete the correct modules.
- Password / username problems: ESR is a secure system and like many others requires both a unique username and password. The password is time restricted and needs changing every 90 days. ESR Hub co-funded by all health boards was set up to handle the number of staff needing support in gaining password access. Currently due to staffing issues they have a back log of over 3000 calls from across NHS Wales where automated password reset to email would not be suitable. This causes frustration from Swansea Bay staff not being able to access ESR. The Local ESR team are the only other way staff may be able to reset passwords, however, demands would be overwhelming and impossible to manage.

Factors affecting Role Specific Mandatory Training Compliance (Above L1)

As stated above, every role within the organisation requires the current 13 elements of Mandatory Training at Level 1. Some roles require a higher level of training due to the complexities of the work they are required to complete or the client group they have contact with. With the compliance at Level 1 being monitored and reported to Welsh Government as a Tier 1 target, this has led to concerns about when/how Level 2 data is monitored within the health board and the accuracy of how this data is recorded and monitored.

This Deep-dive has found the following;

- No central overview of accurate mandatory training requirements for each role within the health board:
 - Requirements differ even within professions. For example, a Band 5 nurse in A & E may require different levels of mandatory training than a Band 5 nurse in Mental Health, who in turn will have a different requirement to a Band 5 nurse in Paediatrics.
 - No agreed national approach linking roles to specific mandatory training requirements. Health boards currently have autonomy to direct this within professional standards [Level 1 content of training modules is agreed nationally].
 - Subject-matter experts and professionals do not always agree on the standards required within the mandatory training.

- Assigning and monitoring role-specific mandatory training requirements [once agreed]:
 - ESR has the ability to place essential training based on the requirements of each role and each role will have specific essential training requirements. However, in order to record compliance in ESR, competencies would need to be applied to each position number. This would be relatively straightforward if every member of staff carrying out the same role were allocated the same position number. However, there are currently over 7500 position numbers within SBU, many of which are individual. For example, areas such as Porterage have large numbers of staff yet few position numbers making changes easy to implement whereas Occupational Therapies in Singleton has 34 staff and 34 position numbers.
 - The competencies used within ESR reflect a time period the training is active for and not the level of skills an individual has. Within ESR there are 2 types of competence, National and Local. National are agreed and set up centrally by NHS Central Team and reflect national expectation of the content of the learning and how long before a refresher is required. National Competencies are transferred within ESR when an individual transfers employment between NHS organisations. Local competences are used where a local training need has been met and forms part of the learning requirement. These are non-transferable.
 - Work is underway in pilot areas (Speech & Language & Occupational Therapies in Singleton). This will identify individual staff and the specific training that may be essential for staff in that role to complete. This will have two major effects, the compliance % on the individual's page will reduce until such times the identified training is completed and provide the opportunity to assist in reduction of staff having individual position numbers within ESR. This pilot when completed will allow the identification of future changes that are role specific easy to update and add to.

- Lack of centralised reporting requirements to Welsh Government:

- 85% compliance of Level 1 M&S Training is a Welsh Government Tier 1 target. Role-specific mandatory training is often reported through subject matter experts or monitored by local training groups e.g. local nurse forums. There is no central reporting of role-specific mandatory training.
- Recording compliance:
 - As most higher-level, role-specific mandatory training is delivered by a subject matter expert or professional, completion is not automatically recorded and requires administration support.
 - Not all role-specific mandatory training is recorded on ESR. In some areas, spreadsheets are used to capture this information and stored locally.
 - Some role-specific training is reported through other government portals i.e. higher level Resuscitation. This can lead to double data entry as there is no interface between these portals and ESR.

Areas for consideration / potential solutions:

- Health Board Mandatory Training Group
 - Prior to its last meeting on 27th April 2021, this group had not met since prior to the pandemic. It has been agreed to review membership and terms of reference.
- Completing mandatory training during recruitment phase.
 - Once a person received Preferred Applicant status following their acceptance of role, access can be given to complete their training prior to their first day. This access is provided by the local ESR team. This was successfully in place during the recent recruitment of COVID Vaccinators.
 - Considerations include, workload and capacity of ESR Team, payment or TOIL for time spent completing the learning, IT access issues using unsecured email / contact details, time spent transferring records where not automatically recorded in ESR.
 - GDPR is also a consideration as ESR is a secure system and does not allow for sending access details to personal email addresses. There are options available to achieve this whilst maintaining data-security but this is not straightforward and would be time-consuming.
- Re-invigoration of support sessions
 - Virtual classrooms could be set up to support learners in a group setting. This could reduce the amount of time spent dealing with 1-1 queries.
 - Considerations include IT literacy of learners, access to equipment and time to attend sessions.
- Resume discussions around increasing compliance for medical staff
 - Working with subject matter experts and professional leads, map out Level 1 mandatory training requirements against higher-level / medic-

- specific training to identify where competencies have already been achieved by other learning.
- Focus on mandatory training completion as part of medical appraisal / supervision to ensure accountability
 - Ensure consistent messages are communicated from senior medical staff on the importance of compliance.
- Focus on raising compliance of Admin & Clerical Staff
 - Mandatory Training Group to discuss plan for how this can be achieved.
 - Prioritise identification of role-specific requirements for each role
 - Taking on board lessons learnt from the pilot undertaken in Singleton (Speech & Language & Occupational Therapies) work with professional leads and subject matter experts to identify further pilot areas.
 - Considerations include capacity of all stakeholders.

4. FINANCIAL IMPLICATIONS

Any financial implications would arise from the resourcing / capacity of staff to deliver these improvements.

5. CONCLUSION

Our mandatory training figures for Level 1 are 80.20% which sits below the 85% Tier 1 Welsh Government target. However, this does not represent a significant drop when viewed within the context of the Covid pandemic and when compared against the national figures, where SBU ranks third amongst the six largest health boards in Wales.

As in previous M&S Training Deep-dives, it is recognised that specific areas will need targeted work to improve compliance. There are a range of barriers to completing mandatory training which are often outside the control of Workforce & OD.

There are, however, a number of actions that can be taken to address the challenges / barriers identified in this report and it is recommended that these are explored by the Mandatory and Statutory Training Group following its review of Terms of Reference and membership.

The health board [and NHS Wales] does not have a centralised list of role-specific mandatory training or a robust method of recording/reporting this data. It has therefore been recognised that reporting across the health board can appear inaccurate or inconsistent. The lessons learned from the pilot at Singleton will inform future progress in this area

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		
Ensuring all staff have the correct levels of mandatory training is essential to deliver safe, high-quality patient outcomes		
Financial Implications		
Any financial implications would arise from the resourcing / capacity of staff to deliver these improvements.		
Legal Implications (including equality and diversity assessment)		
There is a legal requirement for certain levels of training [e.g. Fire Awareness and Information Governance]. Failure to deliver these will result in a breach of statutory obligations. Access to IT / training should be monitored as part of our Public Sector Wales Equality duty.		
Staffing Implications		
It is critical that all staff are skilled and competent in the essential requirements to deliver their role. In achieving and delivering mandatory and role-specific training for all staff, time and capacity must be taken into consideration.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
This will contribute to the Well-being of Future Generations through developing a skilled workforce.		
Report History	NA	
Appendices	Appendix 1 – National Comparison of Compliance Appendix 2 – Extract from BCU Mandatory & Statutory Training policy	

Appendix 1

Table 1

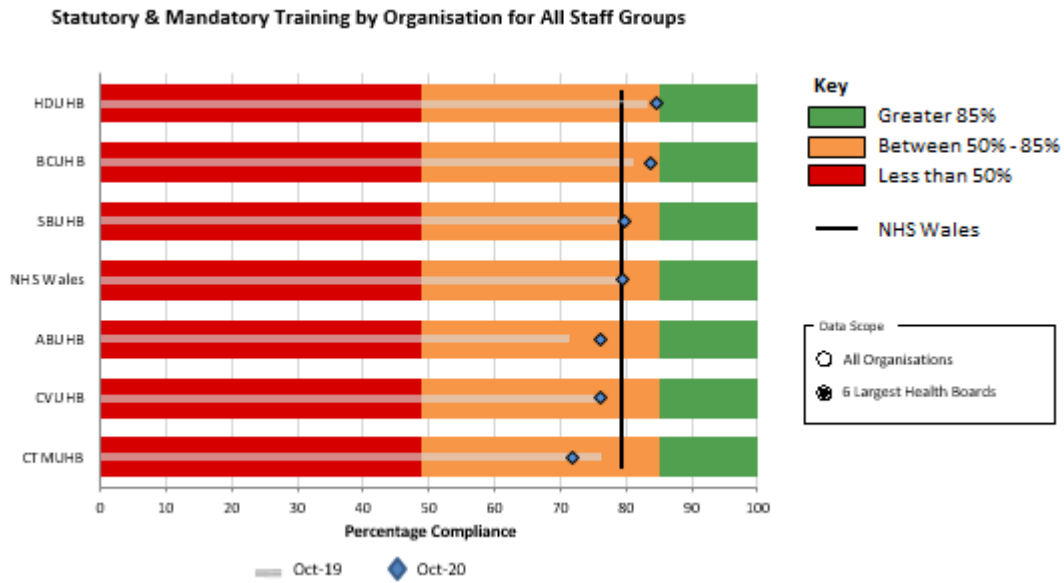
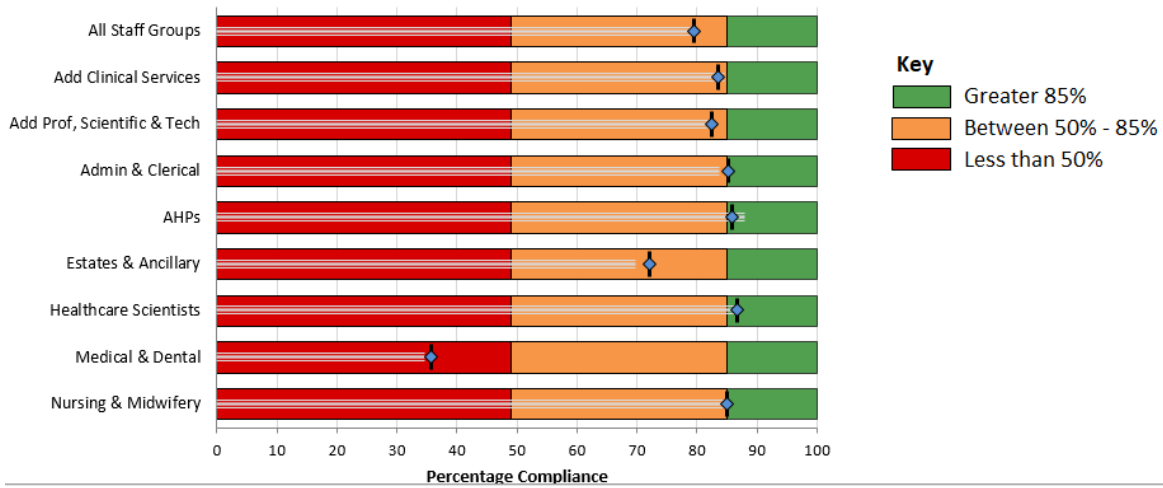


Table 2



Table 3

Statutory & Mandatory Training Rates by Staff Group: NHS Wales vs NHS Wales



Appendix 2

Extract from BCU Mandatory and Statutory Training Policy

After reasonable notice is given, all non-Medical staff who were not compliant with training requirements in the above subjects may be excluded from duties for an agreed period with patient contact and/or their normal duties until they achieved compliance. Appropriate support and facilities will be given to enable staff to complete training within a reasonable period.

In the event that a member of non-Medical staff is given a reasonable period of time to undertake training and shows a persistent unwillingness to complete the mandatory training to achieve compliance this may be considered as a matter of misconduct for addressing under the relevant Disciplinary Procedure.

Taken from BCHU STATUTORY & MANDATORY TRAINING POLICY AND PROCEDURE V3