

Title:	Induction, Mandatory & Statutory Training Policy
Reference No:	C18
Owner:	Operational Executive
Author:	Ruth Nutbrown – Assistant Chief Officer
First Issued On:	April 2018
Latest Issue Date:	April 2018
Operational Date:	April 2018
Review Date:	February 2023
Consultation Process:	OE, AQuA and Staff Side representatives have confirmed agreement
Ratified and Approved by:	Governing Body April 2018
Distribution:	All staff and GP members of the CCG
Compliance:	Mandatory for all permanent & temporary employees of Rotherham CCG.
Equality & Diversity Statement:	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

CONTENTS

Definitions	3
1. Policy Statement, Aims & Objectives	4
2. Legislation and Guidance	4
3. Scope	4
4. Equality Statement	5
5. Accountabilities and Responsibilities	5
6. Dissemination, Training and Review	6
Procedure	8
1. Induction	8
2. Mandatory and Statutory Training	8
3. Agency Staff	9
4. Monitoring and Evaluation	9
Appendix 1 – Induction Checklist Form	
Appendix 2 - Mandatory and statutory training requirements	
Appendix 3 – Equality Impact Assessment	

DEFINITIONS

Term	Definition
Statutory Training	Established, regulated, imposed or by in conformity with laws passed by a legislative body, e.g. Parliament.
Mandatory Training	Obligatory or compulsory required or commanded by an authority, e.g. NHS Rotherham Clinical Commissioning Group (CCG).

1. Policy Statement, Aims & Objectives

This policy aims to demonstrate that the provision of effective induction processes and mandatory and statutory training are recognised by NHS Rotherham Clinical Commissioning Group as an integral part of best employment practice. This policy enables all new employees to have access to a robust induction programme to the organisation and to the NHS as a whole. It ensures that a comprehensive package of mandatory and statutory training is provided for all employees.

- 1.2 NHS Rotherham Clinical Commissioning Group will ensure that induction programmes and mandatory and statutory training packages are fit for purpose and enable employees to undertake their roles safely and in compliance with legislation and other employment policies in place within NHS Rotherham Clinical Commissioning Group. It is recognised that to achieve this, a high level of commitment at all levels within the organisation is required.
- 1.3 The development of this policy:
 - Identifies the induction, mandatory and statutory training that employees are required to undertake and the frequency of such training.
 - Sets out the responsibilities for induction, mandatory and statutory training in respect of administration, delivery, monitoring and reporting.
 - Ensures a robust, consistent and effective induction programme for all employees.
 - Provides a guide for line managers to support the induction process.
 - Provides employees and line managers with a clear mandatory and statutory training programme for completion.
 - Satisfies legislative requirements.
- 1.4 To ensure continuous improvement, key performance indicators are applied. Compliance with mandatory and statutory training is reported on a quarterly basis via workforce reports.

2. Legislation and Guidance

- 2.1 The following legislation and guidance has been taken into consideration in the development of this procedural document.
 - NHS Resolution - Risk Management Standards which describe the requirement for approved documentation relating to corporate induction and the arrangements for mandatory and statutory training for employees.
 - The organisation will ensure compliance with Health and Safety legislation and other statutory legislation requirements in relation to the employment and training of employees.
 - ACAS Codes of Practice.

3. Scope

- 3.1 This policy applies to those members of staff that are directly employed by NHS Rotherham Clinical Commissioning Group and for whom NHS Rotherham Clinical Commissioning Group has legal responsibility. For those staff covered by a letter of authority / honorary contract or work

experience this policy is also applicable whilst undertaking duties on behalf of NHS Rotherham Clinical Commissioning Group or working on NHS Rotherham Clinical Commissioning Group premises and forms part of their arrangements with NHS Rotherham Clinical Commissioning Group. As part of good employment practice, agency workers are also required to abide by NHS Rotherham Clinical Commissioning Group policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Rotherham Clinical Commissioning Group.

4. Equality Statement

- 4.1 In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic. A single Equality Impact Assessment is used for all policies and procedures.

5. Accountabilities and Responsibilities

- 5.1 Overall accountability for ensuring that there are systems and processes to effectively deliver and monitor induction and mandatory and statutory training lies with the Chief Officer. Responsibility is delegated to the following:

<p>Assistant Chief Officer</p>	<p>Has delegated responsibility for:</p> <ul style="list-style-type: none"> • Maintaining an overview of the corporate ratification and governance process associated with the policy. • Management of the delivery of induction, mandatory and statutory training functions provided by NHS Sheffield CCG Shared HR Service. • Leading the development, implementation and review of the policy • Ensuring the monitoring and reporting compliance with mandatory and statutory training.
<p>Head of HR</p>	<p>Has delegated responsibility for:</p> <ul style="list-style-type: none"> • Monitoring and reporting on a quarterly basis compliance with mandatory and statutory training. • Ensuring all employees have access to e-learning.

Appointing Officers/ Line Managers	<p>Have delegated responsibility for:</p> <ul style="list-style-type: none"> • Ensuring they understand and adhere to their obligations in relation to this policy. • Ensuring employees are supported to access mandatory and statutory training. • Ensuring that a new member of staff is welcomed into the team and is established as an effective employee as soon as possible. • Ensuring that the new employee is met on the first day of employment to commence their induction programme.
All Employees	<p>Have delegated responsibility for:</p> <ul style="list-style-type: none"> • Ensuring they are familiar with the policy and procedure and are fully compliant with it. • Ensuring their smart card (where applicable) remains valid and is kept in a secure location. • Accessing and completing relevant mandatory and statutory training in a timely manner.
Staffside	To support Trade Union Members with support and advice regarding the policy

6. Dissemination, Training and Review

6.1 The effective implementation of this procedural document will support openness and transparency. NHS Rotherham Clinical Commissioning Group will:

- Ensure all employees and stakeholders have access to a copy of this procedural document via the organisations website.
- Ensure employees are notified by email of new or updated training programmes where applicable.

6.2 Training

All employees will be offered relevant training commensurate with their duties and responsibilities. Employees requiring support should speak to their line manager in the first instance. Support may also be obtained through the Head of HR and HR Operational team.

The minimum mandatory training requirement for staff is shown in appendix 2.

6.3 Review

As part of its development, this policy and its impact on staff, patients and the public has been reviewed in line with NHS Rotherham Clinical Commissioning Group's Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.

The policy will be reviewed every two, years, and in accordance with the following on an as and when required basis:

- Legislatives changes
- Good practice guidelines
- Case Law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

6.3.1 Policies are monitored to ensure that they are in-date and relevant to the core business of the organisation. The review process is overseen by the Operational Executive.

There needs to be links/reference to other policies this would impact on ie pay progression, performance and disciplinary policy. There needs to be reference that it is the employees responsibility to ensure that they are up to date with M&S training and the consequences if this slips ie incremental pay increase could be stopped if not up to date with M&S training.

PROCEDURE

1. Induction

1.1 The Line Manager has overall responsibility for ensuring that a new member of staff is welcomed into the team and is established as an effective employee as soon as possible. New employees require substantial support as they commence their induction programme and subsequent mandatory and statutory training. The amount of support each new employee will require will vary from individual to individual and the pace of the induction programme and mandatory and statutory training should be tailored to individual needs and work patterns.

1.2 The Line Manager is required to meet with the new employee on the first day of employment to commence the induction programme. The programme will consist of the following:

- An orientation programme developed by the line manager which will include information on the physical environment and facilities, introductions to colleagues and a series of one to one meetings with key organisational contacts.
- Signposting to key employment policies associated with health and safety, risk management, corporate and information governance as a priority.
- Access to the range of policies and procedures associated with employment.
- Access to mandatory and statutory training.
- Development of a short term set of objectives to cover the initial three months of employment.
- A professional development review after three months of employment.
- A full set of objectives to be developed from the fourth month of employment.
- A personal and professional development plan.

1.3 The Induction Checklist form (Appendix 1) should be completed by the Line Manager and the new employee.

In addition to the above, it is expected that each team/department will also develop and carry out a local induction specific to role/team. The completed local induction checklist to be returned to the Corporate Services Manager.

2. Mandatory and Statutory Training

2.1 NHS Rotherham Clinical Commissioning Group will ensure that a comprehensive programme of mandatory and statutory training is provided to all staff through face to face training and e-learning. All employees will be provided with the details of the mandatory and statutory training requirements (Appendix2) and access to their individual training records on the Electronic Staff Record (ESR).

2.2 Each employee will be responsible for accessing relevant mandatory and statutory training. Classroom based training will be provided as appropriate. E-learning packages can be accessed via the ESR links provided. It is the responsibility of the employee to ensure their login credentials/smartcard (as applicable) remain valid.

2.3 Employees should access relevant mandatory and statutory training within the timescales specified and ensure learning from mandatory and statutory training is transferred into day to day practice. Employees must ensure that the Human Resources team are provided with evidence of completion of mandatory and statutory training and are notified if they are unable to attend classroom based

training as soon as possible.

- 2.4 Personal and professional development plans should be developed in partnership between line managers and employees and returned to the Corporate Services Manager.
- 2.5 The provision of mandatory and statutory training is via NHS Sheffield CCG Shared HR Service. The Head of HR and HR Operational Team will have a range of responsibilities in relation to mandatory and statutory training as follows:
 - Maintaining records of completion of mandatory and statutory training.
 - Providing regular compliance reports to the organisation.
 - Ensuring e-learning training packages are up to date.

3. Agency Staff

- 3.1 Line Managers are required to identify agency staff who will require induction and mandatory and statutory training. Line Managers are also responsible for checking with the relevant agency to ascertain if prior training has been provided and where necessary ensure the agency worker is able to access the NHS Rotherham Clinical Commissioning Group mandatory and statutory training programme.

4. Monitoring and Evaluation

- 4.1 All new employees are asked to complete an induction evaluation form which is used by the organisation to assess the effectiveness and quality of the induction programme.

The general effectiveness of these arrangements will be assessed using the outcome of the staff survey and other bespoke ad hoc surveys which may be conducted from time to time.

Local Induction Checklist

Name
 Post Title
 Team
 Start Date
 Name of Line Manager
 Date local Induction completed

Staff SignatureDate.....
 Manager SignatureDate.....

This checklist is to ensure that all aspects of your induction are covered in a timely and effective manner. As each item is discussed it will be signed off by the person providing the information, and by yourself, once you feel the information has been adequately covered. If any item does not apply to your post please mark N.A. If you feel that any area has been missed, and you require further information, please bring it to the attention of your line manager.

****THIS COMPLETED DOCUMENT MUST BE RETURNED TO THE OFFICE MANAGER FOR PERSONAL FILES****

Pre-employment Information		
<i>The following information should be provided before the member of staff starts work or assumes the new role.</i>	Manager/Delegate Initials	Date completed
Letter / telephone call to confirm <ul style="list-style-type: none"> • Where to report on first day • Whom to report to • Arrival time • Map / details of the work base • Outline of the initial induction programme • Motor insurance covers business use (if applicable) 		
Personal Induction Programme planned for week one		
Work area prepared <ul style="list-style-type: none"> • Desk • Chair • Telephone • Computer and log in ID 		
Identify buddy / mentor		

First day greeting arrangements in place		
<p><u>Sustainability</u></p> <p>Rotherham Clinical Commissioning Group is a socially and environmentally responsible organisation which is committed to the Carbon Reduction Commitment Energy Efficiency Scheme and there is an on-going focus to reduce the CCG's direct impact on the environment.</p> <p>We are helping to achieve this by the segregation of waste into designated bins for collection:</p> <ul style="list-style-type: none"> • Plastic • Paper / cardboard • Confidential waste • Batteries • Tins/cans • Toner cartridges 		

Day One

The following must be completed and signed off by Line Manager (or equivalent) ASAP on the first day working within the department:

THE ORGANISATION	Signature of Manager & Date	Signature of Employee & Date
Local Induction Pack Shared and: <ul style="list-style-type: none"> • Master Timesheet • Declaration of Interests • Personal / Emergency Contact Form • Personal Emergency Evacuation Plan (PEEPS) Questionnaire • Qualifications & Skills Assessment Form • Desk Sign • Added to Xerox scanning address 		
Is a Smartcard required? If Yes, has line manager completed relevant paperwork identifying the permissions needed?	Yes / No Yes / No	
Orientation to the Organisation and area of work and any other areas within the organisation relevant to post <ul style="list-style-type: none"> • Current Commissioning Plan • Constitution 		
Access Fob, keys, name badge, access codes arrangements <i>**Confirm that individual has been informed that their photo may be circulated to staff for information**</i>		
Car parking, catering and washroom facilities		
Explain the function and structure of the team		

Introduction to key individuals within the organisation		
Confirm hours of work and working pattern where applicable		
Confirm any "On Call" and bleep arrangements if applicable to the post		
<p>Fire safety procedures and assembly points:</p> <ul style="list-style-type: none"> ▪ RCCG fire policy & procedure ▪ Location of fire manual call points (red boxes) ▪ Fire exits ▪ Fire alarm (weekly) ▪ Fire assembly point ▪ How to contact Fire Brigade (9/999) ▪ How to use fire extinguishers (only if safe to do so and you feel confident) ▪ Oak House evacuation procedure – appendix B ▪ RCCG Evacuation procedure (sweep system) ▪ Basic fire prevention and hazards 		
<p>Moving & handling procedures:</p> <ul style="list-style-type: none"> ▪ equipment ▪ procedures ▪ lifting and handling regulations 		
<p>Incident reporting procedures:</p> <ul style="list-style-type: none"> ▪ location of Incident forms ▪ completing the forms ▪ reporting arrangements 		

Week One

The following must be completed and signed off by Line Manager (or equivalent) within the first week working within the department:

THE ORGANISATION	Signature of Manager & Date	Signature of Employee & Date
Explanation of the key documents used within the service/department		
Explanation of the key equipment used within the organisation and what training requirements may be needed		
Explanation of the CCGs staff values		
Explanation of the CCGs meeting governance structure in Appendix A		
Arrangements for all new staff to observe Governing Body and any other corporate meetings relevant role		

ROLES & RESPONSIBILITIES	Signature of Manager & Date	Signature of Employee & Date
Introduction to mentor/supervisor		
The specific duties and responsibilities of the post		
<p>Caldicott Guardian</p> <ul style="list-style-type: none"> - Mrs Sue Cassin, Chief Nurse <p>A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each NHS organisation is required to have a Caldicott Guardian; this was mandated for the NHS by Health Service Circular: HSC 1999/012.</p>		
<p>Senior Information Risk Owner (SIRO)</p> <ul style="list-style-type: none"> - Mr Ian Atkinson, Deputy Chief Officer <p>The role of the SIRO is to take ownership of the organisation's information risk policy, act as an advocate for information risk on the Board and provide written advice to the Accounting Officer on the content of their annual governance statement in regard to information risk.</p>		
SICKNESS/ABSENCE	Signature of Manager & Date	Signature of Employee & Date
<p>Explanation of the local procedures regarding sickness and absence</p> <ul style="list-style-type: none"> ▪ Report to line manager or office manager ▪ return to work procedures ▪ the role of occupational health 		
ANNUAL LEAVE	Signature of Manager & Date	Signature of Employee & Date
Explain annual leave entitlement and location of annual leave cards		
Explain process for booking annual leave		
LEARNING AND DEVELOPMENT	Signature of Manager & Date	Signature of Employee & Date
<p>Explanation of the PDR process</p> <ul style="list-style-type: none"> • PDRs in Apr/May • PDR Review in Oct/Nov 		
Explain process for Mandatory Training organised by Sheffield CCG L&D team		
<p>The following mandatory training to be completed within 2 months of start date:</p> <p>E-Learning</p> <ul style="list-style-type: none"> • Fire Safety • Infection Control • Information Governance • Safeguarding Adults • Safeguarding Children 		

<ul style="list-style-type: none"> • Equality & Diversity • Fraud Awareness • Health and Safety – This includes: <ul style="list-style-type: none"> • Slips Trips & Falls • Stress at work • Moving and Handling • Managing Conflicts of Interest • 1hr Prevent Training <p>Contact Learning and Development to access e-learning: sheccg.learninganddevelopment@nhs.net or call 01143 054131</p> <p>The following link also takes you to the intranet where you will be able to access the PC checker http://intranet.rotherhamccg.nhs.uk/e-learning.htm</p> <p>The following training to be completed within 6 weeks of start date:</p> <p>WYNTK Update Booklet (Safeguarding Level 1) – to complete/sign and return to the CCG Safeguarding Team</p>		
COMMUNICATION	Signature of Manager & Date	Signature of Employee & Date
Communication methods e.g. Weekly RCCG Bulletin, Email, Staff & Team Meetings		

PROBATIONARY PERIOD	Signature of Manager & Date	Signature of Employee & Date
<p>The probationary period is 6 months of the date of commencement of employment</p> <p>See Probationary Policy (link below) for process and completion of the Probationary Period Review Form http://www.rotherhamccg.nhs.uk/Downloads/Policies%20and%20Procedures/Corporate%20Policies/Probationary%20Periods%20Policy%20-%202018%204th%20Draft%20to%20GB%20-%20Final.pdf</p>		
Completion of Induction Review – within 1 week		
Completion of Initial Review – within 4 week		
Completion of Immediate Review – within 12 weeks		
Completion of Final Review – within 26 weeks		
Issue probation success confirmation letter, extension of probation or contact HR about an unsuccessful probation period – within 26 weeks		

POLICIES AND PROCEDURES (this can all be found on the internet)	Signature of Manager & Date	Signature of Employee & Date
CORPORATE POLICIES		
Alcohol and Drugs Policy		
Business Continuity Policy		
Policy & Procedure on Complaints Management		
Conflicts of Interest Policy including standards of business conduct, gifts and hospitality		
Display Screen Equipment Policy		
Policy and Procedure for the Development and Management of Procedural Documents		
Emergency Preparedness Resilience and Response Policy		
Equality, Diversity & Human Rights Policy		
Fire Safety Policy including the Fire Procedure		
Health and Safety Policy		
Intellectual Property Policy		
Induction Mandatory & Statutory Training Policy		
Integrated Risk Management Framework – Policy & Procedure		
Lone Working Policy (incorporated into the Management of Security Policy)		
Management of Security Policy		
Media Relations Policy		
Sustainable Development Plan Sept 2018		
Whistleblowing Policy		
Workplace Healthy Eating Policy		
Workplace Physical Activity Policy		
Standard Operating Procedures		
Accessing Legal Advice Procedure		
COSHH Standard Operating Procedure		
Driving for Work Standard Operating Procedure		
Moving and Handling Procedure		
Access to Personal Files		
Heatwave Plan for England 2018		
Sustainability Plan 2018		
Workplace Smoke Free Procedure		
POLICIES AND PROCEDURES (this can all be found on the internet)	Signature of Manager & Date	Signature of Employee & Date
HR POLICIES		
Acceptable Standards of Behaviour Policy		
Access to Learning & Development Opportunities Policy		
Alcohol, Drug and Substance Misuse Policy		

Annual Leave and Special Leave Policy		
Disciplinary Policy		
Employment Break Policy		
Flexible Working Policy		
Gender Reassignment Support in the Workplace		
Grievance Policy		
Managing Concerns with Performance at Work Policy		
Managing Sickness Absence Policy		
Maternity, Adoption, Maternity Support (Paternity) and Parental Leave Policy		
Organisational Change Policy		
Pay Progression Policy		
Procedure for Managing Stress in the Workplace		
Protection of Pay & Conditions Policy		
Recruitment and Selection Policy		
Secondment Policy		
Talent Development and Staff Retention Policy		
POLICIES AND PROCEDURES (this can all be found on the internet)	Signature of Manager & Date	Signature of Employee & Date
IT POLICIES		
Confidentiality Code of Conduct		
Data Protection and Access to Health Records Policy		
Email Policy		
Freedom of Information Policy		
Information Governance Policy and Management Framework		
Information Risk Policy		
Information Security Policy		
Internet Acceptable Use Policy		
Records Management Policy		
Safe Haven Policy		
Portable Device, Smart Phone and Tablet Policy		
FINANCE POLICIES		
Budget Management Policy		
Fraud, Bribery & Corruption Policy		
Financial SOs, SFIs, Scheme of Delegation		
Procurement & Commissioning Policies		
QUALITY POLICIES		
Incident Management Policy		

Safeguarding Policy incorporating <i>Prevent</i> and Mental Capacity Act		
Safeguarding Children Supervision Policy		
Commissioning for Quality Assurance and Improvement		
Continuing Care, Equality & Choice Policy		
Clinical Threshold Policy		
Childrens Young Peoples NHS Continuing Health Care and NHS Funded Care Policy - <u>under review</u>		

****THIS COMPLETED DOCUMENT MUST BE RETURNED TO THE OFFICE MANAGER FOR PERSONAL FILES****

Appendix 2 - Mandatory and statutory training requirements

Statutory and Mandatory Training Guidance Rotherham Clinical Commissioning Group

The statutory and mandatory training outlined in the table below relates to basic level 1 awareness for all employed staff. New members of staff will be expected to be compliant in all relevant areas within 3 months of commencement with key components, e.g. handling personal data, being highlighted by managers at departmental induction.

It complies with the statutory duties of Public Sector employers; Health and Social Care Act 2012 and Care Quality Commission (CQC) requirements
Reporting: Quarterly dashboard to the Operational Executive, full staff report to Peter Smith/Chris Edwards

Topic:	Level:	Mandatory for:	Frequency:	Duration:	Delivery method options:	Delivered by:
Fire Safety	Level 1 Basic Awareness	All staff	Annually	30 minutes	<ul style="list-style-type: none"> Classroom e-learning 	Fire Trainer
Fire warden training	Voluntary to ensure safe evacuation	Fire Wardens	Annually	1 hour	<ul style="list-style-type: none"> Classroom 	H&S Manager
Information Governance	Level 1 Beginners Guide to Information Governance	New Starters and all staff whose roles do not require them to access personal information.	Annually	1 hour	<ul style="list-style-type: none"> E learning 	Self Study
	Level 2 Any Introduction to Information Governance Module	New starters and all staff whose roles may require them to access personal information.		1 hour		
	Level 3: IG Refresher Module	All staff who have previously completed Level 1 or 2 on line.		Half hour		
Equality and Diversity	Equality & Diversity in Healthcare Commissioning	All Staff	3 yearly	2 hours	<ul style="list-style-type: none"> Staff Meeting E-learning 	ACO/E&D staff
Health & Safety	Awareness	All Staff	3 yearly	2 hours	<ul style="list-style-type: none"> Classroom Workbook E-Learning 	Self Study
Moving and Handling	Practical awareness	All staff	2 yearly	1 hour	<ul style="list-style-type: none"> Classroom 	H&S Mngr
Infection prevention and Control	Level 1 Basic Awareness	All Staff	Every 3 years	30 mins	<ul style="list-style-type: none"> E learning 	Self Study
Safeguarding Adults includes: FGM Trafficking and an annual written	Level 1	All Staff Pharmacists, CHC Paediatric Nurses, clinicians not included in L3	Every 3 years	1 hour	<ul style="list-style-type: none"> Staff meeting E-Learning PLTC RSAB Regional/ 	Safeguarding Lead
	Level 2					
	Level 3	GPs, CHC Adult Nurses				
	Level 4	Named GP and Specialist Advisors				

update	Level 5	Designated Professionals			national conferences	
	Governing Body	All			<ul style="list-style-type: none"> Leaflet 	
Safeguarding Children includes CSE, Domestic Abuse and an annual written update	Level 1	All Staff	Every 3 years	1 hour	<ul style="list-style-type: none"> Staff meeting E-Learning PLTC RLSCB Regional/ national conferences Leaflet 	Safeguarding Lead
	Level 2	Pharmacists, CHC Adult Nurses, all clinicians not included in L3				
	Level 3	GPs, CHC Paediatric Nurses,				
	Level 4	Named GP				
	Level 5	Designated Professionals				
	Governing body	All				
Prevent	Level 1 Basic Awareness	All Staff	Every 3 years	1 hour	<ul style="list-style-type: none"> Staff meeting E Learning PLTC Regional/ National conferences Leaflet 	Safeguarding Lead
	Level 2					
	Level 3	All clinical staff				
	Level 4					
	Level 5					
	Governing Body	All				
Fraud	Level 1 Basic Awareness	All Staff	Every 3 years	1 hour	<ul style="list-style-type: none"> Classroom E learning 	NHS Protect Self Study

**STATUTORY MANDATORY TRAINING FOR GOVERNING BODY MEMBERS
Rotherham Clinical Commissioning Group**

The statutory and mandatory training outlined in the table below relates to basic level 1 awareness for Governing Body members. New governing body members will be expected to be compliant in all relevant areas within 3 months of commencement with key components, e.g. handling personal data, being highlighted by managers at departmental induction.

It complies with the statutory duties of Public Sector employers; Health and Social Care Act 2012 and Care Quality Commission (CQC) requirements
Reporting: Quarterly dashboard to Operational Executive, full staff report Chris / Peter Smith

Topic:	Level:	Mandatory for:	Frequency:	Duration:	Delivery method:	Delivered by:
Fire Safety	Level 1 Basic Awareness	All	Once	30 minutes	<ul style="list-style-type: none"> Fire lecture from H&S Manager. E-Learning 	ACO/H&S Manager
Information Governance	Level 1 Beginners Guide to Information Governance	All whose roles does not require them to access personal information.	Annually	1 hour	<ul style="list-style-type: none"> Classroom E learning 	<ul style="list-style-type: none"> IG staff Self Study
	Level 2 Any Introduction to Information Governance Module	New starters and all whose roles may require them to access personal information.		1 hour		
	Level 3: IG Refresher Module	All who have previously completed Level 1 or 2 on		Half hour		

		line.				
Equality and Diversity	Equality & Diversity in Healthcare Commissioning	All	Every 3 years	1 hour	<ul style="list-style-type: none"> E Learning 	<ul style="list-style-type: none"> E&D staff
Safeguarding Adults/	Level 1 LM and Officers/Level 3 clinicians	All	Every 3 years	1 hour	<ul style="list-style-type: none"> Classroom E learning 	Classroom/Self Study
Safeguarding Children	Level 1 LM and Officers/Level 3 clinicians	All	Every 3 years	1 hour	<ul style="list-style-type: none"> Classroom E learning 	Classroom/Self Study
Prevent	Level 1 LM and Officers/Level 3 clinicians	All	Every 3 years	1 hour	<ul style="list-style-type: none"> Classroom E learning 	Classroom/Self Study
Fraud	Level 1 Basic Awareness	All	Every 3 years	1 hour	<ul style="list-style-type: none"> E learning 	NHS Protect Self Study
Health & Safety inc. manual handling	Awareness	All	Every 3 years	2 hours	<ul style="list-style-type: none"> Classroom H&S Booklet 	Self Study

STATUTORY MANDATORY TRAINING FOR HIGHER LEVEL ROLE REQUIREMENTS
Rotherham Clinical Commissioning Group

The statutory and mandatory training outlined in the table below relates to higher level requirements based on individual risk or role requirement. New members of staff will be expected to be compliant in all relevant areas within 3 months of commencement with key components, e.g. handling personal data, being highlighted by managers at departmental induction.

It complies with the statutory duties of Public Sector employers; Health and Social Care Act 2012 and Care Quality Commission (CQC) requirements

Reporting: Quarterly dashboard to the Operational Executive, full staff report to Chris Edwards / Peter Smith

Topic:	Level:	Mandatory for:	Frequency:	Duration:	Delivery method:	Delivered by:
Fire warden training	Voluntary to ensure safe evacuation	Fire Wardens	Annually	1 hour	Classroom	ACO/H&S Manager
Information Governance- Caldicott Guardian	Accountability for organisational Information	Identified role within organisations for Information Governance	Once followed by refreshers as required to update competence and annual IG refreshers	Variable	External sources	External sources
Conflict Resolution	One level	All frontline staff who come into contact with patients and the public or identified at risk.	Every 3 years	1 day with a half day update	Classroom	Conflict Resolution
Safeguarding Children	Level 2	All clinical staff who have regular contact with children/young people All clinical staff who potentially contribute to	Annually	Half Day (tbc)	Classroom	Safeguarding Team including named GP for safeguarding.

	Level 3	assess, plan and intervene care needs of a child	Annually	Half day (tbc)	Classroom	Safeguarding Team including named GP for safeguarding.
Safeguarding Adults	Level 2	All clinical staff who have regular contact with vulnerable adults	Annually	2 hours (tbc)	Classroom	Safeguarding Team including named GP for safeguarding.
Prevent	Level 1 LM and Officers/Level 3 clinicians	All	Every 3 years	1 hour	<ul style="list-style-type: none"> • Classroom • E learning 	Classroom/Self Study
Mental Capacity Act	One level	All staff who are required to undertake Safeguarding Vulnerable Adults Level 2 training	Every 3 years	1.5 hours	E-learning	Mental Capacity Act
Basic life Support (CPR) (including Anaphylaxis and defibrillation)	One level	All Clinical and Clinical Support Workers.	Annually	Half day	Classroom	Externally sourced
Oracle ledger training - General understanding and Invoice approval	One level	This training will be for any member of staff who have been requested to have access to the general ledger and who will approve invoices for payment.	On induction only	1 Hour	Classroom	Finance
Oracle ledger training - General understanding and Requisitioning	One level	This training will be for any member of staff who have been requested to have access to the general ledger and who will create requisitions and orders.	On induction only	1 Hour	Classroom	Finance
Budget Management training	One level	This training will be for any member of staff who have been given delegated responsibility for managing a CCG budget	On induction and annually	1 Hour	Classroom	Finance
Controlled Environment for Finance (CEff) training	One level	This training will be for any member of staff who will be working within the Controlled Environment for Finance area (The CEff)	On induction and then six monthly	1 Hour	Classroom	Finance

Equality Impact Assessment

Title of policy or service:	Induction, Mandatory & Statutory Training Policy	
Name and role of officer/s completing the assessment:	Alison Hague, Corporate Services Manager	
Date of assessment:	9 th December 2019	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>This policy aims to demonstrate that the provision of effective induction processes and mandatory and statutory training are recognised by NHS Rotherham Clinical Commissioning Group as an integral part of best employment practice. This policy enables all new employees to have access to a robust induction programme to the organisation and to the NHS as a whole. It ensures that a comprehensive package of mandatory and statutory training is provided for all employees.</p>

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a „full“ EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty.*

(Please complete each area)	What key impact have you identified?			For impact identified (either positive and or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
--	--------------------------	-------------------------------------	--------------------------	--	--

IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Alison Hague	Date of next Review:	January 2022

Once completed, this form **must** be emailed to Alison Hague, Corporate Services Manager for sign off:

Alison.hague@rotherhamccg.nhs.uk

Alison Hague signature:	A Hague
-------------------------	---------