

Improving Mandatory Training

How reps can play
their part

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Healthy workplace, healthy you
Learning and development

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Introduction

Every day, in workplaces around the UK, RCN representatives are making a difference. As well as supporting and representing individual members, reps are often working in partnership with RCN staff, other active members, and employers to question and influence for change.

To ensure a safe and healthy workplace, mandatory training is vital. Staff need the knowledge and skills both to deliver safe and effective care and protect themselves. But RCN reps tell us local training has some challenges and barriers, including in its design, its delivery and in engaging staff.

RCN reps are uniquely placed to support employers in improving the culture around mandatory training. Developed by the UK Learning and Safety Rep committee, this resource uses the experiences and ideas of both reps and members. By working through it and undertaking its activities, our aim is that you will develop the knowledge, skills and confidence to make a difference to mandatory training for staff where you work.



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Chair, UK Learning Reps' Committee



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Aims and intended learning outcomes

The aim of this resource is to provide RCN reps with the knowledge and resources you need to help create a positive culture around mandatory training. After completing the activities, you should be able to:

- articulate its value and importance in creating a positive, safe and healthy workplace culture that delivers high quality care
- identify any local challenges and barriers
- work in partnership with employers to improve provision and engagement.

Relevance to your role descriptor

You can expect to apply a wide variety of your knowledge and skills, but particularly those relating to the ‘questioning and influencing’ element of your role.

1. What is mandatory training?

Mandatory training is learning deemed essential for safe and efficient service delivery and personal safety. It reduces organisational risks and complies with local policies and/or government guidelines.

It varies depending on the needs of the workforce; the type of service and risks encountered; insurers' standards; and the governance and legal frameworks in place, including country specific requirements.

In a health care setting, mandatory training may relate to general workplace practice or be specific to your role. Examples include:

- fire safety
- moving and handling
- data protection
- control of substances hazardous to health (COSHH)
- equality, diversity and inclusion
- complaints handling
- child safeguarding
- infection control
- basic life support
- raising concerns and whistleblowing
- conflict resolution or de-escalation skills.

Although mandatory training needs to be regularly updated, employers are free to set their own protocols and policies on it, with staff contractually obliged to follow.

This includes ‘statutory’ training, which ensures organisations are meeting their legislative duties. Examples include:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1992
- The Data Protection Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act (Northern Ireland) 2016
- The Adults with Incapacity (Scotland) Act 2000
- Public sector equalities duties.

1.1 Terms you might see in your workplace

Mandatory training – learning deemed essential for safe and efficient service delivery and personal safety, which reduces organisational risks and complies with local policies and/or government guidelines. It may also include statutory training.

Statutory training – learning that all staff must undertake to ensure an organisation is meeting its legislative duties – see examples above.

Essential training – some use this as a ‘catch-all’ term to describe both statutory and mandatory training, on the grounds that it is ‘essential’ for the organisation.

Compulsory training – again can be a ‘catch-all’ term to describe both statutory and mandatory training, making it clear that staff must complete it.

StatMand training – an informal term, blending statutory and mandatory together.

In this resource, we will use the term ‘mandatory’ to cover all these terms.

Activity 1: Building your knowledge base



Think about the training that is delivered in your workplace. Here are some key questions to help you begin to build up a picture.

- How is mandatory training referred to in your organisation?
- Does everybody understand what it means?
- What courses are currently covered by these terms?
- Who can help you to gather this information?

2. Why is mandatory training so important?

2.1 Ensures a safe working environment for staff

Health and safety regulations and guidance help to make sure staff have a safe working environment. But safe practice is a shared responsibility, and everyone must be accountable for their own actions.

Mandatory training ensures that individuals have the right knowledge and skills to carry out their duties in the safest ways possible, minimising any risk to themselves and others. It may also relate to specific equipment or devices you use as part of your role.

Under the Health and Safety at Work Act 1974, employers have an obligation to protect the health, safety and well-being of their employees. Legislation also requires employers to assess the risk of violence towards their employees, putting in place measures to mitigate risks, including relevant training.

“Whatever sort of business you are, there is always the possibility of an accident or damage to someone’s health...The reason there are not even more accidents and diseases caused by work is because systems of prevention are in place which have been built up over generations”

Royal Society for the Prevention of Accidents www.rosa.com

Health care workers continue to be at risk of experiencing work-related conflict, aggression and violence while simply doing their job. In 2016, an RCN survey of members found that more than half had experienced physical or verbal abuse from people they were caring for, with a further 63% from relatives or other members of the public. Employers must make every effort to prevent conflicts and violence at work, offering training on issues such as complaints handling and conflict resolution.

2.2 Ensures safe and effective care

Your organisation has processes or guidance that are applicable to your clinical practice and the care you deliver. Some may be relevant to everyone in the organisation, such as infection control and hand hygiene. Others may be specific to your role or the people you care for, such as child protection or moving people safely.

As the regulatory body for workplace health and safety in England, Scotland and Wales, the Health and Safety Executive (HSE), investigates instances when organisations fail to meet their legislative duties. One such investigation – into the death of an older patient following a fall, when being moved with a hoist – found that the care home had no manual handling policy, outlining arrangements for moving residents safely. In addition, nurses and care workers had not received proper training.

The Francis *Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry* (2013) recommends that every NHS organisation should provide training on speaking up and raising concerns about safety and clinical care. For many organisations, this has become part of their mandatory training.

2.3 Supports staff to meet professional standards

You will find many of the areas covered in mandatory training support staff to meet the professional standards that cover nursing roles. A good example would be training related to confidentiality which appears in the ‘Prioritise people’ domain of the NMC’s *Code for Nurses and Midwives* and in professional standards for health care support workers in all four countries.

2.4 Creates a positive workplace culture

As part of their mandatory training, and to demonstrate good practice, some organisations include courses to develop the skills of their staff in creating good working relationships; equality and diversity; dignity; and ways of working. These help to promote a fair and respectful working environment, where staff feel supported, included and safe to speak up about any concerns.

During discussions about the value of mandatory training, RCN learning reps and members talked about the sense of job security and satisfaction that comes with having access to high quality training, including feeling confident that skills are up-to-date.

Although there is no data on the effects of mandatory training on staff morale, a 2011 study by the National Institute for Health Research (NIHR) saw a clear link between morale and training in general. A survey of 100 inpatient wards and 38 community teams found:

“Those in high-morale wards had more positive things to say about training than those in low-morale wards. Ward managers were generally keen to promote training; not just to improve standards, but also to boost morale. Training was seen as a way of maintaining role clarity and imbuing confidence. It also allowed staff to “look forward” and sent a message that they were valued.”

Activity 2: Supporting professional standards



Review your list of mandatory training in your workplace. How does mandatory training help staff meet their professional standards?

The NMC Code

The standards are set out in four domains of the NMC Code:

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust.

Health care support workers

You can review the professional standards for health care support workers in your country by visiting the RCN website:

www.rcn.org.uk/professional-development/professional-information-for-hcas-and-aps

Activity 3: Promoting a positive culture



Review your list of mandatory training in your workplace.

Pick three topics. Now think about how completing those courses could:

- create a safer working environment
- improve care
- and create a better workplace culture.

Think about what you would say to:

- a colleague who was complaining about having to do their training
- a manager who had stopped a member of staff from undertaking the training.

3. What happens when mandatory training is not completed?

Clear negative consequences include a workplace that is less safe; accidents becoming more likely; and patients not receiving the highest quality of care. As the workplace culture deteriorates, staff may become less engaged, more dissatisfied at work and eventually more vulnerable to mental health issues.

3.1 Consequences for individuals

Pay, progression and development

Completing mandatory training is usually a requirement of an employee. Many employers will have their own policies, with staff penalised for failing to comply. According to RCN reps, this can include pay rises being withheld; being prevented from taking part in professional development opportunities; and the risk of being suspended from employment or paid at a lower grade.

Professional registration and indemnity

The NMC does not set specific requirements stating how often mandatory training must be undertaken or completed. However, a registered nurse will not be able to meet the four domains of the NMC Code, if they have not completed their mandatory training.

Your professional indemnity arrangement – usually covered by your employer – is likely to have conditions, including undertaking appropriate training to ensure competence in your area of practice. In other words, you should be able to show you have the knowledge, skills and judgment to perform your task or role to the appropriate standard of care. Having such an arrangement in place is also part of the conditions for revalidation.

Claims relating to workplace related injury or ill-health

If you are injured at work or struggling with physical or mental health issues that may be directly attributed to your working conditions, not completing your mandatory training may mean you're unable to claim relief or compensation from your employer, if this could have prevented the injury or onset of ill-health. For example, if you incur a back injury as a result of using a piece of equipment, it may prove difficult to assert the employer's liability if you haven't completed moving and handling training, despite being given reasonable opportunities to undertake it during work time. This is known as 'contributory negligence'.

3.2 Consequences for managers

Managers are expected to provide time, opportunities and access to mandatory training for all their staff. Organisations have various systems for monitoring compliance, often devolving responsibility to departments and individual team managers. Managers who fail to meet their targets may be performance managed or face increased scrutiny. RCN reps report instances where managers have had their progression halted or have not received their pay increment, if their team has not met their compliance target.

3.3 Consequences for the organisation

Regulatory consequences

All UK health regulators include training as part of their regulation standards.

Care Quality Commission (England) www.cqc.org.uk

'Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.'

Staff should be supported to make sure they are can participate in:

- statutory training
- other mandatory training, as defined by the provider for their role

- any additional training identified as necessary to carry out regulated activities as part of their job duties and, in particular, to maintain necessary skills to meet the needs of the people they care for and support
- other learning and development opportunities required to enable them to fulfil their role. This includes first aid training for people working in the adult social care sector.

Taken from *Guidance for Providers on Meeting the Regulations*, Care Quality Commission (2015), England.

The Regulation and Quality Improvement Authority (Northern Ireland) **<https://rqia.org.uk>**

(The organisation) has sound human resource policies and systems in place to ensure appropriate workforce planning, skill mix, recruitment, induction, training and development opportunities for staff to undertake the roles and responsibilities required by their job, including compliance with:

- departmental policy and guidance
- professional and other codes of practice
- employment legislation.

(The organisation) has a training plan and training programmes, appropriately funded, to meet identified training and development needs which enable the organisation to comply with its statutory obligations.

The Quality Standards for Health and Social Care, Department of Health, Social Services and Public Safety **www.health-ni.gov.uk**

Scotland

There are two regulatory bodies in Scotland – Health Improvement Scotland, which regulates the NHS and independent sector providers; and the Care Inspectorate, which regulates social care services, including care homes.

On mandatory training, there is no overarching statement within Health Improvement Scotland. But as part of inspections, they will ‘talk to staff to check their knowledge and understanding of what they should be doing’

www.healthcareimprovementscotland.org

The Care Inspectorate has standards for the different type of care providers (care at home, older people etc) and all have specific standards relating to training.

www.careinspectorate.com

In June 2017 the Scottish Government launched the Health and Social Care Standards. From 1 April 2018 the Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services

Written from the perspective of the person receiving care, in relation to mandatory training, it states “I have confidence in the people who support and care for me.” And “I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.”

Health Inspectorate Wales www.hiw.org.uk

‘Staff are enabled to learn and develop to their full potential. The leaders of any NHS organisation have a duty to set the appropriate tone and promote the right culture, and ensure that individual members of staff can fulfil their responsibility to deliver high quality and safe services.’

‘The workforce attends induction and mandatory training programmes’

Taken from NHS Wales *Health and Care Standards*.

‘Organisations and services ensure that:

They have an appropriately constituted and sustainable workforce, who are provided with appropriate support to enable them to:

- a) have effective workforce plans
- b) maintain and develop competencies in order to be developed to their full potential
- c) participate in induction and mandatory training programmes

Taken from *National Minimum Standards for Independent Health Care Services in Wales*.

When an organisation is not meeting the standards set by each regulating body, there will usually be a notice detailing the areas needing improvement, with a date when this should be achieved. If a regulatory body has more serious concerns, a period of close monitoring and supervision may be needed. They can also issue fines, prosecute or cancel the service's registration.

Legal consequences

Under the Health and Safety Act 1974, an employer has a duty to protect the health, safety and welfare of their employees and other people who might be affected by their business. They must give employees information about the risks in the workplace and how they are protected. They must also instruct and train employees in how to deal with the risks. (www.hse.gov.uk)

The HSE and its counterpart, the Health and Safety Executive for Northern Ireland, may investigate reports of injury or harm to a member of staff or patients. If a lack of training is identified as a contributory factor, they have the power to issue an improvement notice, prosecute or fine an organisation.

In one instance, a care home group was found to have failed to manage the risk of bedrails. Alongside a lack of proper assessment and review, staff were not trained in safe use. The organisation admitted breaching the Health & Safety at Work Act 1974 and was fined £400,000, plus £15,206 costs.

In another, a local authority was fined after two of its social workers were assaulted on a home visit by the mother of a vulnerable child. HSE found that the local authority failed to follow its corporate lone working policy or violence and aggression guidance. No risk assessment was completed and staff were not trained accordingly. The authority was fined £100,000, with costs of £10,918.88.

Any organisation failing to meet the expectations of health regulators, or the appropriate HSE, faces a risk to their reputation. Health regulatory bodies are required to publish inspection reports, while information about HSE inspections can be gained via Freedom of Information requests.

Activity 4: The consequences of not completing mandatory training



Go back to your local policy relating to mandatory training. Are there any direct consequences for the individual staff member?

Revisit Activity 2 where you thought about influencing staff and managers to positively engage with mandatory training. Reflect on the consequences outlined above and think about how you might talk about them, while maintaining a positive position.

4. What about agency and bank staff?

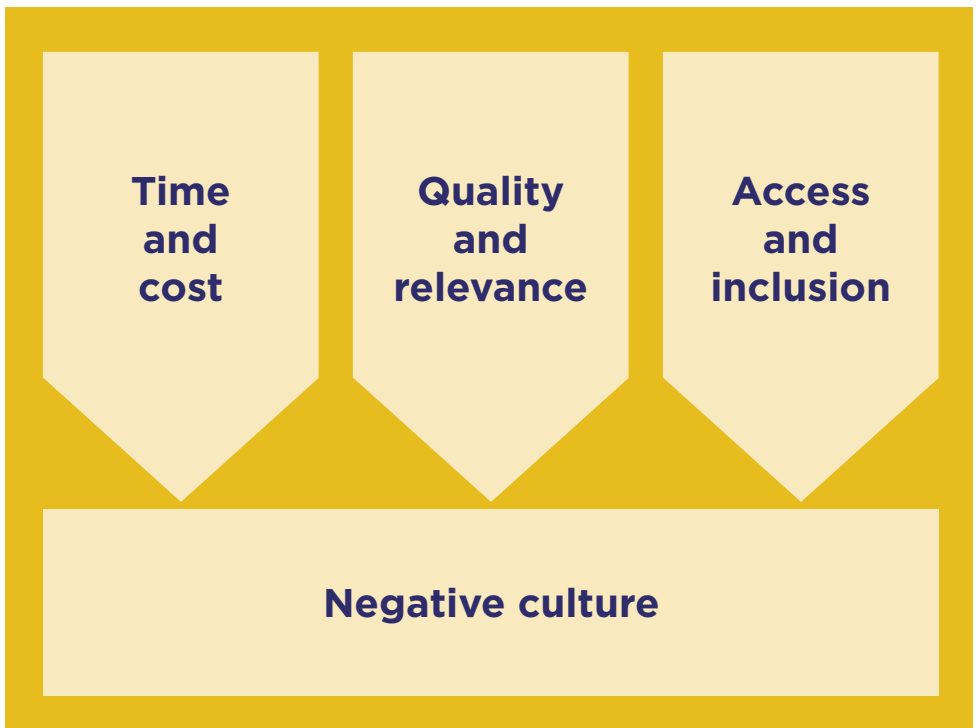
Usually agency and bank nurses receive mandatory training provided by their employing agency, which should outline the rights of staff to its access. While they should not have to fund this training themselves, staff do not have the statutory right to request paid time to complete it. Agency staff should bear in mind the consequences of not keeping up-to-date with mandatory training, both as professionals and its impact on their ability to gain work placements.

Organisations using agency staff should ensure individuals have undertaken statutory and mandatory training on delivering safe care, and maintaining a safe working environment. This may be a contractual obligation in the agency contract, or take the form of a shared arrangement. Even if they only work one shift, improperly trained agency staff, who have not had an induction into the organisation, pose great risks.

The RCN's *Healthy Workplace Toolkit for an Agency Workforce* provides a clear framework for employment agencies and host organisations, both in the NHS and the independent sector. It addresses issues identified by the agency nursing workforce, providing guidance on a healthy and safe working environment for staff and patients.

5. What are the barriers to engaging with training?

Despite the clear benefits of mandatory training, and the serious impact non-compliance may have, some organisations still fail to meet their targets.



5.1 Time and cost

Health care organisations are highly pressurised workplaces, where staff resources may be stretched to the limit. This can mean that sometimes managers find it difficult to release staff to complete training. RCN reps report many examples where staff are either denied access to training, or called back to work at short notice, due to staff shortages. Individuals can also feel a sense

of obligation to their colleagues and patients, struggling to take the time, even when they are released from their duties.

As new guidance and policies for clinical and workplace practices are developed, the list of ‘mandatory’ training can mushroom. It may reach a point where there are more than 20 courses a clinical staff member must complete, to comply with an organisation’s training policy.

Coupled with understanding the benefits of training – and the potential consequences of not doing it – many staff report doing mandatory training in their own time. And while some organisations offer staff ‘time off in lieu’ or pay, many don’t. The Working Time Regulation Act 1998 specifically notes that ‘working time’ includes any period during which a worker is receiving relevant training. **www.legislation.gov.uk**

At a time when cost savings and financial efficiency are paramount, the money spent on all learning and development is at risk. Costs include releasing staff and providing back-fill, and the training itself. Challenges in finding time can create an increased emphasis on online learning as the main means of delivery, which may have drawbacks for quality and relevance.

In the most recent RCN Nursing Employment Survey (2017), four-fifths (83%) of all nursing staff said they had completed all their mandatory training, with half (54%) saying they had completed their last mandatory training in normal working time. One in five (20%) said it was done in their own time and one in four (26%) said it was done in both their own and work time. Staff working in agency/bank settings (83%) and independent care homes (43%) were much more likely than most other staff to have to complete training in their own time.

5.2 Quality and relevance

Online learning

Over the last five years, there has been a dramatic shift towards providing learning online, with schools, colleges, universities and businesses all using technology to transform the way that learning is delivered.

Online training can be delivered far more cheaply than in a classroom – which requires rooms, tutors and staff attendance. Most online learning offers also provide some form of learner assessment, tracking of staff, and automated reminders for recurrent training. This greatly reduces the administration and monitoring of staff compliance, creating a robust audit trail.

Online learning supports greater access and engagement, with staff choosing when they can complete it. It can also provide a high-quality learning experience, ideally suited to some topics and areas of practice, including compliance-led training. The imaginative use of video and audio, ‘bite-size’ learning and ‘in-the-moment’ refreshers may all provide engaging options for learners.

But the suitability and quality of some online learning can also be one of the biggest barriers to a meaningful experience. Too often, online learning takes guidance or policy and breaks it down into readable chunks, with a quiz at the end as assessment. At its worst, this can simply be a way of proving the learner has read the guidance. RCN reps report that staff can quickly identify ‘short cuts’ to completing this kind of training, either by circulating the answers or competing it as a group.

There has also been much discussion about the value of online learning for areas related to physical movement, such as manual handling or display and screen equipment. In some organisations, RCN reps have successfully challenged the move towards delivering basic life support training online, in favour of a blended approach.

The content and frequency of mandatory training

To ensure they have the most up-to-date knowledge and skills, mandatory training needs to be completed by all staff at intervals determined by the organisation, using a training needs analysis.

But RCN reps report that organisations can often take an easier ‘blanket’ approach, asking staff to repeat the same learning package again, regardless of how many times they have done it before. In most organisations, new staff must complete all training, regardless of prior learning and experience in their recent employment. Meanwhile, organisations using external providers, particularly in the case of online learning, often buy a suite of ‘core modules’. These are automatically assigned as mandatory for all staff, regardless of the role they have, or the duties that they perform.

As a result, staff may have to complete a large number of courses, repeating them annually, despite feeling that they are already competent and confident in the area, or that the topic has no relevance to their practice.

5.3 Access and inclusion

The time and location of training

The broad range of services that nursing staff deliver, around the clock, means that work is often not 9 to 5 or based in one location. Many organisations fail to consider all their staff, when planning and delivering mandatory training. RCN reps tell us that night shift, part-time and community workers in particular find it difficult to access training, often having to complete it outside their working hours.

Training must be inclusive and accessible for all

When learning is provided face-to-face, accessibility needs to be considered, including training rooms, refreshment areas and toilets. Delegates may need adjustments for hearing and vision, for reading, or cognitive differences, for example, dyslexia. Where possible, it should be designed inclusivity in mind. Being open to accommodating reasonable adjustments is good practice, but providing something that automatically includes all attendees – such as talk

to text transcribing of speakers, or always choosing accessible venues – means that everyone feels included.

Accessibility and an inclusive approach applies in the same way for e-learning. Being open to providing reasonable adjustments, such as a different mouse, headset or keyboard for those with different physical needs, may be required. To be inclusive, try to ensure that software is appropriate for all learning styles, and can be used with voice recognition and dyslexia support software. Text should comply with Plain English requirements and basic inclusion standards, such as Arial font 12 and dark writing on a white background.

Access to IT equipment

Although seen as a way of improving access to training, online learning is only successful if staff have equipment that is easily accessible during working hours, and has the capability to run the packages. If equipment is not accessible, staff feel obliged to undertake training in their own time, using their own equipment.

Support with IT skills

As organisations move towards online learning, staff who lack confidence in using computers may feel anxious and unsupported. Having IT skills is an expectation of staff, regardless of how much they use them in their role. As with literacy and numeracy skills, some may be reluctant or embarrassed to ask for help.

“I had a case where part of the case involved a member who was not completing mandatory e-learning training due to lack of access to computers when on shift. The member was not very computer literate, so needed more time to complete the modules. This led to them having lots of ‘red audits’ on their mandatory training file.”

RCN Officer

5.4 Negative culture

Learning and development professionals attest to the fact that delivering mandatory training is very different to other forms of learning, and this needs to be taken into account, working harder to engage reluctant attendees. For some staff, the words ‘statutory’ and ‘mandatory’ signal a lack of control over whether or not they want to complete the training. Being forced to do it may be received in the same way as a new rule or task, creating a negative outlook that impacts on its benefits and importance.

Activity 5: Barriers in your organisation



Think about your organisation.

What is the culture around mandatory training in your organisation?

How would you rate your local training for its quality, relevance, access and inclusion?

6. What would a positive learning culture look like in your organisation?

We asked RCN members what they thought a good culture around mandatory training might look like. Here's what they said.

Time and cost

- All staff are able to complete training in work time or are given time off in lieu if completed outside working hours.
- The training programme is cost efficient and provides the best value for money – but cost is not the primary driver.

Quality and relevance

- Learning has defined objectives and outcomes.
- The method of delivery is appropriate to the subject matter.
- Courses include a range of activities to suit different learning styles.
- Learning is meaningfully assessed, demonstrating the learner has understood and can apply it to their practice.
- Training is evaluated by learners, with feedback used to review and enhance provision.
- Requirements are based on an individual's knowledge and experience.
- Top-up or refresher courses are available to those who have already completed the training, instead of 'resitting'.
- Recent training at a previous employer is transferable.
- Mandatory training is relevant and supports the individual's role.
- Organisations map training to relevant nursing themes, such as the 6Cs of nursing or the NMC Code.

Access and inclusion

- Training is delivered to suit the work patterns and locations of all staff members.
- All staff are able to access IT equipment that supports the online learning packages.
- Staff who lack confidence in IT are offered support during work time to improve their skills.

Culture

- Staff understand the importance of mandatory training and value the organisation's learning provision.

7. How can RCN reps work in partnership to change the culture?

7.1 Questioning and influencing for improvement

As an RCN rep, you can apply your questioning and influencing skills to work in partnership with your employer to deliver a high-quality programme of mandatory training, creating a positive culture that engages staff.

‘Questioning and influencing’ involves accessing and analysing information to identify any workplace issues as quickly as possible, supporting proactive interventions. It includes picking up issues before they become major problems, and working with other trade union colleagues, and your employer, to address issues promptly and positively. You may also identify areas of excellence that can be shared more widely across the organisation.

7.2 Staff side/management meetings

Your organisation may already have a committee or forum where staff can engage with employers on decisions that affect them, and the services they provide. These committees are very effective in raising and addressing issues or concerns. They also provide useful structures to gain support for ideas on improvement and sharing good practice. All recognised trade union representatives have a place on a staff/employer committee, and it is good practice for union representatives to take on the role of chair and secretary.

Organisations may also have specific health and safety and learning/training committees. Health and safety committees provide a forum for safety reps to raise concerns around issues relating to health and safety related mandatory training. Under regulations, an employer is obliged to establish a health and safety committee if two or more safety reps request it.

If your organisation does not have this type of formal committee or forum, reps can get together with colleagues to consider who the key decision-makers and enablers might be on training, and health and safety. They can then suggest a partnership approach to improving mandatory training.

Activity 6: Engaging with key influencers



First establish whether your organisation has a partnership forum or committee.

If yes

- Who is the chair and secretary?
- Who has a place on that committee from the RCN?
- What is the process for raising an agenda item?

If no

- Who are the key influencers and enablers on training, and health and safety?
- Can you meet them to discuss partnership working?

7.3 Key questions to facilitate action and a change of culture

Below are some key questions that may help to provide insight into current provision, compliance and culture on mandatory training in your organisation. The answers should provide a starting point to develop an action plan for partnership working.

To get the discussion going and gain support for further work, you may want to pick one or two priority questions to ask at your first partnership meeting. Others can form the basis of your next steps.

	Information	Evidence	Action required
Time and cost			
How is mandatory training delivered? (internal/external providers, costs etc.)			
Are staff released from work to complete training?			
Quality and relevance			
Does the training programme reflect the experience and role of individual staff?			
Do new staff have to repeat recent training undertaken with another employer?			
Are ‘refresher’ courses offered? Or are all courses repeated?			
Has any mandatory training been recently evaluated? And how was it rated?			
Are we working within any recognised frameworks (such as Skills for Health Core Skills Training Framework)			

What is the current policy on agency workers?			
How do we assess the quality of training agencies provide?			
How often is training reviewed? And when is the next opportunity to influence?			
Access and inclusion			
Are part-time and night workers able to access training during their working hours?			
Do all staff have access to IT equipment to complete online training?			
Culture			
What are the current attitudes and perceptions around mandatory training?			
What is the current compliance rate for mandatory training? And how is it measured?			

What reasons are given for non-compliance?			
Do workers from agencies we use get a fair deal on mandatory training? Does it reflect our own culture?			

8. Resources and case studies

Here are some examples of good practice to help you see what it might look like in your organisation. This is not an exhaustive list and currently feels weighted towards NHS initiatives. As reps start to get active in improving mandatory training, we would welcome examples from organisations outside the NHS.

8.1 The importance of health and safety training

The HSE's *Health and Safety Training – A Brief Guide*, targeted at owners and managers of businesses, explains the importance of health and safety training and why it is needed. It gives advice on who may need training, what form the training may take and how to organise it. Download at

www.hse.gov.uk/pubns/indg345.htm

8.2 Partnership working

Although developed for the NHS in England, these resources offer guidance for partnership working in all settings and countries.

www.socialpartnershipforum.org/about-spf/how-we-do-partnership

The RCN *Ask. Listen. Act.* resource is a practical guide that has been designed by RCN representatives and officers to help you to question and influence on behalf of members in your workplace.

www.rcn.org.uk/professional-development/publications/pub-005357

8.3 Transferability of training

Manual handling passport schemes in Scotland and Wales

The NHS in both Scotland and Wales have introduced passport schemes enabling staff members moving to another organisation to transfer their training skills, which minimises duplication and saves time. The scheme also ensures consistency of training throughout participating trusts.

Scotland – see The Scottish Manual Handling Forum and download *The Scottish Manual Handling Passport Scheme*

<http://smhf.co.uk/application-for-smhp>

Wales – see All Wales NHS Manual Handling Training Passport and Information Scheme

www.wales.nhs.uk/documents/NHS_manual_handling_passpor.pdf

Skills for Health ‘Core Skills Training Framework’

This has detailed learning outcomes, standards and guidance for each area of training. Organisations can register, mapping their training to the framework. When moving between registered organisations, staff members’ recent training can be recognised by their new employer, preventing duplication as staff move between roles and organisations. The service is available to NHS and independent sector organisations that provide in-house training, alongside external training providers.

www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework

Streamlining London

Streamlining London is a collaboration of 36 NHS Trusts and NHS Foundation Trusts who are working together to improve outcomes for patients, by providing NHS leaders, managers and staff with the best possible HR functions. Streamlining statutory and mandatory training was one of four areas of work that began in 2014.

Their aims and outcomes echo the vision of a positive culture described by our members, and there are some useful ideas, case-studies and outcome reports that your organisation may find interesting. For example, Barnet and Chase Farm Hospitals NHS Trust and the West London Mental Health Trust used the ‘five-point plan’ to review training, with impressive results.

<http://streamlining.london/statman-training>

Although a great example of good practice, RCN reps should be mindful that it does not include the many hundreds of nursing staff that are contracted into the NHS from independent sector employers. As we strive for best practice, we should be thinking about those staff who are – and aren’t – included.



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