

Learning and Staff Development Policy (HR-019)

Version Number:	2.5
Author (name & job title)	Pete Cook, Head of Learning & Development
Executive Lead (name & job title):	Steve McGowan, Director of Workforce and OD
Name of approving body:	EMT
Date full policy approved:	11 November 2023 (v2.3)
Date Ratified at Trust Board:	31 January 2024 (v2.3)
Next Full Review date:	April 2027

<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	<i>Karen Phillips – 3 April 2024</i>
<i>Date EMT as approving body notified for information:</i>	<i>April 2024</i>

Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. INTRODUCTION.....	3
2. SCOPE.....	3
3. POLICY STATEMENT.....	3
4. DUTIES AND RESPONSIBILITIES	3
5. PROCEDURES	5
5.1. Training Record - ESR	5
5.2. Internal Training Provision.....	5
5.3. External Study Leave	6
5.4. E-learning.....	6
5.5. Statutory and Mandatory Training	6
5.6. Induction.....	6
5.7. Appraisal	6
6. STATUTORY AND MANDATORY TRAINING REQUIREMENTS	7
7. STUDY LEAVE PROCESS	9
8. EQUALITY IMPACT ASSESSMENT	10
9. REVIEW AND REVISION.....	10
10. DISSEMINATION AND IMPLEMENTATION	10
11. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS	10
Appendix 1: Team/Service Training and Development Needs Form.....	11
Appendix 2: Learning Agreement	13
Appendix 3: Equality Impact Assessment (EIA)	15
Appendix 4: Document Control Sheet.....	17

1. INTRODUCTION

The aim of this policy is to demonstrate Humber Teaching NHS Foundation Trust's (HTFT) commitment to supporting and developing its staff to improve and sustain organisational competence and capability.

HTFT places great importance to the provision of continuing professional development, regular high-quality appraisals, and access to essential learning. Our priorities for staff development will always reflect national and local priorities as well as organisational, divisional and corporate objectives.

This policy also outlines our commitment to staff and service user safety through training provision and identifies the training programmes that are considered either statutory or mandatory.

2. SCOPE

The aim of this policy is to develop a framework for identifying education and development opportunities that will ensure all staff, managers, and Board level members have appropriate knowledge and skills to carry out their roles and responsibilities.

The overarching principles of this policy apply to all staff directly employed by Humber Teaching NHS Foundation Trust and those who provide services within the Trust. This policy also applies to service users and carers where appropriate.

High quality patient care within the NHS critically depends on every member of staff:

- Having a clear understanding of their role and the part they play in the organisation
- Having an agreed set of priorities and objectives
- Working within an environment where they are truly enabled to Care, Learn and Grow.

3. POLICY STATEMENT

This policy covers:

- Induction
- Statutory and Mandatory Training
- Internal training
- Qualified Staff (Registered Practitioners)
- Non-professionally qualified staff development
- E-learning
- Appraisal

4. DUTIES AND RESPONSIBILITIES

Chief Executive

The Chief Executive is ultimately responsible for the content of all policies and their implementation.

Executive Directors

To ensure that this policy is acted on through policy dissemination and implementation in collaboration with senior managers.

Senior Managers and Managers

Ensure all staff within their area of responsibility are informed about the contents of this and other associated policies and procedures and apply this policy and procedure in a fair and equitable manner.

Managers

All managers are responsible for ensuring that their staff are accessing appropriate training, including Statutory and Mandatory Training in line with their job role.

To ensure staff are given time to complete their statutory and relevant mandatory training.

To ensure that time for continuous professional development is prioritised and allocated to all staff in accordance with their scope of practice and the needs of the service.

Managers are responsible for ensuring that the appropriate training is undertaken at workplace induction and subsequently training needs for individuals are monitored and supported through an annual appraisal.

Use service plans developed by relevant managers to inform directorate/service objectives annually, then disseminate performance targets into appraisal objectives.

Ensure that a meaningful discussion takes place at least annually with each staff member which covers the topics described in the appraisal process and carry out a 'wellbeing check in' conversation.

Ensure that on completion of a staff appraisal it is recorded on ESR self-service and that all training requirements are reported to the Learning and Organisational Development Department as appropriate.

Monitor compliance to ensure training of those they manage is kept up to date and take appropriate action where there is non-compliance by staff members.

Managers will ensure any training requirements of their team/service is carried out annually in line with workforce planning and the outcome is communicated to the Learning & Organisational Development Department by the September of each year or following the final appraisal submission of their team or whichever is the soonest (see Appendix 1).

Workforce and Organisational Development Department Leads

Workforce and Organisational Development will provide board assurance in terms of monitoring and compliance with employee appraisals and Statutory and Mandatory Training.

Will provide quarterly reports on performance to the Board, divisions, and Professional Leads.

Will ensure that there is a clinical skills training provision available for staff.

Will be responsible for ensuring that appropriate central administration, recording and reporting systems are in place.

Trainers will work with Professional Leads to select and approve the building or purchasing of training suitable for their professional area. Dependent upon the nature of this, approval may also be sought from the Executive Management Team (EMT).

When training requests are received the Trainers will assess and plan for suitable training to be provided, this will cater for all audiences in scope within any agreed timescales.

This includes Statutory and Mandatory Training provision as well as any role and/or service specific requirements.

Make information regarding course provision and dates available via ESR and record attendance.

Provide access to e-learning courses and provide staff support in order to enable completion of Statutory and Mandatory Training online.

Monitor feedback, including course evaluation, sharing these with the relevant Professional Leads for action.

Provide training to those with line management responsibilities on how to carry out an effective appraisal conversation.

Support service areas to increase compliance and quality of appraisals.

All staff

It is a contractual requirement for all Staff, Board and Committee members to familiarise themselves with, and attend appropriate training courses in line with the statutory, mandatory or role specific training requirements.

Individual staff members are responsible for enrolling for their own training and for cancelling attendance. Cancellation of attendance must be completed on ESR using the withdrawal feature on MyLearning.

Where staff have continuing professional development (CPD) requirements which need to be recorded for re-registration it is the individual's responsibility to inform the training department of course completion (external provision only) and staff should keep a record in their personal portfolio.

Ensure that they have a personal development plan which is agreed with their line manager and supports the service vision and goals.

Ensure that they partake fully in the annual appraisal process.

Ensure they attend and complete all Statutory and Mandatory Training required for their role in line with this policy.

Professional Leads

Ensure Statutory and Mandatory Training reflects legislative requirements and best practice and is delivered in a cost-effective way.

Assign appropriate competencies for role specific training to positions in ESR.

Service Users and Carers

Users of the service and their carers can access internal training providing this training is appropriate to need. This can be done by contacting the Learning Admin team via email.

5. PROCEDURES

5.1. Training Record - ESR

All classes and e-learning courses will be electronically published on MyLearning in ESR, additional supplementary training will be circulated via Trust communications and promoted on the Intranet training pages, as appropriate.

5.2. Internal Training Provision

A range of courses devised and delivered to fulfil the statutory, mandatory and role/service specific requirements by the training team and in some cases the relevant Professional Lead. Some training will need to be commissioned from external providers when necessary.

These external organisations will provide their service(s) under the contract of the training department.

5.3. External Study Leave

Staff can apply for time off/funding support for courses which are relevant to their job role and identified in their appraisal and/or identified as a service development requirement. Please refer to training application processes at divisional level and a Learning Agreement (Appendix 2) must be completed in line with this policy.

In the event a person voluntarily withdraws from a course and it is not possible to reclaim the course fees, partially or in full, the employee agrees to paying those course fees back in accordance with the Learning Agreement.

External Study Leave will not be approved unless all internal statutory and mandatory training is complete.

5.4. E-learning

The portfolio of e-learning programmes is growing rapidly and now includes clinical skill-based programmes as well as Statutory and Mandatory Training.

Staff can access e-learning programmes via ESR from either the workplace, their home devices or at the Learning Centre (on request). Completion of training is recorded on their staff electronic records automatically. Support for staff accessing e-learning is available on the Intranet training pages and in the help section of ESR.

5.5. Statutory and Mandatory Training

All staff are expected to fulfil their responsibilities regarding health, safety and wellbeing. Staff are allocated the training they require in ESR and can monitor their training using the MyCompliance section.

Newly appointed staff from another NHS organisation are able to transfer previously completed Statutory and Mandatory Training across from their previous employer.

5.6. Induction

Staff who are newly appointed or who have had a sustained period away from the work setting must complete the corporate and training induction programme relevant to their role. Additionally, a workplace induction must be completed within three months of employment (see Induction Toolkit).

5.7. Appraisal

All staff should prepare for an annual appraisal (see Appraisal Toolkit). Managers are responsible on completion of staff appraisals to provide a copy of the team's training requirements to the Learning and Organisational Development Department for integration with workforce planning and further action.

Appraisals are conducted annually within a predetermined window (usually 1st April -30th June), although this may change owing to operational or environmental factors.

Appraisal compliance is monitored throughout the window and reported beyond this. Compliance is reported in the People Insight Report that reports into Workforce & OD Committee, weekly compliance rates and progress are shared with General Managers and EMT. Compliance figures are also reported into Operational Delivery Group (ODG) and at divisional accountability reviews.

An annual sample check of appraisals will be carried out and reported to EMT that is intended to assess the quality and completeness of the forms once the window has closed. The National Staff Survey will also provide a reference point as to the appraisal experience as perceived by the respondents.

6. STATUTORY AND MANDATORY TRAINING REQUIREMENTS

The following tables specify which courses are statutory, mandatory or role specific. All Trust staff are required to complete this training in line with the frequency defined below.

When a course is newly added for staff to complete, they will have a period of up to 6 months to evidence competence through completion of training. After 6 months, compliance data will be reported to the Trust board in the Workforce Scorecard.

Statutory Training

These courses are applicable to all staff, with the exception of 'Fire Safety – Warden' training which is only for those who are identified as designated Fire Wardens.

Course	Frequency	Subject Lead
Health, Safety and Welfare	3 Years	Safety & Information Manager
Fire Safety	1 Year	Safety & Information Manager
Fire Safety – Warden	2 Years	Safety & Information Manager
Moving and Handling Level 1	3 Years	Safety & Information Manager

Mandatory Training

These courses are applicable to all staff.

Course	Subject Lead	Frequency
Corporate Induction	Deputy Director of Workforce and OD	Within 8 weeks of employment
Information Governance and Data Security	Head of Legal Services and Information Governance, Data Protection Officer	1 Year
Equality, Diversity and Human Rights	EDI Partner	3 Years
Infection Prevention and Control - Tier 1	Deputy Director of Nursing	3 Years
Safeguarding Adults Level 1	Head of Safeguarding	3 Years
Safeguarding Children - Level 1	Head of Safeguarding	3 Years
Preventing Radicalisation - Basic Prevent Awareness - Level 1	Head of Safeguarding	3 Years
Oliver McGowan Training - Learning Disability and Autism	Deputy Director of Nursing	No renewal
Patient Safety Level 1 - Essentials for All Staff	Deputy Director of Nursing	3 Years
Speak Up Level 1 – Core Training for All Workers	FTSU Guardian	3 Years
EPRR	Emergency Planning Manager	1 Year

Role Specific Mandatory Training

Staff are required to complete further mandated training based on the role they do.

The course and the level they are required to complete will be identified for staff by the Professional Lead and will be visible in their ESR profile.

Course	Subject Lead	Frequency	Staff Group/Roles
DMI Physical Disengagement Skills (formerly Personal and Team Safety)	Deputy Chief Operating Officer	1 Year	For staff who work in community areas, lone working, and staff who visit ward areas i.e., estates

De-escalation Management and Intervention (DMI)	Deputy Chief Operating Officer	1 Year	For staff working in inpatient settings who may need to manage patients using restrictive interventions i.e., physical interventions
Basic Life Support - Adult & Paediatric	Deputy Director of Nursing	1 Year	All patient facing staff (unless ILS is required)
Adult Immediate Life Support	Deputy Director of Nursing	1 Year	Registered staff working in an inpatient environment/ crisis team/ urgent treatment centre. Registered staff delivering Cardiac/pulmonary rehabilitation. Medical staff Staff working in areas with higher risk, e.g., ECT
Paediatric Immediate Life Support	Deputy Director of Nursing	1 Year	Registered staff working in an inpatient environment with paediatric patients Registered staff in urgent treatment centres.
Moving and Handling (People) Level 2	Deputy Director of Nursing	2 Years	All clinical staff who give deliver direct patient care and require practical skills and knowledge of using safer handling techniques and equipment
Mental Health Act	Mental Health Legislation Manager	3 Years	All clinical staff working within mental health inpatient and community mental health teams.
Seclusion	Clinical Director	3 Years	All Mental Health and Learning Disability Nurses
Rapid Tranquilisation	Clinical Director and Chief Pharmacist	3 Years	All Mental Health and Learning Disability Nurses
Practice Assessor Update	Lead Educator Clinical services	1 Year	Registered nurses on the practice assessor register
Practice Educator Update	Lead Educator Clinical services	3 Years	Registered AHPs on the practice assessor register
Conflict Resolution	Deputy Chief Operating Officer	3 Years	For staff who don't need DMI or CRT/Disengagement but need an awareness of Conflict Resolution
Infection Prevention and Control - Tier 2	Deputy Director of Nursing	1 Year	All staff who deliver direct patient care as part of their clinical duties (direct contact and interventions).
Infection Prevention and Control – Tier 3	Deputy Director of Nursing	No renewal (CPD expectation)	All managers responsible for an area of clinical care e.g., unit manager, matron, clinical lead
Mental Capacity Act – Level 1	Head of Safeguarding	3 Years	All staff who may interact with patients
Mental Capacity Act - Level 2	Head of Safeguarding	3 Years	All patient facing clinical/professional staff
Safeguarding Adults - Levels 2 & 3	Head of Safeguarding	3 Years	All patient facing clinical staff and non-clinical staff who may come into contact with patients/service users in their role. (Separate arrangements for Execs/NEDS.)
Safeguarding Children - Levels 2 & 3	Head of Safeguarding	3 Years	All patient facing clinical staff and non-clinical staff who may come into contact with patients/service users in their role. (Separate arrangements for Execs/NEDS.)
Clinical Risk (Mental Health) Level 1	Deputy Director of Nursing	3 Years	All frontline staff with service user contact in MH, LD and Addiction services

Clinical Risk (Mental Health) Level 2	Deputy Director of Nursing	3 Years	All registered practitioners, senior care officers and care co-ordinators working in Mental Health, LD inpatient and Addiction services.
Medicines Optimisation	Chief Pharmacist	No renewal	Registered staff who administer any medication, or may be required to as part of their role.
Prevent WRAP Level 3	Head of Safeguarding	3 Years	All patient facing clinical staff.
Personal and Environmental Search	Deputy Chief Operating Officer	1 Year	For staff who work in inpatient setting who may need to search environments and patients (personal search)
Safer Sleep	Childrens & Learning Disability Clinical Lead	3 Years	Clinicians within 0-19 Community Services that may advise on safer sleep practices to reduce the incidence of Sudden Infant Death Syndrome.
Infant Feeding Management	Childrens & Learning Disability Clinical Lead	1 Year	Nurses, Health Visitors, Nurse Associates and Health & Development Practitioners within 0-19 and Family Hubs services.
Patient Safety Level 2 - Access to Practice	Deputy Director of Nursing	3 Years	All Senior Clinical Leads, Clinical Professional Leads/Deputies, and Corporate Nursing & Quality specialist clinicians.
Care Certificate	Director of Nursing, Quality and Allied Health	No renewal	All Clinical staff Band 2-4 (must be complete within first 12 weeks/ 16 weeks for part-time staff).
Effective Record Keeping	Deputy Director of Nursing	3 Years	All patient facing clinical/professional staff
Food Hygiene	Hotel Services Manager	3 Years	Employees serving food and drink or preparing food
		2 Years	Supervisors of staff preparing food
		2 Years (or as food agency standards update, whichever sooner)	Head of Catering Services

7. STUDY LEAVE PROCESS

Internal Courses

All staff will be advised of a place on a course immediately via ESR notifications. Completion of course is verified by signing the attendance register at the beginning of the course and attending the full lesson. Failure to do so may result in attendance not being recorded.

External Study Leave

External study Leave will be incorporated into the Learning Agreement (Appendix 2) and will be discussed and approved at a divisional/directorate level via the existing channels for approving additional training.

Travel/Accommodation and Subsistence

Expenses relating to Study Leave should be claimed and approved through e-expenses by normal line manager reporting. Refer to Travel Rates and Expenses Policy for further information.

Course Payment

If, due to short notice a staff member is required to pay for approved training to secure a place, they must contact their line manager to advise and ensure reimbursement through suitable funds. Proof of attendance and receipt must be retained for any expense claims.

Feedback and Complaints

A feedback survey is available for all delegates to complete following attendance of any internally provided lesson. Responses are reviewed to assess suitability and effectiveness of the teaching as well as any comments and ratings that the Learning team can use to consider improvements to provision of service.

All staff must comply with the behavioural standards. Where standards are not being met by delegates, behaviours should be addressed as soon as practicable, and any escalations must be made to the delegate's line manager as well as the relevant Professional Lead.

Any concerns raised about the service of training provided can be escalated to the Head of Learning and Organisational Development.

Concerns about the suitability of course content should be raised to the course leader and will be addressed in combination with the relevant Trust's Professional Lead and Head of Learning and Organisational Development, if appropriate.

8. EQUALITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA (Appendix 3). This policy is regarded as equitable to all and as a result of its implementation no individual will suffer any form of discrimination, inequality, victimisation, harassment or bullying.

Should any staff member, Board or Committee member, user or carer have any required special needs, this may be in the form of specialist learning materials or equipment they should contact the Learning Admin team who will ensure the relevant trainer or point of contact is notified.

9. REVIEW AND REVISION

This policy will be reviewed every three years, however there may be some review and revision as and when needed to accommodate changes to tribunal decisions and legislation. These reviews and revisions will be in consultation with the Trust's recognised trade unions.

10. DISSEMINATION AND IMPLEMENTATION

This policy will be disseminated by the method described in the Document Control Policy.

The implementation of this policy requires no additional financial resource.

11. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Trust Policies

- Appraisal Toolkit
- Induction Toolkit
- Travel Rates and Expenses Policy

Appendix 1: Team/Service Training and Development Needs Form

This form is to be completed following the annual appraisal process to identify any future training needs and requirements for the year ahead. These can then be considered as part of the Trust's core training offer and provision.

Please complete and submit to the Head of Learning and Organisational Development for consideration.

<i>Manager's Name and Title</i>

<i>Team</i>

<i>Base</i>

<i>Date</i>

<i>Division/Directorate</i>

Service Development Needs	Expected Staff Total
Division/Directorate	Expected Staff Total

Clinical Skills Needs	Expected Staff Total
Profession-Specific Needs	Expected Staff Total

Appendix 2: Learning Agreement

This learning agreement is made between Humber Teaching NHS Foundation Trust (“THE EMPLOYER”) and (“THE EMPLOYEE”) for training course funding provided by Humber Teaching NHS Foundation Trust.

Name	
Work base	
Name of course	
Line manager	
Amount funded	£
Expected course start date	
Expected course completion date	

Terms of the Agreement

The Employee will:

- Actively engage in all aspects of the course to successfully meet the requirements.
- Confirm study leave requirements with their line manager to ensure this is planned, where needed cover is arranged, and hours are recorded appropriately.
- Complete the theory requirements relating to the course in their own time including essays, assignments, and reports to meet the essential requirements of the programme and successful completion of the course.
- Fulfil the practice requirements, during and on successful completion of the course including participation in on-going supervision and governance arrangements in relation to practice.
- Complete all core training and ensure this remains up to date as a condition of this funding.
- Commit to remain in employment with the Trust during and on completion of the course, for a period of at least one year from the course completion date. Employees who leave in line with the below timeframes and/or voluntarily withdraws from a course before its completion, will be subject to the payback of course fees as outlined.

Timeframe	Course fees to be paid back*
During study (before completion of the course)	100% of the course fees
12 months from course completion date	100% of the course fees
Between 12 months and 18 months from course completion date	75% of the course fees
Between 18 months and 24 months from course completion date	50% of the course fees

**These will be payable by the Employee directly.*

- Where additional travel time is required beyond the normal working hours this will be within employee's own time

The Employer / line manager will:

- Support the Employee to attend study days that are provided as a requirement of the course.
- Agree in advance financial support to be provided with travel, accommodation and additional costs incurred.
- Support the Employee to allow them to fulfil the practice requirements, during and on successful completion of the course.
- Support attendance at meetings with the tutor / mentor and any supervision requirements relating to the course.
- Support placements in other areas where applicable.
- Support participation in on going supervision and governance arrangements to maintain practice on completion of the course.
- Ensure the Employee is aware of the course fee payback process ahead of signing the Learning Agreement. Should an employee leave within the timeframes outlined above, the manager will be responsible for ensuring this information is included on the Leavers Form so that the Payroll team can make the appropriate arrangement for deducting the monies.
- Ongoing communication, support and act as an escalation point, if required.

All Other Terms and Conditions of Service

For the duration of the programme, you will remain subject to the policies and procedures of the Trust and unless otherwise stated your terms and conditions of service will remain the same.

In signing this agreement, the Employee also consents to sharing of information between the Trust and the education provider in relation to the course, in order to monitor your progress and identify any additional learning needs and/or support, as required.

Declaration

I hereby agree to the terms and conditions as set out above.

Signature of Employee	Date
Signature of line manager	Date

This agreement must be returned to the Learning Admin team by email to **HNF-TR.Learningcentre@nhs.net (with a copy retained on the Employee's file)**

Appendix 3: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Learning and Staff Development Policy (including appraisal, induction, Statutory and Mandatory Training)
2. EIA Reviewer (name, job title, base and contact details): Abbie Rendle, Interim Head of Learning and Organisational Development
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age	<p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	a) who have you consulted with
2. Disability		b) what have they said
3. Sex		c) what information or data have you used
4. Marriage/Civil Partnership		d) where are the gaps in your analysis
5. Pregnancy/Maternity		e) how will your document/process or service promote equality and diversity good practice
6. Race		
7. Religion/Belief		
8. Sexual Orientation		
9. Gender Reassignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy
Disability	<p>Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day-to-day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy. Staff are able to ask for reasonable adjustments that accommodate any disability that causes a disadvantage or difficulty accessing training.
Sex	<p>Men/Male Women/Female</p>	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy
Marriage/Civil Partnership		Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy
Pregnancy/ Maternity		Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy
Sexual Orientation	Lesbian Gay men Bisexual	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

EIA Reviewer: Abbie Rendle

Date completed: 19/10/2023

Signature: A. Rendle

Appendix 4: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy – Learning and Staff Development Policy		
Document Purpose	The aim of this policy is to demonstrate HTFT commitment to supporting and developing its staff to improve and sustain organisational competence and capability.		
Consultation/ Peer Review:	Date:	Group / Individual	
List in right hand columns consultation groups and dates	12/10/23	TCNC	
	19/12/23	ODG	
Approving Committee:	EMT	Date of Approval:	11/11/23
Ratified at:	Board	Date of Ratification:	31/01/24
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	n/a	Financial Resource Impact	n/a
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>] Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input checked="" type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	<i>Describe implementation plans below - to be delivered by the</i>		
	Dissemination via relevant networks and groups, including ODG		
Monitoring and Compliance:	This policy will undergo a full review in 3 years.		

Document Change History:			
Version Number /Name of procedural document this supersedes	Type of Change, i.e. Review/ Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0	New Policy	14/5/12	New Policy
2.0	Review	11/3/16	Policy Reviewed. Moderate changes to wording, new author and director
2.1	Minor Amendment	Jan 19	
2.2	Minor Amendments	Oct 22	Minor changes to terminology (PADR to Appraisal) and ESR system access for self-serve learning. Approved by director sign-off (Steve McGowan – 01/11/22)
2.3	Amendments	Nov-23	Reviewed and incorporated the induction, appraisal, Statutory and Mandatory training, as well as the Learning and Staff Development policies and stated the policy will retain the title Learning and Staff Development policy. <ol style="list-style-type: none"> 1. Introduction: changes to wording. Added wording like for like from current stat man policy 2. Scope: Added wording like for like from current appraisal policy 3. Policy Statement; added appraisal bullet point 4. Duties and Responsibilities; <ol style="list-style-type: none"> a) Chief Exec, Exec Dir, Snr Mgr and Mgrs; updated wording to bring in line with other policies. b) Managers; added wording. added wording like for like

			<p>from current stat&man training policy and appraisal policies.</p> <p>c) Workforce and OD; added wording. added wording like for like from current stat&man training policy and appraisal policies.</p> <p>d) All staff; added wording. added wording like for like from current appraisal policy</p> <p>5. Procedures; wording changes to headings and giving headings numbers. (5.3) updated process to apply for external study leave. appendix to learning agreement. <u>Added wording:</u> In the event a person voluntarily withdraws from a course and it is not possible to reclaim the course fees, partially or in full, the employee agrees to paying those course fees back in accordance with the Learning Agreement. <u>Added wording:</u> External Study Leave will not be approved unless all internal statutory and mandatory training is complete (5.5) new staff can transfer NHS stat man training (5.6) changed wording from induction policy to induction toolkit. (5.7) reference to appraisal policy changed to appraisal toolkit. added wording like for like from current appraisal policy</p> <p>6. Stat and Mand Training Requirements; taken like for like from current stat. man policy. Additional courses; patient safety level 1, patient safety level 2, Speak Up L1, EPRR & food hygiene.</p> <p>7. Stat and Man Training Requirements; taken like for like from current stat. man policy. Additional 4 training courses; patient safety level 1, patient safety level 2, safer sleep and infant feeding mgt. 8 Equality, 9 Review and Revision and 10; Dissemination and Implementation; updated for consistency with other policies.</p> <p>Approved at EMT (11/11/23) and ratified at Board (31/01/24).</p>
2.4	Minor amendments	Feb-24	<p>1. IPC Training Tier 1 and 2 – updated from 'Level' 1 and 2</p> <p>2. ADD IPC Tier 3 to Role Specific Mandatory Training</p> <p>3. ADD Defensible Documentation to Role Specific Mandatory Training</p> <p>Approved by director sign-off (Karen Phillips – 26 Feb 2024).</p>
2.5	Minor amendment	April 2024	<p>IPC Tier 2 amended to annual requirement.</p> <p>Approved by director sign-off (Karen Phillips – 3 April 2024).</p>