Mandatory and Statutory Training Policy

V4.3

September 2017
Summary

Mandatory/statutory training need exists

Employee obtains manager approval to attend/complete training

Employee enrolls for class on ESR

Employee attends

Attendance recorded on register and entered by ESU on ESR

Regular compliance reports provided to Divisional Management Teams

Manager identifies mandatory/statutory training needs

Employee fails to attend

Non-attendance recorded by ESU on ESR

Non-attendance reports are circulated to managers by the ESU

Manager discusses need with staff member and reviews non-attendance

Manager investigates and ensures employee booked on to future course
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1. **Introduction**

1.1. The Royal Cornwall Hospitals NHS Trust (the Trust) aims to provide the highest quality of patient care in a safe environment with competent staff. Both clinical and non-clinical staff have a duty to ensure that they remain up to date with statutory and mandatory training requirements as well as with other professional, occupational and specialty-based education.

1.2. The Trust Board must be assured that staff are compliant with statutory and mandatory training requirements. This is achieved by monthly monitoring and provision of compliance reports.

1.3. This version supersedes any previous versions of this document.

2. **Purpose of this Policy/Procedure**

The purpose of this policy is to:

- identify the mandatory training requirements for all Trust staff
- offer advice to staff on their mandatory training needs and how they may seek to undertake the training required
- cross-reference individual policies that have mandatory training requirements.

3. **Scope**

3.1. This policy applies to all staff and volunteers at the Trust as well as Kernowflex workers.

3.2. Temporary staff, employed through agencies and/or by contractors, are required to have had their mandatory training needs met by their employer before starting work in the Trust.

4. **Definitions / Glossary**

- **ESR** – Electronic Staff Record.
- **ESU** – Employee Support Unit.
- **Mandatory training** – a training requirement that has been determined by the Trust for staff to undertake. This training ensures that staff are able to undertake their duties safely and efficiently. It minimises risk and ensures that external standards are met. Mandatory training requirements are not the same for each staff member and may relate to a specific team or professional group.
- **RCHT Learning Committee** – a sub-committee of the People and Organisational Development Board made up of a range of union learning representatives and Trust staff members. The sub-committee supports, monitors and evaluates the effectiveness of learning activities at the Trust.
- **Statutory training** – can be defined as training that the Trust is legally required to provide as defined in law or where a statutory body has instructed organisations to provide training on the basis of legislation.
5. Ownership and Responsibilities

Mandatory training provision is co-ordinated and managed by the Learning and Development Department. Delivery of actual training may be undertaken by a range of staff within the Trust. This ensures that subjects are taught by experts where necessary.

5.1. Role of Executive Directors

Executive Directors are responsible for:

- reviewing compliance levels across the Trust and identifying strategic level actions to support improvement
- supporting the People and Organisational Development (POD) Committee to lead the direction of education and organisational development at the Trust.

5.2. Role of Managers

Managers are responsible for:

- ensuring that all their staff are aware of the mandatory and statutory training requirements
- ensuring that all their staff complete their mandatory and statutory training within the required time-scales
- ensuring that all their staff are allowed time within working hours to complete mandatory and statutory training
- ensuring that attendance at mandatory and statutory training is prioritised
- assessing competence relating to aspects of mandatory and statutory training within the individual department
- ensuring that appropriate resources are available for training and development to take place in a planned way
- identifying any specific departmental mandatory training requirements that need to be met and ensuring that this is completed (e.g., staff working in critical care may have a mandatory training requirement to complete ventilation training which may not be required in another department)
- reviewing compliance levels monthly and taking action when staff are not up to date with their training
- ensuring that staff are not authorised to take study leave for non-mandatory education and development unless they are up to date with their mandatory and statutory training
- ensuring that mandatory training requirements are discussed at each staff member’s annual appraisal
- ensuring any ward/department based training undertaken is reported to the ESU so that ESR can be updated.
5.3. **Role of the Learning and Development Department**

The Learning and Development Department is responsible for:

- provision of face to face mandatory training sessions
- liaison with subject specialists regarding content of training sessions and ensuring that training sessions are up to date and reflect best practice
- designing, maintaining and co-ordinating mandatory training sessions
- managing the demand for increased sessions within mandatory training with support from the Learning Committee. This may include a challenge to subject specialists regarding delivery of particular sessions in styles that do maximise learning
- developing cost effective solutions for the appropriate and effective delivery of mandatory and statutory training
- reviewing and updating the content of mandatory training sessions annually
- obtaining a register of staff who attend mandatory and statutory training and returning this to the Employee Support Unit (ESU) within 24 hours of the session
- responding positively to evaluation and taking action to make changes accordingly
- supporting staff who may have queries about their mandatory and statutory training.

5.4. **Role of Subject Specialists**

Subject specialists are responsible for:

- ensuring that training sessions for their subject area are up to date and reflect the needs of the learners as well as best practice
- updating sessions annually
- responding positively to evaluation and taking action to make changes accordingly
- starting and finishing taught sessions on time.

5.5. **Role of the Employee Support Unit (ESU)**

The ESU is responsible for:

- updating ESR to ensure that mandatory training sessions can be booked by staff members
- providing registers of attendees to the Learning & Development Team at least 48 hours before a session is due to commence
- inputting data from registers onto ESR
supporting staff who may have queries and questions regarding their mandatory and statutory training compliance and/or booking

- receiving notification of cancellations from staff members in the event of sickness, etc

- providing monthly reports on levels of compliance with mandatory and statutory training

- providing data regarding non-attendance to line managers at least monthly

- liaising with external providers of mandatory training where necessary (e.g., safeguarding children level 3 training) and developing effective systems that enable staff to book to attend training and for compliance to be recorded on ESR.

5.6. Role of Staff Members

Individual staff members are responsible for:

- understanding and monitoring their own compliance with required mandatory and statutory training

- prioritising attendance at mandatory and statutory training and completing their mandatory and statutory training within the required timeframes to ensure ongoing compliance

- liaising with their line manager to agree release from normal work duties to enable attendance at mandatory and statutory training

- raising any questions or queries they have regarding mandatory and statutory training with either their line manager, ESU or the Learning & Development Team

- informing both the ESU and their line manager of an inability to attend booked training (e.g., in the event of sickness absence or increased operational pressures)

- ensuring the training and development received is applied in the workplace

- completing training evaluation forms to enable the continuous review and development of courses.

5.7. Role of the Learning Committee

The Learning Committee has responsibility for:

- reviewing the annual requirements for mandatory and statutory training and the development of a yearly programme

- supporting the resolution of conflict regarding training requirements that may occur between subject specialists and the available provision of training time
• reviewing evaluations of training programmes and making recommendations for change.

6. Standards and Practice

6.1. Identifying mandatory and statutory training requirements

6.1.1. Staff can identify the corporate requirements for mandatory and statutory training using the Trust’s mandatory and statutory training matrix, see Appendix 3.

6.1.2. Information regarding individual departmental mandatory training requirements need to be obtained from the appropriate line manager.

6.1.3. The matrix is updated annually in line with the review of mandatory and statutory training.

6.2. Booking attendance on mandatory and statutory training

Staff book attendance on mandatory and statutory training through their ESR account. A user guide can be accessed via: [http://intra.cornwall.nhs.uk/Intranet/AZServices/E/ElectronicStaffRecord/ESR.aspx](http://intra.cornwall.nhs.uk/Intranet/AZServices/E/ElectronicStaffRecord/ESR.aspx)

New starters in the Trust complete their annual mandatory and statutory training as part of their corporate induction programme. Any additional department specific mandatory training will need to be arranged by their line manager on completion of Trust corporate induction.

6.3. Recording completion of mandatory and statutory training

6.3.1. On-line mandatory training must be completed by clicking on the home icon – this ensures that the training is recorded in ESR as having been completed. Failure to close the e-learning package down in this manner may result in a record showing non-compliance.

6.3.2. Staff who attend face to face mandatory training must ensure that they sign the class register. They must also ensure that their name is legible and that their department is stated correctly. Failure to do so may result in their ESR record showing non-compliance.

6.3.3. Registers are collected by the Learning & Development Department facilitator and submitted to the ESU within 24 hours of the training taking place. The ESU transfer data from registers onto ESR.

6.3.4. Staff and managers are required to check that compliance levels in ESR reflect the training that has been undertaken. In the event of a discrepancy the staff member, or their line manager, should contact the ESU to rectify this.

6.4. Compliance reports

6.4.1. Reports demonstrating compliance with mandatory and statutory training are compiled monthly by the ESU and circulated to managerial staff
in the Trust. Compliance levels are reported monthly to the Trust Board in the integrated performance report (IPR).

6.4.2. Individual line managers can view compliance for their team members via ESR self-service.

6.5. Non-attendance at face to face mandatory and statutory training

6.5.1. Staff who are unable to attend booked face to face training must ensure that their place is cancelled. This can be achieved by telephoning the ESU on 01872 255148 or by e-mail: rch-tr.EmployeeSupport@nhs.net

6.5.2. If a staff member fails to attend a booked session and does not contact the ESU, the follow-up process set out in the ‘Summary’ flowchart (see Page 2) will be undertaken.

6.5.3. Staff who fail to attend booked sessions where they have been allocated paid study leave will be recorded as having taken unauthorised leave and may be subject to disciplinary action.

6.6. Annual review of mandatory training content (Training Needs Analysis)

6.6.1. The content of mandatory and statutory training sessions is formally reviewed annually and a new programme is developed for the coming year. An analysis of mandatory training needs is undertaken in conjunction with the RCHT Learning Committee. This ensures that the needs of staff and managers are represented as well as those of subject specialists.

6.6.2. There may be occasions when a subject needs to be added to the mandatory training sessions part way through a year. This is usually in response to an urgent national requirement or a serious incident or inspection outcome at the Trust. This may result in a requirement for staff to undertake further immediate training (such as the implementation of safer sharps in 2016) in addition to their standard mandatory training session. However, in some circumstances, the additional training may not be required immediately and staff will gain compliance at their next scheduled mandatory training sessions (e.g. duty of candour training in 2016).

6.6.3. The decision to include an additional subject part way through the year on the mandatory training sessions is agreed through the Head of Learning and Development. Where possible, this will be achieved through time-table changes. However, where the requirement to include a new subject necessitates the removal of another taught mandatory subject, agreement is made between the Head of Learning and Development and the Director, or Deputy Director, of Human Resources and Organisational Development.

6.6.4. The content of each individual subject session is also reviewed and updated annually. The material used in mandatory and statutory subjects that are taught annually should be changed and developed each
year in order to maintain both currency and interest. It is not acceptable for a subject to be taught using repetition of the same material (e.g. PowerPoint presentation or DVD) year after year. In some circumstances it may be necessary to alter the content of a specific taught session part way through the year (e.g. policy review). In this instance, the subject specialist liaises with the Learning and Development team to facilitate the change.

6.7. Delivery of corporate mandatory and statutory training

Mandatory and statutory training is undertaken using a range of learning activities. These include:

- face to face taught sessions
- e-learning
- educational booklets for reading
- ward/departmental based training which can be on a one to one basis
- Corporate Trust induction.

6.7.1. Face to face taught sessions

To facilitate effective training and cost effective release of staff, most mandatory and statutory training is delivered in either a full day or half day programme. Specific days/half days are provided for the following staff groups:

- consultant/senior medical staff (half day)
- non-clinical staff (half day)
- clinical staff (full day)
- child health clinical staff (full day)
- maternity clinical staff (full day)
- Kernowflex clinical workers (full day).

In addition, at managerial request, the Learning and Development team are able to facilitate bespoke days/half days for specific departments. These require significant departmental contribution and can only be facilitated where attendance levels would be equal to that of a corporate session listed above.

6.7.2. E-learning

Maximum use is made of e-learning to deliver, monitor and assess suitable mandatory training topics. The Trust uses ESR as its primary source of e-learning.

6.7.3. Educational booklets

With the agreement of subject specialists, educational booklets are available for some subjects to enable staff to complete their mandatory training in these topics.
6.7.4. **Ward/department based training**

In some circumstances, ward or department based training may be undertaken as an alternative to attending a mandatory training face to face session or completing an e-learning package. This type of training needs to be delivered in conjunction with the Learning and Development team to ensure it meets the mandatory and/or statutory requirements.

Completion of training undertaken in this manner needs to be reported to the ESU to enable ESR to be updated. It is the responsibility of the department manager to liaise with the ESU with regards to a reporting method.

6.7.5. **Corporate Trust induction**

All new employees, volunteers and Kernowflex workers are required to attend a corporate induction which starts on their first day of employment with the Trust (please refer to the Management of Corporate and Local Induction Policy). Some staff are required to complete further mandatory training based on their role and this is confirmed to them with their offer of employment.

The programme content of corporate induction has been designed to enable new staff and volunteers to complete most of their mandatory and statutory training for the first year of their employment. Staff must not start work and volunteers cannot commence in their role until they have completed corporate induction.

In addition to attending corporate induction, all new employees must complete the local (departmental) induction relevant to their job role. A comprehensive checklist is provided to the recruiting manager and new employee before they start their post to detail what needs to be completed and also to record that it has taken place.

On completion of the local (departmental) induction, this form (which must be signed and dated by the staff member and line manager) must be returned to the ESU to be recorded on ESR. The checklist is issued to recruiting managers, as part of the starters’ pack, by the Recruitment Services department.

Some departmental or role-specific mandatory training may be delivered as part of local induction, eg medical devices, radiological protection.

7. **Dissemination and Implementation**

7.1. This policy will be published on the Trust document library following authorisation by the Executive Director.

7.2. Implementation of this policy will be supported through a series of briefings, departmental visits and training as required highlighting differences from the preceding policy and resolving issues as they arise. Previous versions of the Mandatory Training Policy will be archived using the processes developed for the management of documents in the document library.
7.3. New Trust staff and volunteers will be made aware of their responsibilities for annual mandatory and statutory e-training through attendance at corporate induction.

8. Monitoring compliance and effectiveness

Compliance with mandatory and statutory training is monitored through the provision of monthly reports. The Trust Board are made aware of compliance levels through the monthly integrated performance report.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Compliance with mandatory and statutory training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Head of Learning and Development.</td>
</tr>
<tr>
<td>Tool</td>
<td>Monitoring of attendance and completion of mandatory and statutory training using the ESR system. Monthly reports can be further supported by the use of ESR Manager Self-Service.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Reports are provided monthly.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Reports are circulated to divisional management teams and to the Trust Board via the Integrated Performance Report.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>The Learning and Development department will lead on subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable time-frames. This will be in conjunction with divisional management teams.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within the Learning and Development department within a defined time scale reflective of the action. A lead member of the Learning and Development department will be identified to take each change forward where appropriate. This will usually be in conjunction with the subject specialist.</td>
</tr>
</tbody>
</table>

9. Updating and Review

This policy will be reviewed every three years by the Head of Learning and Development or more frequently if considered necessary.

10. Equality and Diversity

10.1. General statement

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Staff with additional needs for whom aspects of mandatory/statutory training may be difficult are encouraged to contact Learning and Development to discuss the best way forward.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Mandatory and Statutory Training Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>May 2007</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>27 September 2017</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>27 September 2020</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Helen Lewis, Head of Learning and Development</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 255148</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Defines the training needs analysis for all staff at RCHT. Detailing the definition of what is mandatory, statutory or role specific and which staff require each element of training provided.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Training, core, mandatory, leadership, development, education, learning</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT ✓ CFT KCCG</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Human Resources and Organisational Development</td>
</tr>
<tr>
<td>Date revised:</td>
<td>September 2017</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Core Training Policy</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Learning Committee</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Associate Director of HR and OD</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>Original signed</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet ✓ Intranet Only</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>Care Quality Commission Regulation 18</td>
</tr>
<tr>
<td>Related Documents:</td>
<td>Learning &amp; Development Prospectus</td>
</tr>
<tr>
<td>Training Need Identified?</td>
<td>No</td>
</tr>
</tbody>
</table>
Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 07</td>
<td>V1.0</td>
<td>Initial issue</td>
<td></td>
</tr>
<tr>
<td>Jun 09</td>
<td>V2.0</td>
<td>Minor changes to titles and format Updated TNA to reflect individual policies</td>
<td>Mark Saddington Interim TREAD Manager</td>
</tr>
<tr>
<td>Feb 11</td>
<td>V3.0</td>
<td>Title changed Updated following review of all core training with relevant subject specialists Updated to cover all NHSLA minimum data set</td>
<td>Mark Saddington Associate Head of Learning and Development</td>
</tr>
<tr>
<td>Jun 11</td>
<td>V3.1</td>
<td>Re-format as per Policy on Policies.</td>
<td>Andrew Rogers Corporate Records Manager</td>
</tr>
<tr>
<td>Jun 13</td>
<td>V3.2</td>
<td>Core training matrix now published via website so removed from policy.</td>
<td>Veda Gilbert, Learning and Development</td>
</tr>
<tr>
<td>Nov 2016</td>
<td>V4.0</td>
<td>Policy renamed and reviewed – significant changes made to the policy.</td>
<td>Helen Lewis, Head of Learning and Development</td>
</tr>
<tr>
<td>July 2017</td>
<td>V4.1</td>
<td>Addition of core training matrix to policy (Appendix 3)</td>
<td>Helen Lewis, Head of Learning and Development</td>
</tr>
<tr>
<td>August 2017</td>
<td>V4.2</td>
<td>Amendment to core training matrix</td>
<td>Jackie Blackwell, Lead Educator: Induction, Core Training and Mentorship</td>
</tr>
<tr>
<td>Sept 2017</td>
<td>V4.3</td>
<td>Amendment to core training matrix</td>
<td>Jackie Blackwell, Lead Educator: Induction, Core Training and Mentorship</td>
</tr>
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All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
# Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th><strong>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy)</strong></th>
<th><strong>Provide brief description:</strong> Mandatory and Statutory Training Policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Directorate and service area:</strong> Human Resources, Learning and Development</th>
<th><strong>Is this a new or existing Policy?</strong> Existing</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Name of individual completing assessment:</strong> Helen Lewis, Head of Learning and Development</th>
<th><strong>Telephone:</strong> 01872 255148</th>
</tr>
</thead>
</table>

| **1. Policy Aim*** | To identify the mandatory and statutory training requirements for Trust staff and volunteers. |
| Who is the strategy / policy / proposal / service function aimed at? |

| **2. Policy Objectives*** | To provide information for staff on the requirements for mandatory and statutory training. |
| --- |

| **3. Policy – intended Outcomes*** | To ensure staff understand their responsibilities with regards to mandatory and statutory training and to provide information to help them attain compliance. |
| --- |

| **4. *How will you measure the outcome?** | Monthly compliance reports. |
| --- |

| **5. Who is intended to benefit from the policy?** | All staff and patients. |
| --- |

| **6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?** | No |
| **b) If yes, have these *groups been consulted?** | N/A |
| **C). Please list any groups who have been consulted about this procedure.** | |

| **7. The Impact** | Please complete the following table. |

Are there concerns that the policy *could* have differential impact on:

<table>
<thead>
<tr>
<th><strong>Equality Strands:</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
<th><strong>Rationale for Assessment / Existing Evidence</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  Yes  No

9. If you are not recommending a Full Impact assessment please explain why.

Staff with additional needs for whom aspects of mandatory/statutory training may be difficult are encouraged to contact Learning and Development with regards the best way forward.

**Signature of policy developer / lead manager / director**

Helen Lewis, Head of Learning and Development

Date of completion and submission

**Names and signatures of members carrying out the Screening Assessment**

| 1. | 2. |

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _______Helen Lewis_________

Date _______Head of Learning and Development_______
### Appendix 3. Mandatory training matrix

<table>
<thead>
<tr>
<th>Role</th>
<th>Training Topic</th>
<th>Mandatory</th>
<th>Frequency</th>
<th>Method of Delivery</th>
<th>Duration</th>
<th>Assessment</th>
<th>Reassessment</th>
<th>Frequency</th>
<th>Method of Delivery</th>
<th>Duration</th>
<th>Assessment</th>
<th>Reassessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLW</td>
<td>Radiation Risk</td>
<td>Yes</td>
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*Note: HLW refers to Healthcare Worker.*