



**AGENDA ITEM**

(3.3.6)

**PEOPLE & CULTURE COMMITTEE**

**STATUTORY & MANDATORY TRAINING UPDATE**

<b>Date of meeting</b>	(13/10/21)
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Nick Carter, Learning and Development Manager
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<b>Presented by</b>	Hywel Daniel, Director for People
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<b>Approving Executive Sponsor</b>	Executive Director for People
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<b>Report purpose</b>	FOR DISCUSSION / REVIEW
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Chris Beadle, Head of Operational Health Safety and Fire	14/09/2021	SUPPORTED

<b>ACRONYMS</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
ILG	Integrated Locality Group
L&D	Learning and Development



HoWOD	Heads of Workforce and Organisational Development
IAT	Inter Authority Transfers
HEIW	Health Education Improvement Wales

## 1. SITUATION/BACKGROUND

- 1.1 In April of this year, we presented a paper to the People and Culture Committee, which set out the key issues and priorities related to the Health Board's compliance with statutory and mandatory training. An action plan was developed to enable all staff to fulfil compliance obligations through improved data reporting, availability of training and targeted upskilling and training of staff.
- 1.2 Work has continued since April with further opportunities identified to help address compliance. Specifically, a data audit has been carried out which identified a discrepancy in our data reporting. An action plan is already in place to address this issue. In the short term, our actions will reduce the Health Board's overall compliance percentage. In the medium to longer term, with more accurate data and reporting, our compliance scoring will increase and improve our overall standing across NHS Wales. Section 2 addresses the progress against our action plan.
- 1.3 Overall, the Health Board's level one compliance has increased since May 2021 by 1.25% (65.46% - 66.71%). Our Lowest scoring compliance areas include Infection, Prevention and Control, Resuscitation, Moving and Handling and Fire Safety. Covid-19 restrictions and reduced staffing continue to impact face-to-face delivery of courses such as Fire, Health & Safety and Manual Handling.
- 1.4 This paper provides an update on Cwm Taf Morgannwg University Health Board (CTMUHB) overall compliance and progress against the Statutory and Mandatory Training Compliance Action Plan presented to the People and Culture Committee in April this year. The Action Plan can be found at **Appendix 1**.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 As a Health Board we seek to attain 85% compliance in all areas. When compared to the six largest health boards in Wales, CTMUHB is frequently found at the bottom of the league tables in nearly all compliance areas. The highest scoring health boards are scoring well,

with 70% and 80% uptake in most areas. As at September 2021, compliance within CTMUHB is however at its highest level, despite the challenges we continue to face.

The tables below provide a snapshot of our level one compliance since May of this year, including data from September 2020 to illustrate a year-on-year comparison. Integrated Locality Group (ILG) and Corporate Department data over the same period (amber denoting >60%, green denoting >85%) is also shown below. Overall, the data illustrates a level of improvement over the period.

### **CTMUHB Level 1 Core Mandatory Training Compliance**

	Sep-20	May-21	Jun-21	Jul-21	Aug-21	Sep-21
HB Overall Compliance	66.54	65.46	65.80	65.95	65.81	66.71
Equality, Diversity & Human Rights	75.78	75.99	76.31	76.33	76.37	76.91
Fire Training	45.05	47.81	49.45	51.04	51.91	53.23
Health, Safety and Welfare	75.55	75.66	76.41	76.07	75.85	76.18
Infection Prevention and Control	67.88	66.45	67.60	67.91	67.40	67.69
Information Governance	72.15	73.19	73.63	73.65	72.85	73.24
Moving & Handling	73.84	73.12	73.55	74.03	74.37	74.85
Resuscitation	44.12	37.40	38.40	39.03	38.73	41.50
Safeguarding Adults	73.65	72.44	71.45	70.88	70.44	71.70
Safeguarding Children	72.27	68.95	67.14	65.41	64.21	65.37
Violence & Aggression	63.81	65.89	65.92	66.52	67.00	67.53

### **ILG Core Mandatory Training Compliance**

	Sep-20	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Health Board Compliance	57.54	57.84	58.21	58.09	59.09	59.25
Bridgend ILG	52.42	53.52	54.5	54.51	55.36	55.64
Corporate Departments	65.19	65.95	67.21	69.02	72.25	71.46
Delivery Executive	67.28	66.23	66.61	66.06	68.23	66.72
Hosted Organisations	69.18	61.29	59.13	61.48	66.88	64.95
Merthyr and Cynon ILG	56.86	57.52	57.74	57.69	58.4	58.21
Rhondda and Taf ILG	58.47	57.49	57.58	57.05	57.59	58.69

## Corporate Departments Training Compliance

	Sep-20	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Corporate Departments	72.60	72.70	68.35	76.39	77.25	77.77
Chief Executive	33.59	56.58	50.00	50.66	49.64	35.37
Corporate Development	82.30	74.60	78.39	79.24	85.28	85.07
Estates	80.15	79.51	78.50	76.76	77.63	78.77
Finance	83.57	86.97	86.97	86.60	87.06	86.92
ICT and Performance & Information	77.32	73.33	75.77	76.05	77.05	75.75
Medical Director	76.80	89.78	92.61	85.57	84.95	85.92
National Imaging Academy	77.91	90.91	92.05	92.05	91.84	89.90
Patient Care & Safety	71.45	72.61	73.23	73.55	74.28	76.46
Planning & Partnership	66.33	71.96	75.85	75.26	76.81	76.63
Public Health	80.39	72.86	73.36	71.28	73.75	72.96
Research & Development	77.63	83.26	82.01	83.26	87.30	86.53
WFOD	55.70	60.69	69.51	75.78	76.27	77.02

- 2.2 In the last six months we have commenced several initiatives from our Statutory and Mandatory Training Compliance Action Plan. Our overall compliance, albeit positive, is however marginable. These initiatives include engaging new starters in compliance activities, improving compliance reporting, and embracing virtual learning methods to reduce the need for face-to-face training. We have also addressed the issue of outstanding Inter Authority Transfers (IATs) which had not been addressed as a result of Covid-19 pressures. In May 2021, there were 1,400 outstanding IATs which have now been reduced to zero.
- 2.3 While many of the initiatives implemented seek to have a more transformational impact, they are in their infancy, and there are still barriers to achieving full engagement, including time to complete training, access to IT and ESR, availability of classrooms. Below is a summary of key areas of progress against the action plan. A more detailed update against specific items in the Action Plan can be found at **Appendix 1**.
- 2.4 **New Starter Engagement and Compliance Steering Group.** From October 2021, ESR E-Learning training will be available to all new starters. A Compliance Steering Group met in June of this year, and has regular monthly meetings to coordinate compliance activity.
- 2.5 **Improved Compliance Reporting.** Work is progressing to address a number of omitted staff training requirements. This matter is cited within DATIX as an issue.



- 2.6 The Learning and Development (L&D) team has been strengthened with the introduction of a new L&D Business Partner with responsibility for the coordination of L&D systems and compliance activity. The Business Partner model will provide support to the Head of Workforce and OD (HoWOD) in each ILG; however, the ownership and accountability remains with the local managers and the individual.
- 2.7 We will also be introducing ESR E-Learning clinics. Our business partnering approach in itself will not address the priorities; it requires support from key stakeholders, including ILGs, HR, ESR and local line management, to fully address ongoing compliance issues. To aid compliance improvement, ESR E-Learning drop in clinics will be initiated to support delivery of the ILG compliance recovery plans.
- 2.8 **Reduce Training Burden and Embrace Virtual Learning.** There has historically been a reliance on face-to-face training courses as a core element of training delivery within CTMUHB. Due to their cessation in the pandemic, this has impacted the levels of training required to meet our Fire, Health and Safety and, Moving and Handling compliance obligations. In a bid to improve the availability of the training, and to mitigate the issues related to how many people can attend a training session, training will be delivered (where possible) via virtual means. This will increase the accessibility of training to staff in some of the key health and safety and fire training courses. Further information related to this is at **Appendix 2.**

**3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- 3.1 The key risks associated with improving our overall compliance are not insurmountable, with progress evident in our action plan and risk mitigation in place.
- 3.2 The requirement to respond to our data audit and correct data reporting to promote accuracy will result in a reduced compliance percentage in the short term.

**4. IMPACT ASSESSMENT**

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Poor compliance does not provide the assurance that all staff can comply with legal statutory requirements.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:



<p><b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b></p>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p>
<p><b>Legal implications / impact</b></p>	<p>Yes (Include further detail below)</p>
<p><b>Resource (Capital/Revenue £/Workforce) implications / Impact</b></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
<p><b>Link to Strategic Well-being Objectives</b></p>	<p>Ensure sustainability in all that we do, economically, environmentally and socially</p>

## 5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the actions to improve compliance across CTMUHB and encourage compliance in their respective areas of work.
- 5.2 The Committee is asked to **NOTE** that a DATIX issue remains related to over 1,400 posts not being provided the correct training requirements. In the short term, this issue will cause compliance to reduce, however in the longer term compliance will increase as a result of accurate reporting. To mitigate this risk, a process to update new and historic training requirements has commenced, which will terminate the risk. In the meantime, the risk incident remains and is being monitored on a monthly basis.
- 5.3 A significant reliance on L&D remains in relation to managing compliance activity. The Committee is therefore asked to **NOTE** the need for ownership and accountability for compliance to be held by respective managers and leaders in each of our ILGs and corporately.
- 5.4 Pay Progression is due to commence in October 2022, and the Committee is asked to **NOTE** that staff who will be subject to pay progression will be required to complete 100% of their training,



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ensuring any barriers to completing compliance activities, specifically at level one, are addressed.