



North West Anglia
NHS Foundation Trust

Division: Workforce and OD

Mandatory Training

Louise Tibbert, Chief People Officer

22 Jan 2021

CQC action plan compliance

Core Service	Actions	Evidence demonstrates action implemented Green (G)	Evidence demonstrates the action is mostly met and within timescales Yellow (Y)	Evidence demonstrates the action is mostly met but not within timescales Amber (A)	Evidence in place demonstrates the action has not been met Red (R)
Well-Led	MUST and SHOULD recommendations	0	1	0	0

Actions completed in the last 4 months



The Trust must ensure that all staff are up to date with mandatory training, including training in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, life support training and safeguarding training.

CQC Domain	Action completed	Impact on service	Evidence
Well Led	Mandatory training compliance continues to be monitored divisionally and corporately Compliance on 42 competencies RAG rated DNA rates for F2F training monitored and reported F2F capacity adequate to met demand Covid – maintained F2F for agreed training but otherwise moved as much as possible to e-learning Induction manual also introduced F2F training reduced again in Jan 2021 (COVID) Clinical Update Days (CUD) maintained for key subjects	High levels of compliance impact positively on patient care and safety	Monthly WF reports including compliance Div perf data RAG Monthly Div Mandatory training compliance reports All Divisions currently Green for overall compliance of 92% to 96% (Dec 2020)
Well Led	Monthly accountability meetings with Divisions includes requirements on assurance for mandatory training compliance.	High levels of compliance impact positively on patient care and safety	Accountability meeting reports and action tracking. Compliance data
Well Led	Ensuring Compliance for: <ul style="list-style-type: none"> • DOLS • Mental Capacity Act • Life Support • Safeguarding <p>Sufficient capacity in place to deliver training to all those who need it, apart from Adult Basic Life Support which is being addressed by the Resus. Team</p>	Reduced compliance for key competencies could be a risk for patient care and safety	Compliance rates for subjects and staff groups
Well Led	Passporting of mandatory training from other Trusts and for JDs is based on national digital passport programme which has experienced some delays. Training and other information is passported wherever possible via manual processes.	National delays on digital training passporting impacting – escalation due to covid.	Compliance rates and time to hire rates

Good news stories and / or lessons learnt in the last 4 months

CQC Domain	Good news / lessons learnt	Impact on service	Evidence
Well Led	Good news - Mitigating impact of COVID to maintain mandatory training compliance through increased use of e-learning and induction booklet		Compliance rates Start dates
Well Led	Lessons - Still challenges on compliance on some subject areas. Divs and manage need to ensure people are released to attend. Also impact of covid due to capacity and absence.		Compliance rates for all subject areas and staff groups
Well Led	Lessons – despite monitoring data being shared, still some areas or lower compliance. Regular audits of compliance levels at subject level to be completed and agreed or escalated with Divs leadership teams		Compliance rates for all subject areas and staff groups

Actions looking forward for the next 4 months

CQC Domain	Actions expected	Impact on service	Evidence
Well Led	Demand and supply analysis for F2F training up to 31 March 2021	Capacity and pressure on services to be able to release staff to attend F2F training. Staff able to undertake e-learning Impact of COVID e.g. on sickness absence	Compliance rates
Well Led	Plans from Divisions and subject matter experts, as appropriate, to reach compliance by x date.		Action plans
Well Led	Increase escalation of non compliance at subject and employee/team level with requirement for divisional leadership oversight and actions to address.	Improved patient care/safer care	Data Action plans

Challenges / concerns and actions to be taken

Concern:	Compliance at subject and employee level across all competencies
Action to be taken:	Actions to address owned by Divisions, with action plan and projected for full compliance Assurance report to People and Culture Committee in March 2021
By whom:	Divisional Leadership Teams with Assistant Director of L&D Louise Tibbert, Chief People Officer
Timescale for completion:	31 March 2021

Concern:	Compliance for high risk areas, or areas where compliance has been persistently low (all staff groups)
Action to be taken:	Audits and action plan at speciality/ward level
By whom:	Divisional Leadership teams with Assistant Director of L&D Louise Tibbert, Chief People Officer
Timescale for completion:	31 March 2021

Divisional CQC governance

CQC action plan

<p>Divisional committees / CBU meetings (including evidence) where CQC action plan has been discussed:</p>	<p>Non medical WF Board Medical WF Board People and Performance Committee reports to Dec 2020 People and Culture Committee reports from Jan 2021</p>
<p>How have actions and lessons learnt been disseminated within the Division? Please add in evidence as appropriate</p>	<p>Discussion and sharing of data and modelling</p>
<p>Have risks been added to the risk register as appropriate? (include risk ID number(s) as evidence)</p>	<p>Yes</p>