



RISK MANAGEMENT TRAINING PROCEDURE

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1.0 Introduction

- 1.1 This procedure seeks to describe the processes and systems for ensuring a systematic approach to risk management training for the organisation. The overall aim of the document is based upon reducing personal, clinical and organisational risk and increasing patient safety. This will be achieved through the management practice and the provision of relevant and timely risk management education.
- 1.2 This procedure will provide the basis upon which the organisation's annual mandatory training programmes will be developed.

2.0 Policy Statement

(NWS Risk Management Strategy and Policy, March 2010)

- 2.1 *All employees of NWS NHS Trust will receive training appropriate to their employment with the Trust, some training will be delivered as part of core and induction training programmes and some as part of the Trust's commitment to Continuing Professional Development for all staff.*
- 2.2 *In particular, all employees of the Trust will receive specific risk management training in accordance with the following:*
- *At induction – this will include both local and corporate inductions*
 - *Upon promotion – where the level of risk management authority is to increase*
 - *Position within the organisation – applicable to the level of authority*
 - *Responsibility to risk assess – all managers will undertake risk management training as a core requirement.*
 - *Responsibility for specialist assessments – this will include specialist qualifications where required, in order to fulfil the requirements of the job description.*
 - *Changes to the risk assessment process, the risk matrix or risk registers*
 - *A Training Needs Analysis will be undertaken each year to identify specific risk management training requirements*
 - *As part of the Trust's mandatory training programme, some roles/individuals will have a requirement to undertake annual training/refresher in aspects of Risk Management.*

3.0 Purpose

- 3.1 The purpose of this document is to provide a clear framework for the review and development of topics for risk management training and to provide an overview of the processes in place to manage, support and monitor the effective delivery of annual training programmes.
- 3.2 This procedure will provide a specific focus on each of the minimum requirements as

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identified in the NHSLA Risk Management Standards, which are;

- Process for developing a training needs analysis which must include all those topics referred to in the TNA Minimum Data Set
 - A list of topics defined as risk management training by the organisation (MUST include all those referred to in the TNA Minimum Data Set)
 - Evidence that the organisation has identified which staff groups are required to attend each type of training
 - Evidence that the organisation has identified the frequency of updates required for each type of training.
- Process for developing action plan(s) to deliver the training identified within the training needs analysis
- Process for developing an annual training prospectus which reflects the training needs analysis
- Process for checking that all permanent staff complete the relevant training programmes in accordance with the training needs analysis
- Process for following up those who fail to attend relevant training programmes
- Process for coordinating training records
- Process for monitoring compliance with all of the above.

4.0 Risk Management Training Topics

4.1 Within the context of these procedures, topics that are included within the scope of Risk Management Training have been categorised into three main risk areas, within individual topics assigned to each of these three areas. The three risk areas identified are;

- Health, Safety, Fire and Security
- Clinical Care & Patient Safety
- Organisational Risk Management

4.2 The identification of individual topics within each of these three areas has been developed through three main sources;

- The topics listed in the NHSLA standards TNA minimum data set,
- Review of the organisation risk register,
- Feedback from specialist managers.

4.3 The full list of topics can be found in the Risk Management Training Needs Analysis (TNA) in Appendix 1.

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5.0 Training Needs Analysis

- 5.1 In developing a Training Needs Analysis (TNA) the organisation will identify the knowledge and competence for each principal staff group within the Trust against each of the topics listed in the TNA.
- 5.2 Appendix 1 charts each principal staff grouping against each risk management topic (above), thus identifying training needs. The chart is further detailed, identifying frequency of updates for each topic.
- 5.3 The TNA will be reviewed annually to ensure continued relevance to roles and to determine completeness of the list and the continued currency of the content. The review will be led by the Assistant Director Workforce Development and the Head of Risk & Safety, with input from relevant specialist managers. The TNA will be reported annually to the Workforce & Organisational Development Sub Committee and the Risk Management Sub Committee.

6.0 Training Planning

6.1 Induction and Core Training

- 6.1.1 Staff newly appointed (internal or external) into core operational/patient contact roles will undertake a period of core training to develop them into their roles (this applies to both new starters and staff transferring from other areas of the Trust). These training programmes cover all practical and theoretical skills required for the roles; includes mandatory training relevant to the roles; and includes the corporate induction requirements.
- 6.1.2 For support staff and management roles (all non-direct patient contact roles), all new staff to the organisation will undertake a corporate and local induction as outlined in the Trust's Induction Guidelines. The induction for these staff provides for them to complete all mandatory training requirements.
- 6.1.3 As part of the annual review of the TNA, the specific mandatory/risk management topics within the induction programmes will be reviewed and revised if necessary.

6.2 In-Service Training

- 6.2.1 The Trust commits to providing all staff with time during normal working hours to undertake relevant mandatory/risk management training.
- 6.2.2 Each year the Trust will prioritise the topics to be delivered within the annual Mandatory Training programme. The process of prioritisation will involve the Medical Directorate, the Service Delivery Directorate and the Organisational

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Development Directorate. The resulting programme will reference the risk Management TNA, but will also consider any organisational priorities/objectives.

6.2.3 Once agreed the relevant Workforce Development Teams will design the training programme and a timetable for delivery. A variety of learning methods will be employed in delivering the mandatory training, refresher and awareness requirements, covering classroom training and learning packs, ensuring a flexibility of learning opportunities for staff, enabling all staff to undertake the learning regardless of where, how or when they work.

6.2.4 The above will form the basis of the annual training prospectus

7.0 Training Delivery Resources

7.1 The delivery of a robust annual mandatory training programme for the Trust is resourced in a number of ways.

7.2 Emergency Services

- Within staffing relief, a maximum of three days mandatory training is funded for all front-line emergency services staff.
- To deliver this mandatory training programme, there are nine mandatory training trainers, located across the Trust.
- Each mandatory trainer develops a programme of training dates, venues, maximum numbers and working with operational managers, staff are allocated to these programme dates.

7.3 Planned Care Services

- Within staffing relief, a maximum of two days mandatory training is funded for all front-line Planned Care services staff.
- To deliver this mandatory training programme, there are three mandatory training trainers, located across the Trust.
- Each mandatory trainer develops a programme of training dates, venues, maximum numbers and working with operational managers, staff are allocated to these programme dates.

7.4 All other staff groups

The range of workforce development teams, provide support for the development of mandatory training for all other staff groups. All staff are provided with time during normal working hours to undertake relevant mandatory/risk management training. In the case of non-operational staff groups, this can be provided in a range of forms (as identified in the next section) and is not necessarily reliant upon dedicated release to attend sessions.

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8.0 Training Delivery Methods

The term training is used to describe a variety of methods other than just face-to-face classroom based training. Included below is an overview of the variety of methods of learning used with NWS and which will be used to support Risk Management Training within the Trust.

8.1 Classroom-based training

This is one of a number of methods that will be used in the delivery of risk management training and awareness.

It is acknowledged that classroom-based training has its place in providing initial training in new topics, but there are more effective methods available to provide both general awareness and updates.

8.2 E-learning

NWS is in the process of developing its own e-learning system that will work alongside the national NHS e-learning system. These e-learning systems currently have programme available covering a range of topics identified in the TNA. The Trust is exploring the use of e-learning for the delivery of mandatory training.

8.3 Workbooks

Workbooks are effective methods of targeting refreshers, awareness and learning towards individuals, allowing them to absorb information at their own pace.

8.4 Bulletins

Bulletins, newsletters and station notices will be used to provide refreshers for staff as a reminder of the core principles and key duties

8.5 Observation in Practice

The most effective way of ensuring competence and appropriate application of skills and knowledge is through the direct observation of practice. As the Trust develops its Clinical Leadership structures, the opportunity to provide for direct observation of frontline staff will be explored.

8.6 Blended Learning

Blended learning uses a mix of learning methods that can be adopted for introducing new or changes to practice. The three-stage process outlined below provides an overview of a typical approach to blended learning

Stage 1 An information and/or learning pack is developed covering the key elements of the change, outlining responsibilities and referencing further materials either on the intranet, via e-learning or through materials made available on station.

Stage 2 Develop a range of leading experts across operational groups/sectors (ideally trainers, team leaders, supervisors, etc) who would undertake classroom-based training.

These individuals would be available to provide advice and support to other operational staff in these procedures.

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Stage 3 Within the mandatory training programme in the following year, ensure that some time (1 to 1½ hours) is included within the programme to allow discussion, reflection and further learning on the policy/procedure. It may be possible to clearly link the topic with other related items so as not to create an isolated activity.

8.7 Knowledge & Skills Framework (KSF)

The NHS Knowledge and Skills Framework (the NHS KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff.

Through the annual KSF Appraisal Review process, each individual will be required to demonstrate how he or she meets the criteria for this dimension at the level relevant to his/her role. This will require collation of evidence (written, discussed or observed). Any gaps in competence against this dimension will be recorded on the individual's personal development plan (PDP).

9.0 **Training Prospectus**

9.1 The Trust produces a Learning Prospectus which provides an overview of all the different learning opportunities available across the Trust. This defines the non-mandatory topics and details of specific events are published as they are confirmed in bulletins and on the Trust's intranet. This is a generic prospectus and due to the generally fixed nature of many of the topics, this is not reproduced annually.

9.2 For the delivery of the annual mandatory training programmes bulletins are issued with the details of the programmes.

9.3 For operational staff, details of the mandatory training programme dates and venues are managed through operational management, with staff allocated to programmes by their managers and through rota planning.

10.0 **Responsibilities**

- 10.1 The Workforce & Organisational Development Committee will:
- Approve the annual risk management training needs analysis (TNA)
 - Approve the annual training plan for the delivery of mandatory training.
 - Receive regular reports on the completion of mandatory training against targets, including non-attendance numbers and reasons
 - Support recommendations presented through received reports
 - Where necessary, remit recommendations for approval to the Trust Board.

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- 10.2 The Director of Organisational Development will:
- Ensure organisational support and commitment to the delivery of effective risk management training across the whole organisation.
- 10.3 The Assistant Director Workforce Development will:
- Provide assurance to the Director of Organisational Development of delivery of training plan and attendances at scheduled training.
 - Review the TNA annually and present to the WF&OD annually for approval
 - With Head of Risk & Safety, undertake an annual review of compliance of these procedures and report to WF & OD Committee.
- 10.4 The Head of Mandatory Training will:
- Present the proposed annual training plans to the WF&OD committee annually for approval
 - Monitor progress of training plans
 - Present the WF&OD Committee with regular reports on completion of training against plans, including non-attendance numbers and reasons.
 - Identify any risk to completion of plans and attainment of Trust targets and make recommendations for action to WF&OD Committee.
 - Contribute to the annual review of compliance of these procedures.
- 10.5 The Mandatory Training Manager will:
- Develop and maintain the annual training plan
 - Identify risks to completion of plans and propose actions to remedy.
 - Maintain effective liaison with all managers to ensure compliance with attendance requirements and follow up non-attendance
 - Contribute to the annual review of compliance of these procedures.
- 10.6 The Mandatory Training delivery team will:
- Plan, manage and monitor the delivery of the training plans within their areas.
 - Maintain appropriate records of attendance and non-attendance.
 - Report non-attendance to line managers.
 - Provide weekly updates on attendees to the administration team.
- 10.7 The Mandatory Training administration teams will:
- Record on a weekly basis attendees on mandatory training
 - Record non-attendees and obtain reason for non-attendance
 - Provide updates as requested by the Assistant Director Workforce Development, Head of Mandatory Training and the Mandatory Training Manager.
 - Provide a monthly report to Assistant Director Workforce Development, Head of Mandatory Training and the Mandatory Training Manager
- 10.8 Specialist Managers will:
- Provide the necessary support and information for the development of training programmes, learning packs and e-learning content.

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- 10.9 Line Managers/Supervisors will:
- Support staff to attend/complete identified training on an annual basis
 - Follow up when a member of staff has failed to attend/complete planned training
 - Notify the Mandatory Training administration team of reasons for non-attendance
 - Identify where additional training interventions are required for individuals outside of the annual plan.
- 10.10 Individuals will:
- Attend profiled training sessions and undertake any self-directed and e-learning included within their training plan.
 - Comply with the educational objectives of the organisation in addition to legislative and professional educational commitments.

11.0 Attendance, Monitoring and Recording

11.1 Attendance

- For mandatory training attendance days, managers will be responsible for allocating staff to training dates.
- The trainer delivering each session will ask attendees to sign the register for the class.
- For non-attendance or partial attendance on planned courses a number of actions will be taken
 - a. The manager will be contacted to notify of non-attendance and will be asked to ascertain the reason for this
 - b. The manager will be asked to re-allocate the individual to another course date
 - c. Monthly and quarterly attendance reports will include numbers of non-attendees along with the reason given.
- For Learning Packs, these will be handed to each individual and a signature obtained to confirm receipt

11.2 Monitoring

- Individuals involved in the delivery of programmes will maintain records appropriate to the staff within their responsibility.
- Service Delivery Senior Management Teams will receive quarterly updates on completion within their respective areas.
- The Assistant Director of Workforce Development will report progress against annual training programmes to the WF&OD Sub Committee on a biannual basis

11.3 Training Records

- The Mandatory Training Trainers will maintain records of attendances on programmes that they have delivered. Attendances will be communicated to the administration team.
- The Mandatory Training administrators will hold Trust wide records of mandatory training completion
- The Mandatory Training administrators will also update the Trust's Learning

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Management System (OLM) with details of attendances, to ensure that completion of training is linked to the individual's electronic staff record.

12.0 Monitoring and Review of this Procedure

- 12.1 This procedure will subject to review three years from approval date or sooner if any element of the procedure changes.
- 12.2 Compliance of this procedure will be monitored through the stages outlined in the table below.

Areas for Monitoring	Monitoring Process
Process for developing a training needs analysis which must include all those topics referred to in the TNA Minimum Data Set	AD Workforce Development and Head of Risk & Safety Annual report to WF&OD committee
Process for developing action plan(s) to deliver the training identified within the training needs analysis	AD Workforce Development and Head of Risk & Safety Annual report to WF&OD committee
Process for developing an annual training prospectus which reflects the training needs analysis	AD Workforce Development and Head of Risk & Safety Annual report to WF&OD committee
Process for checking that all permanent staff complete the relevant training programmes in accordance with the training needs analysis	AD Workforce Development and Head of Risk & Safety Annual report to WF&OD committee
Process for following up those who fail to attend relevant training programmes	AD Workforce Development and Head of Risk & Safety Annual report to WF&OD committee
Process for coordinating training records	AD Workforce Development and Head of Risk & Safety Annual report to WF&OD committee
A list of topics defined as risk management training by the organisation (MUST include all those referred to in the TNA Minimum Data Set)	AD Workforce Development and Head of Risk & Safety Annual report to WF&OD committee
Evidence that the organisation has identified which staff groups are required to attend each type of training	AD Workforce Development and Head of Risk & Safety Annual report to WF&OD committee
Evidence that the organisation has identified the frequency of updates required for each type of training.	AD Workforce Development and Head of Risk & Safety Annual report to WF&OD committee

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Appendix 1

Risk Management Training Needs Analysis

		Corporate & Support Staff and Service Delivery Managers				Service Delivery				Volunteers	
		All Directors (including Non-Executive Directors)	Senior Managers	All other Managers, Supervisors, Team Leaders	All Support and Admin staff	Emergency Service Operational Staff (Incl all responding managers)	Planned Care Operational Staff (Incl all responding managers)	Emergency Control Operational Staff	Planned Care Control Operational Staff	Ambulance Car Services	First Responders
Health, Safety, Fire and Security	Moving and Handling	Induction 1-year Update	Induction 1-year update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
	Fire Awareness	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
	Security Awareness	Induction 2-year Update	Induction 2-year update	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update
	Infection Prevention and Control	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
	Hand Hygiene	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
	Inoculation Incidents					Induction 1-year Update		Induction			Induction 1-year Update
	Slips, Trips and Falls	Induction	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
	Conflict Resolution	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
	Risk Assessment	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction	Induction	Induction	Induction	Induction		
	Dynamic Risk Assessment					Induction 1-year Update	Induction 1-year Update	Induction 1-year Update		Induction 1-year Update	Induction 1-year Update
	Emergency Driving					Induction 1-year Update					
	High Speed Driving Register					5-year re-registration training					
	Non-Emergency Driving						Induction 1-year Update			Induction	Induction
	Incident Reporting	Induction 3-year Update	Induction 3-year update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update
	Clinical Care & Patient Safety	Resuscitation (As per policy)					Induction 3-year Update	Induction 1-year Update	Induction 1-year Update		Induction 1-year Update
Safeguarding Children		Induction	Induction	Induction	Induction	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
Safeguarding Adults		Induction	Induction	Induction	Induction	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
Paediatric Care						Induction 3-year Update		Induction			
Obstetric Care						Induction 3-year Update		Induction			
Stroke Care						Induction 3-year Update		Induction			Induction 1-year Update
Mental Health Patient Awareness						Induction 3-year Update	Induction 1-year Update				Induction
Medicines Management						Induction 1-year Update		Induction			
Diagnostic & Therapeutic Equipment						Induction 1-year Update	Induction 1-year Update				Induction 1-year Update
Complaints, PALS & Claims Awareness		Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update
Organisational Risk Management	Incident / complaint Investigation	Induction 2-year update	Induction 2-year Update	Induction 2-year Update							
	Information Governance	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
	Corporate Governance	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update
	Dignity at Work	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
	Well Being at Work	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction	Induction	Induction	Induction	Induction	Induction
	Sickness Absence Management	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction	Induction	Induction	Induction		
	Appraisal	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction 2-year Update	Induction	Induction	Induction	Induction		
	Equality & Diversity	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update
	Financial Management	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update						
	Counter Fraud & Whistleblowing	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 1-year Update	Induction 2-year Update	Induction 2-year Update
	Emergency Preparedness	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction 3-year Update	Induction	Induction

Appendix 2 – Equality Impact Assessment Report

<p>Name of Policy, Service or Function</p> <p>Risk Management Training Procedure</p>
<p>Equality Impact Assessment carried out by</p> <p>Carol Offer Assistant Director Workforce Development</p>
<p>Date of Equality Impact Assessment</p> <p>4th October 2010</p>

<p>Step 1: Description and Aims of Policy, Service or Function</p>
<p>Overall aims</p> <p>All employees of NWS NHS Trust will receive training appropriate to their employment with the Trust, some training will be delivered as part of core and induction training programmes and some as part of the Trust's commitment to Continuing Professional Development for all staff</p>
<p>Key elements of policy, service, process</p> <p>The procedure outlines the key stages involved in identifications and delivery of topics identified with the risk management training needs analysis, covering</p> <ul style="list-style-type: none"> • Risk Management Training Topics • Training Needs Analysis • Updates and Refreshers • Training • Training Planning • Responsibilities • Attendance, Monitoring and Recording • Evaluation and Review
<p>Who does the policy, service or function affect?</p> <p>This procedure affects all employees of the Trust, categorised by the principal staff groups identified within the Training Needs Analysis</p>
<p>How do you intend to implement the policy or service change (if applicable)</p> <p>These procedures will be implemented through existing Trust processes and structures supporting the deliver of annual training.</p>

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Step 2: Data Gathering
Summary of data available and considered
Data considered: Existing procedures
Data available:

Outcomes of data analysis

Equality Group	Evidence of Impact
Gender	For all groups, there is no evidence available currently to support identification of potential impact on the diversity groups in respect of equality of access or outcomes for training.
Race/Ethnicity	
Disability	
Sexual Orientation	
Religion or belief	
Age	
General (Human Rights)	

Step 3: Consultation
Summary of consultation methods
Knowledge of individuals involved in management of training.

Outcomes of consultation

Equality Group	Evidence of Impact
Gender	For all groups, there is no evidence available currently to support identification of potential impact on the diversity groups in respect of equality of access or outcomes for training
Race/Ethnicity	
Disability	
Sexual Orientation	
Religion or belief	
Age	
General (Human Rights)	

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Step 4 & 5: Impact Grid

Relevant Equality Area	Areas of impact identified	Is the impact positive or negative?	Key issues for action [Will form basis of action plan]
Gender			
Race/Ethnicity			
Disability	Potential disadvantage for individuals with learning difficulties (e.g. dyslexia)	Negative	Ensure that all trainers receive awareness training around the issue of learning difficulties and that a range of learning methods is employed to maximise the participation and learning opportunities. Develop guidelines for the management of individuals with learning difficulties within the training environment
Sexual Orientation			
Religion or belief	Inappropriate consideration of dates when attendance activities are profiled.	Negative	Ensure that attendance sessions are not booked onto religious festivals
Age			
General (Human Rights)			
All Groups	Without a single learning management system (LMS) the monitoring of take up of training/learning by diversity groups will be difficult, if not impossible	Negative	Prioritise the introduction of a Trust-wide LMS
All Groups	Individuals may be disadvantage if a range of options to undertake learning activities are not varied	Negative	Days, time and locations of attendance activities are varied. Options are provided to undertake learning in different ways.

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Step 6: Action Plan

Name of Policy or Service: Risk Management Training Procedure					
Issue identified and equalities group or communities affected	Action to be taken	By When	Who By	Expected outcome	Progress
Disability Disadvantage for individuals with learning difficulties (e.g. dyslexia)	Provide awareness training to all individuals involved	April 2011	Head of E&T	A range of learning methods is employed to maximise participation and learning.	
Disability Potential disadvantage for individuals with learning difficulties (e.g. dyslexia)	Develop guidelines for the management of individuals with learning difficulties within the training environment	April 2011	Assistant Director Workforce Development	Individuals with learning difficulties are provided with support. Trainers are supported in developing the range of learning opportunities	
Religion/Belief Dates when attendance activities are profiled.	Ensure that attendance sessions are not booked onto religious festivals	April 2011	Heads of OL L&D Team	Attendance on activities is maximised. Monitoring of non-attendance through LMS	
All	Prioritise the introduction of a Trust-wide LMS	March 2009	AD WD L&D Team	Ability to monitor attendance/completion by diversity group	Complete
All	Days, time and locations of attendance activities are varied.	April 2009	Heads of OL L&D Team	Attendance on activities is maximised. Monitoring of non-attendance through LMS	Complete
All	A variety of methods of undertaking learning are made available where individuals would be disadvantaged otherwise		Heads of OL L&D Team E-learning Coordinator	Completion of mandatory activities is improved and non-attendance does not mean non-completion.	Complete

Summary of decisions and recommendations

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Step 7: Monitoring arrangements

- Individuals involved in the delivery of programmes will maintain records appropriate to the staff within their responsibility.
- Updates will be sent to managers on a regular basis and the Area Management Teams will receive quarterly updates on completion within their respective areas.
- The Assistant Director of Workforce Development will report progress against annual training programmes to the WF&OD Sub Committee on a biannual basis.
- A learning management system is being introduced so that monitoring of training attendance and completion can be undertaken against the diversity groups

Step 8: Date of next Equality Impact Assessment

It is expected that the next equality impact assessment will require data on access to training (through a Trust-wide LMS) to be effective

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