Internal Audit

NHS Lothian

Mandatory Training

July 2018

Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three	Objective Four	Objective Five
Moderate Assurance	Significant Assurance	Significant Assurance	Moderate Assurance	Significant Assurance

<u>**Timetable**</u>

Date closing meeting held: 19 March 2018

Date draft report issued: 14 May 2018

Date management comments received: 4 June 2018

Date Final report issued: 3 July 2018

Date presented to Audit and Risk Committee: 27 August 2018

Contents

1. Introduction

1.1 Mandatory training is defined by NHS Lothian as any training that requires its employees to undertake that is deemed essential for the safe and efficient functioning of the organisation and/or the safety and wellbeing of individual members of staff. NHS Lothian's Mandatory Education & Training Policy states that mandatory education is commonly underpinned by statutory law, legislation, national guidance and recommendations, and is absolutely compulsory.

1.2 NHS Lothian's Learning & Development Strategy 2016 - 2020 has identified mandatory training as relevant to achieving one of the Strategy's five priorities, which is to have a capable workforce. The Board expects 80% of its workforce to have undertaken all their mandatory training requirements on time.

1.3 In September 2016 the Lothian Partnership Forum approved NHS Lothian's Mandatory Training & Education Policy. The Policy has been designed to support the Board's Learning & Development Strategy and sets out the arrangements for the provision of mandatory training for all NHS Lothian employees.

1.4 Compliance with mandatory education and training is monitored using the mandatory dashboard tool. This data is available for managers to review and regular reports should be generated to support compliance monitoring. The dashboard is also used to report centrally to the Staff Governance Committee on mandatory training performance.

1.5 Core Mandatory requirements are defined via four Job family pathways:

1. Clinical - Medical and Dental
2. Clinical – Nursing and Midwifery
3. Clinical – Other Clinical Disciplines
4. Non clinical – Support Services

1.6 There are nine subjects identified as mandatory for staff engaged in clinical roles in NHS Lothian, and seven subjects for staff in non-clinical roles. The nine subject areas are:

1. Fire (Statutory)
2. Health & Safety
3. Healthcare Associated Infection
4. Public Protection (Combined Child Protection and Adult Support & Protection)
5. Information Governance
6. Manual Handling
7. Equality & Diversity
8. Basic Life Support – not required for all non-clinical roles
9. Violence & Aggression – Required once only at induction for all non-clinical roles

1.7 Mandatory training is delivered through a mixture of eLearning, practical training, workshops and staff 'toolbox talks', depending on staff learning needs and preferences. Training content for the mandatory subject areas is overseen by Subject Matter Experts, who are responsible for the review and update of the training provided. Content of the training is generally based around the work done by NHS Education for Scotland around

National Learning Outcomes, however there are no prescriptive legal requirements, with advice from NES that Boards are required to provide adequate training.

Scope

1.7 This review assessed the adequacy and effectiveness of internal controls for the provision, completion and monitoring of mandatory training. Including how the Learning and Development Strategy complies with national guidance and supports the Board's framework for mandatory training and development.

Acknowledgements

1.8 We would like to thank all staff consulted during this review, for their assistance and cooperation.

2. Executive Summary

Summary of Findings

2.1 The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	The objectives around mandatory training from NHS Lothian's Learning & Development Strategy have been implemented and monitored.	Moderate Assurance	-	-	1	-
2	The content of mandatory training is subject to appropriate review to ensure that that it remains relevant and compliant with national legislation and guidance.	Significant Assurance	-	-	-	1
3	Management assess any potential barriers to staff being able to undertake mandatory education and implement effective solutions.	Significant Assurance	-	-	-	-
4	Compliance with mandatory training is monitored locally and an improvement action plans implemented where compliance levels fall below the required standard.	Moderate Assurance	-	-	1	-
5	NHS Lothian's Staff Governance Committee monitors compliance with mandatory education and approves improvement measures where necessary.	Significant Assurance	-	-	-	-
TOTAL			-	-	2	1

Conclusion

2.2 With the creation of the Mandatory Education & Training Policy and launch of the Tableau Workforce dashboards, an effective control framework is in place for the provision of mandatory training to staff and how this is monitored and reported. Content of mandatory training has also been developed to comply with national legislation.

Main Findings

2.3 On 13 September 2016 the Lothian Partnership Forum approved Human Resources' Mandatory Education & Training Policy. The Policy applies to all NHS Lothian employees and sets out the arrangements for the provision of mandatory training and includes the responsibilities of all staff.

2.4 The workforce dashboard was launched for managers in January 2017. The dashboard can be interrogated down to department level and is being used in the tracking of mandatory training compliance.

2.5 Content of mandatory training provided electronically through LearnPro and other methods (Facilities Toolbox Talks and DVDs) is reviewed for accuracy and adherence to current legislation by appointed Subject Matter Experts (SMEs). At least one SME is assigned to each of the mandatory training subjects.

2.6 Statistics on the completion of mandatory training are presented to the Staff Governance Committee quarterly and Acute SMT monthly in their respective workforce reports. Additionally, the Interim Head of Corporate Education regularly liaises with the HR Systems Manager to identify non-compliant staff within divisions and advise senior management of the requirement of staff to complete their mandatory training. The Staff Governance Committee approves any measures to increase staff compliance..

2.7 A number of improvement actions have been identified by the Interim Head of Corporate Education where it has been reported to the Staff Governance Committee that overall completion for some subjects if below the 80% target. These are communicated to the Committee in separate Mandatory Compliance reports, and an action plan maintained to monitor actions and revisit progress on agreed dates.

2.8 We identified three issues / improvement opportunities during this review:

Medium Rating

- Staff completion target is 80% for all mandatory subjects, however mandatory training is a compulsory requirement for all staff and therefore 100% completion should be targeted.

- Departments with high levels of compliance for some mandatory subjects has meant that, once combined with areas with low compliance rates, the average compliance is over 80% and therefore no exception reporting is made to the Staff Governance Committee, or relevant Senior Management Teams.

<u>Low Rating</u>

- Generally, online training content complies with national guidance and is being reviewed and updated whenever there are changes in legislation. However, it was noted that the content for one LearnPro subject is also being reviewed annually and that this should be considered as good practice by all SMEs.

3. Management Action Plan

Finding 1	
Control objective 1: The objectives around mandatory training from NHS Lothian's Learning & Development Strategy have been implemented and monitored. **Associated risk of not achieving the control objective: The Board are unable to adequately improve the quality and safety of healthcare.**	**Medium**

Observation and risk

The Learning & Development Strategy requires that 80% of staff have undertaken all their mandatory training requirements.

Two actions have been identified to achieve this objective, these are:

- Develop a Mandatory Education and Training Policy and monitor its implementation through service improvement plans.

- Develop a dashboard for managers so they can effectively manage mandatory training compliance and support safety at a local level.

On 13 September 2016 the Lothian Partnership Forum approved Human Resources' Mandatory Education & Training Policy.

The Policy has a review date of September 2018, although the Interim Head of Corporate Education will begin the review and update of the Policy in April 2018.

The workforce dashboard was launched for managers in January 2017. The dashboard can be interrogated down to department level and is being used in the tracking of mandatory training compliance.

However, while there is evidence to demonstrate that the two actions recorded within the Strategy have been achieved; completion is not yet above 80% for all mandatory subjects. Furthermore, analysis has identified a number of clinical and non-clinical departments with completion rates below 80%. This is referred to in further detail under control objective 4, supported by information extracted from Tableau and provided as Appendix 2.

Recommendation

Management and the Staff Governance Committee should reconsider the current 80% target of staff having undertaken mandatory training. Mandatory training is a compulsory requirement for all staff and therefore 100% completion should be targeted.

Management Response

A 100% compliance rate is unrealistic and unachievable. Setting a target that cannot be achieved may have a negative impact on staff and managers morale and unintentionally

result in disengagement from the mandatory compliance agenda. The 80% compliance target was set based on the fact that at any given time approximately 20% of the workforce is on some type of leave. It may be reasonable to state that it is expected that 100% of <u>available</u> maintain compliance with mandatory training, however that will not result in 100% compliance overall.

The initial review of the Mandatory Education & Training Policy was conducted on the 16th May 2018. One of the recommendations from this is that a statement is added to the policy highlighting that where staff are unable to maintain compliance this should be rectified at the earliest opportunity when the individual returns from leave.

It should be noted that as at 30th April 2018 eight of the nine mandatory subjects are now at or above 80% and public protection is only 0.8% off achieving the 80% compliance target.

<u>Management Action</u>

Amendments will be made to the policy as suggested above regarding rectifying non-compliance at the earliest opportunity upon return from leave.

Responsibility:	Target date:
Interim Head of Corporate Education	31 October 2018

Finding 2	
Control objective 2: The content of mandatory training is subject to appropriate review to ensure that that it remains relevant and compliant with national legislation and guidance. **Associated risk of not achieving the control objective: The content of mandatory training may be inadequate or insufficient.**	**Low**

Observation and risk

Content of mandatory training provided electronically through LearnPro and other methods (Facilities Toolbox Talks and DVDs) is reviewed for accuracy and adherence to current legislation by appointed Subject Matter Experts (SMEs). At least one SME is assigned to each of the mandatory training subjects.

A guide is also in place for the SME's to follow in ensuring quality and standardisation throughout all eLearning modules. This Guide for SMEs provides instruction on course content, structure, layout, and assessments to measure users' knowledge against the course learning outcomes.

Four SMEs, of nine in total, were contacted during the audit fieldwork to determine the controls and procedures in place in ensuring that training content is regularly reviewed, and that appropriate advice and support is provided where training is developed out with the LearnPro environment.

Generally, training content is being reviewed and updated whenever there are changes in legislation. However, it was noted that one SME also reviewed the content of their relevant LearnPro module annually as a means of ensuring that it continues to support the objectives for eLearning modules as laid out in the Guide for SMEs.

While it is noted that adherence to legislation is assured, SMEs are still required to confirm that module content supports the specific learning outcomes, and provides the user with all necessary information to carry out their role effectively and efficiently.

Recommendation

To introduce consistency and ensure that the structure, content and effectiveness of training provided electronically through LearnPro remains appropriate, Subject Matter Experts should as a matter of course review the modules they are responsible for and sign-off on their content annually.

Management Response

While this recommendation is simple to implement there is a risk that SMEs postpone reviewing content until the annual review point rather than responding in a timely manner to any legislative changes or technical updates.

Management Action

Process to be implemented to prompt SME's to review content on an annual basis	
Responsibility:	Target date:
Interim Head of Corporate Education	30 September 2018

Control objective 3: **Management assess any potential barriers to staff being able to undertake mandatory education and implement effective solutions.**

We identified no significant weaknesses in relation to the above control objective.

Statistics on the completion of mandatory training are presented to the Staff Governance Committee quarterly and Acute SMT monthly. While the Acute SMT receives this data for information purposes, it is presented to the Staff Governance Committee as part of the Workforce Report, which provides the updated position in relation to a number of key workforce indicators, including Mandatory Training.

According to the Workforce Report from 31 January 2018, the position at the end of December 2017 compared to October 2017 indicated that NHS Lothian is on target with seven of the nine mandatory subjects.

While it has been reported that most subjects are above the 80% compliance rate, it is regularly noted that the completion of Healthcare Associated Infections (HAI), Public Protection and Fire is low. In January 2018 it was reported to the Staff Governance Committee that compliance for each subject was 70.1%, 75.8% and 81.5% respectively.

A number of actions have been identified by the Interim Head of Corporate Education to improve the statistics for these subjects, which are communicated to the Committee in separate Mandatory Compliance reports. In recent months, such reports have been presented to the Committee around Fire, HAI and Public Protection, reporting the current position and actions required to improve completion under each of the subjects.

Failure to achieve and sustain target compliance is partly attributable to poor compliance in the Facilities Directorate; however they are working through a programme of compliance improvement subject by subject, focusing on Fire, HAI and Public Protection.

Elsewhere, the Interim Head of Corporate Education has identified actions with the intention of improving compliance in other directorates. For example the current HAI module for clinical staff has been identified as no longer fit for purpose, with low compliance rates reported across the organisation. Measures are underway to improve the module content and increase the compliance rates. In the meantime, an interim module is being used which has replaced the existing module and takes into consideration the feedback received from staff regarding noncompliance

Alongside this, the HR Systems Manager emails management teams each month highlighting specific areas of non-compliance under the subjects with low overall completion rates. Senior staff are requested to ensure that staff within their areas complete their mandatory training as soon as possible.

Finding 3	
Control objective 4: Compliance with mandatory training is monitored locally and an improvement action plans implemented where compliance levels fall below the required standard. **Associated risk of not achieving the control objective:**	**Medium**

Observation and risk

Currently, there are circa 1,500 members of staff with access to the Tableau workforce dashboards. Once logged in managers can interrogate mandatory training compliance rates from division down to department level for the nine mandatory training subjects. All users have been given access to the non-confidential dashboard, although staff can apply for access to the confidential dashboard (which includes names of staff members and individual compliance with mandatory training subjects). There are currently circa 400 members of staff with full-access.

Also, a number of staff (67) have subscriptions set up, which means that specified compliance information is automatically extracted from the dashboard and emailed to them on a monthly basis. The use of subscriptions is optional, with the majority set up for staff based within REAS and three acute sites (WGH, SJH and RIE). Staff within these sites tend to receive information relating to specific clinical areas such as rehabilitation (AAH), infection control (SJH) and orthopaedics (RIE).

While it is noted that the completion for mandatory subjects excluding HAI, Fire Safety and Public Protection is over 80% for the organisation, departments with high levels of compliance for these subjects has meant that, once combined with areas with low compliance rates, the average compliance is over 80% and therefore no exception reporting is made to the Staff Governance Committee, or relevant Senior Management Teams.

Representatives for a sample of departments with completion lower than 80% were contacted to identify whether there were any specific issues or barriers to achieving compliance. Responses from clinical areas, where there are a number of areas with low completion for Resuscitation and Violence & Aggression, were varied and are summarised below:

- High levels of sickness absence. (Women's Services Administration & Clerical)
- Difficulties releasing clinical staff for training courses. (WGH Oncology, Facilities)
- Low compliance by consultants. (WGH Oncology)

Some responses were also received from staff within facilities, which have raised questions around how information is being accurately and entered into Tableau timeously. Specifically, the length of time taken by senior staff to update PWA/Empower, and how training activities are being coded prior to transfer into Tableau.

Appendix 2 provides an extract from Tableau of 30 departments with a headcount of 20 or more and with an average completion of below 80% for the six mandatory subjects (HAI, Public Protection and Fire Safety excluded). Twenty departments are clinical, where staff are also required to complete mandatory training on Violence & Aggression and Basic Life

Support.

Recommendation

Management should consider establishing a process for the review of mandatory training completion under each of the subjects where it is reported that there is an overall compliance of 80% for the organisation.

Appropriate senior staff should be contacted to investigate the causes for this and improvement measures introduced to increase compliance within the department. Any such communication should include advice that Tableau subscriptions can be set to provide more proactive monitoring of mandatory training compliance.

Management Response

Achieving 80% organisational compliance with mandatory training is a core objective of the corporate education team. Where 80% is not achieved data is interrogated to establish outliers and recommendations are made in relation to improvement focus i.e. via acute SMT workforce report.

Senior managers are responsible for local compliance monitoring and improvement. It is not appropriate for HR & OD to hold individual teams or directorates to account for mandatory compliance.

In line with our drive for continuous improvement, where compliance falls out with target levels the corporate education team will highlight this at the appropriate level and where possible assist with any supportive actions improve compliance.

Management Action

The corporate education team will continue to strive to sustain the highest levels of compliance with mandatory education across all staff groups and teams.

In order to support this, a memo will be sent out to the Joint Chairs of the Local Partnership forum advising of the requirement to ensure that all areas are above 80% compliance. Local Partnership forums will be asked to review dashboards information on the local position at each meeting of the Forum (in the same way that we take the overall position to each meeting of the Staff Governance Committee) and where any area/department is falling below the 80% compliance rate, plans are put in place to improve this. This action will be incorporated in to the reviewed mandatory policy in relation to governance arrangements.

Responsibility:	Target date:
Director of HR & OD	31 October 2018

Control objective 5: NHS Lothian's Staff Governance Committee monitors compliance with mandatory education and approves improvement measures where necessary.

We identified no significant weaknesses in relation to the above control objective.

The current remit for the Staff Governance Committee was approved in October 2016 and states the purpose of the Committee is to monitor and scrutinise performance against the Staff Governance Standard, including the key deliverables from Everyone Matters:2020 Workforce Vision.

Of the five priority areas covered by Everyone Matters one, Capable Workforce, includes mandatory training.

Statistics relating to mandatory training are presented in a Workforce report to the Staff Governance Committee's quarterly meetings, and where necessary the Interim Head of Corporate Education presents the Committee with additional reports detailing specific actions improve compliance. The Committee is asked to review the reports, approving the actions proposed therein.

The Staff Governance Committee maintains an action plan which is used to monitor actions to improve completion statistics and revisit progress on agreed dates. Where actions have been completed, these are agreed by the Committee and the action plan updated accordingly.

Appendix 1 - Definition of Ratings

Findings and management actions ratings

Finding Ratings	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk(for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	This may be used when: • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)
Moderate assurance	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant". The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)
Significant assurance	The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. There may be an insignificant amount of residual risk or none at all.	There is little evidence of system failure and the system appears to be robust and sustainable. The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)

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Appendix 2 - Tableau Analysis

Department	Equality & Diversity	Information Governance	Health & Safety	Manual Handling	Violence & Aggression	Resuscitation	Average (%)	HEAD COUNT	Average by No. of Staff
Gp Appraisers	3	37	0	0	0	7	5	30	2
Nrie - Medical Staff	73	63	50	50	43	37	55	30	17
Core Admin Support Team	52	43	57	52	43	39	46	23	11
Nhs Lothian Ooh	47	69	41	24	37	49	48	51	24
Rie General Surgery Cd	92	86	89	67	50	36	64	36	23
Critical Care Directorate	83	89	71	57	49	40	62	35	22
Medicine Medical Staff	73	90	67	40	53	40	57	30	17
Acute Management	65	81	92	50	54	42	54	26	14
Rie Senior Medical	83	86	72	69	56	39	61	64	39
Dcn Medical Staff	68	77	45	41	41	59	64	22	14
Rie - Dermatology Clin Dir	77	71	84	52	48	52	65	31	20
Wgh - Acute Med Directorate	85	88	77	62	62	42	64	26	17
Camhs - Admin	68	87	76	61	61	45	57	38	22
Rie Medicine Mgt	75	85	90	60	65	40	58	20	12
Wgh - Medicine Management	65	75	75	60	70	35	50	20	10
Wgh - Gen Surgery Directorate	74	74	83	51	60	49	62	35	22
Wgh - Urology Directorate	82	98	82	64	71	42	62	45	28
Wgh - Oncology Directorate	81	81	65	57	59	59	70	37	26
Rie Acute Med Cd	80	77	80	53	70	50	65	30	20
Wgh - Gi Directorate	86	81	71	57	71	48	67	21	14
Patient Movement Portering	22	80	59	78	N/A	N/A	50	51	26
Trading Account - Royal Ed	33	93	43	71	N/A	N/A	52	72	37
Lab Van Service	30	87	61	78	N/A	N/A	54	23	12
Sjh - Pharmacy	58	77	92	54	N/A	N/A	56	48	27
Transp And Porter Contract - B	62	85	81	54	N/A	N/A	58	26	15
Supply Chain	76	69	84	47	N/A	N/A	62	45	28
Catering - Aah	39	91	48	86	N/A	N/A	63	44	28
Community & Pship Developement	60	80	75	65	N/A	N/A	63	20	13
Nrie - Hsdu	69	88	50	57	N/A	N/A	63	112	71
Rie Records	65	94	79	62	N/A	N/A	64	52	33